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BILL



ANALYSIS

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Senate Bill 274 (as introduced 3-23-17)
Sponsor: Senator Marty Knollenberg
Committee: Health Policy

Date Completed: 5-16-17

CONTENT

The bill would amend the Public Health Code to do the following:

- **Limit the amount and supply of opioids a prescriber could prescribe for a patient.**
- **If a prescriber prescribed for a patient an opioid that exceeded 50 morphine milligram equivalents per day, require the prescriber also to prescribe an opioid antagonist if the patient met certain criteria.**

Specifically, the bill would prohibit a prescriber from prescribing a patient, except as provided below, a combination of opioids in an amount that exceeded 100 morphine milligram equivalents per day in the aggregate.

Until June 30, 2018, if the patient had a prescription for an opioid in an amount that exceeded 100 morphine milligram equivalents per day, a prescriber would be prohibited from prescribing the patient an opioid in an amount that would cause the amount of opioids prescribed to the patient by the prescriber to exceed 300 morphine milligram equivalents per day in the aggregate. Beginning July 1, 2018, the amount of opioids prescribed by a prescriber could not exceed 100 morphine milligram equivalents per day in the aggregate.

Beginning July 1, 2018, if a patient were being treated for chronic pain, a prescriber would be prohibited from prescribing the patient more than a 30-day supply of an opioid within a 30-day period. "Chronic pain" would mean pain that persists beyond the usual course of an acute disease or with the healing of an injury and that may be associated with an acute or chronic pathological process that causes continuous or intermittent pain over months or years.

Beginning July 1, 2018, if a patient were being treated for acute pain, a prescriber would be prohibited from prescribing the patient more than a seven-day supply of an opioid within a seven-day period. "Acute pain" would mean pain that is the normal, predicted physiological response to a noxious chemical or a thermal or mechanical stimulus and is typically associated with invasive procedures, trauma, and disease and usually lasts for a limited amount of time.

In addition, subject to the limits described above, the bill would require a prescriber who prescribed a patient an opioid in an amount that exceeded 50 morphine milligram equivalents per day also to prescribe the patient an opioid antagonist if the prescriber knew that the patient met any of the following at the time of prescribing the patient the opioid:

- He or she had a history of drug overdoses.
- He or she had a history of substance use disorders.
- He or she also was using a benzodiazepine.

The bill would take effect 90 days after its enactment.

MCL 333.17744b et al.

Legislative Analyst: Stephen Jackson

FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: Josh Sefton

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