PRESCRIPTION MONITORING PROGRAM STATE PROFILES – MARYLAND

Research current through July 2014.

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MARYLAND

http://adaa.dhmh.maryland.gov/PDMP/SitePages/Home.aspx
Michael Baier, PMP Coordinator
(410) 402-8600
Michael.baier@maryland.gov

- Status of Program – operational
- Housing Entity – Department of Health and Mental Hygiene
- Advisory Commission – yes
- Funding – may not collect fees from prescribers or dispensers; otherwise not specified in PMP statute or regulation
- Drugs Monitored – Schedules II – V
- Who's Required to Report Dispensing Information – all dispensers, meaning a person authorized by law to dispense a monitored drug to a patient or patient's agent
- Exemptions from Reporting – pharmacies dispensing to inpatient hospice patients; direct administration of a monitored drug to a patient; prescription drug samples; administration to hospital inpatients; opioid maintenance programs; veterinarians; pharmacies providing services to assisted living facilities, comprehensive care facilities, and developmental disabilities facilities
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – no
- Data Collection Interval – 3 days
- Notice to Consumers – yes
- Interstate Sharing – with other PMPs
- Persons Authorized to Receive Information – Office of the Chief Medical Examiner; law enforcement officials; licensing/regulatory boards; Maryland Medical Assistance Program; substance abuse professionals for services to licensed health care professionals; patient; health care agent; prescribers; dispensers
- Delegates Allowed – yes
- De-identified Data Provided – yes
- Unsolicited Reports – to prescribers and pharmacists
- Training Required – no
- Mandatory Enrollment – no
- Mandatory Access – no

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West's Annotated Code of Maryland (2014)
Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2A. Prescription Drug Monitoring Program

§ 21-2A-02. Prescription Drug Monitoring Program

In general

(a) There is a Prescription Drug Monitoring Program in the Department.

Mission of Program

(b) The mission of the Program is to:

(1) Assist prescribers, dispensers, and public health professionals in:

(i) The identification and prevention of prescription drug abuse; and

(ii) The identification and investigation of unlawful prescription drug diversion; and

(2) Promote a balanced use of prescription monitoring data to assist appropriate law enforcement activities while preserving the professional practice of health care providers and the access of patients to optimal pharmaceutical care.

Schedule II, Schedule III, Schedule IV, and Schedule V controlled dangerous substances

(c) To carry out its mission, the Program shall monitor the prescribing and dispensing of all Schedule II, Schedule III, Schedule IV, and Schedule V controlled dangerous substances by all prescribers and dispensers in the State.

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Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2A. Prescription Drug Monitoring Program

§ 21-2A-03. Powers and duties of Secretary

Implementation of Program by Department

(a) The Department shall implement the Program, subject to the availability of funds.

Operation of Program

(b) The Secretary may:

(1) Assign responsibility for the operation of the Program to any unit in the Department; and

(2) Contract with any qualified person for the efficient and economical operation of the Program.

Submission of prescription monitoring data

(c) Except as provided in subsection (d) of this section, each dispenser shall submit prescription monitoring data to the Program by electronic means, in accordance with regulations adopted by the Secretary.

Alternative forms of submission

(d) The Secretary, for good cause shown, may authorize a dispenser to submit prescription monitoring data by an alternative form of submission.

Technology in support of Program

(e) The Secretary, in consultation with the Maryland Health Care Commission and the Board, shall:

(1) Determine the appropriate technology to support the operation of the Program; and

(2) Educate dispensers, prescribers, and consumers about the purpose and operation of the Program.

Pharmacies dispensing medications to hospice patients

(f)(1) The Secretary shall grant a waiver to a pharmacy that dispenses medications to an inpatient hospice from reporting to the Program prescription monitoring data for hospice inpatients if:

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(i) The pharmacy demonstrates how it will distinguish hospice inpatients from other consumers receiving medications from the pharmacy; and

(ii) The pharmacy agrees that it will be subject to onsite, unannounced inspections by the Department to verify its reporting of the prescription data of consumers who are not hospice inpatients.

(2) A waiver granted under this subsection may remain in effect for up to 2 years.

(3) The Secretary may establish an application process for a pharmacy to apply for a waiver under this subsection.

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Health--General
Title 21. Food, Drugs, and Cosmetics)
Subtitle 2A. Prescription Drug Monitoring Program

§ 21-2A-05. Advisory Board on Prescription Drug Monitoring

In general

(a) There is an Advisory Board on Prescription Drug Monitoring in the Department.

Board members

(b) The Board shall consist of the following members:

(1) The Secretary, or the Secretary's designee;

(2) The President of the Maryland Board of Pharmacy, or the President's designee;

(3) The Chair of the Maryland Board of Physicians, or the Chair's designee;

(4) The President of the Maryland Board of Nursing, or the President's designee;

(5) The Chairman of the Maryland Health Care Commission, or the Chairman's designee;

(6) Four physicians and one nurse practitioner with expertise in clinical treatment using controlled dangerous substances, including pain management, substance abuse, and behavioral disorders, appointed by the Secretary after consultation with:

(i) For the physician appointments, the Medical and Chirurgical Faculty of Maryland, the Maryland Physical Medicine and Rehabilitation Society, the Maryland Society of Anesthesiologists, the Maryland-D.C. Society of Clinical Oncology, the Hospice and Palliative Care Network of Maryland, and the Maryland Chapter of the American Academy of Pediatrics; and

(ii) For the nurse practitioner appointment, the Maryland Nurses Association;

(7) One pediatrician, appointed by the Secretary after consultation with the Maryland Chapter of the American Academy of Pediatrics;

(8) Three pharmacists who represent the perspective of independent and chain pharmacies, appointed by the Secretary after consultation with the Maryland Pharmacists Association, the Maryland Association of Chain Drug Stores, and any other appropriate organization;

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(9) A local law enforcement official, appointed by the Secretary after consultation with the Maryland Chiefs of Police Association and the Maryland Sheriff's Association; and

(10) Two Maryland residents who represent the perspective of patients, appointed by the Secretary.

Chair

(c) The Secretary shall designate the chair of the Board.

Term and vacancies

(d)(1) The term of a member appointed by the Secretary is 3 years.

(2) The terms of members appointed by the Secretary are staggered as required by the terms provided for members of the Board on October 1, 2011.

(3) If a vacancy occurs during the term of an appointed member, the Secretary shall appoint a successor who shall serve until the term expires.

Compensation and reimbursement for expenses

(e) A member of the Board:

(1) May not receive compensation as a member of the Board; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

Meetings and recommendations to Secretary

(f) The Board shall:

(1) Meet not fewer than three times annually;

(2) Make recommendations to the Secretary relating to the design and implementation of the Program, including recommendations relating to:

(i) Regulations;

(ii) Legislation; and

(iii) Sources of funding, including grant funds under the Harold Rogers Prescription Drug Monitoring Program and other sources of federal, private, or State funds;

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(3) Provide annually to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly a report that includes:

(I) The number of prescribers registered with and using the Program;

(II) The number of dispensers registered with and using the Program;

(III) The number of disclosures made to federal law enforcement agencies or State or local law enforcement agencies;

(IV) An analysis of the impact of the Program on patient access to pharmaceutical care and on curbing prescription drug diversion in the State; and

(V) Any recommendations related to modification or continuation of the Program; and

(4) Provide ongoing advice and consultation on the implementation and operation of the Program, including recommendations relating to:

(i) Changes in the Program to reflect advances in technology and best practices in the field of electronic health records and electronic prescription monitoring;

(ii) Changes to statutory requirements; and

(iii) The design and implementation of an ongoing evaluation component of the Program.

Consultation with stakeholders and professionals

(g) The Secretary and the Board shall consult with stakeholders and professionals knowledgeable about prescription drug monitoring programs as appropriate to obtain input and guidance about implementation of the Program.

