PRESCRIPTION DRUG AND OPIOID ABUSE COMMISSION
May 11, 2017 MEETING

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Prescription Drug and Opioid Abuse Commission met on May 11, 2017, at the Ottawa Building, Conference Room 3, 611 West Ottawa Street, Lansing, Michigan 48933.

CALL TO ORDER

Judge Linda Davis, Chairperson, called the meeting to order at 2:07 p.m.

ROLL CALL

Members Present:
Judge Linda Davis, Chairperson, Ex-Officio for LARA
Stephen Bell
Vincent Benivegna
Rebecca Cunningham
Richard Dettloff
Lisa Gigliotti
Timothy Hurtt (departed 3:31 p.m.)
Paula Nelson
Melissa Owings (teleconference)
Michael Paletta (departed 3:45 p.m.)
Gretchen Schumacher
Judge Patrick Shannon
Larry Wagenknecht
Adam Wilson

Members Absent:
Stephen Lazar
Mary Sclabassi
Roy Soto
Laurie Wesolowicz

Ex-Officio Members:
Matthew Schneider, Chief Deputy Attorney General
Michelle Brya, Assistant Attorney General
Dr. Debra Pinals, Department of Health and Human Services
Col. W. Thomas Sands, Michigan State Police

Staff:
Kim Gaedeke, Director, Bureau of Professional Licensing

Cheryl Pezon, Deputy Director, Bureau of Professional Licensing
Nakisha Bayes, Board Support, Boards and Committees Section
Weston MacIntosh, Analyst, Boards and Committees Section
Ron Hitzler, Analyst, Boards and Committees Section

APPROVAL OF AGENDA

MOTION by Wagenknecht, seconded by Bell, to approve the Agenda as presented.

A voice vote followed.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Bell, seconded by Cunningham, to approve the minutes from February 23, 2017 as written.

A voice vote was followed.

MOTION PREVAILED

PRESENTATION ON OPEN: DR. CHAD BRUMMETT, DR. JEN WALJEE AND DR. CAITLIN KHLASA

Dr. Brummett and Dr. Waljee, presented on behalf of the Opioid Prescribing Engagement Network (OPEN) and explained the purpose of OPEN. (Please see Addendum #1).

Drs. Brummett and Waljee provided data about the common starting point for drug addiction for opioid users with their PowerPoint presentation. (Please see Addendum #2).

A unique feature of OPEN is the promotion of drug take-back programs and events to encourage the removal and disposal of unused post-surgery prescriptions. (Please see Addendum #3)

PRESENTATION ON HOPE NOT HANDCUFFS: KATIE DONOVAN

Katie Donovan introduced herself to the Commission. Ms. Donovan is the Executive Vice President of Families Against Narcotics (FAN).

Ms. Donovan reported that law enforcement officials have realized that the opioid issue cannot be resolved by arresting addicts. Hope Not Handcuffs has assisted law

enforcement in providing assistance to addicted individuals that request help without the fear of being arrested. Following the treatment, the individual goes into the post-detox. They are paired with a recovery coach. The individual's living environment will be evaluated, and they will be placed into an out-patient program. Hope Not Handcuffs understands that to help an individual overcome their addiction, the after-care of the individual is important to their recovery. Hope Not Handcuffs provides services in 29 states.

Ms. Donovan stated that as of February 1, 2017, 186 individuals have been placed into treatment with Hope Not Handcuffs. The current relapse rate is around 70%. The program is reaching out to medical centers to request help in providing medical assistance to individuals upon their release from in-patient care.

Hope Not Handcuffs is for adults, although adolescents may be accepted into the program.

OLD BUSINESS

MAPS Update

Gaedeke reported on the MAPS update that launched on April 4, 2017. As of May 4, 2017, the average number of searches performed on the new system was 15,000 per day. Prior to the launch, the search average was 8,500 searches per day. On April 4, 2017, the average processing time for a search was two seconds. As of Monday, May 8, 2017, the average processing time for a search was 0.4 seconds. Prior to April 4, 2017, the average processing time for a search was 5-10 minutes.

There are 21,000 registered users to the updated MAPS. Of those, 18,612 are health professionals. (Please see Addendum #4)

Gaedeke explained that there are close to 53,000 prescribers in Michigan. Less than half of the prescribers have registered for the updated system. The goal of the updates is to refine the Department's analytics to help identify individuals who are overprescribing. Gaedeke directed the Commission to the Controlled Substance Prescribing handout for examples of overprescribing cases that the Department has encountered. (Please see Addendum #5)

Legislative Update

Pezon directed the Commission to the BPL Opioid Legislation Report for May 2017. (Please see Addendum #6).

Col. Sands explained that he feels the Michigan State Police's (MSP) role is similar to the Department's Drug Monitoring Section. He would like to know if the statute could

allow law enforcement to have direct access to MAPS. Law enforcement is currently required to submit a request for the information.

Bell voiced concern about law enforcement having direct access to MAPS. He is worried about the system getting abused by law enforcement. He also inquired whether all requests that have been submitted have been approved and he wanted to know the justification and reason why law enforcement needed direct 24/7 access to the system.

Gaedeke explained that some requests have been denied. To obtain information from MAPS, law enforcement must submit a request that that is related to a bon-a-fide drug related investigation. She also explained that most states do not allow law enforcement to have direct access to their systems. They require a subpoena or warrant to be submitted.

COMMITTEE REPORTS

Treatment Subcommittee

The Treatment Subcommittee provided a summary of the subcommittee meeting. The Commission did not have any questions for the committee and there was no discussion.

Regulation/Enforcement Subcommittee

The Regulation/Enforcement Subcommittee provided a summary of the subcommittee meeting. The following motions were made:

MOTION by Bell, seconded by Shannon, to propose opioid awareness training for the health boards that prescribe opioids and other narcotics.

Discussion was held.

A voice vote was taken.

MOTION PREVAILED

MOTION by Bell, seconded by Benivegna, to draft a letter to the Federal Government, requesting that Veteran’s Affairs and methadone clinics be required to register on MAPS.

Discussion was held.

A voice vote was taken.

MOTION PREVAILED

Policy/Outcomes Subcommittee

The Policy/Outcomes Subcommittee provided a summary of the subcommittee meeting. The following motions were made:

MOTION by Shannon, seconded by Bell, to propose legislation to fully fund a Michigan Office of Drug Policy.

Discussion was held.

A voice vote was taken.

MOTION PREVAILED

Prevention Subcommittee

The Prevention Subcommittee provided a summary of the subcommittee meeting.

Benivegna inquired about whether there was a budget available for the Commission to use toward its purpose.

Pezon explained that there is no budget from LARA. However, she encouraged the subcommittee to come up with prevention activities they would like to have and the Department will look for funding.

CHAIR REPORT

Davis expressed frustration with the Commission members regarding their responsiveness to meeting requests. Davis requested that the Commission members reply to meeting requests and correspondence regarding the commission in a timely manner.

Davis explained that there are programs and services locally that are filling the same purposes. She would like to be able to locate these programs and services and try to get them working together to save on resources. She requested that if any Commission members are aware of community programs and services, to please share the information with the Commission.

DHHS UPDATE

Dr. Pinals inquired if anyone had questions regarding the MDHHS Opioid Recommendations Document, dated April 20, 2017. (Please see Addendum #7).

Dr. Pinals stated that the activities that would be carried out by the proposed Michigan Office of Drug Policy are currently being handled by DHHS.

Dr. Pinals provided an overview of some of the applications for the $16 million grant that DHHS has received. Some of the proposals pertained to:

- Media campaign targeting the risks of use and prescribers
- Partner with LARA
- Establish Michigan OPEN 2 to expand education and outreach to primary care providers and dentistry
- Working with the Tribes
- Expand education on treatment and referral to ensure appropriate screenings
- Partner with MDOC to provide re-entry services and aid to individuals exiting the prison system
- Work with the Angels from Hope Not Handcuffs
- Work with the University of Michigan's Michigan Opioid Collaborative by using tele-medicine to assist treatment professionals in other regions

DEPARTMENT UPDATE

Hitzler summarized two draft letters. The first is from the Commission to Governor Snyder. The second is from Governor Snyder to Mark Chassin, President and CEO of the Joint Commission. (Please see Addendum #8 and Addendum #9). Hitzler requested that the Commission approve or deny the drafts as written.

MOTION by Gigliotti, seconded by Shannon, to approve the letter from the Commission to Governor Snyder as written.

Discussion was held.

A voice vote was taken.

MOTION PREVAILED

MOTION by Gigliotti, seconded by Shannon, to approve the letter from Governor Snyder to Mark Chassin with the following addition:

In the final paragraph, request that the Joint Commission remove the three questions from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) petition.

Discussion was held.

A voice vote was taken.

MOTION PREVAILED

PUBLIC COMMENT

None

ANNOUNCEMENTS

The next regularly scheduled meeting will be held August 10, 2017 at 2:00 p.m. in the Ottawa Building, 611 W. Ottawa Street, Conference Room 3, Upper Level Conference Center, Lansing, Michigan.

ADJOURNMENT

MOTION by Gigliotti, seconded by Bell, to adjourn the meeting at 4:07 p.m.

A voice vote followed.

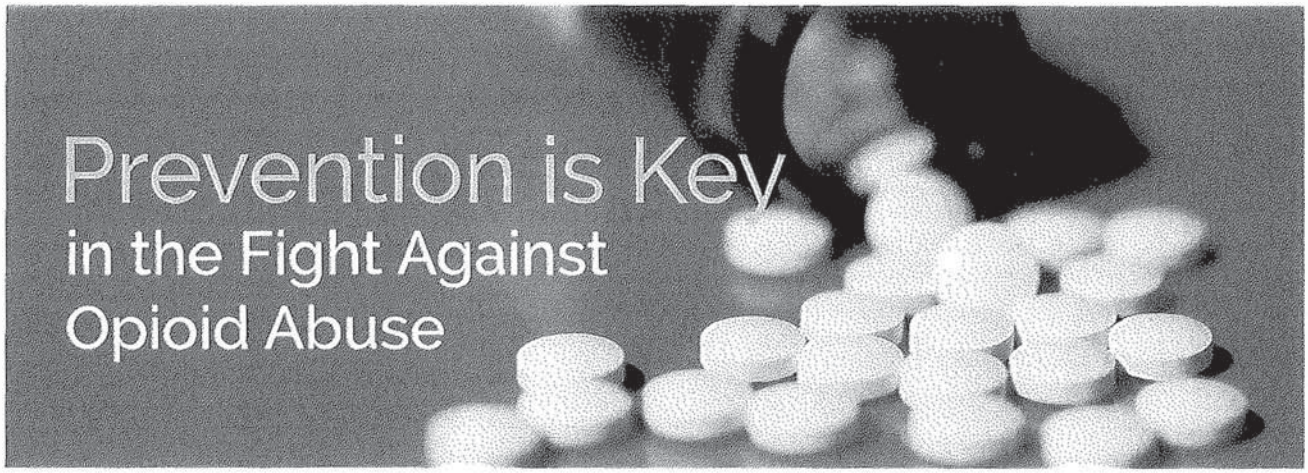
MOTION PREVAILED

Minutes approved by the Commission on: August 10, 2017.

