

MAPS Updates

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Michigan Automated Prescription System
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Bureau of Professional Licensing

- Established in July 2015
- 10 Occupational Licensing/Regulation Boards
- 24 Health Professional Licensing/Regulation Boards
- Boards are advisory and determine sanctions
- License and regulate over 758,000 individuals
- 3 Divisions: Licensing, Investigations & Inspections, Enforcement
- Enforcement Division: Administers Pharmacy and Drug Monitoring Section and **Michigan Automated Prescription System (MAPS) Section**; investigates overprescribing, over dispensing, and drug diversion



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BUSINESS MINDED

Controlled Substance Prescriptions Filled in Michigan by Year

	Total CS prescriptions dispensed	% change from previous year
2007	17,007,858	
2008	17,400,640	2.31%
2009	17,876,684	2.74%
2010	18,954,172	6.03%
2011	19,763,680	4.27%
2012	20,991,020	6.21%
2013	20,728,216	-1.25%
2014	20,904,764	0.85%
2015	21,472,326	2.71%
2016	21,092,674	-1.77%
2017	19,943,203	-5.45%
2018	17,642,901	-11.53%



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Opioid Prescriptions Filled in Michigan by Year

	Total Opioid Prescriptions Dispensed	% Change from Previous Year
2013	9,920,288	
2014	10,301,142	3.84%
2015	10,833,681	5.17%
2016	10,507,059	-3.01%
2017	9,670,789	-7.96%
2018	8,223,103	-14.97%

Michigan Controlled Substance Prescription Data

The 2018 Drug Utilization Report has been released



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MAPS Background

- Contains over 100 million records
- Data maintained for 5 years
- Required reporting of CS Schedule 2-5 from:
 - Prescribers who dispense CS Schedule 2-5
 - Pharmacists (dispensers)
 - Veterinarians



MAPS Update

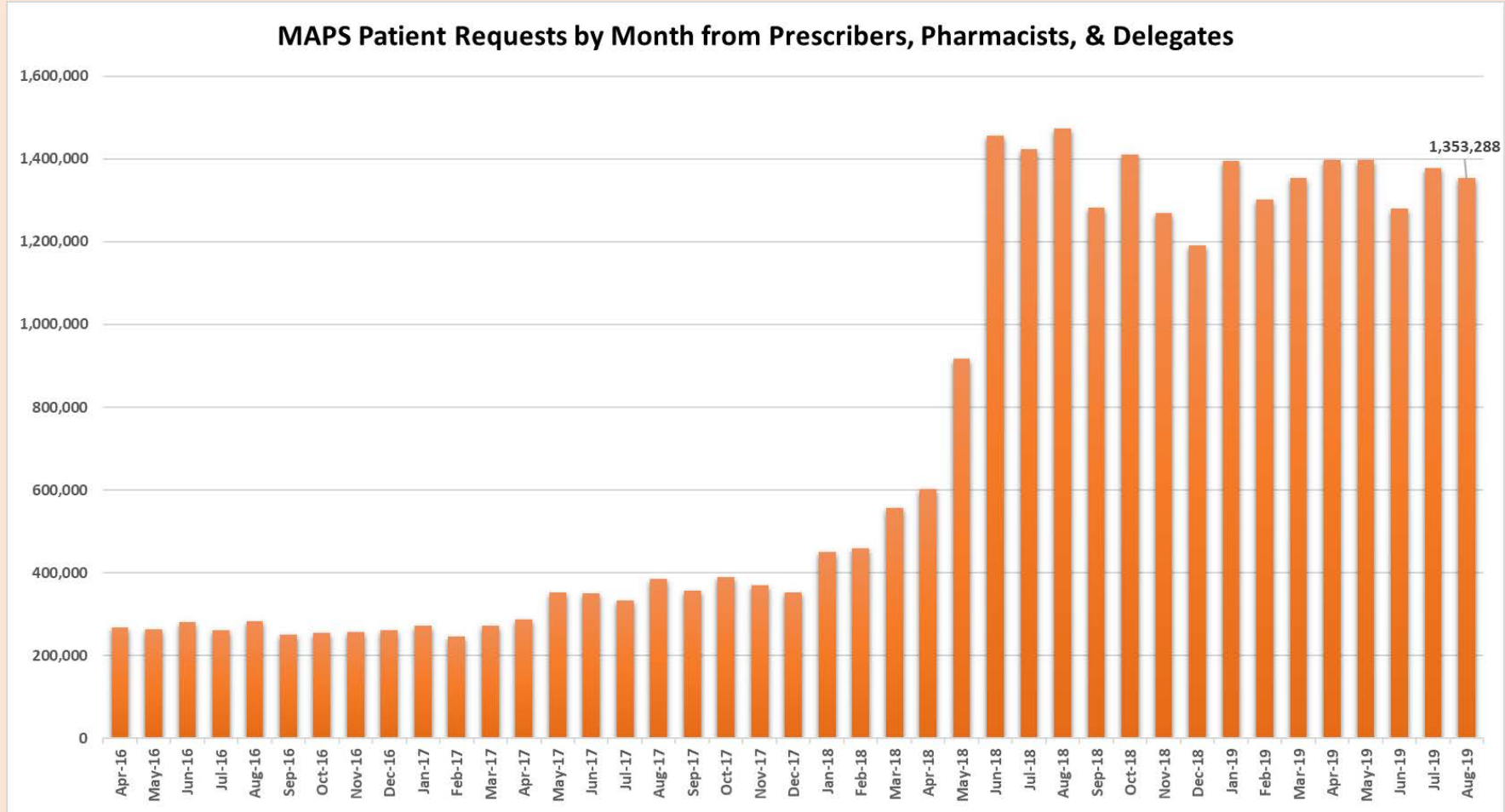
- Successfully launched Appriss Health's PMP AWARe on April 4, 2017
- Added Appriss Health's NarxCare report to MAPS on December 4, 2017
- Response times average 0.4-0.8 seconds
- Registered Users:

