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House Bills 4525 and 4526

Sponsor: Rep. Sharon L. Gire
Committee: Public Health
Complete to 3-31-89

A SUMMARY OF HOUSE BILLS 4525 AND 4526 AS INTRODUCED 3-22-89

Public Act 60 of 1988 amended the Public Health Code to require that prescriptions for "Schedule 2" controlled substances (the most addictive of the legally prescribable drugs) be recorded on official, serially numbered triplicate forms. The bills would make a number of technical amendments to the act which would exempt methadone programs from the "one form, one prescription" requirement, change some of the information required on the forms, change some of the requirements for dispensing pharmacists and for prescribing and dispensing practitioners, revise the section governing access to information gathered from the triplicate prescription program, modify the list of prescriptions exempted from the program, and revise the qualifications required of one of the members of the Controlled Substances Advisory Commission.

House Bill 4525 would amend the section of the code that details the requirements for prescription forms and prescribing practitioners.

Methadone programs. Currently, only one prescription can be recorded on an official prescription form. The bill would allow an exception for licensed substance abuse programs using methadone to treat addiction. More specifically, the bill would require practitioners employed by (or under contract to) a state licensed substance abuse program to complete an official prescription form for the entire program on the first working day of each month and to forward copy 1 of the form to the Department of Licensing and Regulation (DLR) by the fifteenth of the same month. The practitioner would be required to indicate on the form the total amount of methadone administered or dispensed and the total number of patients who received the methadone during the previous month. The bill also would require the practitioner to comply with federal requirements regarding the confidentiality of client information.

Required Information. Currently, each official prescription form contains spaces for certain kinds of information, including the date the prescription is written, the date it is filled, the controlled substance prescribed (including dosage and instructions for use), information on the dispensing pharmacy (its name, address, and federal Drug Enforcement Administration number), the initials of the pharmacist who fills the prescription, information on the person for whom the prescription is written (name, address, and age), and, where applicable, information on the authorized agent for the ultimate user.

The bill would strike the provision regarding authorized agents, and would require the following additional information:

(a) The quantity, in both written and numerical terms, of the controlled substance prescribed;

(b) the state license number of the dispensing pharmacist;

(c) information on the prescribing practitioner (name, address, state license number, federal Drug Enforcement Administration (DEA) number, and signature),

(d) in the case of a veterinary prescription, information on the owner of the animal (name, address, and age), and

(e) a box to be checked when the drug was dispensed by a prescribing practitioner.

In addition, the bill would allow the signature or the initials of the pharmacist who fills the prescription.

Requirements for prescribing and dispensing practitioners. Presently, when prescribing Schedule 2 drugs, practitioners are required to fill in certain information on all three copies of the form (the date the prescription is written; the controlled substance prescribed, its dosage, and use; and information on the patient, animal's owner, or authorized agent for the ultimate user).

The bill would amend this section of the code to strike the provisions regarding authorized agents, and would require the additional following information to be filled in on the form by the prescribing practitioner:

(a) the quantity, in both written and numerical terms, of the drug prescribed, and

(b) in the case of veterinary prescriptions, the name of the animal.

In addition to providing this information when prescribing Schedule 2 drugs, if the prescribing practitioner also dispensed the drug he or she had prescribed, the practitioner also would be required to fill in all three copies of an official prescription form, giving the same information on the drug being dispensed that is (or would be) required of the drug being prescribed, as well as checking the box that would indicate that the prescribing practitioner also was the dispensing practitioner.

Prescribing practitioners presently are required to sign copies 1 and 2 of the form, and are in compliance if, in signing copy 1, a carbon copy of the signature is produced on copy 2. The bill would say that a prescribing practitioner was in compliance with the signature requirements for copy 2 if, in signing copy 1, a legible (rather than carbon) copy of the signature was produced on copy 2.

