



MAINE MEDICAL ASSOCIATION

Brian Pierce, MD *President* • Charles Pattavina, MD *President-Elect* • Jabbar Fazeli, MD *Chair, Board of Directors*
Gordon H. Smith, Esq. *Executive Vice President* • Andrew B. MacLean, Esq. *Deputy Executive Vice President*

MEMORANDUM

To: Senator Eric Brakey, Senate Chair
Representative Andrew Gattine, House Chair
Members, Joint Standing Committee on Health & Human Services

From: Gordon H. Smith, Esq., Executive Vice President

Date: March 18, 2016 (**edited March 21, 2016**)

RE: **L.D. 1646 AND L.D. 1648/OUTLINE OF POTENTIAL POINTS OF AGREEMENT**

Based upon my negotiations with representatives of the LePage Administration and substantial feedback from physicians and other stakeholders since the public hearing on the opioid bills, L.D. 1646 and L.D. 1648, I offer the following points for the Committee's deliberations on these bills.

1. **Prescription limits.** Effective date January 1, 2017
 - a. Acute pain: 7 days
 - b. Chronic pain: 30 days
 - c. 100 MME daily limit
2. **Continuing medical education on proper pain management.** 3.0 hours of CME on pain management for all practitioners who prescribe controlled substances, details to be determined through rulemaking by DHHS; health care practitioner licensing boards to amend their respective rules on CME to reflect this requirement
3. **Mandatory PMP use.** All practitioners who prescribe opioids and benzodiazepines required to check PMP before first script and every 90 days thereafter
4. **Mandatory use of electronic prescribing.** Effective date July 1, 2017 where technically supportable; may need process to approve waivers

5. **Exceptions.** None of these provisions shall apply to:
- a. individuals in active cancer treatment or receiving palliative care in conjunction with a serious disease, which includes cancer survivors who are no longer under active cancer treatment but continue to experience pain associated with their cancer or its treatment
 - b. individuals receiving hospice or end-of-life care
 - c. prescribing of buprenorphine for addiction treatment
 - d. Additional exceptions may be determined through rulemaking by DHHS