Prepared by:
Nakisha Bayes, Board Support May 15, 2017
Bureau of Professional Licensing

OPEN
Opioid Prescribing Engagement Network
engaging patients, educating providers, protecting communities

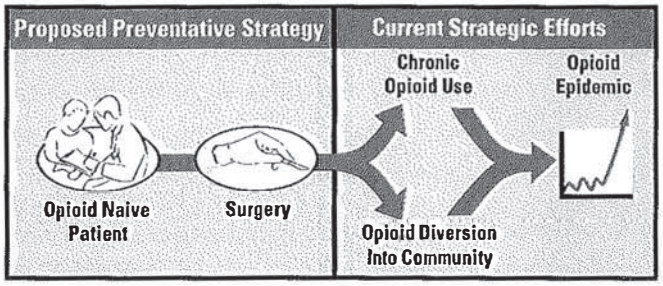
For more information about Michigan-OPEN
michigan-open.org
michiganopen@umich.edu



The vast majority of individuals who become dependent on prescription opioids receive their first dose following surgical care, and nearly 40% of the medications surgeons prescribe are opioids. Among patients not using opioids before surgery, the most common postoperative complication is becoming a new chronic opioid user—more common than wound infection, heart attack, and blood clot.

Yet there are no guidelines to direct postoperative pain management.

The Michigan Opioid Prescribing Engagement Network (Michigan-OPEN) is an initiative to develop a novel preventative approach to the opioid epidemic in the state of Michigan. Led by a team at the University of Michigan and with support from the Michigan Department of Health and Human Services, Michigan-OPEN aims to transform surgical pain management and curb opioid misuse by targeting opioid-naïve patients prior to opioid dependence.



We are partnering with Michigan's robust network of Continuous Quality Improvement programs funded by Blue Cross Blue Shield of Michigan to reach 72 hospitals across the state. Over the next five years, we will increase awareness among patients and providers regarding the risks of prescription opioids, obtain detailed clinical data, and identify and disseminate best practices in post-operative opioid prescribing.

Long-term, Michigan-OPEN wants patients to have enough medication to recover without leaving extra pills in their cabinets. We plan to organize statewide opioid recovery drives, create opioid disposal strategies, and identify methods to improve opioid return.

Michigan-OPEN strives to provide a patient-centered approach to safer opioid prescribing. With the help of healthcare providers across the state of Michigan, we can offer practical and generalizable strategies to address this critical public health crisis.

Michigan-OPEN is an IHPI Partner Program

INSTITUTE FOR HEALTHCARE POLICY & INNOVATION
UNIVERSITY OF MICHIGAN

MDHHS
Michigan Department of Health & Human Services

The Opioid Epidemic:

What is the Role of Acute Pain Prescribing?

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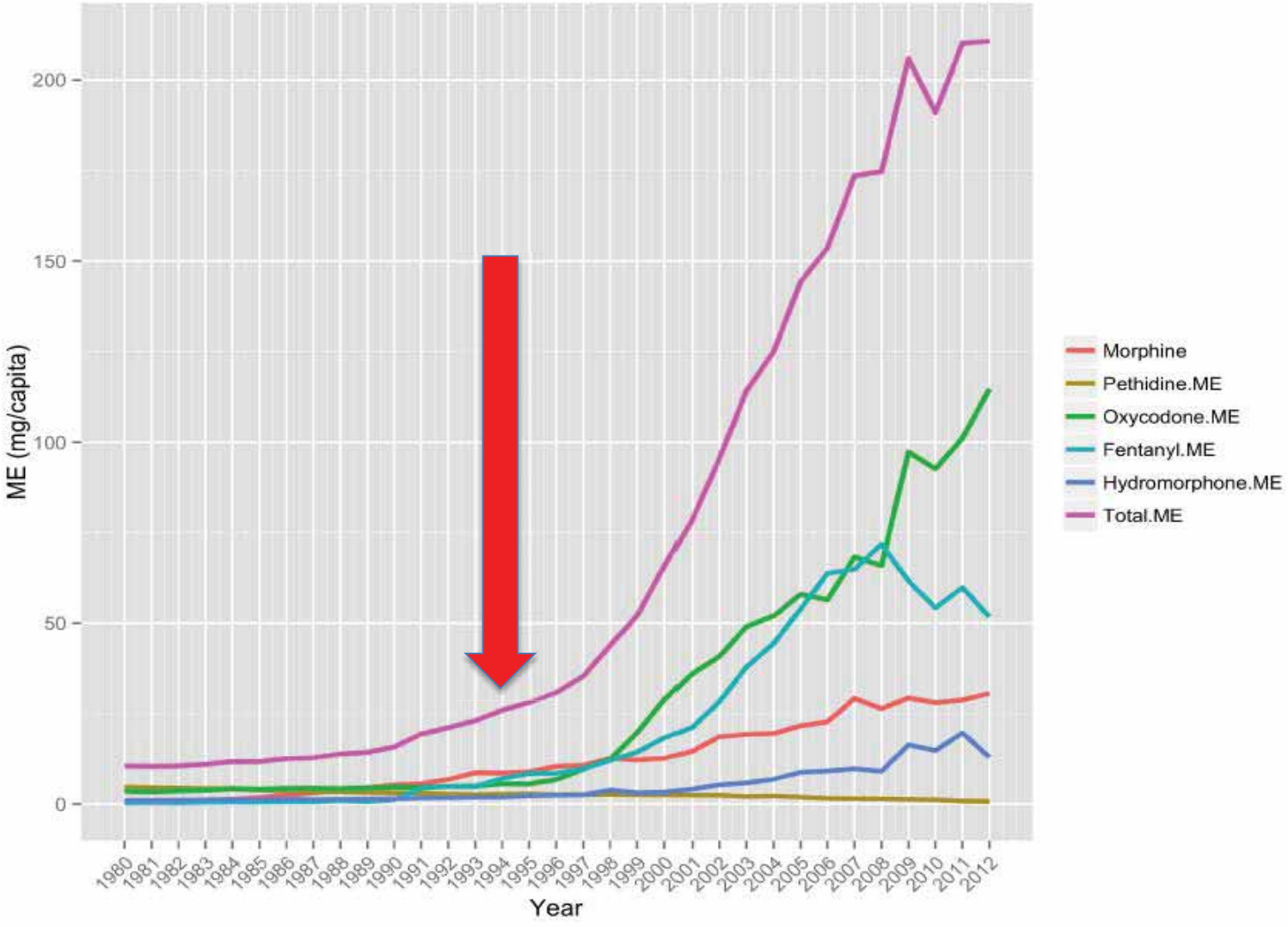
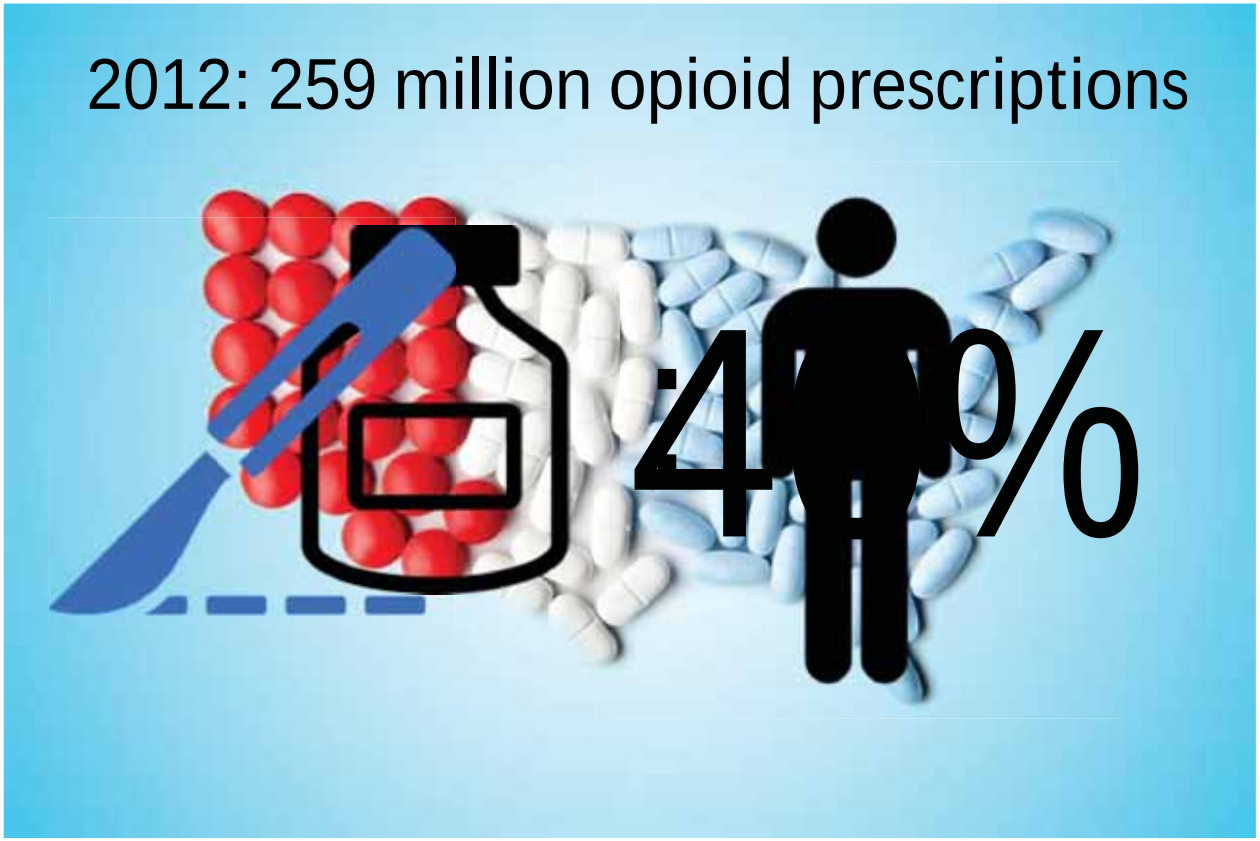
AMRO Regional

Opioid Consumption in Morphine Equivalence (ME) minus Methadone, mg/person



How did we get here?

