

# Legislative Analysis

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## PHARMACIST MAY REFUSE TO DISPENSE PRESCRIPTIONS

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<http://www.house.mi.gov/hfa>

**House Bill 5587 (proposed substitute H-1)**  
**Sponsor: Rep. Kathy Crawford**  
**Committee: Health Policy**  
**Complete to 5-2-16**

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

### SUMMARY:

House Bill 5587 would amend the Public Health Code to allow a pharmacist to refuse to dispense a prescription for a controlled substance listed in schedules two to five in Part 72 of the Code, if the pharmacist has a reasonable and good-faith belief that the prescription was not written in good faith or would not be used for legitimate medical purposes. A pharmacist who does refuse to dispense the prescription will not be held liable for damages in a civil action for injury, death, or loss to person or property arising from that refusal. This bill would take effect 90 days after it is enacted.

Proposed MCL 333.17751a

### BACKGROUND:

This bill was precipitated by the recommendations of the October 2015 Michigan Prescription Drug & Opioid Abuse Task Force report.<sup>1</sup> In that report, the task force recognized the prescription drug abuse epidemic in Michigan. According to the Michigan Department of Health and Human Services' (MDHHS) April 2015 Epidemiological Profile, "in 2013, prescription drugs totaled 8,464 treatment entrances for individuals 21 year of age and older, accounting 9.2% of all substance abuse treatment admissions."<sup>2</sup> The graph below shows the overall increase in prescription drug-related mortality for Michigan residents.

The task force also recommended an exemption from civil liability for a pharmacist acting in good faith and with a reasonable doubt that the prescription is not authentic or would be used for non-medical purposes.

While pharmacists are already allowed to refuse to fill prescriptions for these reasons, they do not have any protection when they choose to do so. House Bill 5587 would protect a pharmacist from liability, giving pharmacists greater flexibility to use their judgment when it appears a person is doctor- or pharmacy-shopping, or filling more prescriptions for controlled substances than are reasonably needed.

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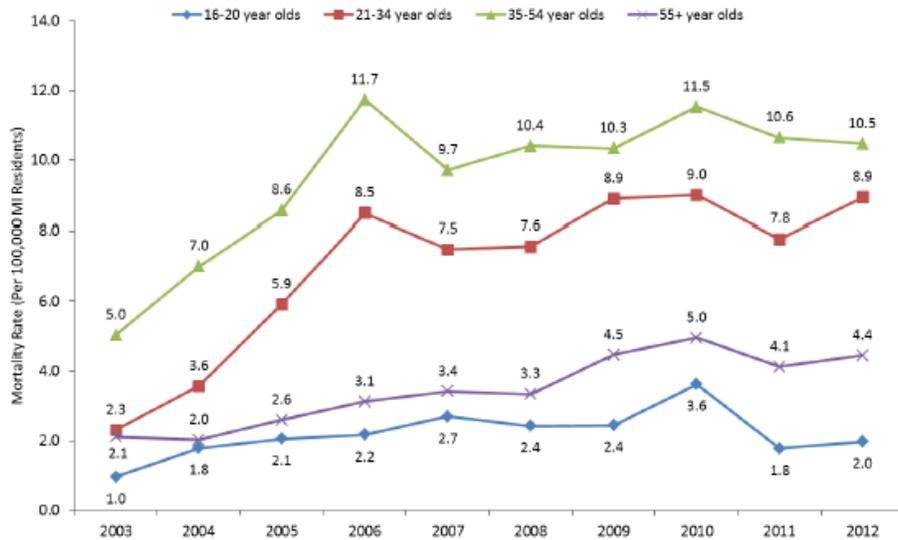
<sup>1</sup> [http://www.michigan.gov/documents/snyder/Prescription\\_Drug\\_and\\_Opioid\\_Task\\_Force\\_Report\\_504140\\_7.pdf](http://www.michigan.gov/documents/snyder/Prescription_Drug_and_Opioid_Task_Force_Report_504140_7.pdf)

<sup>2</sup> [http://www.michigan.gov/documents/mdch/2015\\_State\\_Epi\\_Profile\\_050515\\_488651\\_7.pdf](http://www.michigan.gov/documents/mdch/2015_State_Epi_Profile_050515_488651_7.pdf)

Although the task force report recommended that the exemption "should require consultation with the prescribing physician before the pharmacist can decide to deny filling the prescription[,]" the bill does not include that requirement.

Source: Death Certificates, Michigan Vital Records and Health Statistics, 2003-2012.

**Figure 18. Prescription Drug-Related Mortality Rates by Age Group: 2003-2012**



Note: 95% confidence intervals for percent not shown on figure. Refer to Table 1 on page 22.

1. Michigan Department of Community Health. *A Profile of Drug Overdose Deaths Using the Michigan Automated Prescription System..* Lansing (MI): Office of Recovery Oriented Systems of Care, Michigan Department of Community Health, 2014. [http://www.michigan.gov/documents/mdch/MAPS\\_Report\\_2014\\_-\\_FINAL\\_464112\\_7.pdf](http://www.michigan.gov/documents/mdch/MAPS_Report_2014_-_FINAL_464112_7.pdf).

**FISCAL IMPACT:**

The bill does not appear to have any significant direct fiscal impact.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.