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RE: Chapter 488 Public Law: *An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program*

To Whom It May Concern:

On July 29th Chapter 488 Public Law: *An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program* was enacted. Since enactment, there have been questions regarding exemptions to opioid prescription limitations and the effective opioid regulation timeline that the Maine Department of Health and Human Services (Department) would like to clarify.

Prior communications have erroneously suggested that the Department may be able to authorize individual exemptions for particular patients. This is incorrect. A patient's *provider* is the only one able to determine whether a patient's opioid medication is exempt from the limits of the law.

Exemptions currently include opioid prescriptions for patients with:

- Pain associated with active and aftercare cancer treatment
- Palliative care, as defined in 22 MSRA, §1726 in conjunction with a serious illness, as defined in 22 MSRA, §1726
- End-of-life and hospice care
- Medication-assisted treatment for substance use disorder
- Other circumstances determine in rule by the Department pursuant to 22 MSRA, §7254.

In accordance with Chapter 488, the Department was given the authority to consult with prescribers and identify other circumstances that may necessitate an exemption to the prescription limitation. Since the enactment of Chapter 488, the Department has established and is actively working with a stakeholder group consisting of opioid prescribers/dispensers in the medical community to ensure the rule is both comprehensive and practical. The Department will soon propose its rule, which will be followed by a public hearing as outlined by the the rulemaking process. Once proposed, public notice for the proposed rule will be listed in/at:

- **Newspapers:** *Portland Press Herald, Bangor Daily News, Kennebec Journal, Sun Journal, Waterville Sentinel*
- **Online:** <http://www.maine.gov/sos/cec/rules/notices.html>

Please reach out if you have any questions.

Best regards,

Christopher J. Pezzullo, D.O., F.A.A.P.
Chief Health Officer | Maine DHHS

Timeline – Effective Opioid Regulation:

As of 7/29/2016

- New prescriptions cannot exceed 100 Morphine Milligram Equivalent (MME) per day.*
- Existing prescriptions cannot exceed 300MME per day.*

**Unless: An individual falls under one of the exceptions under Title 22, §2210, or before 1/1/2017 is deemed medically necessary by the prescriber and the need is documented in the patient's chart as referenced under Title 22, §7254.*

As of 1/1/2017

- Prescribers are required to check the Prescription Monitoring Program (PMP) for records related to a person receiving a new benzodiazepine or opioid prescription, and must recheck every 90 days thereafter as long as the prescription is renewed.
- A patient receiving treatment for chronic pain is limited to a 30 day supply of an opioid medication.
- A patient receiving treatment for acute pain is limited to a 7 day supply of an opioid medication.

As of 7/1/2017

- Opioids must be prescribed electronically.
- Existing prescriptions for opioid medication will be limited to 100MME per day.**

***Unless: An individual falls under one of the exceptions under Title 22, §2210.*

Regarding the Department's Opioid Exemption Guidelines:

- The determination of whether an individual should appropriately be given an exemption from current law is the **decision of their provider**. DHHS is not in a place to make medical or clinical decisions for individual patients. Clinicians will be required to make the decision within the parameters of current law and appropriate clinical standards.
- If an individual believes they should receive an exemption, they need to discuss and review with their **provider**.