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3 Title: Opioid Abuse and Overdose Death Epidemic
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5 Introduced by: Cheryl Farmer, MD, for the Washtenaw County Delegation
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7 Original Author: Cheryl Farmer, MD
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9 Referred to: Committee on Rules and Order of Business/Reference Committee B
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11 House Action: **AMEND**
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14 Whereas, your representatives on the MSMS Committees on Health Care Quality,
15 Efficiency and Economics; State Legislation and Regulations; and Liaison with Third Party Payers
16 had a joint meeting on April 13, 2016, and
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18 Whereas, at this meeting presentations were made by representatives from the Calhoun
19 County Sheriff’s Office, the Michigan Department of Attorney General, and the U.S. Attorney’s
20 Office (Western District), and
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22 Whereas, much of the information presented was based upon the Centers for Disease
23 Control and Prevention’s 2015 report, *“Prescription Painkiller overdoses are a Public Health
24 Epidemic,”* and
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26 Whereas, the message from these speakers confirmed that we are seeing an epidemic
27 of opioid abuse and overdose deaths in the United States, with nearly 15,000 people dying
28 annually of drug overdoses involving prescription painkillers – more deaths than from heroin
29 and cocaine combined, and
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31 Whereas, studies suggest that the “gateway” drugs for this epidemic are legal opioids
32 that are being too freely prescribed to our patients and getting into the wrong hands, and
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34 Whereas, some states have responded to this problem by requiring physicians to check
35 patient records for narcotics prescriptions from other physicians prior to writing any
36 prescription for narcotics, and
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38 Whereas, the states of New York and Tennessee saw a 75 percent and 36 percent drop
39 in patients who were seeing multiple prescribers to obtain the same drugs (which would put
40 them at higher risk of overdose) by requiring prescribers to check the state’s prescription drug
41 monitoring program before prescribing painkillers, respectively, and
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43 Whereas, the Michigan Automated Prescription System (MAPS), which allows a
44 prescriber to see the scheduled medications that have been ordered for a patient by other

45 physicians, is already in place but is underutilized - only 40 percent of Michigan physicians are
46 registered to use it, and

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48 Whereas, some Michigan Legislators are proposing to require that, beginning in 2019,
49 Michigan physicians check the MAPS prior to writing any scheduled prescriptions, and

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51 Whereas, Michigan physicians who are already aware of the epidemic of opioid abuse
52 and overdose deaths, and who become aware of the successes achieved in addressing the
53 epidemic in New York and Tennessee through the simple addition of a MAPS type check prior to
54 prescribing, would no doubt be eager to adopt this practice themselves immediately - without
55 the need for legislation mandating it in 2019; therefore be it

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57 RESOLVED: That MSMS take the lead in educating Michigan physicians about the ways
58 in which multiple physician prescribers may worsen the current epidemic of opioid abuse and
59 the extent to which the simple addition of a Michigan Automated Prescription System check
60 prior to prescribing can diminish opiate-related disability and death; and be it further

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62 RESOLVED: That MSMS encourage all physicians to register for the Michigan Automated
63 Prescription System; and be it further

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65 RESOLVED: That MSMS add continuing medical education classes on the usage of the
66 Michigan Automated Prescription System to select and appropriate upcoming continuing
67 medical education conferences, and include relevant articles on this topic in Michigan Medicine
68 and on-line alerts to MSMS members, and be it further

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70 RESOLVED: That MSMS strongly support the State of Michigan's plans to enhance both
71 the Michigan Automated Prescription System (MAPS) efficiency and interface with electronic
72 health records in order to make routine checking of MAPS feasible in a busy practice.

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75 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE