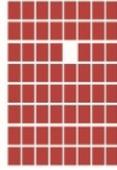




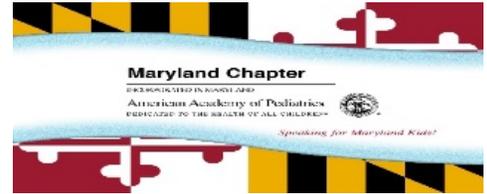
The Maryland State Medical Society

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Maryland Chapter
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS



TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Wendell Beitzel

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: March 4, 2021

RE: **OPPOSE** – House Bill 1125 – *Prescription Drug Monitoring Program – Prescribers of Opioids – Notification Requirement*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American College of Emergency Physicians, and the Maryland Chapter of the American Academy of Pediatrics, we submit this letter of **opposition** for House Bill 1125.

House Bill 1125 requires any prescriber that prescribes an opioid in a dosage of 50 morphine milligram equivalents or more to notify the Prescription Drug Monitoring Program of whether the prescriber: 1) has received education regarding the risks of opioid use, 2) is aware that an opioid reversal drug is available; and 3) has prescribed or dispensed an opioid overdose reversal drug.

The General Assembly has already addressed the proper education of prescribers of opioids in recent years. In 2018, House Bill 1452 was adopted which requires as a condition of obtaining or retaining a dispensing registration that the provider undergo 2 hours of continuing education related to the prescribing or dispensing of controlled dangerous substances. In that same year, Senate Bill 522 was also adopted, which requires that patients be advised of the benefits and risks associated with opioids. These laws are in addition to other requirements which mandate that a provider prescribe the lowest possible dose of an opioid, and in quantities no greater than that needed for the expected duration of the pain. Health Occ., § 1-223. Finally, physicians are required to adhere to the appropriate standard of care when dispensing opioids or risk disciplinary action. Health Occ. §14-404 (a)(22). These standards include directives from the Centers for Disease Control, which seem to be the basis for the 50 morphine milligram standard that is referenced in the bill.

The General Assembly has taken action to address the opioid epidemic but has been careful to not legislate the practice of medicine, as this bill does by inserting specific dosages into law which trigger certain notification requirements. We urge the General Assembly to reject this bill considering the many other steps it has taken to address this issue in the appropriate way, including the provider education requirements discussed above.

For more information call:

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