	As of 04/04/2017	As of 08/20/2019	Increase
Prescribers	9,156	47,623	38,467
Dispensers (Pharmacists)	3,994	8,741	4,747
Delegate Users	1,096	20,425	19,329



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MAPS – Patient Requests



**Note: Includes online requests and integration requests from MAPS (Michigan) registered users*



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PMP Interconnect

States Connected

1. Alabama
2. Arizona
3. Colorado
4. Connecticut
5. Delaware
6. Florida
7. Idaho
8. Illinois
9. Indiana
10. Iowa
11. Kansas
12. Kentucky
13. Louisiana
14. Maine
15. *Military Health System*
16. Minnesota
17. Mississippi
18. Montana
19. Nevada
20. New Mexico
21. New York
22. North Carolina
23. North Dakota
24. Ohio
25. Rhode Island
26. South Carolina
27. South Dakota
28. Tennessee
29. Virginia
30. West Virginia
31. Wisconsin

States Pending Connection

1. Puerto Rico
2. Washington, D.C.



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Patient Reports

NarxCare Reports



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MAPS – NarxCare Report

- Narx Scores and Predictive Risk Scores (overdose)
 - Scores: based on algorithms, including MMEs, number of prescribers and pharmacies
 - Scores: Ranges from 000-999; higher scores equate to higher risk and misuse
- Red Flags
- Rx Graphs
- PDMP Data



Overdose Risk Score

- The Overdose Risk Score (ORS) is based on an Ohio study evaluating 1,687 unintentional overdose **deaths** from the year 2014 and was developed using modern data science techniques.
- The ORS ranges from 000-999.
- The risk of unintentional overdose death approximately doubles for every 100pt increase in the ORS.
- Using the 000-190 (< 200) scoring group as a referent group results in the following odds ratios:

Overdose Risk Score	Odds Ratio of Unintentional Overdose Death
000-200	1
201-300	10
301-400	12
401-500	25
501-600	44
601-700	85
701-800	141
801-900	194
901-990	329



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Red Flag Indicators

There are currently four **Red Flag** Indicators:

- More than 5 providers in any year
- More than 4 pharmacies in any 90-day period
- More than 40 Morphine Milligram Equivalent (MME) per day average and more than 100 MME total
- Combination Therapies: Opioids and Benzodiazepines

*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents. mg = dose in milligrams.



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MAPS - NarxCare Report

Williams, Johnny Age: 33M Date: 7/17/2017 | [NARX REPORT](#) | [RESOURCES](#)

Communications Messages: 0 Care Notes: 0 [Add Note](#)

Risk Indicators

Narx Scores		Overdose Risk Score	Red Flags (2)
Narcotic	633	590 (range 0-999)	<ul style="list-style-type: none"> ▮ >= 4 opioid or sedative dispensing pharmacies in any 90 day period in the last 2 years ▮ >= 5 opioid or sedative providers in any year in the last 2 years
Sedative	280		
Stimulant	000		
Explain these scores		Explain the overdose risk score	Explain these red flags

Graphs

Rx Graph Narcotic Sedative Stimulant

All Prescribers

Prescribers	09/21	2m	6m	1y	2y
15 - Fernandez, Bruce					
14 - Harris, Ruth					
13 - Martin, Patricia					
12 - Holmes, Helen					
11 - Nichols, Jason					
10 - King, James					
9 - Hawkins, Norma					
8 - Jenkins, Gerald					
7 - Ramos, Jesse					
6 - Ray, Ralph					
5 - Kennedy, Beverly					
4 - Lane, Arthur					
3 - Ryan, Jonathan					
2 - Ryan, Jerry					
1 - Fisher, Marie					



