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Title: Michigan Automated Prescription System Surveillance
Introduced by: Domenic R. Federico, MD, Chair, for the Kent County Delegation
Original Authors: Sandy Dettmann, MD, Cara Poland, MD, and Joshua Suderman, MD
Referred to: Reference Committee B
House Action: **DISAPPROVE**

Whereas, the Centers for Disease and Prevention (CDC) declared an opioid epidemic in the United States, and

Whereas, sales of opioid prescription medications in the United States have quadrupled since 1999, and

Whereas, in 52 percent of the overdose deaths in the State of Michigan involving prescription opioids, the deceased had a prescription for opioids filled within 30 days prior to death, and

Whereas, the State of Michigan is in the top quartile for opioid prescriptions written per person, and

Whereas, Michigan is joining forty-two other states by implementing a new Prescription Drug Monitoring Program (PDMP) in April 2017, and

Whereas, Michigan’s PDMP, the Michigan Automated Prescription System, is an accurate resource that is updated every 24 hours, and

Whereas, evidence has shown that PDMPs can reduce prescription drug abuse, potential dangerous drug interactions, doctor shopping, emergency room visits, drug overdoses, and overdose deaths; therefore, be it

RESOLVED: That MSMS lobby the Michigan Department of Licensing and Regulatory Affairs to promulgate rules to require that physicians check the Michigan Automated Prescription System at least every six months for their patients who require Schedule II medications longer than 30 days.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy:

Michigan’s Prescription Drug Monitoring Program (pending final approval of MSMS Policy Manual updates at 2017 HOD)

MSMS supports education to encourage physicians and other health care providers to check the Michigan Automated Prescription system (MAPS) when prescribing controlled substances. However, MSSM opposes mandatory MAPS checking by physicians absent clinical suspicion of substance abuse or nefarious intent (Res46-16 and Res50-16)

Prescription Drug Abuse

MSMS supports the following AMA position on “Curtailing Prescription Drug Abuse While Preserving Therapeutic Use – Recommendations for Drug Control Policy:”

"Our AMA (1) opposes expansion of multiple-copy prescription programs to additional states or classes of drugs because of their documented ineffectiveness in reducing prescription drug abuse, and their adverse effect on the availability of prescription medications for therapeutic use; (2) supports continued efforts to address the problems of prescription drug diversion and abuse through physician education, research activities, and efforts to assist state medical societies in developing proactive programs; and (3) encourages further research into development of reliable outcome indicators for assessing the effectiveness of measures proposed to reduce prescription drug abuse. (AMA Compendium H-95.979)

– Reaffirmed 1998

– Edited 2016

Sources:

1. <http://www.namsdl.org/library/3449DDCF-BB94-288B-049EB9A92BAD73DF/>
2. Manchikanti, et al American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I – Evidence Assessment. Pain Physician 2012; 15:S1-S66