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Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2A. Prescription Drug Monitoring Program

§ 21-2A-06. Confidentiality of prescription monitoring data

<Text of Section Effective October 1, 2014>

Data not subject to discovery or subpoena

(a) Prescription monitoring data:

(1) Are confidential and privileged, and not subject to discovery, subpoena, or other means of legal compulsion in civil litigation;

(2) Are not public records; and

(3) Except as provided in subsections (b), (c), and (e) of this section or as otherwise provided by law, may not be disclosed to any person.

Allowable disclosure of prescription monitoring data

(b) The Program shall disclose prescription monitoring data, in accordance with regulations adopted by the Secretary, to:

(1) A prescriber, or a licensed health care practitioner authorized by the prescriber, in connection with the medical care of a patient;

(2) A dispenser, or a licensed health care practitioner authorized by the dispenser, in connection with the dispensing of a monitored prescription drug;

(3) A federal law enforcement agency or a State or local law enforcement agency, on issuance of a subpoena, for the purpose of furthering an existing bona fide individual investigation;

(4) A licensing entity, on issuance of an administrative subpoena voted on by a quorum of the board of the licensing entity, for the purposes of furthering an existing bona fide individual investigation;

(5) A rehabilitation program under a health occupations board, on issuance of an administrative subpoena;

(6) A patient with respect to prescription monitoring data about the patient;

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(7) Subject to subsection (h) of this section, the authorized administrator of another state's prescription drug monitoring program;

(8) The following units of the Department, on approval of the Secretary, for the purpose of furthering an existing bona fide individual investigation:

(i) The Office of the Chief Medical Examiner;

(ii) The Maryland Medical Assistance Program;

(iii) The Office of the Inspector General;

(iv) The Office of Health Care Quality; and

(v) The Division of Drug Control; or

(9) The technical advisory committee established under § 21-2A-07 of this subtitle for the purposes set forth in subsection (c) of this section.

(c) (1) In accordance with regulations adopted by the Secretary:

(I) The Program may review prescription monitoring data for indications of possible misuse or abuse of a monitored prescription drug; and

(II) If the Program's review of prescription monitoring data indicates possible misuse or abuse of a monitored prescription drug, the Program may report the possible misuse or abuse to the prescriber or dispenser of the monitored prescription drug.

(2) Before the Program reports the possible misuse or abuse of a monitored prescription drug to a prescriber or dispenser under this subsection, the Program shall obtain from the technical advisory committee:

(I) Clinical guidance regarding indications of possible misuse or abuse; and

(II) Interpretation of the prescription monitoring data that indicates possible misuse or abuse.

Review of requests for information

(d) (1) Before the Program discloses information under subsection (b)(3), (4), (5), or (8) of this section, the technical advisory committee shall:

(I) Review the requests for information;

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(II) Provide clinical guidance and interpretation of the information requested to the Secretary to assist in the Secretary's decision on how to respond to a judicial subpoena, administrative subpoena, or other request; and

(III) Provide clinical guidance and interpretation of the information requested to the authorized recipient of the information.

(2) Notwithstanding paragraph (1) of this subsection, the Program may disclose information to the authorized administrator of another state's prescription drug monitoring program for disclosure to the persons listed in subsection (B)(1), (2), and (6) of this section without the review, clinical guidance, and interpretation of the technical advisory committee.

Persons who receive prescription monitoring data prohibited from disclosure

(e) Except as provided by regulations adopted by the Secretary, a person who receives prescription monitoring data from the Program may not disclose the data.

Disclosure of data for research, analysis, public reporting, and education

(f)(1) In addition to the disclosures required under subsection (b) of this section, the Program may disclose prescription monitoring data for research, analysis, public reporting, and education:

(i) After redaction of all information that could identify a patient, prescriber, dispenser, or any other individual; and

(ii) In accordance with regulations adopted by the Secretary.

(2) The Secretary may require submission of an abstract explaining the scope and purpose of the research, analysis, public reporting, or education before disclosing prescription monitoring data under this subsection.

Injunctive relief

(g) The Office of the Attorney General may seek appropriate injunctive or other relief to maintain the confidentiality of prescription monitoring data as required under this section.