CUSTOMER DRIVEN
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MAPS – NarxCare Report (continued)

02/01/2017	HYDROCODON-ACETAMINOPHN 10-325	60	15	Jo Rya	CVS	0	600.00	40.00	Medicaid	OH
01/23/2017	OXYCODONE-ACETAMINOPHEN 5-325	60	7	Ma Fis	CVS	0	450.00	64.29	Medicaid	OH
01/12/2017	MORPHINE 2 MG/ML SYRINGE	1	30	No Haw	Wall D	1	6.00	0.20	Private Pay	OH
01/12/2017	MORPHINE 4 MG/ML SYRINGE	1	2	No Haw	Wall D	1	12.00	6.00	Private Pay	OH
01/10/2017	OXYCODONE-ACETAMINOPHEN 5-325	120	30	Jo Rya	CVS	0	900.00	30.00	Commercial PBM	OH
01/07/2017	DEMEROL 25 MG/ML SYRINGE	1	2	Ja Kin	Wall D	1	7.50	3.75	Private Pay	OH
01/03/2017	HYDROCODON-ACETAMINOPHEN 5-325	60	8	Ja Nic	CVS	0	300.00	37.50	Medicaid	OH
12/26/2016	HYDROCODON-ACETAMINOPHEN 5-325	60	8	Ja Nic	Wall D	0	300.00	37.50	Commercial PBM	OH
12/11/2016	HYDROCODON-ACETAMINOPHEN 5-325	28	5	He Hol	CVS	0	140.00	28.00	Private Pay	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	14	7	Pa Mar	CVS	0	70.00	10.00	Commercial PBM	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	2	2	Pa Mar	Wall D	1	10.00	5.00	Private Pay	OH
11/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	10	5	Pa Mar	CVS	0	50.00	10.00	Private Pay	OH
11/06/2016	HYDROCODON-ACETAMINOPHEN 5-325	1	2	Ru Har	Wall D	1	5.00	2.50	Private Pay	OH
08/01/2016	OXYCODONE-ACETAMINOPHEN 5-325	20	3	Br Fer	Wall D	0	150.00	50.00	Commercial PBM	OH
11/12/2015	MORPHINE 2 MG/ML SYRINGE	1	30	Pa Mar	Wall D	1	6.00	0.20	Private Pay	OH

Providers

Total Providers: 15

Name	Address	City	State	Zipcode	DEA
Fernandez, Bruce	4367 Pleasant Crossing	Five Points	OH	44262-6811	234853
Fisher, Marie	7175 Cozy Rabbit Vista	Anderson Ferry	OH	43622-1298	234756
Harris, Ruth	2003 Stony Nectar Cove	Kingsleys Corners	OH	45983-3673	234843
Hawkins, Norma	6763 Emerald Robin Parkway	Apple Grove	OH	45273-0588	234852
Holmes, Helen	8869 Burning Fox Impasse	Bayer Trailer Court	OH	45202-9797	234841
Jenkins, Gerald	9393 Lost Field	Maple	OH	43654-8273	234851
Kennedy, Beverly	3099 Umber Pathway	Damascus	OH	44609-5908	234847
King, James	3355 Rustic Cloud Wynd	Yankee Crossing	OH	45430-6188	234845
Lane, Arthur	2331 Cozy Port	Holiday City	OH	45620-5987	234844
Martin, Patricia	7600 Shady Hickory Stead	Fort Jennings	OH	44170-2847	234850
Nichols, Jason	9093 Hidden Pioneer Lookout	East Gardens	OH	43321-4331	234848
Ramos, Jesse	9166 Bright Pond Crescent	Belmore	OH	45970-9899	234840
Ray, Ralph	1467 Little View Townline	West Akron	OH	43739-7351	234849
Ryan, Jerry	163 Sleepy Edge	Oakthorpe	OH	44740-5125	234846
Ryan, Jonathan	9892 Silent Elk Ramp	Sites Lake Cottage Area	OH	44502-5801	234842



CUSTOMER DRIVEN
BUSINESS MINDED

MAPS – NarxCare Report (continued)

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12/11/2016	HYDROCODON-ACETAMINOPHEN 5-325	28	5	He Hol	CVS	0	140.00	28.00	Private Pay	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	14	7	Pa Mar	CVS	0	70.00	10.00	Commercial PBM	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	2	2	Pa Mar	Wall D	1	10.00	5.00	Private Pay	OH
11/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	10	5	Pa Mar	CVS	0	50.00	10.00	Private Pay	OH
11/06/2016	HYDROCODON-ACETAMINOPHEN 5-325	1	2	Ru Har	Wall D	1	5.00	2.50	Private Pay	OH
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CUSTOMER DRIVEN
BUSINESS MINDED

