Md. Code, Health-Gen. § 21-2A-04.2

Section 21-2A-04.2 - [See Note] Prescription monitoring by prescribers

(a)

(1) Beginning July 1, 2018, a prescriber:

(i) Shall request at least the prior 4 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or a benzodiazepine;

(ii) Shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or a benzodiazepine for more than 90 days after the initial request for prescription monitoring data, request prescription monitoring data for the patient at least every 90 days until the course of treatment has ended; and

(iii) Shall assess prescription monitoring data requested from the Program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or a benzodiazepine.

(2) If a prescriber decides to prescribe or continue to prescribe an opioid or a benzodiazepine after requesting prescription monitoring data from the Program and assessing the prescription monitoring data, the prescriber shall document in the patient's medical record that the prescription monitoring data was requested and assessed.

(b) A prescriber is not required to request prescription monitoring data from the Program if the opioid or benzodiazepine is prescribed or dispensed to an individual:

(1) In an amount indicated for a period not to exceed 3 days;

(2) For the treatment of cancer or cancer-related pain;

(3) Who is:

(i) A patient receiving treatment in an inpatient unit of a hospital;

(ii)

1. A patient in a general hospice care program as defined in § 19-901 of this article; or

2. Any other patient diagnosed with a terminal illness;

(iii) A patient who resides in:

1. An assisted living facility;

2. A long-term care facility;

3. A comprehensive care facility; or

4. A developmental disabilities facility; or

(4) To treat or prevent acute pain for a period of not more than 14 days following:

(i) A surgical procedure;

(ii) A fracture;

(iii) Significant trauma; or

(iv) Childbirth.

(c) A prescriber may not be required to comply with the provisions of this section when:
  (1) Prescribing or dispensing an opioid or a benzodiazepine drug that has been listed by the Secretary under § 21-2A-03(b)(3) of this subtitle as having a low potential for abuse;

  (2) Accessing prescription monitoring data would result in a delay in the treatment of a patient that would negatively impact the medical condition of the patient;

  (3) Electronic access to prescription monitoring data is not operational as determined by the Department; or

  (4) Prescription monitoring data cannot be accessed by the prescriber due to a temporary technological or electrical failure.

(d) If a prescriber does not access prescription monitoring data for any of the reasons provided under subsection (c)(2), (3), or (4) of this section:
  (1) The prescriber shall use reasonable medical judgment in determining whether to prescribe or dispense an opioid or a benzodiazepine; and

  (2) The prescriber shall enter an appropriate record in the patient's medical chart, including the reason why prescription monitoring data was not accessed.

(e) If a pharmacist or pharmacist delegate has a reasonable belief that a patient may be seeking a monitored prescription drug for any purpose other than the treatment of an existing medical condition:
  (1) Before dispensing a monitored prescription drug to the patient, the pharmacist or pharmacist delegate shall request prescription monitoring data to determine if the patient has received other prescriptions that indicate misuse, abuse, or diversion of a monitored prescription drug; and

  (2) The pharmacist shall have the responsibility described in 21 C.F.R. § 1306.04.

(f) The Secretary may adopt regulations to provide additional clinical, technical, or administrative exemptions based on new standards of practice.
  Md. Code, HG § 21-2A-04.2

Amended by 2018 Md. Laws, Ch. 772,Sec. 1, eff. 7/1/2018, contingent on the taking effect of Chapter 147 of the Acts of the General Assembly of 2016, and if Chapter 147 does not become effective, this Act, with no further action required by the General Assembly, shall be null and void..
Added by 2016 Md. Laws, Ch. 147,Sec. 3, eff. upon the contingency stated in 2016 Md. Laws, Ch. 147,Sec. 9.

This section is set out more than once due to postponed, multiple, or conflicting amendments.