Prescription monitoring data shared with other states

(h) The Program may provide prescription monitoring data to another state's prescription drug monitoring program only if the other state's prescription drug monitoring program agrees to use the prescription monitoring data in a manner consistent with the provisions of this subtitle.

Request and receipt of prescription monitoring data from other states

(i) The Program may:

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(1) Request and receive prescription monitoring data from another state's prescription drug monitoring program and use the prescription monitoring data in a manner consistent with the provisions of this subtitle; and

(2) Develop the capability to transmit prescription monitoring data to and receive prescription monitoring data from other prescription drug monitoring programs employing the standards of interoperability.

Written agreements with other states

(j) The Program may enter into written agreements with other states' prescription drug monitoring programs for the purpose of establishing the terms and conditions for sharing prescription monitoring data under this section.

Clinical practice standards

(k) Prescription monitoring data may not be used as the basis for imposing clinical practice standards.

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Title 21. Food, Drugs, and Cosmetics
Subtitle 2A. Prescription Drug Monitoring Program

§ 21-2A-07. Technical advisory committee

<Text of Section Effective October 1, 2014>

In general

(a) There is a technical advisory committee to the Program.

Purpose of committee

(b) The purpose of the technical advisory committee is to:

(I) Review requests for information from the Program under § 21-2A-06(b)(3), (4), (5), and (8) of this subtitle; and

(II) Provide clinical guidance and interpretation to the Program regarding indications of possible misuse or abuse of a monitored prescription drug under § 21-2A-06(c)(3) of this subtitle.

Committee members

(c) The technical advisory committee consists of the following members, appointed by the Secretary:

(1) A board certified anesthesiologist licensed and practicing in the State, nominated by the Maryland Society of Anesthesiologists;

(2) A certified addiction medicine specialist licensed and practicing in the State, nominated by the Maryland Society for Addiction Medicine;

(3) A pharmacist licensed and practicing in the State;

(4) A medical professional, licensed and practicing in the State, who is treating cancer patients; and

(5) A board certified physician specializing in the treatment of patients with pain, licensed and practicing in the State, nominated by the Maryland Society of Physical Medicine and Rehabilitation.

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Code of Maryland Regulations (2014)
Title 10 Department of Health and Mental Hygiene
Subtitle 47 Alcohol and Drug Abuse Administration
Chapter 07 Prescription Drug Monitoring Program

.03 Dispenser Reporting.

A. For each monitored prescription drug dispensed, the dispenser shall report the following prescription monitoring data to the Department:

(1) Identifying information for the prescription issued and drug dispensed, including:

(a) Prescription number;

(b) Date prescription was issued;

(c) Date prescription was filled;

(d) Whether the prescription was new or a refill;

(e) Number of refills ordered;

(f) Sources of payment;

(g) National Drug Code for dispensed drug;

(h) Metric quantity of drug dispensed; and

(i) Days' supply of drug dispensed;

(2) Identifying information for the patient, including:

(a) Last name;

(b) First name;

(c) Date of birth;

(d) Gender;

(e) Address, including residential house or building number, apartment number, street name, state, and zip code; and

(f) A patient identification number, which may include:

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(i) A state-issued driver's license or identification card number;

(ii) A residential telephone number;

(iii) An insurance or third-party payer identification number;

(iv) A passport identification number;

(v) An employer-issued identification card number;

(vi) A student identification card number;

(vii) A United States Permanent Resident Card identification number; or

(viii) A patient or customer identification number generated by the dispenser's record management system;

(3) Identifying information for the prescriber, including:

(a) A valid Drug Enforcement Administration registration number; and

(b) Last name; and

(4) Identifying information for the dispenser, including a valid Drug Enforcement Administration registration number.

B. Reporting Deadline.

(1) A dispenser shall report prescription monitoring data to the Department no later than 3 business days after dispensing a monitored prescription drug.

(2) A dispenser that suffers a mechanical, electrical, or other technical failure that, as a direct consequence, precludes the dispenser's ability to report prescription monitoring data electronically shall:

(a) Notify the Department, by a communications method approved by the Department, within 24 hours of discovery of the technical failure; and

(b) Submit a report for each monitored prescription drug dispensed during the period of technical failure as soon as possible, but no later than 3 business days following reestablishment of the means of electronic reporting.