MAPS – NarxCare Report (continued)

Pharmacies		Total Pharmacies: 6									
Name	◆	Address	◆	City	◆	State	◆	Zipcode	◆	DEA	◆
CVS		5483 Gentle Impasse		Home Park		OH		43242-6009		345796	
CVS		7139 High Pond Walk		Randolph Landing		OH		45487-2143		345840	
Wall Drug		3799 Foggy Dale		Herner Corners		OH		45658-6817		345841	
Wall Drug		4543 Iron Carrefour		Powers		OH		43803-2784		345839	
Wall Drug		5639 Cotton Dale Close		Cedar Springs		OH		43423-4846		345842	
Wall Drug		8129 Easy Dell		Antiquity		OH		45300-0810		345843	

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CUSTOMER DRIVEN
BUSINESS MINDED

MAPS – NarxCare Resources

Menu > Patient Alerts (1)
APRISS HEALTH

RxSearch > Patient Request > Johnny Williams

Williams, Johnny Age: 33M Date: 7/17/2017 | [NARX REPORT](#) | [RESOURCES](#)

Access to Treatment

Rapidly find the 30 closest MAT providers for this patient. The patient's zip code is pre-populated if available.
 More information [here](#)

Step 1 Enter the zip code to center the search around

Step 2 Click submit and print form

First	Last	Deg.	Address	City	Count
Dr. David	Beane	M.D.	1338 Colegate Drive Suite B	Marietta	Wash. Coun
Dr. Rakeshkumar	Kaneria	M.D.	7760 West VOA Park Drive Suite G	West Chester	Butle Coun
Dr. J.	Strafford	M.D., MPH	1081 Bernard Road	New Vienna	Clint. Coun
Dr. Ramalingam	Selvarajah	M.D.	1649 Brice	Reynoldsburg	Franklin Coun

Educational Resources

Click the associated link and print. More information [here](#)

What You Need to Know

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often given and followed in a variety of ways, or for various health conditions. These medications can be an important part of treatment but also carry with them risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. All opioid treatment, other than that by licensed smoking, can cause sudden death. The use of prescription opioids can have a number of side effects as well, such as when taken as directed:

- Constipation
- Drowsiness and sedation
- Nausea and vomiting
- Slurred speech
- Dry mouth
- Itching and rash
- Trouble breathing
- Trouble swallowing
- Trouble seeing
- Trouble sleeping
- Trouble concentrating
- Trouble driving
- Trouble thinking clearly
- Trouble remembering things
- Trouble making decisions
- Trouble making plans
- Trouble making choices
- Trouble making judgments
- Trouble making predictions
- Trouble making conclusions
- Trouble making inferences
- Trouble making deductions
- Trouble making inductions
- Trouble making generalizations
- Trouble making assumptions
- Trouble making hypotheses
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- Trouble making assumptions
- Trouble making hypotheses

RISKS ARE GREATER WITH:

- History of drug abuse
- History of mental health issues
- History of alcohol or drug abuse
- History of other drug use
- History of other mental health issues
- History of other physical health issues
- History of other chronic conditions
- History of other chronic pain
- History of other chronic illness
- History of other chronic disease
- History of other chronic infection
- History of other chronic condition
- History of other chronic disorder
- History of other chronic ailment
- History of other chronic problem
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- History of other chronic flare-up
- History of other chronic relapse
- History of other chronic setback
- History of other chronic reversal
- History of other chronic decline
- History of other chronic deterioration
- History of other chronic degeneration
- History of other chronic erosion
- History of other chronic corrosion
- History of other chronic rusting
- History of other chronic rotting
- History of other chronic spoiling
- History of other chronic soiling
- History of other chronic staining
- History of other chronic discoloration
- History of other chronic fading
- History of other chronic dimming
- History of other chronic dulling
- History of other chronic darkening
- History of other chronic greying
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- History of other chronic yellowing
- History of other chronic reddening
- History of other chronic bluening
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- History of other chronic blackening
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Opioids and Chronic Pain

PROMOTING SAFER AND MORE EFFECTIVE PAIN MANAGEMENT

UNDERSTANDING PRESCRIPTION OPIOIDS

Prescription opioids are powerful medicines that can help relieve moderate to severe pain. They are used to help manage pain in a variety of ways, or for various health conditions. These medications can be an important part of treatment but also carry with them risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

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Pregnancy and Opioids

PREGNANCY AND OPIOID PAIN MEDICATIONS

Women who take opioid pain medications should be aware of the possible risks during pregnancy.

