

**FACT SHEET**  
**Implementation of Public Law Chapter 488**  
**Re: Opioid Prescribing**

**Background:**

The law makes five major changes to opioid prescribing:

1. It mandates use of the State's Prescription Monitoring Program and expands those who use it;
2. Enacts strict limits on opioid prescribing for acute and chronic pain (ALL opioids, not just Schedule II);
3. Mandates education for opioid prescribers;
4. Mandates electronic prescribing of opioids;
5. Provides for a "Partial Fill" at a pharmacy, at the direction of the patient

**Prescription Monitoring Program (PMP)**

**Requires prescribers to check the PMP upon initial prescription of a benzodiazepine or an opioid, and every 90 days thereafter for as long as the prescription is renewed.**

This provision does not apply when a benzodiazepine or an opioid is ordered or administered in an emergency room, an inpatient hospital, a long-term care facility or a residential care facility. Also, does not apply if patient is in hospice care or is receiving end-of-life treatment.

**Requires dispensers to check the PMP prior to dispensing a benzodiazepine or opioid under the following circumstances:**

- A. The person is not a resident of the State;
  - B. The prescription is from a prescriber with an address outside of this State;
  - C. The person is paying cash when the person has a prescription insurance on file;
  - D. According to the pharmacy record, the person has not had a prescription for a benzodiazepine or an opioid medication in the previous 12 months.
- Requires that dispensers withhold a prescription until the dispenser is able to contact the prescriber if the dispenser has reason to believe that the prescription is fraudulent or duplicative
  - Adds veterinarians to definition of prescriber
  - Allows staff authorized by the Chief Medical Officer of a hospital to access the PMP for patients of the hospital or emergency department and allows the CMO to access prescription reports of prescribers he/she employs
  - Allows on-duty pharmacists to authorize staff to access the PMP for customers filling prescriptions
  - Requires the Department of Health and Human Services to include enhancements to the PMP, including a calculator to convert dosages to and from MMEs and increased access for staff members of prescribers to access the program with authorization

**Limits on Prescribing**

7/29/16 – Limits new opioid prescriptions, or an aggregate of multiple opioid prescriptions, to no more than 100 MMEs per day.

7/29/16 until 7/1/17 – For patients with active prescriptions that exceed 100 MMEs per day, opioid prescriptions must be limited to 300 MMEs per day, in aggregate.

7/1/17 – New and existing prescriptions for opioid medications are limited to 100 MMEs per patient.

**Exceptions by Statute:**

- Pain for active and aftercare cancer treatment (Exception Code A)
- Palliative care in conjunction with a serious illness or injury (Code B)
- End of life and hospice care (Code C)
- Medication-assisted treatment for Substance Abuse Disorder (Code D)
- Opioid directly ordered or administered in an emergency room, an inpatient hospital setting or a long-term care or residential treatment facility; or
- Exceptions by Rule:
  - a. A pregnant individual with a pre-existing condition for opioids in excess of the 100 Morphine Milligram Equivalent aggregate daily limit. This exemption applies only during the duration of the pregnancy. (Code E)
  - b. Acute pain for an individual with an existing opioid prescription for chronic pain. In such situations, the acute pain must be postoperative or new onset. The seven-day prescription limit applies. (Code F)
  - c. Individuals pursuing an active taper of opioid medications, with a maximum taper period of six months, after which time the opioid limitations will apply, unless one of the additional exceptions in this subsection apply. (Code G)
  - d. Individuals who are prescribed a second opioid after being unable to tolerate the first. Neither prescription may by itself exceed the 100 MME limit. (Code H)

Effective 1/1/17 – Opioid prescriptions for acute pain limited to 7-day supply within a 7-day period (renewable). Opioid prescriptions for chronic pain limited to a 30-day supply within a 30-day period (renewable). “Acute Pain” or “Chronic pain” must be written on the script.

**Education**

12/31/17 – As a condition of prescribing opioid medications, all prescribers must complete 3 hours of Continuing Medical Education (CME) on the prescription of opioid medication every 2 years. Medical Doctors and Physician Assistants licensed by the BOLIM must complete the education regardless of whether they prescribe opioid medication.

**Electronic Prescribing**

7/1/17 – all prescribers “with the capability” must prescribe opioids electronically. A waiver from DHHS must be requested if compliance cannot be met. Applications for waivers available April 1<sup>st</sup>, 2017.

**Penalties**

Individuals who violate this law may be subject to civil penalties of \$250 per violation, not to exceed \$5,000 per calendar year. Violations may be reported to licensing boards.

**For more information, please contact:**

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More resources available at <https://www.mainequalitycounts.org/page/2-1488/caring-for-me>