C. Waiver from Reporting Deadline.

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(1) At the Secretary's discretion, a dispenser may be granted a waiver from §B of this regulation, provided that the dispenser's waiver request:

(a) Is submitted on a form or in a method approved by the Department;

(b) Is particular to a unique problem, incident or other issue that prevents the dispenser from meeting the reporting deadline; and

(c) Describes in detail and includes any available documentation of the specific circumstances that prevent the dispenser from meeting the reporting deadline.

(2) A dispenser that receives a waiver shall comply with all the terms and conditions enumerated therein, including any new reporting deadline required.

D. Means of Data Submission and Data Format. Prescription monitoring data shall be transmitted to the Department or its agent:

(1) In accordance with any procedures and guidelines established or approved by the Department, including by use of an encrypted electronic transmission method or a secure electronic reporting form; and

(2) In a format or utilizing a data standard approved by the Department.

E. Reporting of Incomplete or Inaccurate Data. Data not accepted by the Department or its agent due to inaccuracy or incompleteness shall be corrected and resubmitted to the Department no later than 3 business days after receiving notification from the Department of receipt of incomplete or inaccurate data.

F. Reporting Exemptions. The following shall be exempt from reporting prescription monitoring data to the Program:

(1) A licensed hospital pharmacy that only dispenses a monitored prescription drug for direct administration to an inpatient of the hospital;

(2) An opioid maintenance program;

(3) A veterinarian licensed under Agriculture Article, Title 2, Subtitle 3, Annotated Code of Maryland, when prescribing controlled substances for animals in the usual course of providing professional services;

(4) A pharmacy issued a waiver permit under COMAR 10.34.17.03 that provides pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities; and

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(5) Dispensing to hospice inpatients, provided that the dispensing pharmacy has applied for and been granted a waiver by the Department pursuant to §G of this regulation.

G. Waiver for Dispensing to Hospice Inpatients.

(1) On a form or in a manner approved by the Department, a pharmacy may apply to the Department to be granted a waiver from reporting prescription monitoring data for dispensing of monitored prescription drugs to hospice inpatients, provided that:

(a) The pharmacy demonstrates, through written application, live demonstration, or any other method required by the Department, how it will distinguish dispensing to hospice inpatients from all other dispensing of monitored prescription drugs required to be reported to the Program; and

(b) The pharmacy agrees that it will be subject to unannounced, on-site inspections by the Department to verify its reporting of prescription monitoring data on customers that are not hospice inpatients.

(2) A waiver granted to a pharmacy under this regulation shall remain in effect for 2 years.

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.04 Disclosure of Prescription Monitoring Data.

A. Registration of a Prescriber, a Dispenser, or an Authorized Licensed Health Care Practitioner to Request Prescription Monitoring Data.

(1) A prescriber, a dispenser, or an authorized licensed health care practitioner shall register with the Department or its agent, in a manner specified by the Department, in order to request disclosure of or otherwise access prescription monitoring data.

(2) The Department or its agent shall:

(a) Establish procedures to authenticate a prescriber, a dispenser, or an authorized licensed health care practitioner in accordance with Health-General Article, §21-2A-06(b)(1)-(2), Annotated Code of Maryland; and

(b) Issue credentials to a prescriber, a dispenser, or an authorized licensed health care practitioner that can be used to request disclosure of or otherwise access prescription monitoring data electronically.

(3) If the credentials issued to a registrant are lost, stolen, or otherwise compromised, the registrant shall notify the Department or its agent, by a method approved by the Department, as soon as reasonably possible.

