



**House  
Legislative  
Analysis  
Section**

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REVISE TRIPLICATE RX ACT

House Bill 4698 as introduced  
First Analysis (5-2-89)

RECEIVED

MAY 23 1989

Sponsor: Rep. Sharon L. Gire  
Committee: Public Health

Mich. State Law Library

**THE APPARENT PROBLEM:**

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. However, when the Department of Licensing and Regulation began planning implementation of the program, a number of technical problems with the act became evident. At the request of the department, legislation has been proposed to clarify the language of the act and eliminate some unnecessarily burdensome requirements on those falling under the act's provisions.

**THE CONTENT OF THE BILL:**

The bill would modify the list of prescriptions exempted from the program, adding to the list of prescriptions exempted from the program's requirements those prescriptions directly administered by a licensed practitioner to a patient or veterinary patient.

Presently, the health code exempts the following 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 health facilities or agencies licensed under the health code; 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 add exemptions for prescriptions ordered for and administered to:

- patients in hospitals licensed by the Department of Mental Health (as well as to those in hospitals licensed by the Department of Public Health);
- patients in private practice offices of licensed physicians, dentists and podiatrists;
- animals by licensed veterinarians in a veterinarian office, animal clinic, animal hospital, zoo, or the animal's home.

The bill also would exempt "a commercially prepared, premixed solution of sodium pentobarbital administered to an animal for the purpose of euthanasia."

MCL 333.7111 and 333.7333

**FISCAL IMPLICATIONS:**

The Department of Licensing and Regulations reported that there were no fiscal implications for a similar bill, House Bill 4526, reported out of the Public Health Committee earlier this session. (4-11-89)

**ARGUMENTS:**

**For:**

Basically, the bill would reinstate exemptions for prescriptions that, prior to the enactment of the triplicate prescription act, had not required written form because they were administered directly by licensed health care providers in a clinical setting. The act exempts licensed health facilities and agencies from the act's requirements. However, offices of private practitioners and veterinarians are not within the definition of licensed health facility or agency, which would mean that a practitioner or veterinarian is required to complete a triplicate prescription form every time any amount of a Schedule 2 drug is administered in his or her office. Texas, which has a similar program, developed rules defining "small amounts" of Schedule 2 drugs, to avoid separate triplicate forms each time a dentist, for example, sprayed a patient's throat with cocaine. This created a complex set of additional forms and reporting procedures. Since the intent of the data collection is to identify dispensed as opposed to administered Schedule 2 drugs, practitioners and veterinarians administering such drugs in their offices should not be required to use the triplicate forms. (Practitioners and veterinarians will continue to be required to use the official forms when they dispense these drugs in their offices.)

**For:**

Presently, the law exempts prescriptions for individuals "admitted to a hospital at the same time the prescription is written and filled at the hospital." There are two problems with this part of the law. First, the existing terminology is confusing, because it could be interpreted as referring to an inpatient medication order or to a prescription that was filled at the hospital pharmacy for consumption on an outpatient basis. Changing the wording to clarify that the exemption applies to orders for inpatient administration of Schedule 2 controlled substances would eliminate this confusion. Secondly, however, the Public Health Code does not include hospitals licensed by the Department of Mental Health. Consequently, the law does not currently exempt mental health hospitals from the triplicate prescription requirements. House Bill 4698 would include these hospitals in the exemption.

**POSITIONS:**

The following agencies and organizations supported a similar bill, House Bill 4526, reported out of the Committee on Public Health earlier this session:

The Department of Licensing and Regulation (4-6-89)

The Department of Mental Health (4-6-89)

The Michigan State Medical Society (4-6-89)

The Michigan Association of Osteopathic Physicians and Surgeons (4-7-89)

The Michigan Dental Association (4-6-89)

The Michigan Pharmacists Association (4-6-89)

The Michigan Veterinary Medical Association (4-6-89)

The Office of Substance Abuse Services (4-11-89)

H.B. 4698 (5-2-89)

H.B. 4701 (12-7-89)

coverage for individuals who lose group coverage. It requires that HMOs offer to those individuals the opportunity to purchase an individual policy (and does not specify what kind of coverage the policy must include). The rates for such policies would not be based on (or affect) the experience of the former group but on the experience of individuals covered under all conversion contracts of the issuing HMO.

***POSITIONS:***

The Department of Licensing and Regulation, which houses the Insurance Bureau, supports the bill. (9-18-90)

The Association of HMOs is not in support of the bill at this time. (9-21-90)

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