WHAT ARE OPIOID PAIN MEDICATIONS?

Opioid pain medications are powerful medicines that can help relieve moderate to severe pain. They are used to help manage pain in a variety of ways, or for various health conditions. These medications can be an important part of treatment but also carry with them risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

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- History of other chronic blackening

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MAPS – NarxCare Resources

Pocket Guide: Tapering

POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN*

Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.



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Fact Sheet

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

- CLINICAL HISTORY**
 - Review use and full dose in relation to chronic pain
 - Establish and discuss goals for pain and function
 - Review benefits and risks and availability of nonopioid therapies, with patient

[Open Document](#)

Checklist *

Checklist for prescribing opioids for chronic pain

WHEN CONSIDERING LONG-TERM OPIOID THERAPY

- 1. Review patient's pain and function based on history
- 2. Review patient's current and previous opioid use
- 3. Review patient's current and previous nonopioid use
- 4. Review patient's current and previous mental health status
- 5. Review patient's current and previous substance use
- 6. Review patient's current and previous social support
- 7. Review patient's current and previous functional status
- 8. Review patient's current and previous risk factors
- 9. Review patient's current and previous treatment goals
- 10. Review patient's current and previous understanding of risks and benefits
- 11. Review patient's current and previous understanding of alternatives
- 12. Review patient's current and previous understanding of the need for ongoing monitoring
- 13. Review patient's current and previous understanding of the need for a treatment plan
- 14. Review patient's current and previous understanding of the need for a follow-up plan
- 15. Review patient's current and previous understanding of the need for a safety plan
- 16. Review patient's current and previous understanding of the need for a contingency plan
- 17. Review patient's current and previous understanding of the need for a relapse prevention plan
- 18. Review patient's current and previous understanding of the need for a recovery plan
- 19. Review patient's current and previous understanding of the need for a support system
- 20. Review patient's current and previous understanding of the need for a community

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Nonopioid Treatments

NONOPIOID TREATMENTS FOR CHRONIC PAIN

PRINCIPLES OF CHRONIC PAIN TREATMENT



NONOPIOID MEDICATIONS

Medication	Indication	Notes
Acetaminophen	Pain relief	Do not exceed 4,000 mg per day
NSAIDs	Pain relief	Use with caution in patients with kidney or stomach issues
Antidepressants	Chronic pain	Use with caution in patients with other medical conditions
Anticonvulsants	Chronic pain	Use with caution in patients with other medical conditions

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Assessing Benefits and Harms

ASSESSING BENEFITS AND HARMS OF OPIOID THERAPY

THE EPIDEMIC

EVIDENCE FOR OPIOID PRESCRIPTIONS

ASSESS BENEFITS OF OPIOID THERAPY



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Calculating Dosage

CALCULATING TOTAL DAILY DOSE OF OPIOIDS FOR SAFER DOSAGE

Higher Dosage, Higher Risk



WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSE OF OPIOIDS?

HOW MUCH IS TOO MUCH FOR COMMONLY PRESCRIBED OPIOIDS?

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LARA

LICENSING AND REGULATORY AFFAIRS

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Bureau of Professional Licensing

Complaint & Enforcement Process



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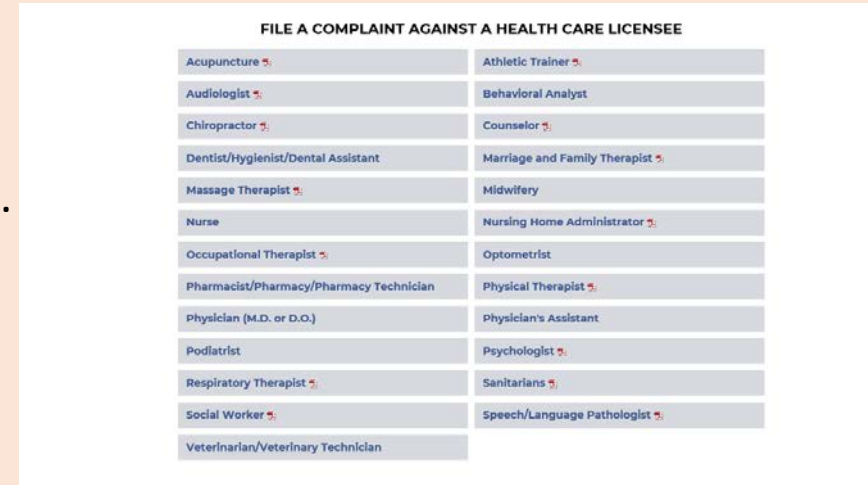
Filing A Complaint with BPL