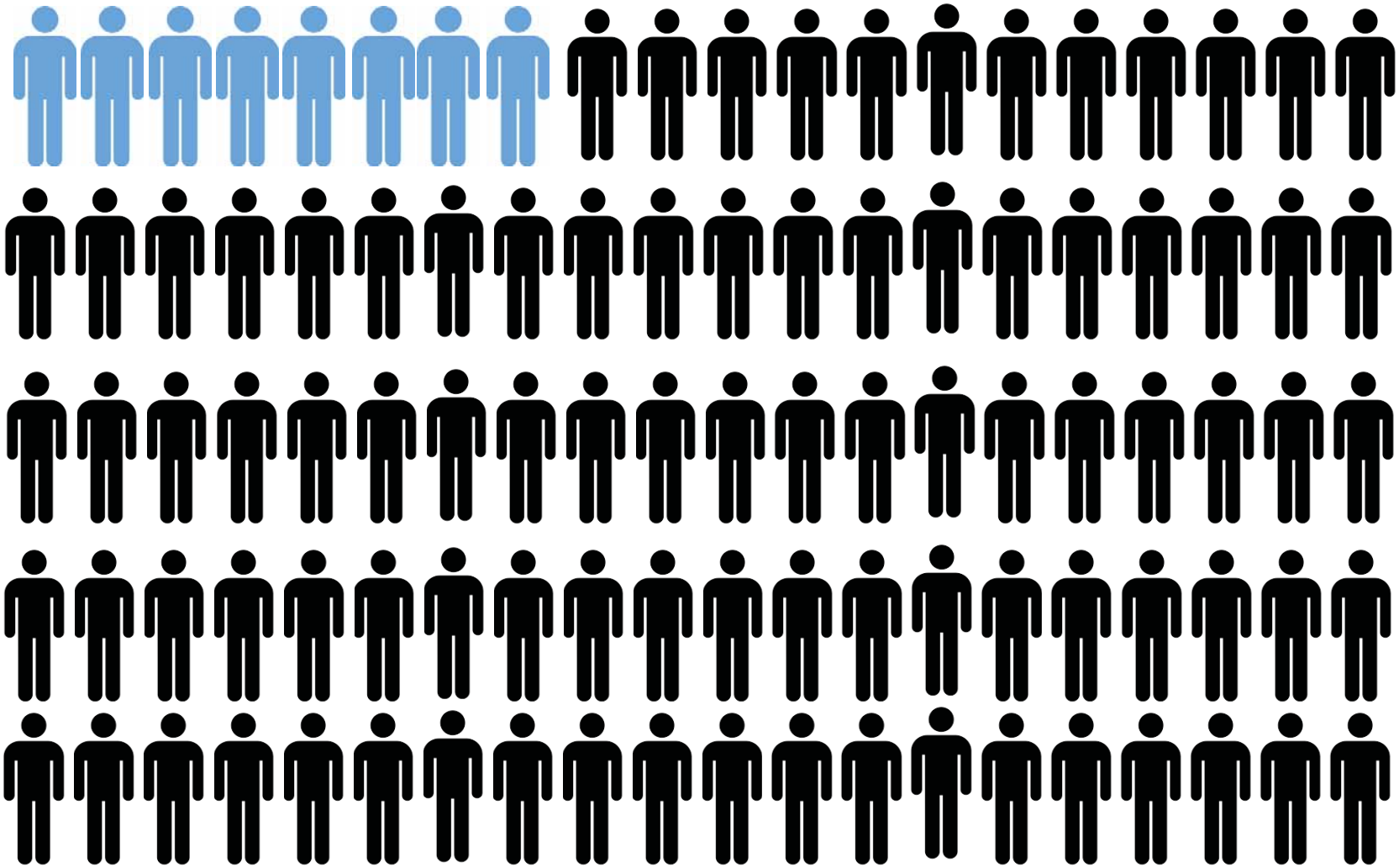


Levy B, Paulozzi L, Mack KA, Jones CM. Trends in Opioid Analgesic-Prescribing Rates by Specialty, U.S., 2007-2012. Am J Prev Med. 2015;49(3):409-413.

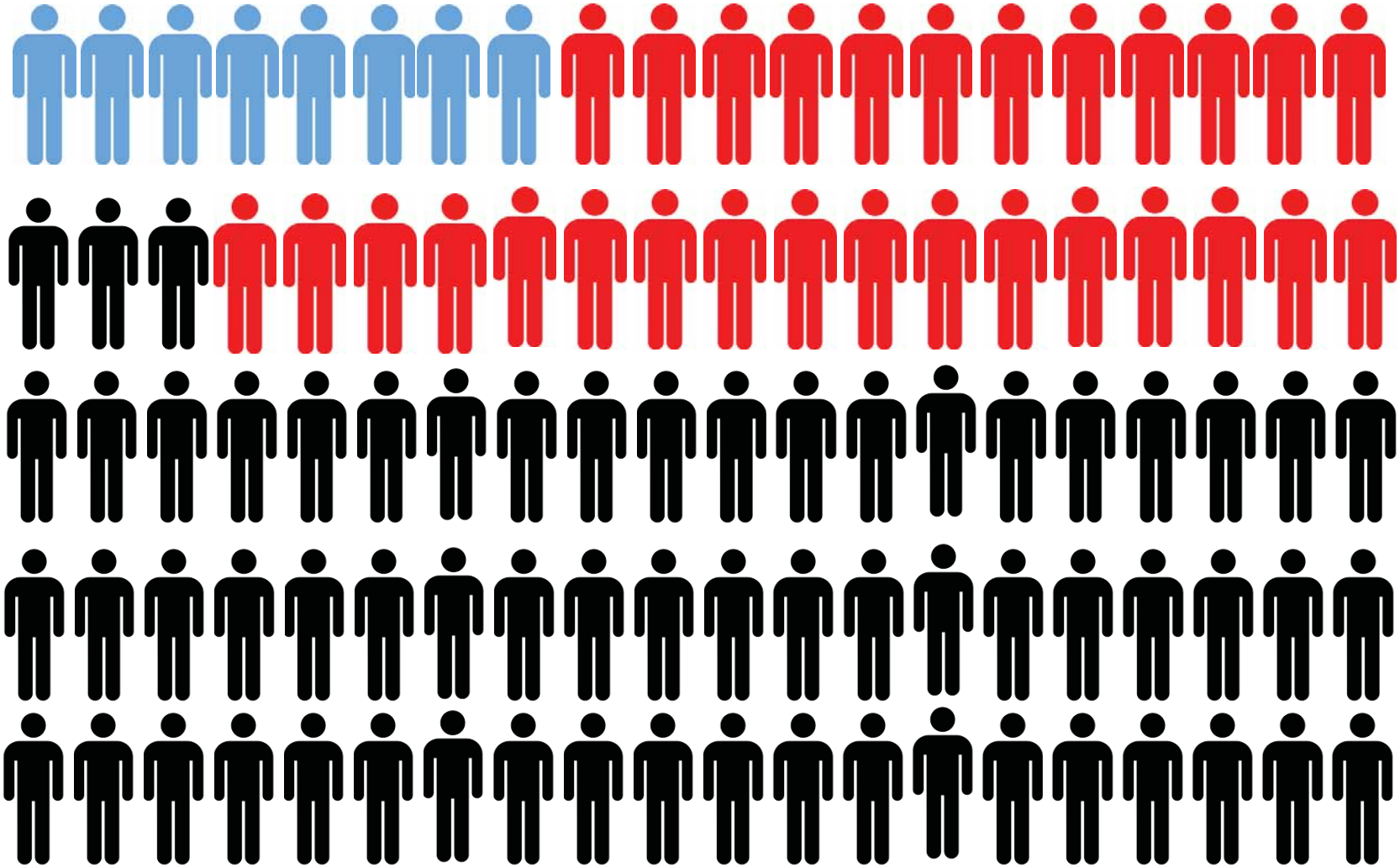
Our Patients

Will I get addicted to painkillers?