(4) A prescriber or dispenser who authorizes the registration of a licensed health care practitioner to request disclosure of or otherwise access prescription monitoring data shall:

(a) Make every reasonable effort, including regularly reviewing and auditing any available logs of system access and use, to ensure the authorized licensed health care practitioner is requesting disclosure of, redisclosing, or otherwise accessing prescription monitoring data in clear compliance with Health-General Article, Title 21, Subtitle 2A, Annotated Code of Maryland, and all other State and federal laws and regulations governing the security and confidentiality of protected health information and personal medical records;

(b) Immediately notify the Department or its agent, by a method approved by the Department, as well as the licensing entity responsible for licensing, certifying, or registering the authorized licensed health care practitioner, if the prescriber or dispenser believes that the confidentiality of prescription monitoring data or the security of the Program has been compromised by an authorized licensed health care practitioner; and

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(c) Immediately notify the Department or its agent, by a method approved by the Department, of any requested change in the registration status of an authorized licensed health care practitioner, including if that authorized licensed health care practitioner is no longer employed by or practicing under the authority of the prescriber or dispenser.

B. Disclosure of Prescription Monitoring Data to a Prescriber, a Dispenser, or an Authorized Licensed Health Care Practitioner.

(1) Upon request from a prescriber or a licensed health care practitioner authorized by a prescriber, the Program shall disclose patient-specific prescription monitoring data provided that the request is made solely for the purpose of the medical care or treatment of the patient about whom prescription monitoring data is being requested.

(2) Upon request from a prescriber, the Program may provide a report containing prescription monitoring data on all monitored prescription drugs dispensed pursuant to the prescriber's prescriptions, provided that the request is submitted on a form or in a manner approved by the Department.

(3) Upon request from a dispenser or a licensed health care practitioner authorized by a dispenser, the Program shall disclose patient-specific prescription monitoring data provided that the request is made pursuant to a dispenser's responsibility to perform due diligence and exercise professional judgment when presented with a prescription to dispense a monitored prescription drug for use by the patient about whom prescription monitoring data is being requested.

(4) The Department or its agent shall make available the electronic means by which a prescriber, a dispenser, or an authorized licensed health care practitioner may request disclosure of or otherwise access patient-specific prescription monitoring data.

C. Disclosure of Prescription Monitoring Data to a Federal, State, or Local Law Enforcement Agency. The Program shall disclose prescription monitoring data to a federal, State, or local law enforcement agency, for the purpose of furthering an existing bona fide individual investigation, on receipt of a subpoena that:

(1) Includes information sufficient to identify the unique prescriber, dispenser, or patient about whom prescription monitoring data is requested;

(2) Specifies the time frame for which prescription monitoring data is requested, including the day, month, and year the report is to begin and end;

(3) Includes an agency case number or other identifier sufficient to identify an existing bona fide individual investigation; and

(4) Bears the name, title, and original signature of the official under whose authority the subpoena is issued.

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D. Disclosure of Prescription Monitoring Data to a Licensing Entity. The Program shall disclose prescription monitoring data to a licensing entity upon receipt of an administrative subpoena that:

(1) Includes information sufficient to identify the unique prescriber or dispenser about whom prescription monitoring data is requested;

(2) Specifies the time frame for which prescription monitoring data is requested, including the day, month, and year the report is to begin and end;

(3) Includes a case number or other identifier sufficient to identify an existing bona fide individual investigation;

(4) Includes an attestation that the subpoena was approved by a quorum of the board of the licensing entity; and

(5) Bears the name, title, and original signature of the official under whose authority the subpoena is issued.

E. Disclosure of Prescription Monitoring Data to a Rehabilitation Program under a Health Occupations Board. The Program shall disclose prescription monitoring data to a rehabilitation program under a health occupations board upon receipt of an administrative subpoena that:

(1) Includes information sufficient to identify the unique licensed health care practitioner about whom prescription monitoring data is requested;

(2) Specifies the time frame for which prescription monitoring data is requested, including the day, month, and year the report is to begin and end; and

(3) Bears the name, title and original signature of the official under whose authority the subpoena is issued.

F. Disclosure of Prescription Monitoring Data to a Patient or a Patient's Authorized Representative.

(1) Upon request, the Program shall disclose to a patient 18 years old or older prescription monitoring data about that patient provided that the request is submitted to the Program:

(a) In person and is accompanied by:

(i) A completed form approved by the Department; and

(ii) Valid photo identification issued by a government agency of any jurisdiction of the United States verifying that the patient is 18 years old or older; or

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(b) In any other manner approved by the Department.