Complaints can be filed on the Bureau website: www.Michigan.gov/bpl

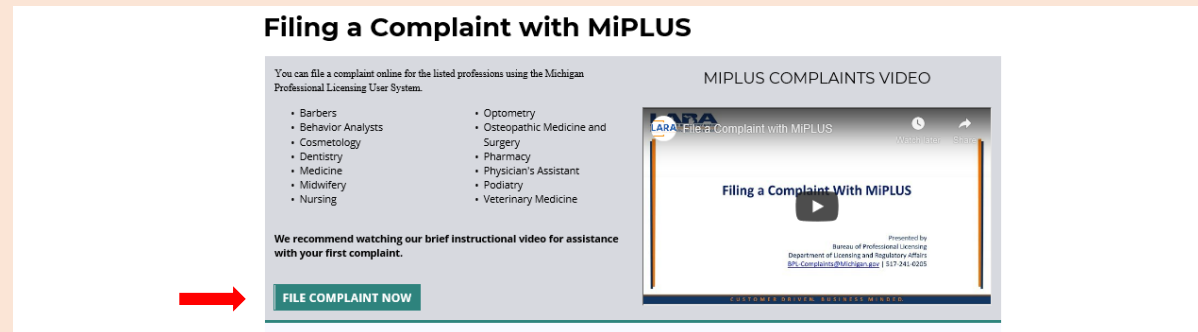
1.



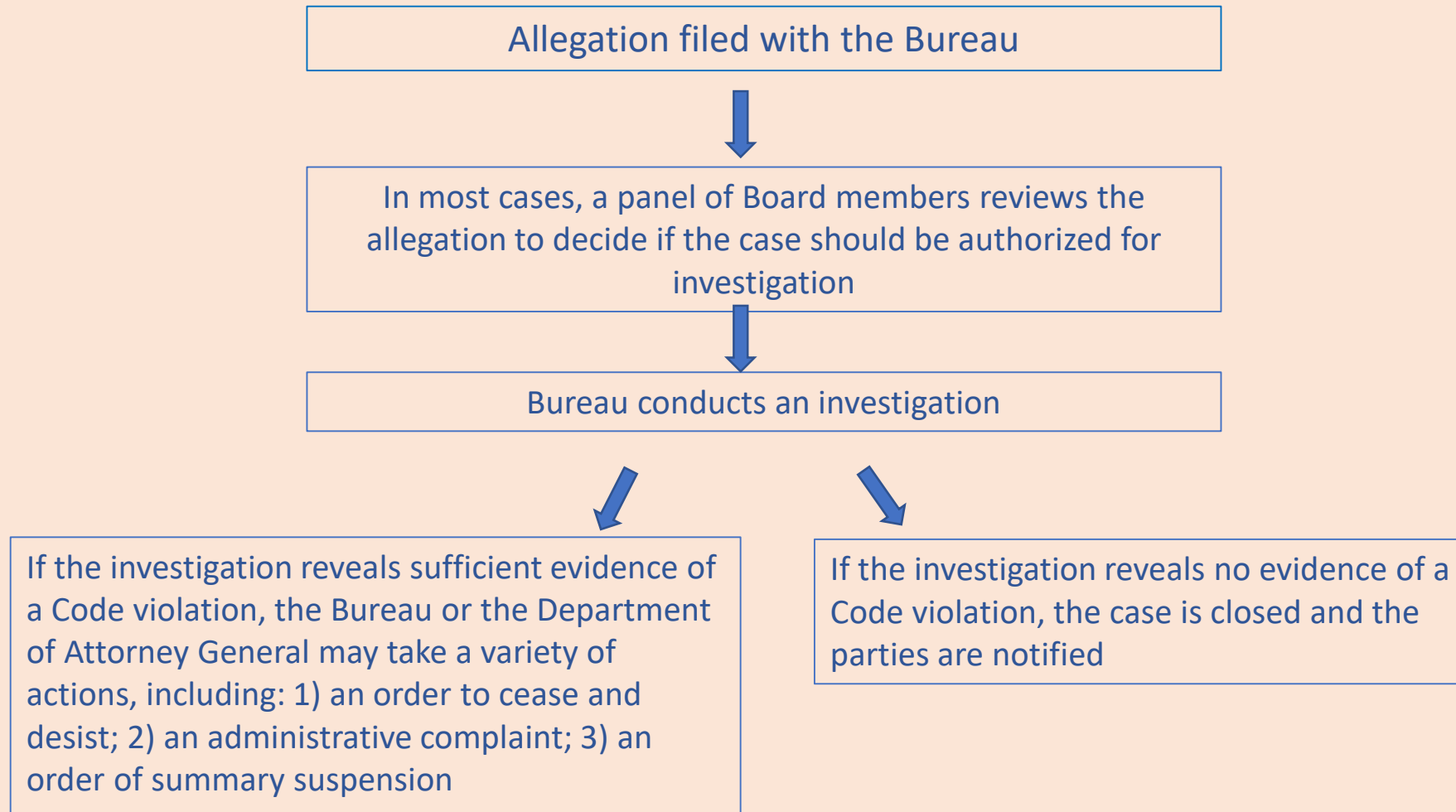
2.