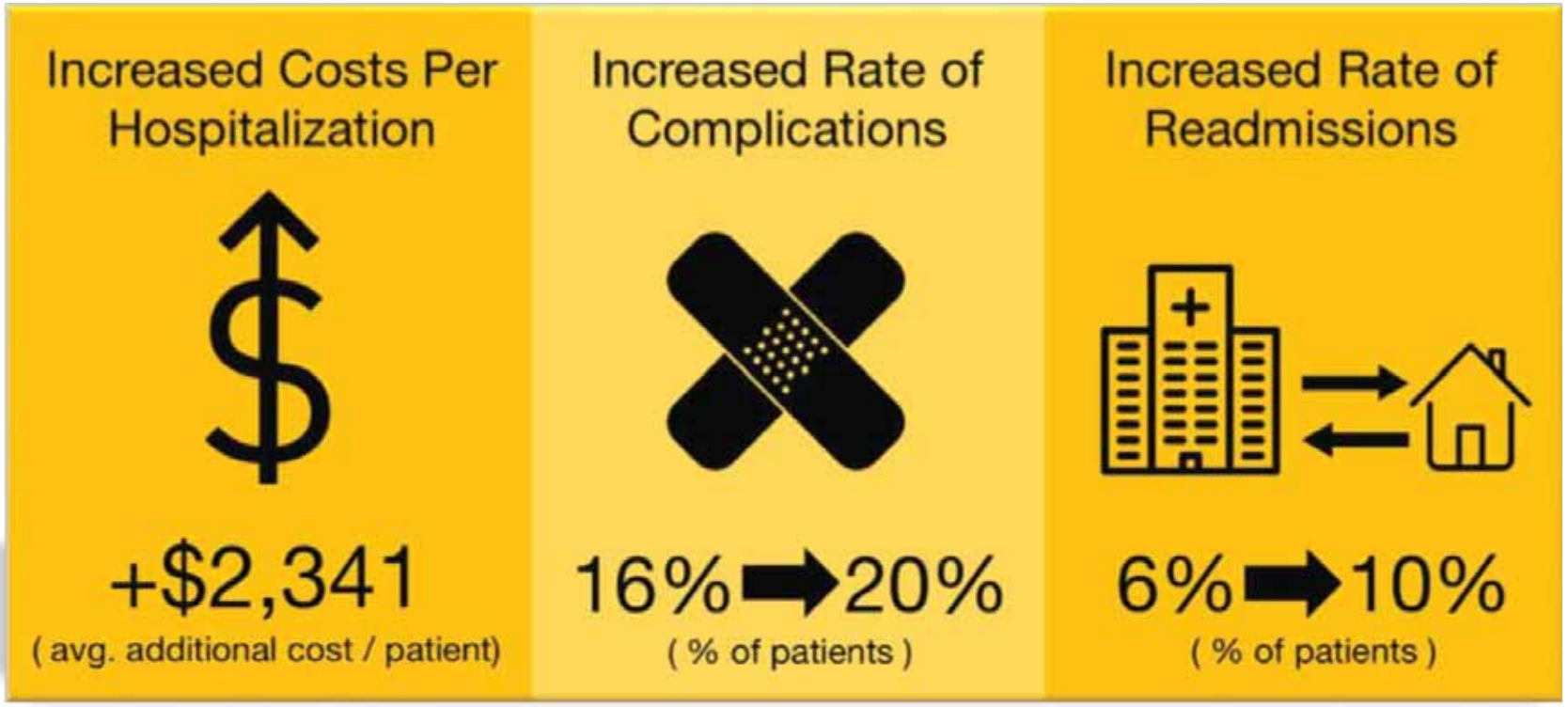
Chronic Opioid Users ~8%



Intermittent Opioid Users ~30%

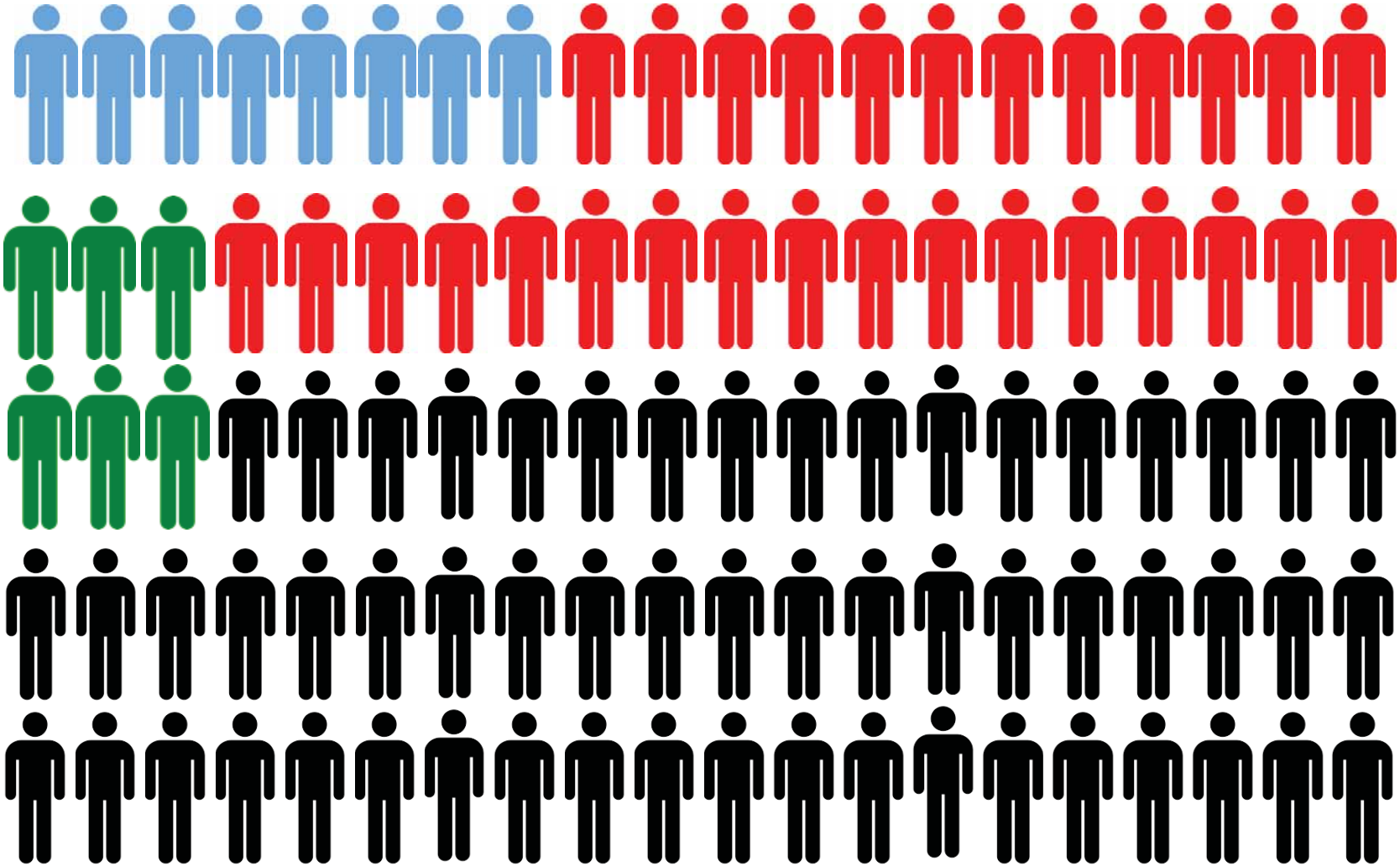


Pre-Operative Opioid Use and Associated Outcomes after Major Abdominal Surgery



Cron DC, Englesbe MJ, Bolton CJ, Joseph MT, Carrier KL, Moser SE, Waljee JF, Hilliard PE, Kheterpal S, Brummett CM. Annals of Surgery 2016.

New Persistent Users ~6%



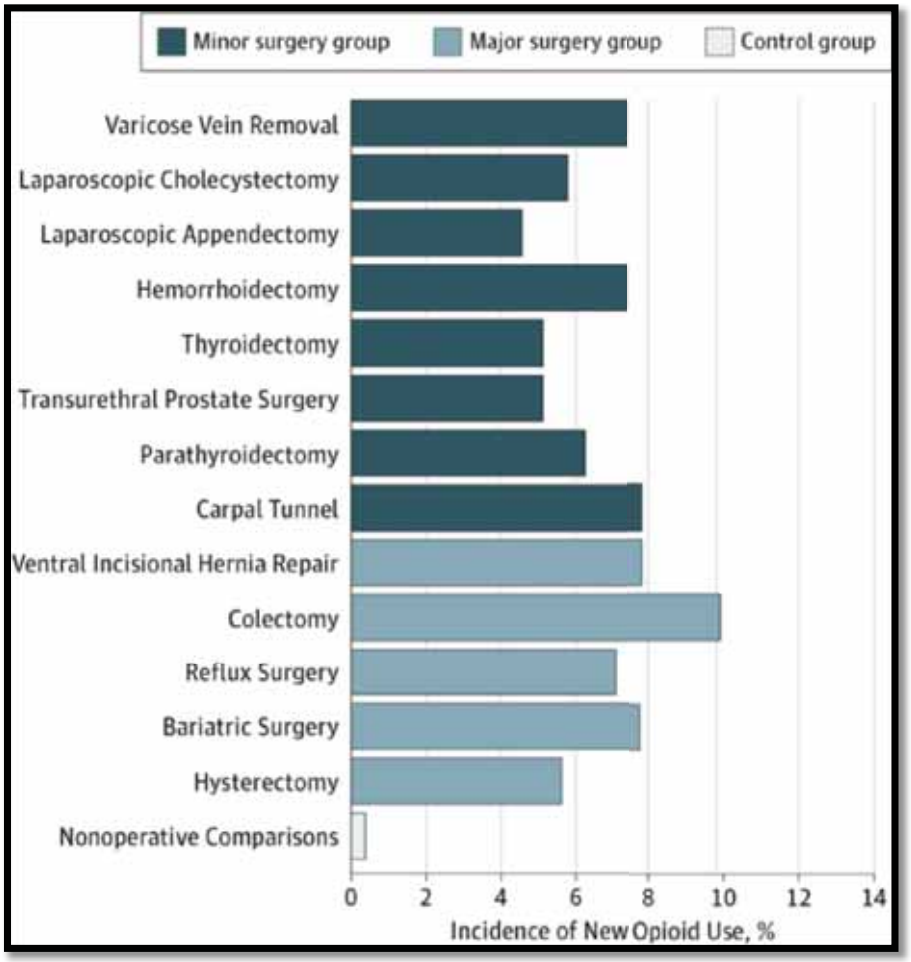
New persistent opioid use

- Previously opioid naïve patient still filling opioid Rx's 3 mo postop[1]

- What is the risk after surgery?

Kehlet H, Rathmell JP. Persistent postsurgical pain: the path forward through better design of clinical studies. Anesthesiology. 2010;112(3):514-515.

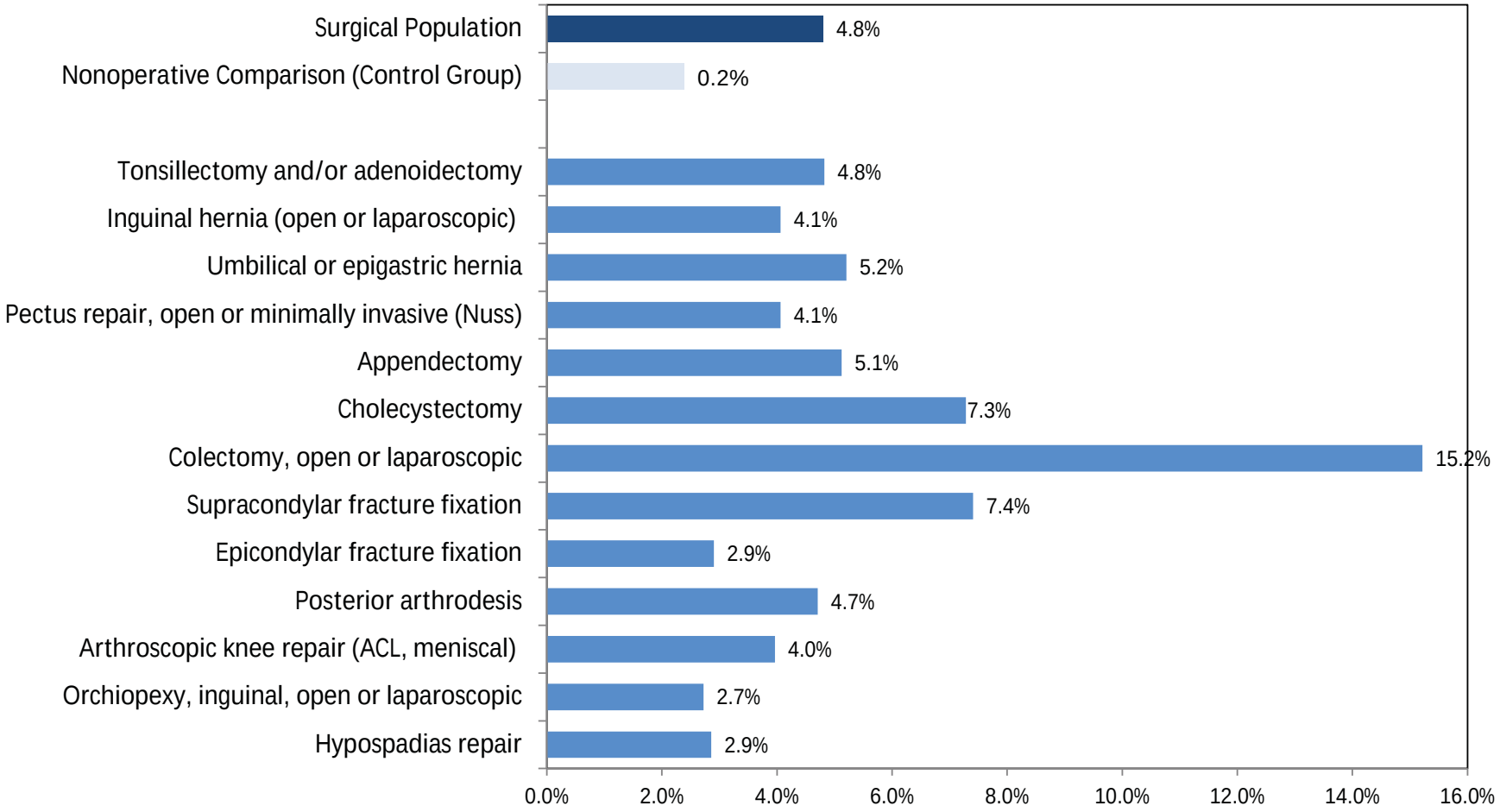
New chronic use of opioids after surgery was **6%** and did not differ between major and minor surgeries