(2) Upon request, the Program shall disclose patient-specific prescription monitoring data to a patient's authorized representative who is 18 years old or older, including the parent or legal guardian of a minor, an individual with power of attorney, the personal representative of a decedent's estate, or any other person duly authorized by State law to request or otherwise access medical records on behalf of a patient, provided that the request shall be submitted to the Program:

(a) In person and accompanied by:

(i) A completed form approved by the Department;

(ii) Valid photo identification issued by a government agency of any jurisdiction of the United States verifying that the patient's authorized representative is 18 years old or older; and

(iii) An original copy of any form or documentation required by State law or regulation to verify the authority of the representative to request or otherwise access the medical records of a patient on their behalf; or

(b) In any other manner approved by the Department.

(3) If a patient, a patient's authorized representative, or a patient's prescriber believes that prescription monitoring data relating to the patient's prescription history is incorrect, the patient, authorized representative, or prescriber may request that the Program correct the data provided that the request:

(a) Is submitted to the Program in writing and on a form or in a manner approved by the Department; and

(b) Includes documentation, which may include but not be limited to, a copy of the original prescription and a signed, notarized statement from the prescriber or dispenser that demonstrates which of the specific data elements reported to the Program under Regulation .03A of this chapter are incorrect.

(4) Upon determination by the Secretary that prescription monitoring data specific to a patient's prescription history is incorrect, the Program shall issue a corrected prescription history report to the patient or the patient's authorized representative.

G. Disclosure of Prescription Monitoring Data to Another State's Prescription Drug Monitoring Program.

(1) Upon request, the Program may disclose prescription monitoring data to another state's prescription drug monitoring program provided that the request:

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(a) Is submitted on a form or in a manner approved by the Department;

(b) Is under the authority of the authorized administrator of that state's program; and

(c) Includes an attestation that prescription monitoring data will only be used or redisclosed in a manner consistent with the provisions of Health-General Article, §21-2A-06, Annotated Code of Maryland, and Regulation .08D of this chapter.

(2) The Program may develop and implement interoperability with another state's prescription drug monitoring program to facilitate the automated exchange of prescription monitoring data provided that a written agreement has been established with the other state's program specifying that the information technology employed will:

(a) Only disclose prescription monitoring data to registered users of the other state's program in a manner consistent with the provisions of Health-General Article, §21-2A-06, Annotated Code of Maryland, and this regulation; and

(b) Operate in accordance with all other State and federal laws and regulations governing the security and confidentiality of protected health information and personal medical records.

H. Upon request, the Program may disclose prescription monitoring data to the Office of the Chief Medical Examiner, the Maryland Medical Assistance Program, the Office of the Inspector General of the Department, the Office of Health Care Quality, and the Division of Drug Control provided that the request:

(1) Includes information sufficient to identify the unique prescriber, dispenser, licensed health care practitioner, or patient about whom prescription monitoring data is requested;

(2) Specifies the time frame for which prescription monitoring data is requested, including the day, month and year the report is to begin and end;

(3) Includes a case number or other identifier sufficient to identify an existing bona fide individual investigation; and

(4) Includes an attestation that the request was approved by the Secretary.

I. Disclosure of Prescription Monitoring Data for Research, Analysis, Education, and Public Reporting.

(1) The Program may disclose prescription monitoring data for research, analysis, education, and public reporting:

(a) In response to requests determined by the Department to be consistent with institutional review board protocols and human subjects research protections;

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(b) Upon approval by the Department of a written proposal or abstract explaining the purpose and scope of the research, analysis, education, and public reporting; and

(c) After redaction of all information that could identify a patient, prescriber, dispenser, or any other individual.

(2) The Secretary may waive the requirement of §I(1)(b) of this section for requests from units of the Department.

