



Maryland
Hospital Association

**HB 1716: Prescription Drug Monitoring Program-Data-Insurance Carriers
Letter of Information
March 20, 2018**

House Bill 1716 would require the Prescription Drug Monitoring Program to disclose prescription drug monitoring data, in accordance with certain regulations, to certain insurance carriers for determining the medical necessity of a prescription drug claim, enhancing or coordinating patient care, or assisting the treating provider's clinical decision making.

As Maryland fights on all fronts against an opioid crisis that continues to take more lives every year, all stakeholders must share the same sense of urgency and do everything in their power to help mitigate the crisis and save Marylanders' lives.

One of the most critical tools available to health care providers in this fight is information – information about patients, conditions they have, the medications they are using, the providers they are seeing, and the care plans they are under to get better.

With the help of the Prescription Drug Monitoring Program and Maryland Health Information Exchange – the Chesapeake Regional Information System for our Patients – providers are better equipped to identify the potential for opioid abuse and coordinate care for patients to avoid pitfalls.

This system only works when it is populated by the timely, accurate information about patients, which is why every stakeholder that has patient information must participate. This includes doctors, skilled nursing facilities, hospitals, and insurance carriers that engage in care management initiatives. Full participation strengthens the effectiveness of care coordination efforts, a key recommendation in MHA's [Roadmap to an Essential, Comprehensive System of Behavioral Health Care](#), and makes the PDMP and CRISP all the more valuable in the fight against Maryland's pervasive opioid crisis.

Commercial carriers are not currently sharing care coordination data through CRISP, which therefore cannot notify an Emergency Department physician when they see a patient who, for example, has a CareFirst care manager. Sharing this information is critically important as we work toward a system that is patient-focused and coordinated.