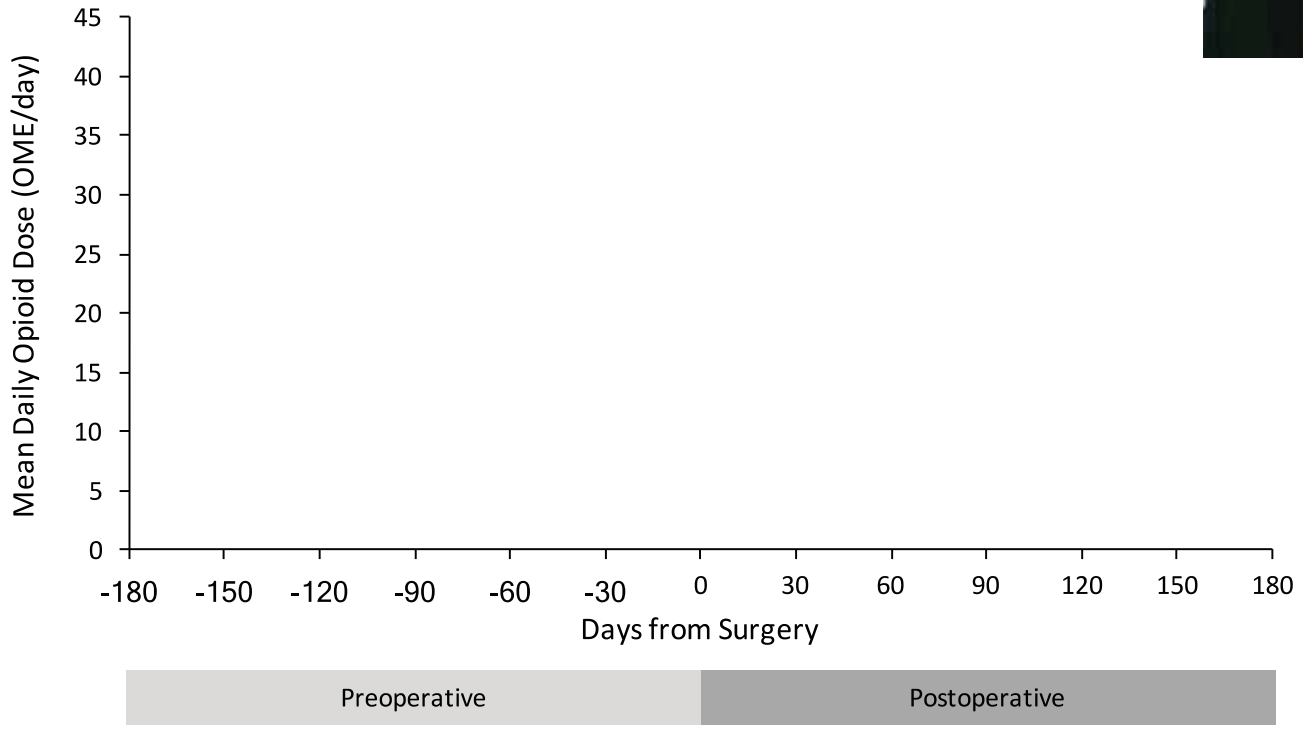


The JAMA Network

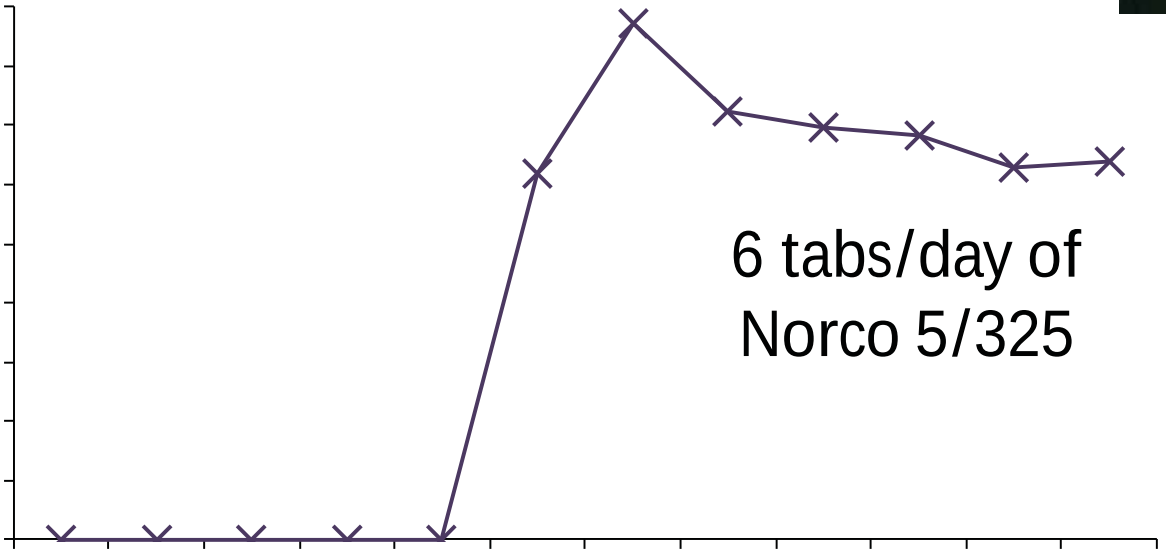
Brummett et al. JAMA Surg. 2017

Postoperative opioid dependence happens in pediatric patients

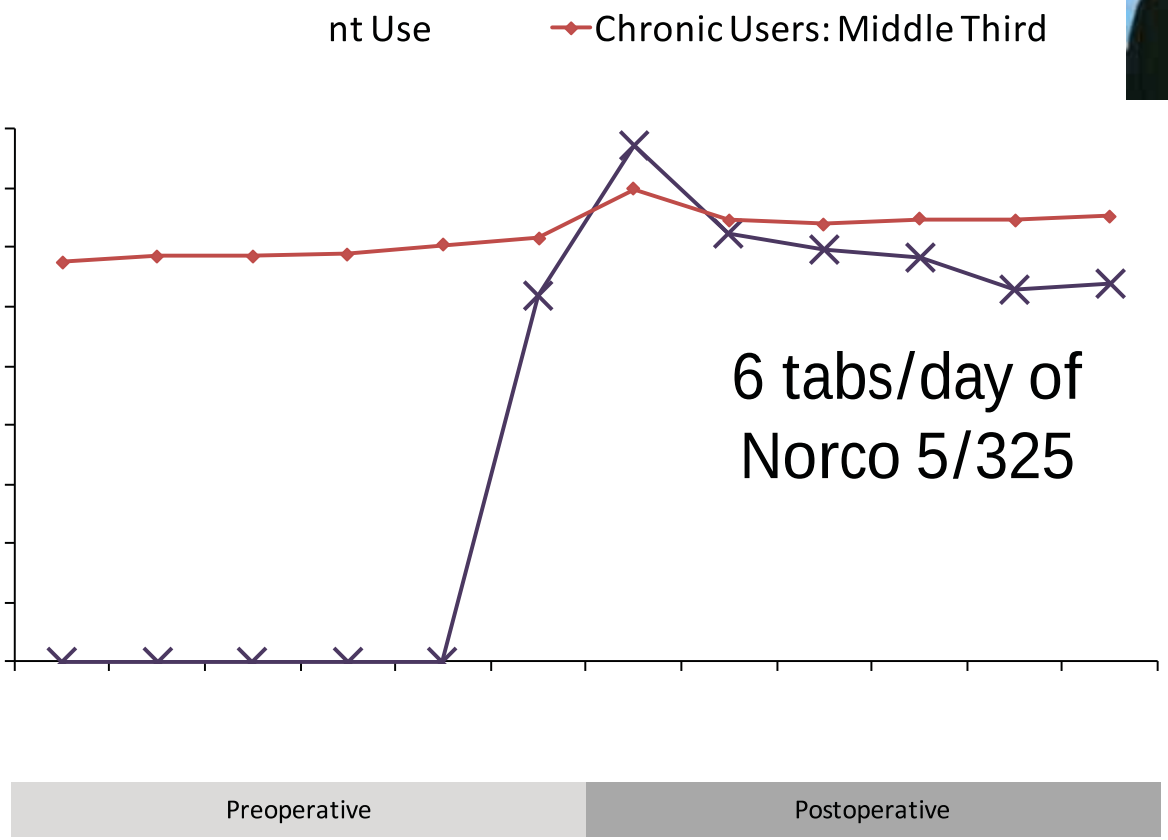



Mean Daily Opioid Dose (OME/day)
45
40
35
30
25
20
15
10
5
0
-180
-150
-120
-90
-60
-30
0
30
60
90
120
150
180
Days from Surgery
Preoperative
Postoperative

se



Preoperative | Postoperative


nt Use
Chronic Users: Middle Third
6 tabs/day of
Norco 5/325
Preoperative
Postoperative

