

Prescription Drug & Opioid Abuse Commission **Subcommittees & Task Force Recommendation** **Summary**

Treatment

- Permit pharmacists to dispense Naloxone to the public in similar fashion to how pseudoephedrine is dispensed.
- Increase public awareness regarding the laws (MCL 333.17744c and 691.1503) that limit civil and criminal liabilities for administering Naloxone.
- Explore the possibility of limited statutory immunity for low-level offenses involved in reporting an overdose and seeking medical assistance.
- Explore ways for the State to increase access to care, including wraparound services and Medication Assisted Treatment (MAT) as indicated by national and state guidelines for treatment.
- Recommend that insurance companies consider providing health plans that cover the costs of MAT with reasonable quantity limits on medication used.
- Explore ways to increase the number of addiction specialists practicing in Michigan.
- Provide additional training for law enforcement in the area of recognizing and dealing with addiction for those officers who do not deal directly with narcotics regularly.
- Expand treatment courts as called for by Gov. Rick Snyder in his 2015 Criminal Justice Message.
- Expand the courts' ability to create pilot programs for the use of Medication Assisted Treatment.
- Require a bona-fide physician-patient relationship as defined in the Michigan law prior to prescribing controlled substances.
- Review current best practice guidelines for reducing the development of Neonatal Abstinence Syndrome (NAS) and consider pilot programs for the development of testing of pregnant women to reduce the risk of NAS caused by prescription drug and opioid abuse.

Analyst: Patricia Leary

Regulation/Enforcement

- Consider legislation to better define and identify pain management practice for the purpose of licensing.
- Update regulations to delineate licensing for clinics based on the population being treated and that the State consider a tiered system of licensing that regulates the functions and prescription capabilities of the clinics and their staff.
- Establish an exemption from civil liability when a pharmacist is acting in good faith and has reasonable doubt regarding the authenticity of the prescription or believes the prescription is being filled for non-medical purposes.
- Review the Michigan College of Emergency Physicians policy and then endorse a best practices policy that hospitals and doctors could use as a model.
- Review the limitation of the sale of pseudoephedrine by pharmacies only.
- Review the budgetary requirements for updating or replacing MAPS.
- Explore the mandatory registration in MAPS by all licensed prescribers should be implemented to ensure all are registered when the update or new system is brought online.
- Implement the following actions, with the understanding that updating or replacing MAPS would be necessary:

- a) More rigorously enforce the requirement that dispensing health professionals report to MAPS.
 - b) Require pharmacists to review MAPS before dispensing new prescriptions for Schedule II-V drugs. Also require pharmacists to check MAPS quarterly for refills of controlled substance prescriptions.
 - c) Require prescribers to perform a quarterly review of MAPS for patients receiving opioid analgesics.
 - d) Improve coordination of care among providers and within health plans, as well as leveraging Health Information Technology including the Michigan Health Information Network.
 - e) Increase potential sanctions for covered professionals that demonstrate an intentional pattern of failing to consult MAPS while providing exceptions for good-faith errors.
 - f) Allow MAPS to generate a morphine equivalency rate or similar risk assessment scale.
- Allow broader access to MAPS for law enforcement purposes when investigating questionable business practices by prescribers.
 - Require enhanced licensing sanctions for health professions that violate proper prescribing and dispensing practices.

Analyst: Ron Hitzler

Policy/Outcomes

- Evaluate the efficacy of current proposals and continually develop new solutions to address societal changes.
- Add outcomes to the State Dashboard to track success.
- Consider mechanisms to ensure patient continuity of care during an abrupt closure of a medical practice to ensure that necessary treatments can continue without interruption.
- Document law enforcement efforts with local coalitions and focus groups that have resulted in a reduction of prescription overdose deaths to determine if replication and expansion are possible and warranted.

Analyst: Ron Hitzler

Prevention

- Require additional training for professionals who will be prescribing controlled substances.
- Encourage development and maintenance of relationships among state and local agencies to provide necessary information regarding prescription drug abuse, prevention, and treatment.
- Encourage collaboration among local coalitions, pharmacies, health profession boards, state agencies and the DEA to increase the availability of prescription drop-off bins.
- Review of successful state and local collection programs for possible replication and expansion.
- Review programs and parameters established within the Medicaid system as well as actions taken by other states to determine the best route forward to eliminate doctor and pharmacy shopping.
- Review programs already in use in Tennessee and Washington to determine how their systems operate and if any of those systems would work in Michigan.

- Utilize a multifaceted public awareness campaign to be undertaken to inform the public of the dangers of abuse, how to safeguard and properly dispose of medicines, publicize improper prescribing practices, and reduce the stigma of addiction.
- Inquire of pharmaceutical companies whether they would be willing to collaborate on a public relations awareness campaign in Michigan.

Analyst: Patricia Leary