



Maryland  
Hospital Association

**House Bill 466 - Prescription Drug Monitoring Program – Program Evaluation**  
**Position: *Support with amendment***

**Bill Summary**

House Bill 466 would require the Prescription Drug Monitoring Program to provide prescription monitoring data to authorized users, rather than the authorized administrator, of another state's prescription drug monitoring program; repeal the termination date of the program; repeal the requirement that the Department of Legislative Services conduct a certain evaluation of the program under the Maryland Program Evaluation Act; 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. However, we do ask for the Committee's consideration of two amendments.

First, as a means to strengthen the effectiveness of the PDMP and support providers' efforts to query the tool, we are requesting the bill be amended to **include language consistent with House Bill 1338 – Prescription Monitoring Data – Health Care Facility** to allow a Chief Medical Officer or Medical Director at a health care facility to act as the authorized user on behalf of the entire facility. This change is expected to improve physician workflow, particularly at larger facilities while maintaining important privacy and delegation standards.

Second, we request **removal of the language authorizing a provider's professional board to issue a subpoena without a quorum.** The professional board plays a critical role in the determination of a provider's culpability in the case of a misuse or abuse of opioids, and only a fully represented board should be able to make such critical decisions in these cases.

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.