Pain Management Is Not Uniformly Taught

AMERICAN BOARD OF PLASTIC SURGERY
ABMS

Certification Matters

SESAP® 15
SURGICAL EDUCATION and SELF-ASSESSMENT PROGRAM

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes

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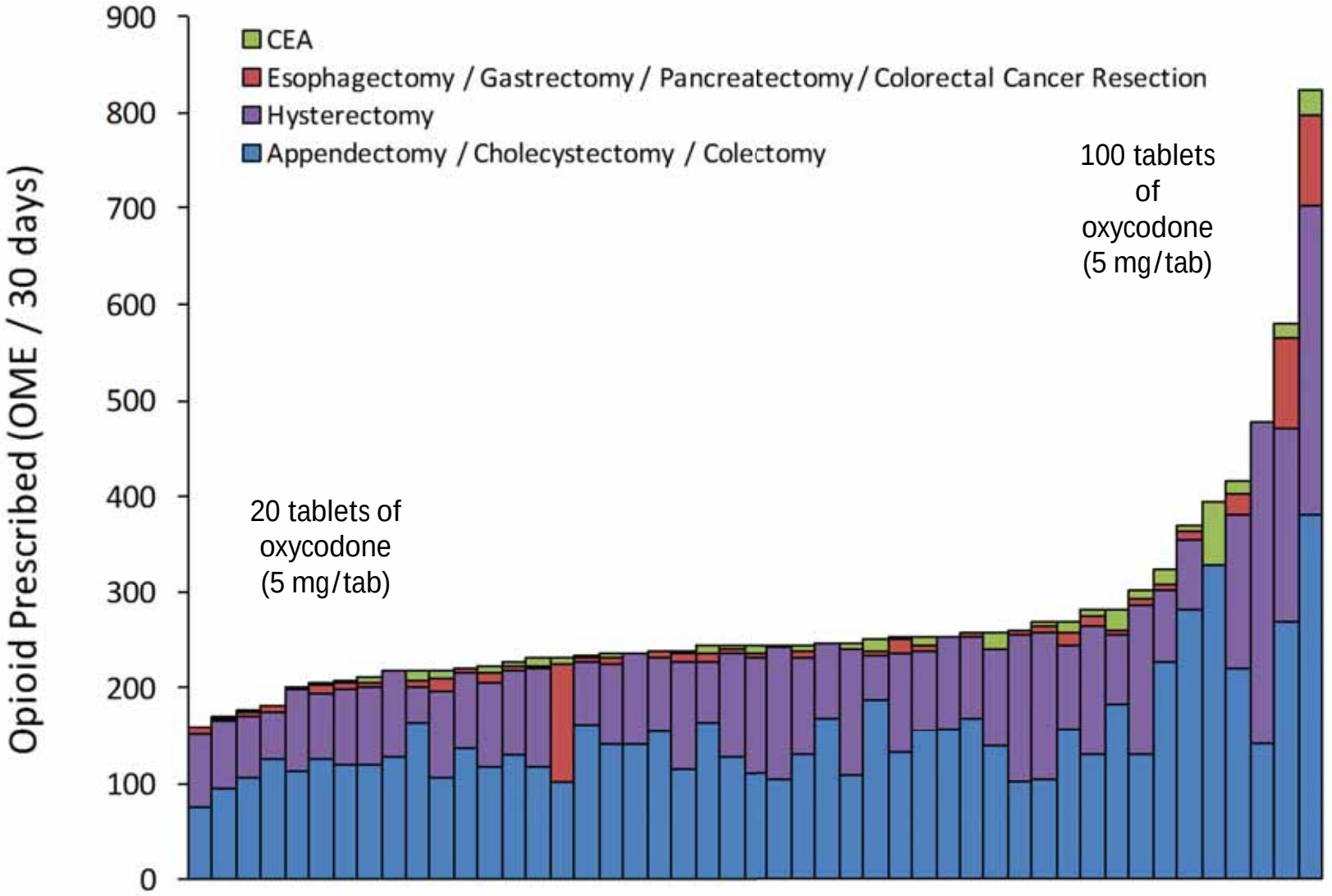
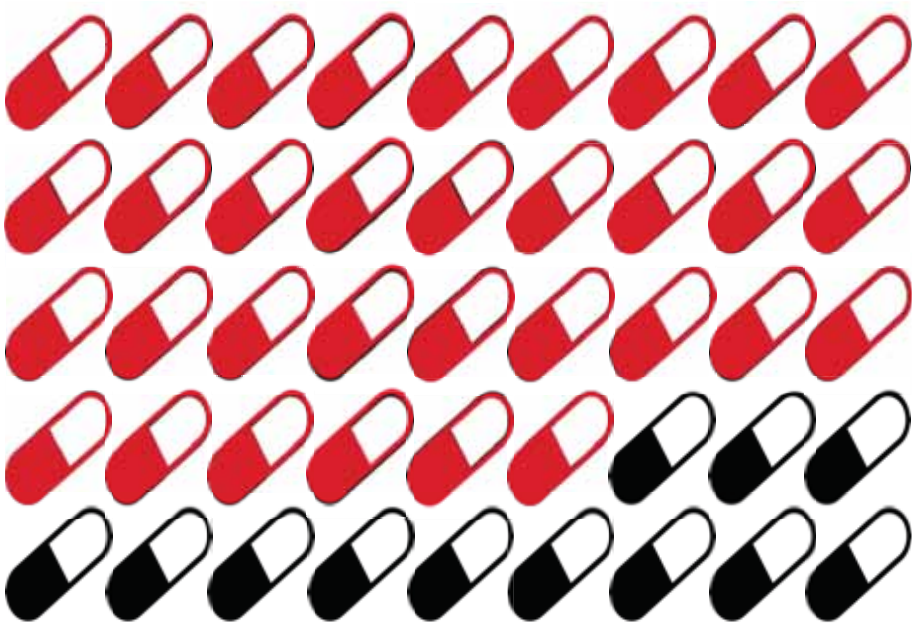

Opioid Prescribed (OME / 30 days)
900
800
700
600
500
400
300
200
100
0
CEA
Esophagectomy / Gastrectomy / Pancreatectomy / Colorectal Cancer Resection
Hysterectomy
Appendectomy / Cholecystectomy / Colectomy
100 tablets of oxycodone (5 mg/tab)
20 tablets of oxycodone (5 mg/tab)

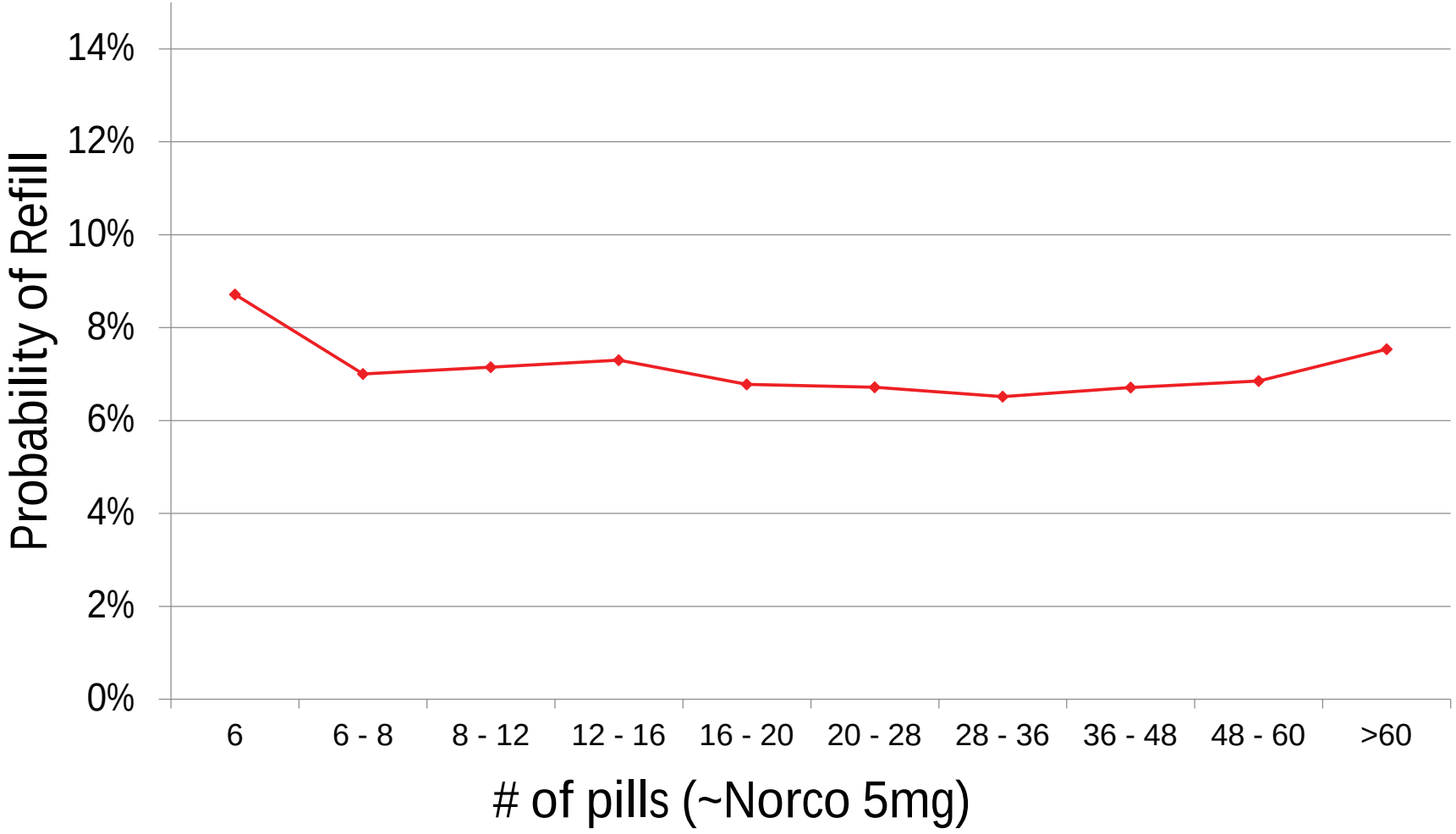
45 tablets of Norco (5/325)



70 – 75% unused

Hill MV, McMahon ML, Stucke RS, Barth RJ, Jr. Wide Variation and Excessive Dosage of Opioid Prescriptions for Common General Surgical Procedures. Ann Surg. 2017;265(4):709-714.

Quantity Does Not Predict Refill



33 extra pills per prescription

62 million

X

unused pills/year

1,881,481 operations / year [1,2]

1. HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). March 2017. Agency for Healthcare Research and Quality, Rockville, MD.
2. HCUP Central Distributor SASD File Composition. Healthcare Cost and Utilization Project (HCUP). March 2017. Agency for Healthcare Research and Quality, Rockville, MD.


