

September 27, 2017

MEMO TO: House Health Policy Committee

MEMO FROM: Betty Chu, MD, President-Elect

RE: Senate Bills 166 & 274

On behalf of the Michigan State Medical Society and our members, I am here to express our commitment to working with the legislature to find solutions that address the opioid epidemic in Michigan. Drug diversion and opioid misuse requires a comprehensive approach to address the underlying causes of this epidemic as well as finding legislative solutions that will have a meaningful impact minimizing the negative consequences associated with prescription drug diversion and misuse. The following are comments specific to Senate Bills 166-167 as introduced:

- Generally speaking, MSMS opposes mandates, as mandates:
 - Overrule the clinical judgment of physicians
 - While funding has been provided for the cost associated with integrating MAPS into electronic health records, a MAPS mandate would likely be unfunded with respect to the time and judgment of the physician
 - Mandates can steer finite resources away from their most efficient use. A MAPS check is a clinical tool, however, other tools related to the clinical judgment of the physician such as a more detailed patient history or a diagnostic test may be more valuable in making a clinical determination. If MAPS is mandated it may be most likely to be conducted to comply with the law even though it may not be the most effective way to assess the patient.
 - Mandates often fail to fully address the full scope of a problem and can lead to unintended consequences. Unfunded mandates could lead to physicians shaping their practices such to avoid mandates and cause doctors to prescribe less effective medications.

- The MAPS upgrade is still relatively new:
 - Initial prescriber enrollment figures have already surpassed previous figures
 - MAPS queries have consistently increased over the past several years in absence of a mandate
 - It is unclear at this time how easily the new MAPS can integrate into the diverse array of electronic health record platforms. The state is currently engaged in integrating MAPS in to electronic health records, while we expect this to be a successful endeavor, the best assessment of this project will be after MAPS is fully intergrated/
 - A mandate will force doctors to bear the indirect cost of disruption to workflow by requiring a MAPS check via the web portal which is the only resource provided by the State of Michigan to prescribers at this time.

- Senate Bill 166, as written:
 - Would require every controlled substance prescription to have a MAPS check performed prior to writing a prescription

MSMS is committed to working with the House, Senate, administration, and other stakeholders to find solutions that achieve policy outcomes to meaningfully change the trajectory of the opioid epidemic. Of particular importance is to help craft solutions related to the recommendations identified by the Governor's Task Force. To that end, MSMS has been in active discussions with Senator Schuitmaker and Senator Knollenberg to identify approaches to Senate Bill 166 that have the desired effect of deterring abuse while also being consistent with the clinical appropriateness and mindful of physician workflow.

- MSMS does not support Senate Bills 166 and 274 as introduced
- MSMS would support a mandatory MAPS check under the following circumstances:
 - Check was limited to opioids, carisoprodol and benzodiazapines
 - Schedule II-V covers a wide range of medications that are overwhelmingly prescribed and consumed as intended
 - Opioids, carisoprodol, and benzodiazapines are the most likely drugs to be intentionally misused and therefore justifying some heightened scrutiny
 - Distinguishes between treatment of chronic and acute treatment
 - Acute pain, particularly post-surgical pain, is less subjective and therefore a MAPS check provides minimal clinical value to physicians.
 - Chronic pain may be more subjective and diagnosis more difficult, therefore MAPS can be extremely helpful and appropriate tool.
 - Distinguishes between initial prescriptions and ongoing therapies
 - Ongoing physician-patient relationships, lab testing, appropriate durations between refills and other indicators are often more effective than a MAPS check.
 - Periodic checks for prescriptions for chronic patients may be warranted, and consistent with the appropriate standard of care
- MSMS would support Senate Bill 274 under the following circumstances:
 - MSMS would support Senate Bill 274 if additional guidance is provided with respect to how to exceed the initial seven-day limit when clinically indicated. This could be accomplished by the following:
 - Create an exception to the seven-day limit, and specify the nature of documentation required to fulfill the law.
 - Provide specific guidance of when and how a physician may re-evaluate the patient within the 7-day window to meet the needs of the patient.