

STANDING ORDER FOR OPIOID ANTAGONIST; APPROPRIATION FOR MAPS

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House Bill 5326 (H-3) as reported from committee
Sponsor: Rep. Anthony G. Forlini
Committee: Health Policy
Complete to 5-6-16

Analysis available at
<http://www.legislature.mi.gov>

BRIEF SUMMARY: House Bill 5326 would amend the Public Health Code to allow the state's chief medical executive to issue a standing order that does not identify a particular patient for the purpose of allowing a pharmacist to dispense an opioid antagonist, and also to allow a pharmacist to act upon that order and dispense an opioid antagonist to be used to treat a person for a drug overdose. It also includes an appropriation for fiscal year 2015-2016 of \$2.47 million from the General Fund to the Department of Licensing and Regulatory Affairs (LARA) to modernize the Michigan Automated Prescription System (MAPS).

FISCAL IMPACT: House Bill 5326, as substituted, would likely have a neutral fiscal impact on the state's General Fund given that both the House and Senate Appropriation Committees have included the \$2.5 million GF/GP for the modernization of the MAPS within the LARA budget for FY 2016-17, which this bill would appropriate for FY 2015-16 with the understanding that the appropriation will be removed from the FY 2016-17 budget if this bill is enacted. Consequently, the only fiscal impact would be shifting the General Fund expenditure into FY 2015-16 from FY 2016-17.

THE APPARENT PROBLEM:

The Partnership for Michigan's Health has testified that "our communities face a crisis that affects people across the demographic spectrum opioid overdoses are taking the lives of mothers, fathers, and children at alarming rates." (As they note, "opioids include heroin and prescription pain pills like morphine, codeine, oxycodone, methadone, and Vicodin.")

Administering naloxone hydrochloride after an opioid overdose incident requires only basic training, but is often the difference between life and death; this bill would expand its availability. Also, the bill would update and replace the outdated MAPS system.

The introduction of this bill stems from the report, issued in October of 2015, of the Michigan Prescription Drug & Opioid Abuse Task Force appointed by Governor Snyder.

THE CONTENT OF THE BILL:

House Bill 5326 would amend the Public Health Code to allow the state's chief medical executive to issue a standing order that does not identify a particular patient for the purpose of allowing a pharmacist to dispense an opioid antagonist, and also to allow a pharmacist to act upon that order and dispense an opioid antagonist to be used to treat a person for a drug overdose. It also includes an appropriation for fiscal year 2015-2016 of \$2.47 million

from the General Fund to the Department of Licensing and Regulatory Affairs (LARA) to modernize the Michigan Automated Prescription System (MAPS).

Standing order for opioid antagonist

Currently, Section 17744b of the Code allows a prescriber to issue a prescription for, and a pharmacist to dispense an opioid antagonist to, any of the following:

- An individual patient at risk of experiencing an opioid-related overdose;
- A family member, friend, or other individual in a position to assist the patient; or
- A person who acts at the direction of the prescriber or dispensing prescriber, stores the opioid antagonist in compliance with applicable rules, dispenses or administers the opioid antagonist under a valid prescription, and performs these functions without charge or compensation.

This bill would add a Section 17744e, which would expand the parameters for prescription and dispensation to include a standing order by the state's chief medical executive for the purpose of a pharmacist dispensing an opioid antagonist to an individual suffering from a drug overdose.

The chief medical executive who issues the standing order and the pharmacist who dispenses the opioid antagonist will not be liable in a civil action for a properly stored and dispensed opioid antagonist that was the proximate cause of injury or death to an individual due to the administration of or failure to administer the opioid antagonist. Finally, the bill requires the Department of Health and Human Services to promulgate rules to implement this section.

Chief medical executive: Section 2202 of the Code provides that if the director of the Department of Health and Human Services appointed by the governor is not a physician, the director must appoint a physician to serve as chief medical executive and be responsible to the director for the medical content of policy and programs. (Sec. 2202 actually refers to the director of the Department of Public Health, but that department is now part of the new DHHS.)

Opioid antagonist: Section 1106 of the Code defines this as naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal food and drug administration for the treatment of drug overdose.

Appropriation for MAPS

The MAPS system monitors schedule 2, 3, 4, and 5 controlled substances dispensed by veterinarians, pharmacists, and dispensing prescribers, or dispensed by a pharmacy licensed in Michigan. According to testimony, the appropriation would allow LARA to make the MAPS system web-based, which would help to detect suspicious activity. For instance, data will be clustered to see if there are numerous prescriptions to the same person. Additionally, the system will send an auto-alert if a person may be doctor- or pharmacy-shopping, based on the amount of controlled substances he or she is being prescribed.

MCL 333.7333a, 333.7422, 333.17708, 333.17757 and proposed 333.17744e

BACKGROUND INFORMATION:

As part of continuing efforts by Michigan Department of Health and Human Services(DHHS) to address opioid and heroin use in the state, the Michigan Prescription Drug and Opioid Abuse Task Force released the following report of findings and recommendations for action in October of 2015:

http://www.michigan.gov/documents/snyder/Prescription_Drug_and_Opioid_Task_Force_Report_504140_7.pdf

Reportedly, more than half of the 50 states have naloxone standing order programs, through which a doctor may issue a standing order under the doctor's license. In 2015, Pennsylvania and Maryland initiated statewide standing orders for naloxone. Please refer to the following links for more information on their programs:

<https://www.governor.pa.gov/naloxone-standing-order/>
http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Documents/Standing%20Order%202015/ORP%20Statewide%20Naloxone%20Standing%20Order%20Pharmacy%20Guidance%20FINAL.pdf

The Highlights of the 2015 American Heart Association Guidelines Update for CPR and ECC¹ added the following language to address specific actions recommended in case of an opioid overdose:

For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS [Basic Life Support] providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons at risk for opioid overdose in any setting may be considered.

POSITIONS:

A representative of Bryan's HOPE testified in support of this bill. (4-26-16)

The following organizations support this bill

Michigan Department of Licensing and Regulation (LARA) (4-19-16)

Michigan Department of Health and Human Services (4-19-16)

Michigan Attorney General's office (4-19-16)

Life Solutions Rehab (4-19-16)

Michigan Academy of Family Physicians (4-19-16)

Michigan Council of Nurse Practitioners (4-19-16)

Michigan State Medical Society (4-19-16)

Michigan Osteopathic Association (4-19-16)

Blue Cross Blue Shield of Michigan (4-19-16)

¹ <https://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>

Michigan State Police (4-19-16)
Michigan Retailers Association (4-19-16)
Michigan Pharmacists Association (4-19-16)
Michigan Association of Health Plans (4-26-16)
Michigan Health and Hospital Association (4-26-16)
Pharmacy Choice & Access Now (PCAN) (4-26-16)
Health Alliance Plan (HAP) (4-26-16)

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