YOST II ARENA

62 million unused pills/year

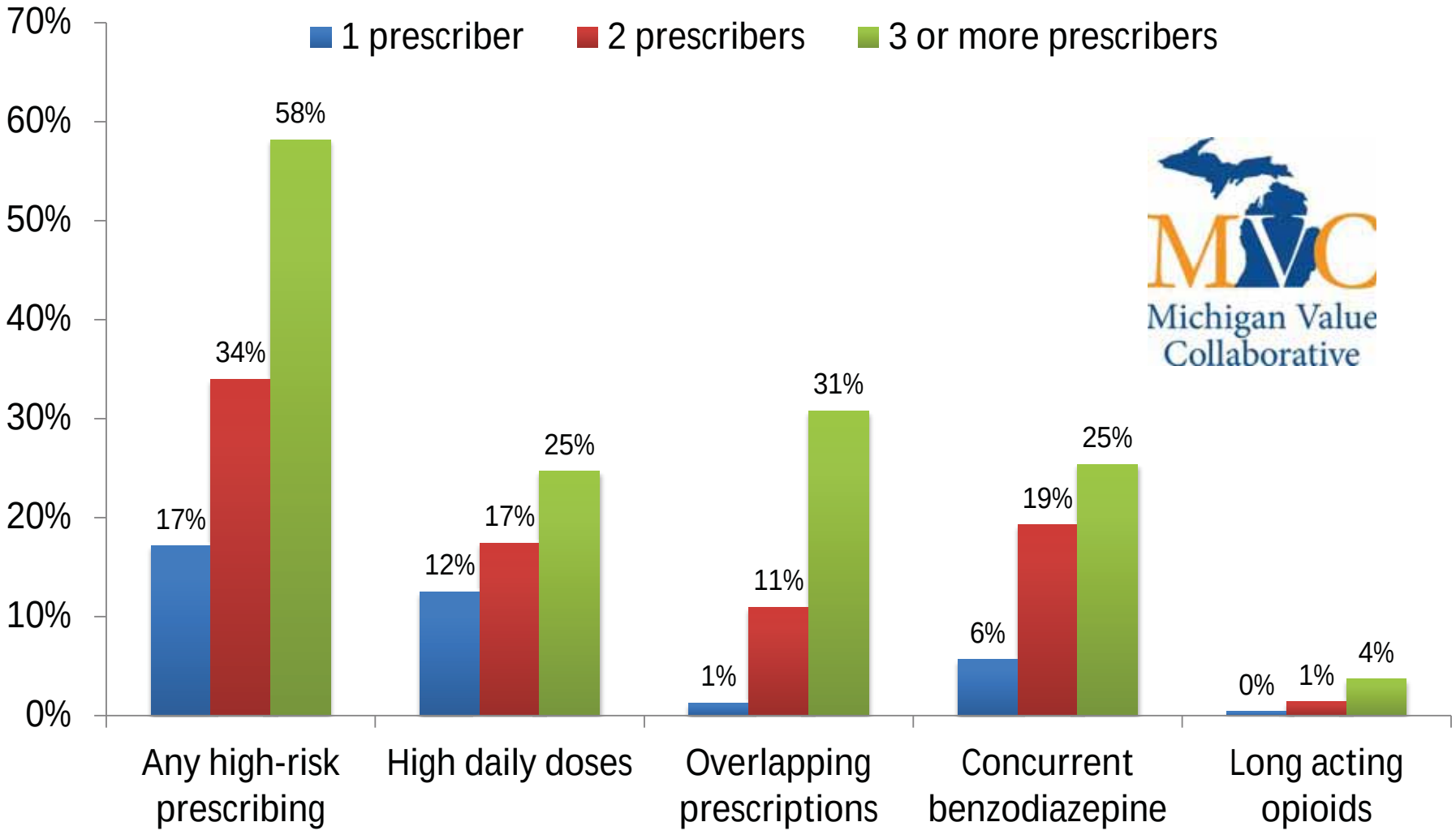
DIVERSION

Leftover Opioids

Share Opioids

Kennedy-Hendricks A, Gielen A, McDonald E, McGinty EE, Shields W, Barry CL. Medication Sharing, Storage, and Disposal Practices for Opioid Medications Among US Adults. JAMA Intern Med. 2016;176(7):1027-1029.

High-risk opioid prescribing



Michigan Value Collaborative

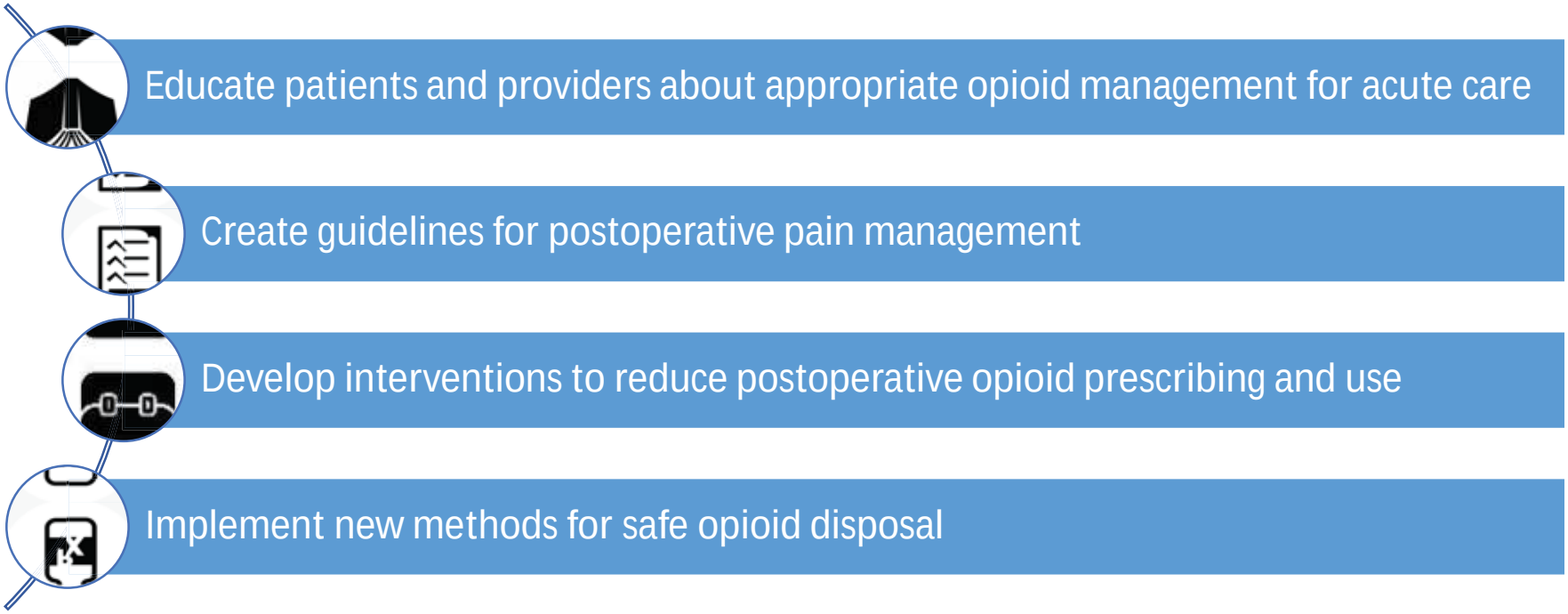
Our Role

OPEN

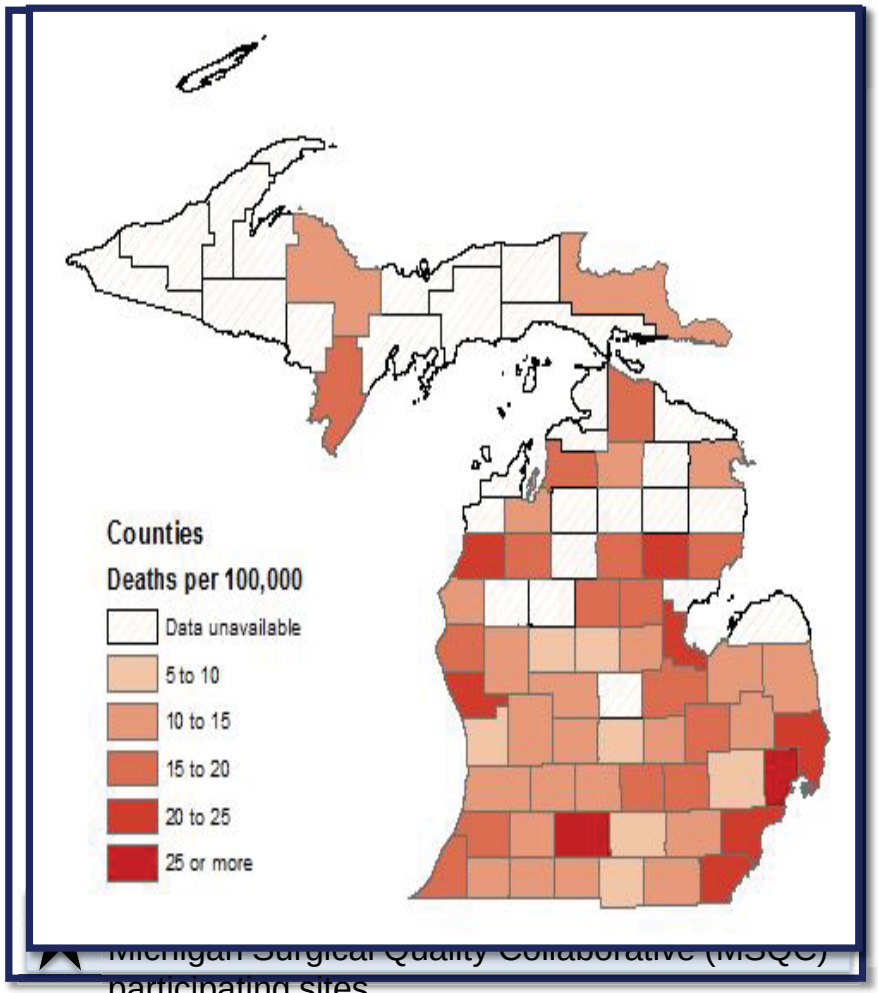
Opioid Prescribing Engagement Network

engaging patients, educating providers, protecting communities

How Will We Have Impact?