Pharmacists dispensing Schedule 2 drugs now are required to fill in certain information on copies 1 and 2 of official prescription forms, keep copy 2 for at least five years, and send copy 1 to the Department of Licensing and Regulation (DLR) by the fifteenth of the month following the month in which the prescription was written. The bill would require dispensing practitioners also to keep copy 2 of the official form ("as a dispensing record"), keep copy 3 for at least five years after the date on which the prescription was written, and forward copy 1 of the form to the DLR within the same timeframe as required of pharmacists.

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Dispensing practitioners also would be required to sign copies 1 and 2 of the official prescription forms, and would meet this requirement if, in signing copy 1, they produced a legible copy of their signature on copy 2.

Requirements for dispensing pharmacists. Dispensing pharmacists presently must sign copy 1 and send it to the DLR. The bill would allow pharmacists to sign or initial copy 1 before forwarding it to the DLR.

Prescriptions written by practitioners who live in states sharing a land border with Michigan and whose practice extends into Michigan (but who do not have an office in Michigan) do not have to use official state prescription forms. However, when pharmacists dispense drugs under such prescriptions, they are required to transmit to the DLR either a copy of the prescription or a document containing certain information concerning the prescription (the date it was written and filled, the controlled substance and dosage), the out- of-state practitioner (name, address, DEA number), the patient (name and address), and the dispensing pharmacist (name and address). The bill would specify that pharmacists, when filling prescriptions for such out-of-state practitioners, would be required either to forward to the DLR a copy of the prescription form used or a document provided by the DLR for each such prescription that contains the additional following information: the quantity of the controlled substance prescribed, the age of the patient, and the state license number of the dispensing pharmacist.

Access to information from official prescription forms. Presently, the director of the DLR can allow only certain individuals (and sometimes only under certain circumstances) access to information collected by the department under the triplicate prescription program. These include:

(a) DLR employees and agents, as authorized by the director;

(b) employees of the Department of State Police, as authorized by the Michigan Board of Pharmacy "for the purpose of cooperating and assisting a governmental agency which is responsible for the enforcement of laws relating to controlled substances;"

(c) a prescribing practitioner "concerning an individual suspected of attempting to obtain a controlled substance by fraud, deceit, or misrepresentation;" and

(d) someone whom the DLR has contracted with to administer the triplicate prescription program.

The bill would strike the reference to state police employees and replace it with "employees of a governmental agency that is responsible for the enforcement of laws pertaining to controlled substances," and would require the director's authorization for any access to triplicate prescription information gathered by the department under the code.

MCL 333.7334

House Bill 4526 would amend the sections of the code that created the controlled substances advisory commission and that lists the exemptions from the act's requirements. The bill would strike the requirement that the health care professional from the field of pharmacology on the Controlled Substances Advisory Commission be licensed, and would make some changes in the provisions exempting certain prescriptions from the triplicate prescription program.

Presently, the health code exempts certain prescriptions from the triplicate prescription program requirements:

(a) Prescriptions for people who are admitted to a hospital at the same time the prescription is written and filled at the hospital; (b) Prescriptions administered to patients on the premises of licensed health facilities or agencies; and

(c) Prescriptions by out-of-state practitioners who live near the Michigan border and whose practice extends into Michigan but who do not have an office in Michigan.

The bill would amend the exemptions pertaining to hospitals and health facilities or agencies and add new exemptions for veterinarians and for state correctional facilities or county jails. The bill would exempt from the triplicate prescription program controlled substances included in Schedule 2 that were:

(a) ordered for and administered to patients in licensed hospitals;

(b) ordered for and administered to patients in licensed health facilities or agencies other than hospitals or in the private practice offices of licensed physicians, dentists, or podiatrists;

(c) administered to animals by licensed veterinarians in a veterinarian office, animal clinic, animal hospital, zoo, or the animal's home;

(d) administered to inmates in state correctional facilities or county jails. In addition, the bill would retain the current exemption for certain out-of-state practitioners and would add an exemption for "a commercially prepared, premixed solution of sodium pentobarbital administered to an animal for the purpose of euthanasia."

MCL 333.7111 and 333.7333