

Department of Legislative Services  
 Maryland General Assembly  
 2020 Session

FISCAL AND POLICY NOTE  
 First Reader

Senate Bill 710 (Senator Bailey)  
 Finance

Health - General - Prescription Drug Monitoring Program - County Health Officer

This bill requires the Prescription Drug Monitoring Program (PDMP) to disclose prescription drug monitoring data, in accordance with regulations adopted by the Secretary of Health, to a local health department (LHD) or local health officer for the purpose of evaluating the distribution or abuse of a monitored prescription drug. PDMP may request that the technical advisory committee (TAC) review any requests from an LHD or local health officer and provide specified clinical guidance and interpretation of the information.

Fiscal Summary

**State Effect:** General fund expenditures increase by \$227,700 in FY 2021 for personnel and one-time information technology (IT) costs. Future years reflect annualization and elimination of the one-time costs. Revenues are not affected.

(in dollars)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	227,700	161,600	165,100	170,500	176,100
Net Effect	(\$227,700)	(\$161,600)	(\$165,100)	(\$170,500)	(\$176,100)

*Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** LHDs and local health officers gain access to prescription drug monitoring data from PDMP for specified purposes. Revenues and expenditures are not anticipated to be affected.

**Small Business Effect:** None.

## Analysis

**Current Law:** Chapter 166 of 2011 established PDMP to assist with the identification and prevention of prescription drug abuse and the identification and investigation of unlawful prescription drug diversion. PDMP must monitor the prescribing and dispensing of Schedule II through V controlled dangerous substances (CDS) and report specified information to the Governor and General Assembly on an annual basis. All CDS dispensers are required to register with PDMP. Prescribers are required to (1) request at least the prior four months of prescription monitoring data for a patient before initiating a course of treatment that includes prescribing or dispensing an opioid or a benzodiazepine; (2) request prescription monitoring data for the patient at least every 90 days until the course of treatment has ended; and (3) assess prescription monitoring data before deciding whether to prescribe or dispense – or continue prescribing or dispensing – an opioid or a benzodiazepine. A prescriber is not required to request prescription monitoring data if the opioid or benzodiazepine is prescribed or dispensed to specified individuals and in other specified circumstances.

Prescription monitoring data are confidential and privileged and are not subject to discovery, subpoena, or other means of legal compulsion in civil litigation. Prescription monitoring data are not public records and may not be disclosed to any person except as specifically authorized. PDMP must disclose prescription monitoring data, in accordance with regulations adopted by the Secretary of Health, to:

- a prescriber, or a licensed health care practitioner authorized by the prescriber, in connection with the medical care of a patient;
- a dispenser, or a licensed health care practitioner authorized by the dispenser, in connection with the dispensing of a monitored prescription drug;
- a federal, State, or local law enforcement agency, on issuance of a subpoena, for an existing bona fide individual investigation;
- specified licensing entities, on issuance of an administrative subpoena, for purposes of an existing bona fide investigation of an individual;
- a rehabilitation program under a health occupations board on issuance of an administrative subpoena;
- a patient with respect to prescription monitoring data about the patient;
- the Office of the Attorney General on issuance of a subpoena for the purposes of furthering a bona fide investigation;
- authorized users of another state's PDMP or any other authorized local, state, territorial, or federal agency in connection with the provision of medical care;
- specific units of the Maryland Department of Health on approval of the Secretary, for the purpose of furthering an existing bona fide individual investigation;

- the medical director of a health care facility for the purpose of providing health care practitioners access to the data in connection with the provision of medical care;
- the Office of the Chief Medical Examiner, as specified; and
- specified entities, on the approval of the Secretary and for the purpose of furthering an existing bona fide individual case review.

A five-member TAC is required to review certain requests for information from PDMP, assist the Secretary of Health in responding to requests, and provide clinical guidance to assist authorized recipients in interpreting data.

**Background:** PDMP provides identifiable, record-level data to clinical providers on individual patients in the course of clinical care, investigative entities when an existing bona fide investigation is underway, and aggregate data for public health or research purposes. PDMP advises that it currently does not have a mechanism to review and share data that would support the evaluation of the distribution or abuse of a monitored drug outside of unsolicited reporting notifications to prescribers.

Currently, LHDs can request access to the drug-related indicators dashboard, which displays aggregate PDMP data, along with other relevant datasets. The dashboard displays trends in CDS prescriptions over time for both the State and local jurisdictions, including the number and rate of individuals receiving drugs, the number and rate of prescription fills, the rate of dangerous drug combinations, and refill counts. The dashboard does not display changes in behaviors of individual prescribers and dispensers or patients.

**State Expenditures:** In order to share data that would support the evaluation of the distribution or abuse of a monitored drug, PDMP must enhance the data currently available as well as its analytic capability and reporting capacity.

Thus, general fund expenditures increase by \$227,672 in fiscal 2021, which accounts for the bill’s October 1, 2020 effective date. This estimate reflects the cost to hire one full-time project coordinator and one full-time epidemiologist to implement new use cases, process requests from LHDs and local health officers, and provide technical assistance. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses. It also includes \$100,000 in one-time costs to expand IT capacity to disclose prescription drug monitoring data to LHDs and local health officers.

Positions	2
Salaries and Fringe Benefits	\$116,939
One-time Information Technology Costs	100,000
One-time Start-up Costs	9,780
Ongoing Operating Expenses	<u>953</u>
<b>Total FY 2021 State Expenditures</b>	<b>\$227,672</b>

Future year expenditures reflect full salaries with annual increases and employee turnover and ongoing operating expenses.

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### **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** None.

**Information Source(s):** Maryland Association of County Health Officers; Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - March 4, 2020  
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Analysis by: Jennifer B. Chasse

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510