J. Technical Advisory Committee Review.

(1) Before the Program discloses prescription monitoring data under COMAR 10.47.07.04C-E, G and H, the Technical Advisory Committee shall:

(a) Review the request for disclosure; and

(b) Within 10 business days of submission of the request to the Technical Advisory Committee for review, submit to the Program, in written form, clinical guidance and interpretation of the prescription monitoring data requested to:

(i) Assist the Secretary's decision on how to respond to a judicial subpoena, administrative subpoena, or other request; and

(ii) Be made available for use by the recipient of prescription monitoring data should the request for disclosure be authorized.

(2) If the Technical Advisory Committee has not provided clinical guidance and interpretation within 10 business days of submission of the request, the Department may:

(a) Proceed as if the Technical Advisory Committee does not have clinical guidance or interpretation to provide regarding the request at issue; and

(b) Respond to the original request for disclosure.

(3) The Department shall establish procedures, which may include but not be limited to secure electronic messaging, for the timely disclosure of prescription monitoring data to the Technical Advisory Committee and the receipt of responses from the Technical Advisory Committee to ensure that the review process is conducted with all possible expediency.

(4) For all purposes, including but not limited to confidentiality, security, redisclosure, and admissibility as evidence, the reports of the Technical Advisory Committee shall be considered as one and the same with the prescription monitoring data upon which the Committee's reports are based.

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Code of Maryland Regulations (2014)
Title 10 Department of Health and Mental Hygiene
Subtitle 47 Alcohol and Drug Abuse Administration
Chapter 07 Prescription Drug Monitoring Program

.05 Notice to Patients.

A. Dispenser.

(1) Any dispenser who intends to request prescription monitoring data from the Program may post a sign that can be easily viewed by the public at the place where the prescription is delivered to the dispenser.

(2) The sign shall disclose to the public that the dispenser may access prescription monitoring data on a patient for whom a prescription for a monitored prescription drug is presented.

(3) In lieu of posting a sign, the dispenser may provide such notice in written material provided to the patient.

B. Prescriber.

(1) Any prescriber who intends to request prescription monitoring data from the Program may post a sign that can be easily viewed by the public that discloses to the public that the prescriber may access prescription monitoring data on a patient.

(2) In lieu of posting a sign, the prescriber may provide such notice in written material provided to the patient.

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Code of Maryland Regulations (2014)
Title 10 Department of Health and Mental Hygiene
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.08 General Provisions.

A. The Program shall make available the information technology necessary for dispensers to report prescription monitoring data to the Program.

B. The Program may not impose any fees or other assessments on prescribers or dispensers to support the operation of the Program.

C. A prescriber or dispenser:

(1) Is not required or obligated to access or use the prescription monitoring data available under the Program; and

(2) When acting in good faith, is not subject to liability or disciplinary action arising solely from:

(a) Requesting or receiving, or failing to request or receive, prescription monitoring data from the Program; or

(b) Acting, or failing to act, on the basis of prescription monitoring data provided by the Program.

D. Redisclosure of Prescription Monitoring Data.

(1) Prescription monitoring data received under Health-General Article, §21-2A-06, Annotated Code of Maryland, and Regulation .04 of this chapter may be redisclosed only:

(a) To facilitate the treatment of a patient and in a manner consistent with all other State and federal laws and regulations governing the security and confidentiality of protected health information and personal medical records;

(b) To a State or local child fatality review team established under Health-General Article, Title 5, Subtitle 7, Annotated Code of Maryland; or

(c) To a medical review committee established under Health-Occupations Article, §1-401(b)(3), Annotated Code of Maryland, for the purpose of reviewing information on fatal drug and alcohol overdoses and preventing overdose deaths.

(2) The release of prescription monitoring data by a prescriber or dispenser to a licensed health care professional solely for treatment purposes in a manner otherwise consistent with State and

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federal law is not a violation of Health-General Article, Title 21, Subtitle 2A, Annotated Code of Maryland.

E. The Program shall retain prescription monitoring data for 3 years from the date of receipt.

F. A member of the Technical Advisory Committee:

(1) Shall serve for a term of 3 years from the date of appointment; and

(2) May be reappointed at the discretion of the Secretary.

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