

Legislative Analysis



BONA FIDE PRESCRIBER-PATIENT RELATIONSHIP AND MAPS REPORT EXEMPTIONS FOR HOSPICE

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Senate Bill 127 (S-1) as passed by the Senate
Sponsor: Sen. Curtis S. VanderWall

Senate Bill 128 (proposed substitute H-2)
Sponsor: Sen. Curtis Hertel, Jr.

House Committee: Health Policy
Senate Committee: Health Policy and Human Services
Complete to 6-5-19

SUMMARY:

Taken together, Senate Bills 127 and 128 would exempt hospice patients from the requirement that a bona fide prescriber-patient relationship exist before a prescriber could prescribe a Schedule 2 to 5 controlled substance, and move the definition of “bona fide prescriber-patient relationship” from Part 73 (Manufacture, Distribution, and Dispensing) to Part 71 (General Provisions) of Article 7 (Controlled Substances) of the Public Health Code.

The bills would also exempt a person from the requirement that a prescriber obtain and review a Michigan Automated Prescription System (MAPS) report before prescribing or dispensing more than a three-day supply of a controlled substance as long as both of the following requirements were met:

- The person was a patient of a licensed hospice.
- The licensed prescriber obtained and reviewed the patient’s MAPS report when the person was admitted to hospice.

Senate Bill 127 is tie-barred to Senate Bill 128. The proposed H-1 substitute for Senate Bill 128 would tie-bar that bill to House Bill 4225. (See **Background**, below.) A bill cannot take effect unless any bill to which it is tie-barred is also enacted.

MCL 333.7303a (SB 127)
MCL 333.7104 (SB 128)

BACKGROUND:

2017 PAs 248 and 249 (Senate Bills 166 and 167)¹ required that a prescriber obtain and review a patient’s MAPS report, and that there be a bona fide prescriber-patient relationship, respectively, before a licensed provider could prescribe a controlled substance

¹ House Fiscal Agency analysis of PAs 248 and 249/SBs 166 and 167 of 2017:
<http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0166-A26310EB.pdf>

listed in Schedules 2 to 5. However, there was a concern that this requirement would unintentionally affect hospice patients' ability to receive pain medication to address their serious and rapidly changing health needs. Accordingly, 2018 PA 101 (House Bill 5678)² pushed this requirement, which was to take effect March 31, 2018, to March 31, 2019 (or the date by which exemptions to the relationship would be defined). The bills are seen as an effort to address the concern permanently.

House Bills 4224 and 4225 are virtually identical to Senate Bills 127 and 128, with the exception of differing tie-bars. HBs 4224 and 4225 were passed by the House on April 11, 2019, and are being considered by the Senate Health Policy and Human Services committee.

FISCAL IMPACT:

Senate Bills 127 and 128, jointly examined, would not have a significant fiscal impact on the Department of Licensing and Regulatory Affairs (LARA) or on other units of state or local government.

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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.

² House Fiscal Agency analysis of PA 101/HB 5678 of 2018: <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-5678-B893753A.pdf>