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Title: Sharing MAPS Reports with Patients
Introduced by: Lee Begrow, DO, for the Kent County Delegation
Original Author: Jayne E. Courts, MD
Referred to: Reference Committee B
House Action: **APPROVED**

Whereas, the opioid epidemic, as evidenced by the number of opioid-related overdose deaths, continues to worsen¹, and

Whereas, a review of a patient’s record of controlled substances which have been dispensed and reported to Michigan’s prescription drug monitoring program known as the Michigan Automated Prescription System (MAPS) is required by state law, and

Whereas, discussing the MAPS report with the patient is considered by many physicians to help improve the prescriber-patient relationship and to improve patient care, and

Whereas, a patient’s MAPS report is considered to be protected health information, and

Whereas, pursuant to Michigan Compiled Law 333.7333a, patients are not permitted to obtain a copy of their MAPS report without a court order (although the report may be discussed with the patient)², and

Whereas, some physicians may be unintentionally violating this law even though the physician is trying to communicate with the patient as part of good patient care, and

Whereas, reducing the stigma around substance use disorders such as opioid use disorder (OUD) is considered to be an important public health effort to help combat the opioid epidemic, and

Whereas, the restrictive protected health information status for a MAPS report does not improve patient care or help reduce the stigma associated with OUD; therefore be it

RESOLVED: That MSMS educate physicians about the restrictive protected health information status for a patient’s Michigan Automated Prescription System report, per Michigan Compiled Law 333.7333a, to avoid violation of the law; and be it further

RESOLVED: That MSMS work with the Michigan Legislature and any other relevant stakeholders to amend Michigan Compiled Law 333.7333a(4) to permit a patient’s Michigan Automated Prescription System report to be included in the patient’s medical record in a manner consistent with the usual legal standards for protected health information and shared directly with the patient, including in printed form.

WAYS AND MEANS COMMITTEE FISCAL NOTE: \$30,000 or more as this resolution requires legislative advocacy, as well as education and messaging.

Relevant MSMS Policy:

Michigan's Prescription Drug Monitoring Program

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

Relevant AMA Policy:

Prescription Drug Diversion, Misuse and Addiction H-95.945

Our AMA: (1) supports permanent authorization of and adequate funding for the National All Schedules Prescription Electronic Reporting (NASPER) program so that every state, district and territory of the US can have an operational Prescription Drug Monitoring Program (PDMP) for use of clinicians in all jurisdictions; (2) considers PDMP data to be protected health information, and thus protected from release outside the healthcare system unless there is a HIPAA exception or specific authorization from the individual patient to release personal health information, and recommends that others recognize that PDMP data is health information; (3) recommends that PDMP's be designed such that data is immediately available when clinicians query the database and are considering a decision to prescribe a controlled substance; (4) recommends that individual PDMP databases be designed with connectivity among each other so that clinicians can have access to PDMP controlled substances dispensing data across state boundaries; and (5) will promote medical school and postgraduate training that incorporates curriculum topics focusing on pain medicine, addiction medicine, safe prescribing practices, safe medication storage and disposal practices, functional assessment of patients with chronic conditions, and the role of the prescriber in patient education regarding safe medication storage and disposal practices, in order to have future generations of physicians better prepared to contribute to positive solutions to the problems of prescription drug diversion, misuse, addiction and overdose deaths.

Advocacy for Seamless Interface Between Physicians Electronic Health Records, Pharmacies and Prescription Drug Monitoring Programs H-95.920

Our AMA: (1) will advocate for a federal study to evaluate the use of PDMPs to improve pain care as well as treatment for substance use disorders. This would include identifying whether PDMPs can distinguish team-based care from uncoordinated care, misuse, or "doctor shopping," as well as help coordinate care for a patient with a substance use disorder or other condition requiring specialty care; (2) urges EHR vendors and Health Information Exchanges (HIEs) to increase transparency of custom connections and costs for physicians to integrate their products in their practices; (3) supports state-based pilot studies of best practices to integrate EHRs, HIEs, EPCS and PDMPs as well as efforts to identify burdensome state and federal regulations that prevent such integration from occurring; and (4) supports initiatives to improve the functionality of state PDMPs, including: (a) lessening the time delay between when a prescription is dispensed and when the prescription would be available to physicians through a PDMP; and (b) directing state-based PDMP's to support improved integrated EHR interfaces.

¹ Drug Overdose Deaths, Centers for Disease Control (CDC), <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. Accessed on 2/18/2019. MAPS report - Additional Information (1) Drug Overdose Deaths, Centers for Disease Control (CDC), <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. Accessed on 2/18/2019. 70,237 drug overdose deaths occurred in the United States in 2017. The age-adjusted rate of overdose deaths increased significantly by 9.6% from 2016 (19.8 per 100,000) to 2017 (21.7 per 100,000). Opioids - mainly synthetic opioids (other than methadone) - are currently the main driver of drug overdose deaths. Opioids were involved in 47,600 overdose deaths in 2017 (67.8% of all drug overdose deaths). In 2017, the states with the highest rates of death due to drug overdose were West Virginia (57.8 per 100,000), Ohio (46.3 per 100,000), Pennsylvania (44.3 per 100,000), the District of Columbia (44.0 per 100,000), and Kentucky (37.2 per 100,000). States with statistically significant increases in drug overdose death rates from 2016 to 2017 included Alabama, Arizona, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, West Virginia, and Wisconsin.

² MCL 333.7333a(4): A person that receives data or any report under subsection (2) containing any patient identifiers of the system from the department shall not provide it to any other person except by order of a court of competent jurisdiction.