



Maryland  
Hospital Association

## **House Bill 25 - Prescription Drug Monitoring Program – Revisions**

**Position: *Support with amendments***

### **Bill Summary**

HB 25 would require the Prescription Drug Monitoring Program to review prescription monitoring data for indications of a possible misuse or abuse of a monitored prescription drug; require the program to report the possible misuse or abuse to the prescriber or dispenser of the monitored prescription drug and to provide certain education to the prescriber or dispenser; authorize the program to provide prescription monitoring data to the Office of Controlled Substances Administration for further investigation; and more.

### **MHA Position**

Under Maryland's new Total Cost of Care agreement with the federal government, Maryland's hospitals are working to lower costs and improve population health. In addition to treating illness and injury, hospitals are reaching out beyond their four walls to keep people well and improve the health of the communities they serve. The result: hospitals are taking care of the whole person, empowering patients and families, coordinating care among different providers, and addressing social factors, such as the behavioral health epidemic, that influence people's health.

Maryland's hospitals therefore fully support and are engaged with Maryland's Prescription Drug Monitoring Program (PDMP). In 2016 we supported legislation mandating registration and query of the PDMP, and since then the Maryland Hospital Association has bolstered this effort by disseminating information to all of Maryland's hospitals through jointly sponsored webinars and letters of information. The program's success is more important than ever as a tool in helping address the state's behavioral health crisis.

We would urge that two amendments be added to the bill, both of which would conform the legislation to the Senate version that passed last year: one would ensure that the Technical Advisory Committee continue to play a critical role in oversight of the program by requiring that the program refer a provider to their respective licensing board only after the committee has reviewed the case and found a probable violation of law or professional standard; the other would require that a report of possible misuse be sent to the appropriate professional board instead of the Office of Controlled Substances.

The rate of opioid prescribing has fallen in Maryland's hospitals, and the PDMP is an important safeguard to the continuation of our work with the state to decrease the impact of opioids as a factor in the behavioral health crisis.

For these reasons, we urge a *favorable* report, with the amendments cited.