

# **Michigan's Opioid Epidemic and Recent Prescribing Legislation**

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At the end of 2017, Lieutenant Governor Brian Calley signed legislation that will change prescribing practices including the way Michigan physicians interact with the Michigan Automated Prescription System (MAPS). These bills were part of a multi-bill package targeting Michigan's growing opioid misuse and overdose problem. Many of the provisions have been the subject of intense discussion among Michigan's physician community.

The legislation that passed affects the prescribing and dispensing of controlled substances. Requirements such as having a bona fide prescriber-patient relationship and registering with and pulling reports from MAPS pertain when writing for any controlled substance not just opioids. Other provisions regarding the need to discuss the dangers of opioids with patients and obtain their informed consent apply to situations in which an opioid will be prescribed. These newly enacted provisions and others have effective dates ranging from March 27, 2018 to July 1, 2018. It is important that physicians be aware of these new requirements as a failure to comply may result in disciplinary action.

We believe you deserve to understand important context surrounding the opioid crisis, the impetus for the legislative package, and the current political climate in Lansing. We also want to bring you up to speed on important improvements secured on the bill package by the Michigan State Medical Society and partner organizations as the year came to a close.

## Opioid Resources from MSMS

[Start Talking Consent Form>>](#)

[Need to Know Prescribing Legislation FAQs>>](#)

[LARA Required CME – Pain and Symptom Management On-Demand Webinars>>](#)

[New Opioid Law and its Impact Alert >>](#)

## More Resources

[Be AWARE: Reversing the Opioid Epidemic>>](#)

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## The Opioid Crisis

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In 2015, the last year for which numbers are fully available, **1,275 people died from opioid and heroin related overdoses in Michigan**, according to the state Department of Health and Human Services. ***884 of those deaths were directly attributed to opioid overdose, the 7th highest number of opioid deaths among the nation's 50 states.*** The crisis reflects a nearly 100 percent increase over the number of overdose deaths just 5 years before -- 444.

By comparison, only 963 people died in car accidents in Michigan in 2015.

**Compounding the crisis** was the revelation in August 2015 by *United States Attorney Barbara McQuade*, at a high-profile news conference, that *Michigan was the origin point of a "drug pipeline," exporting opioids and heroin abuse to Pennsylvania, Ohio, Kentucky, Tennessee, and even West Virginia.* Additionally, Michigan continues to be one of the highest-ranking states in the nation for prescribing opioid pain relievers.

In October 2017, President Donald Trump declared opioid addiction a health emergency, calling it the worst drug crisis in U.S. history.

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## **The Political Environment**

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The opioid crisis has touched every community in Michigan. In addition to some of the statistics mentioned above, lawmakers have been inundated with heart-wrenching stories of constituent lives being destroyed due the effects of addiction following legally prescribed medications. And, all of this has come on the heels of other public health threats such the Flint water crisis. As a result, Michigan lawmakers have taken a very tough stance when it comes to emerging threats to public health or safety.

In the summer of 2015, Governor Rick Snyder announced the formation of the Michigan Prescription Drug and Opioid Abuse Task Force (renamed the Michigan Prescription Drug and Opioid Abuse Commission). Members of the Commission included physicians, pharmacists, judges, chronic pain sufferers, law enforcement, legislative and Administration leaders, and Lieutenant Governor Brian Calley (Chairman). Their work produced over thirty recommendations involving legislative, regulatory and community-based solutions.

Based on the opioid crisis, community impact and pressure to move forward on the Commission's recommendations, the Legislature felt compelled to act quickly on a number of changes to the law that focused on prescription supply and greater awareness of the dangers of opioids. This past fall, lawmakers began laying the foundation for putting the finishing touches on their opioid reform package before returning to their districts during the Legislature's winter break.

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## **MSMS Advocacy**

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**The Michigan State Medical Society was on the ground in Lansing every day last fall and winter**, working to improve the legislation before its final passage. Although certain provisions passed that are cause for concern both

*partner organizations secured a number of very important "wins" on behalf of Michigan's physician community.*

Among our victories:

- Positive action was taken on several of the recommendations advocated by MSMS early on such as the Naloxone standing order;
- Updating MAPS and improving response time and user-friendliness, allowing for the use of delegated users in MAPS and batching reports;
- Launching a state-funded initiative to integrate MAPS directly into physician practices' EHRs and pharmacy dispensing systems across Michigan;
- Narrowing the 7-day supply of an opioid restriction to situations involving the treatment of “acute” pain;
- Implementation delays on some reporting requirements to allow physicians more time to get used to the new system;
- Ability to prescribe a quantity of three or fewer days without having to check MAPS; and
- Allowing the medical Boards to provide **non-disciplinary warning letters** to prescribers who fail to check or register with MAPS as a first step instead of automatically pursuing disciplinary action.

Candidly, the legislation signed into law in the days after Christmas did not include many of the improvements for which MSMS and others in the medical community were advocating and will have some unintended consequences for patients and physicians. Our work continues daily to secure important reforms and regulatory guidance to simplify reporting and implementation, clarify expectations and enable physicians to continue providing quality and compassionate care to their patients.