3.



Overview of a Health Licensing Case



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What happens after an administrative complaint is issued?



The licensee may choose to meet with a Bureau representative for a compliance conference. A Board member may attend at the Bureau's discretion. The parties will attempt to resolve the case and submit terms for resolution to the Board for approval.



If the Department proposes settlement terms:

- *If Licensee agrees to terms, a Consent Order and Stipulation is drafted. After Licensee and the Department sign the document, it is forwarded to the Board's DSC for review*
- *The DSC either approves the Consent Order and Stipulation, making it legal and binding, or rejects it and proposes a counter offer*



If the parties cannot resolve the case, an administrative hearing is scheduled at the Michigan Administrative Hearings System



Administrative Law Judge (ALJ) issues a proposal for decision (PFD)

**Except for a decision on a summary suspension, neither the findings of fact nor the conclusions of law are binding on the Board*



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What happens after an administrative hearing?

↓

The Board considers the PFD along with the evidence presented at hearing and determines whether the Bureau has proven a Code violation and what, if any, sanctions are appropriate



The Disciplinary Sub-Committee (DSC) of the Board either approves the Proposal for Decision making it legal and binding, dismisses the Administrative Complaint based on the ALJ's findings, or reverses the ALJ's finding and makes its own findings of fact and conclusions of law

↓

Sanctioned licensees have an appeal by right to the Court of Appeals



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Filing A Complaint with BPL- FAQs

Q: Do I have to report a colleague who may have violated the Public Health Code?

MCL 333.16222(1)

- A licensee or registrant who has knowledge that another licensee or registrant has committed a violation under section 16221, article 7, or article 8 or a rule promulgated under article 7 or article 8 **shall** report the conduct and the name of the subject of the report to the department.
- Failure of a licensee or registrant to make a report under this subsection **does not give rise to a civil cause of action** for damages against the licensee or registrant, but the licensee or registrant **is subject to administrative action** under sections 16221 and 16226.

Q: Will my identity remain confidential?

MCL 333.16222(2)

- Unless the licensee or registrant making a report under subsection (1) otherwise **agrees in writing**, the identity of the licensee or registrant making a report under subsection (1) **shall** remain confidential **unless disciplinary proceedings under this part are initiated** against the subject of the report and the licensee or registrant making the report is required to testify in the proceedings.

Q: Do I have to report a colleague who may be impaired?

MCL 333.16223

- . . . a licensee or registrant who has reasonable cause to believe that a licensee, registrant, or applicant is impaired **shall** report that fact to the department.
- A licensee or registrant who fails to report under this subsection is **not liable in a civil action** for damages resulting from the failure to report, but the licensee or registrant **is subject to administrative action** under sections 16221 and 16226.
- A licensee or registrant who in good faith complies with this section is **not liable for damages in a civil action or subject to prosecution in a criminal proceeding as a result of the compliance.**



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UPDATE: Michigan Board of Pharmacy Controlled Substance Administrative Rules



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Michigan Board of Pharmacy Rule Update

- Effective **January 4, 2019** Neurontin (gabapentin) is a Schedule 5 controlled substance in the State of Michigan. Further information about this can be found in Michigan Board of Pharmacy Administrative Rule 338.3125

Mandatory reporting:

Any controlled substance that is *dispensed*

*Dispensing Physicians are required to report only supplies that exceed at 2-day supply

Mandatory MAPS review:

When it is prescribed in excess of a 3-day supply



Legislative Action: Michigan Opioid and Controlled Substance Laws



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Public Acts 246-250 of 2017

Public Acts	Description
Public Act 246 of 2017	Requires the disclosure of prescription opioid information and risks to minors and patients, beginning 6/1/18.
Public Act 247 of 2017	Requires prescribers to be in a bona fide prescriber-patient relationship prior to prescribing Schedules 2-5 controlled substances. These provisions were due to take effect on 3/31/18, however the implementation date has been pushed back by Public Act 101 of 2018. EFFECTIVE: JANUARY 1, 2019
Public Act 248 of 2017	Requires the review of MAPS prior to prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply, beginning 6/1/18. Further, the act requires that a licensed prescriber be registered with MAPs prior to prescribing or dispensing a controlled substance to a patient, beginning 6/1/18.
Public Act 249 of 2017	Provides sanctions for failing to comply with the new MAPS usage mandates, failure to establish bona fide prescriber-patient relationships, and failure to inform patients regarding the risks associated with prescription opioid drugs.
Public Act 250 of 2017	Requires health professionals that treat patients for opioid-related overdoses to provide such patients with information regarding Substance Use Disorder Services, beginning 3/27/18.



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Public Acts 251-254 of 2017 and Public Act 101 of 2018

Public Acts	Description
Public Act 251 of 2017	Requires prescribers treating patients for acute pain to not prescribe such patients with more than a 7-day supply of an opioid within a 7-day period, beginning 7/1/18
Public Act 252 of 2017	Provides that before dispensing or prescribing buprenorphine or a drug containing buprenorphine and methadone to a patient in a substance use disorder program, the prescriber shall review a MAPS report on the patient, beginning 3/27/18.
Public Act 253 of 2017	Codifies Medicaid coverage for detox programs, beginning 3/27/18.
Public Act 254 of 2017	Requires the Prescription Drug and Opioid Abuse Commission (PDOAC) to develop for Michigan's Department of Education (MDE) recommendations for the instruction of pupils on the dangers of prescription opioid drug abuse, by 7/1/18.
Public Act 255 of 2017	Requires MDE to make available to school districts a model program of instruction on the dangers of prescription opioid abuse, developed or adopted by the PDOAC, by 7/1/19. Further, beginning in the 2019-2020 school year, MDE shall ensure that the state include within its health education standards, instruction on prescription opioid drug abuse.
Public Act 101 of 2018	Pushes back the effective date for the bona fide prescriber-patient relationship requirement to 3/31/19, or if rules are promulgated to provide alternatives to the prescriber-patient requirement before 3/31/19, on the date on which rules are promulgated.



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2019 Legislation Updates

PUBLIC ACTS 42 and 43 of 2019 were signed into law and took effect on July 8, 2019.

Amend requirements related to *reviewing MAPS* information as well as *requirements for the bona fide prescriber- patient relationship*.



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PUBLIC ACT 42 OF 2019

SB 128(H-2)

Exempts patients under the care of hospice from being subject to the bona fide prescriber-patient relationship requirements.

- Defines “Bona Fide Prescriber-Patient Relationship” as a treatment or counseling relationship between a prescriber and a patient in which both of the following are present:
 - Prescriber has reviewed the patient’s medical records and completed an *assessment* of the patient’s medical history and current medical condition, including a medical evaluation of the patient. This can be conducted in person or via telehealth as that term is defined in [333.16283](#).
 - Prescriber has created and maintained records of the patient’s condition in accordance with medically accepted standards.

**definition was moved to MCL 333.7104 and included a change in language from “full assessment” to “assessment”, via PA 43 of 2019*



PUBLIC ACT 43 OF 2019

HB 4225(S-1)

Exempts patients who are under the care of hospice from being subject to:

- The bona fide prescriber-patient relationship requirement necessary for prescribing a controlled substance in schedules 2-5.
- The requirement to obtain a MAPS report prior to prescribing a controlled substance in schedules 2-5 that exceeds at 3-day supply. ****When a report was obtained and reviewed at the time the patient was admitted to hospice.***

**strikes from MCL 333.7303a the definition for bona fide prescriber-patient relationship and moves it to MCL 333.7104*



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For Additional Legislative Information

- Individuals seeking additional information regarding the new opioid laws can visit <http://www.legislature.mi.gov> and do the following:
Select “Public Act (Signed Bills)” among the options under the “Legislature” category on the left of the page.
On the “Public Acts” webpage, enter the Public Act Number, and select a “Public Act Year” below. For example, to find more information regarding Public Act 247 of 2017, Enter “247” in the search box, and select the “Public Act Year” from the dropdown box as “2017”. Select “Search” when ready.
- A direct link to the above referenced “Public Act (Signed Bills)” search page is as follows:
[http://www.legislature.mi.gov/\(S\(gfsic4rztzd0vhcpbmxjwvy\)\)/mileg.aspx?page=PublicActs](http://www.legislature.mi.gov/(S(gfsic4rztzd0vhcpbmxjwvy))/mileg.aspx?page=PublicActs).



Contacts for MAPS

For technical assistance, please contact Appriss' customer first center at:

- 844-364-4767

For policy or administrative assistance and more information about integrating with MAPS, please contact MAPS support:

- 517-241-0166 or BPL-MAPS@Michigan.gov
- Info: www.Michigan.gov/bpl, click on MAPS
- Integrations: Click on Software Integration Resources

For additional resources for providers and the public, please go to the State website: www.michigan.gov/opioids



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Questions?



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