U-M is Uniquely Positioned to Make a Difference in the Opioid Epidemic

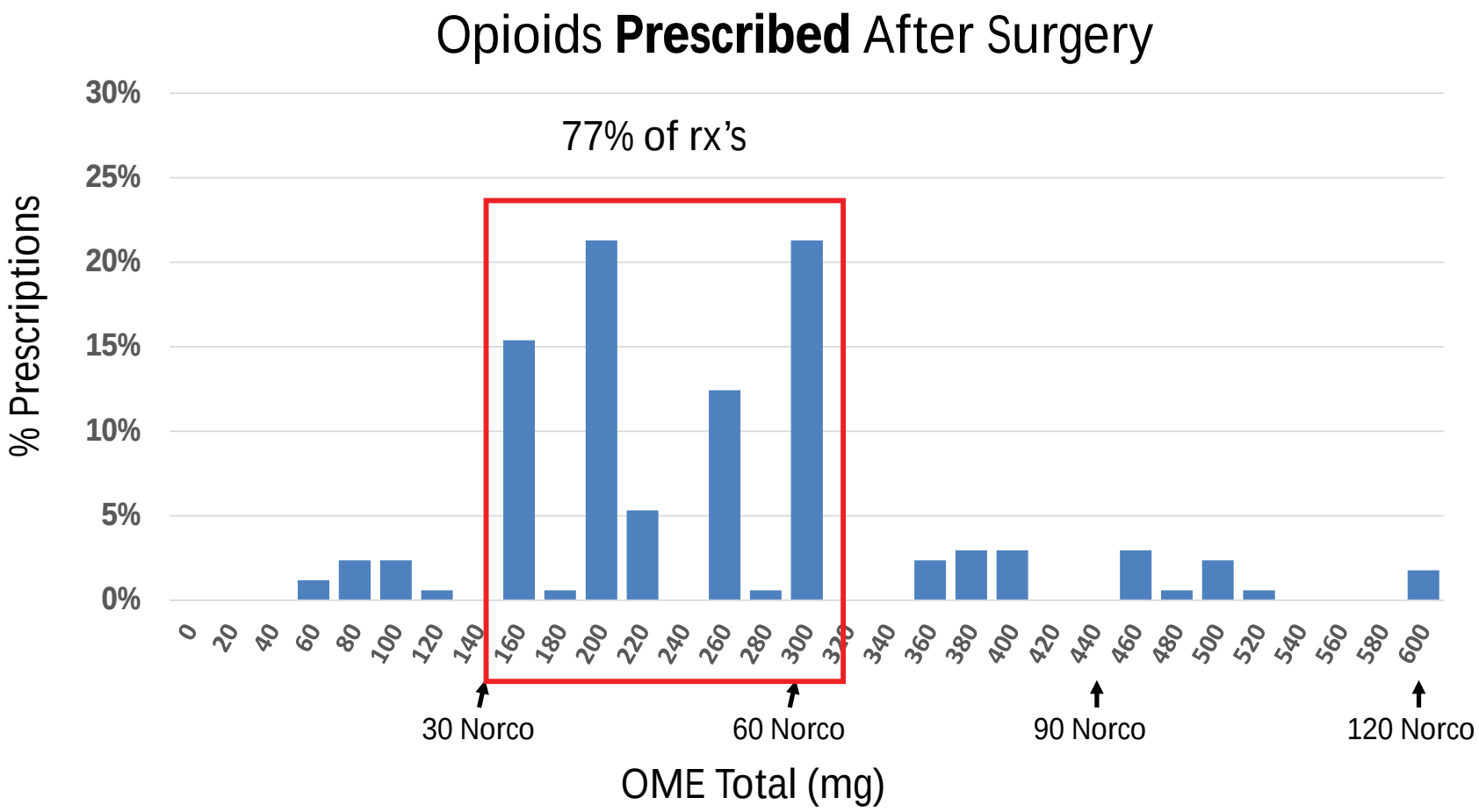


participating sites

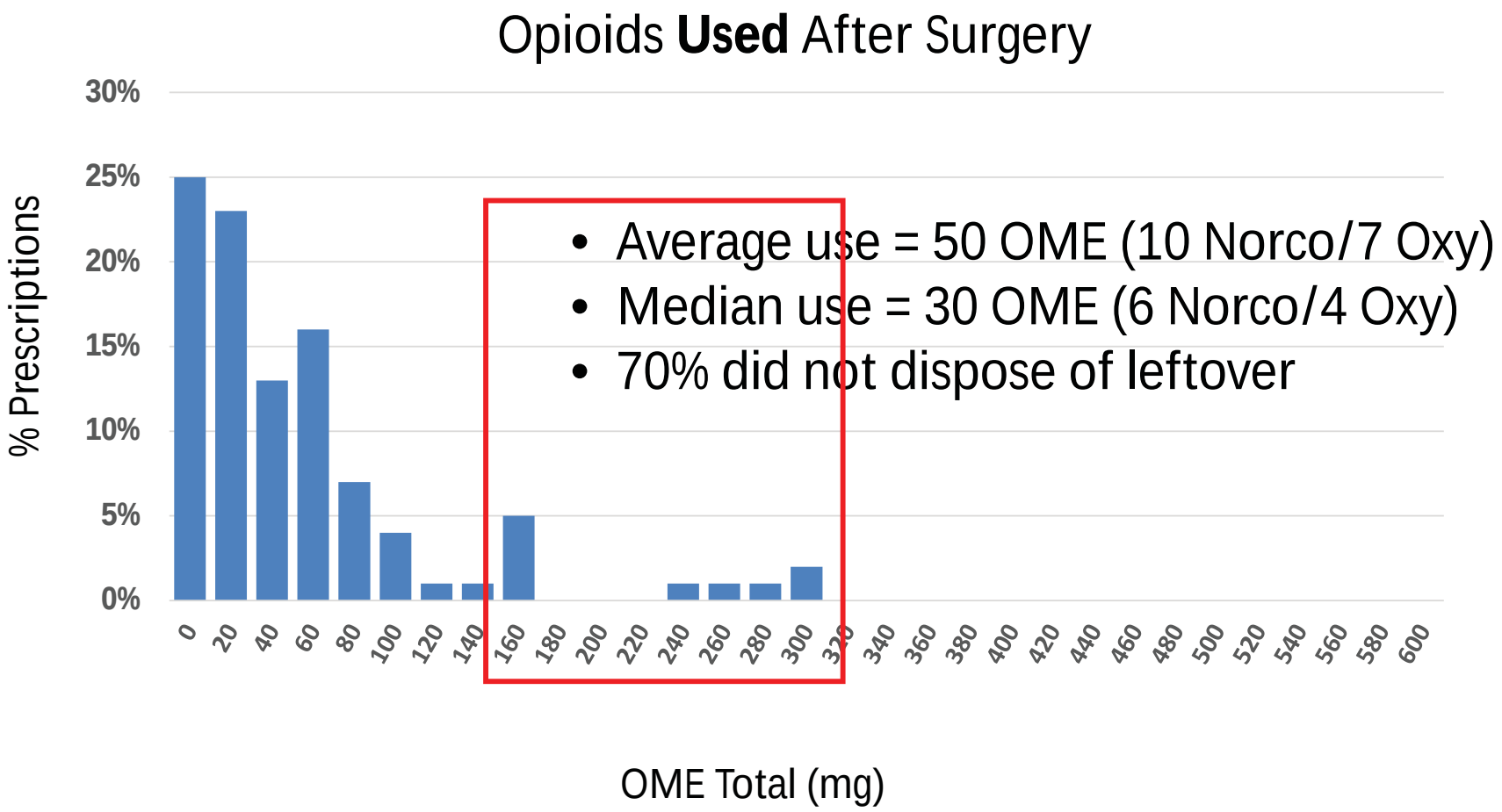

VALUE Partnerships
Improving Health Care in Michigan
Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association
M·TQIP
ASPIRE
Anesthesiology Performance Improvement and Reporting Exchange
MSQC
Michigan Surgical Quality Collaborative
MVC
Michigan Value Collaborative
MARCQI
MICHIGAN ARTHROPLASTY REGISTRY
COLLABORATIVE QUALITY INITIATIVE
Blue Cross Blue Shield Blue Care Network of Michigan
Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association
MEDIC
MICHIGAN EMERGENCY DEPARTMENT IMPROVEMENT COLLABORATIVE
MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Opioid Prescribing Guidelines: Laparoscopic Cholecystectomy

Laparoscopic Cholecystectomy



Laparoscopic Cholecystectomy

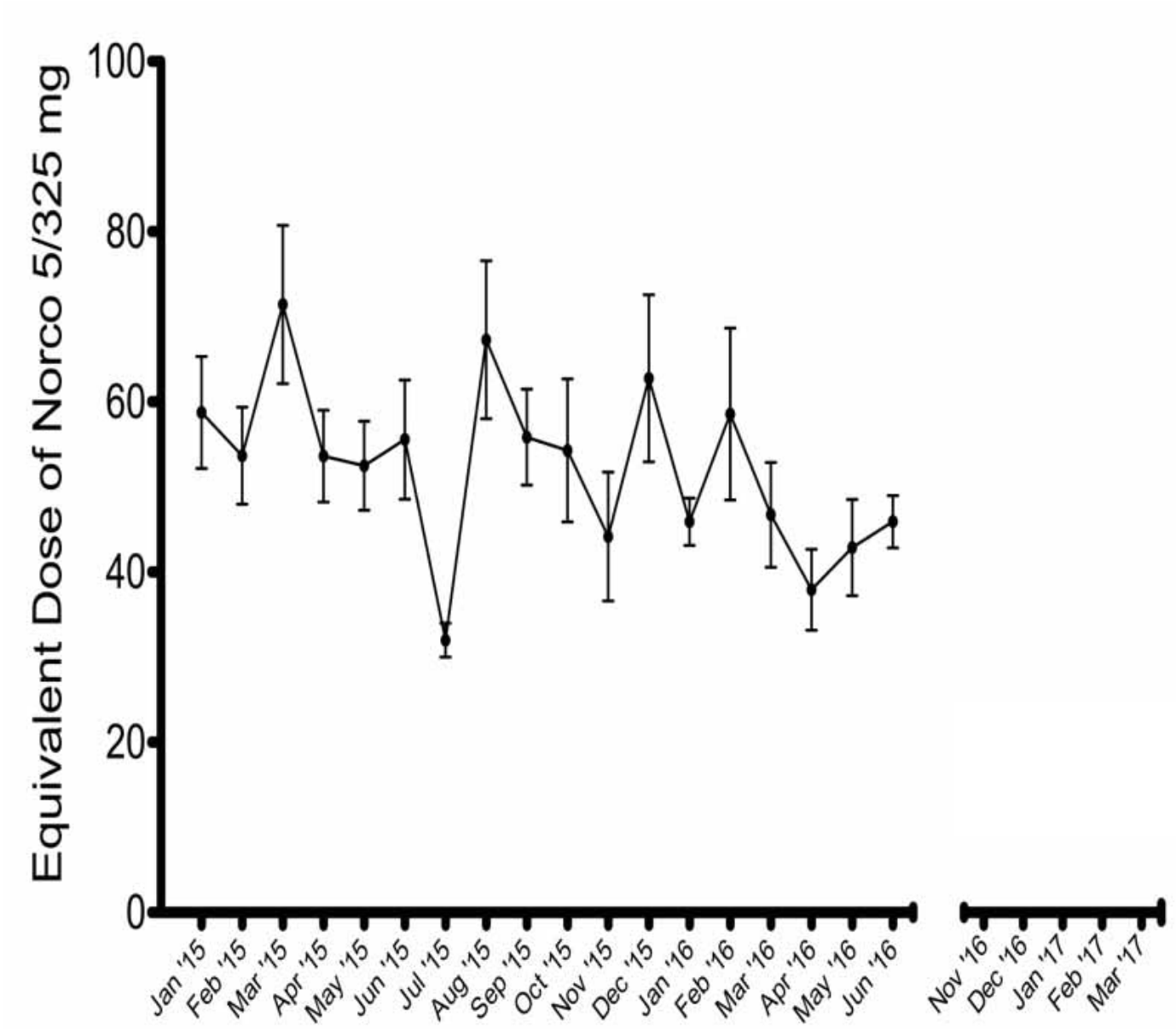


Let’s get smart about prescribing

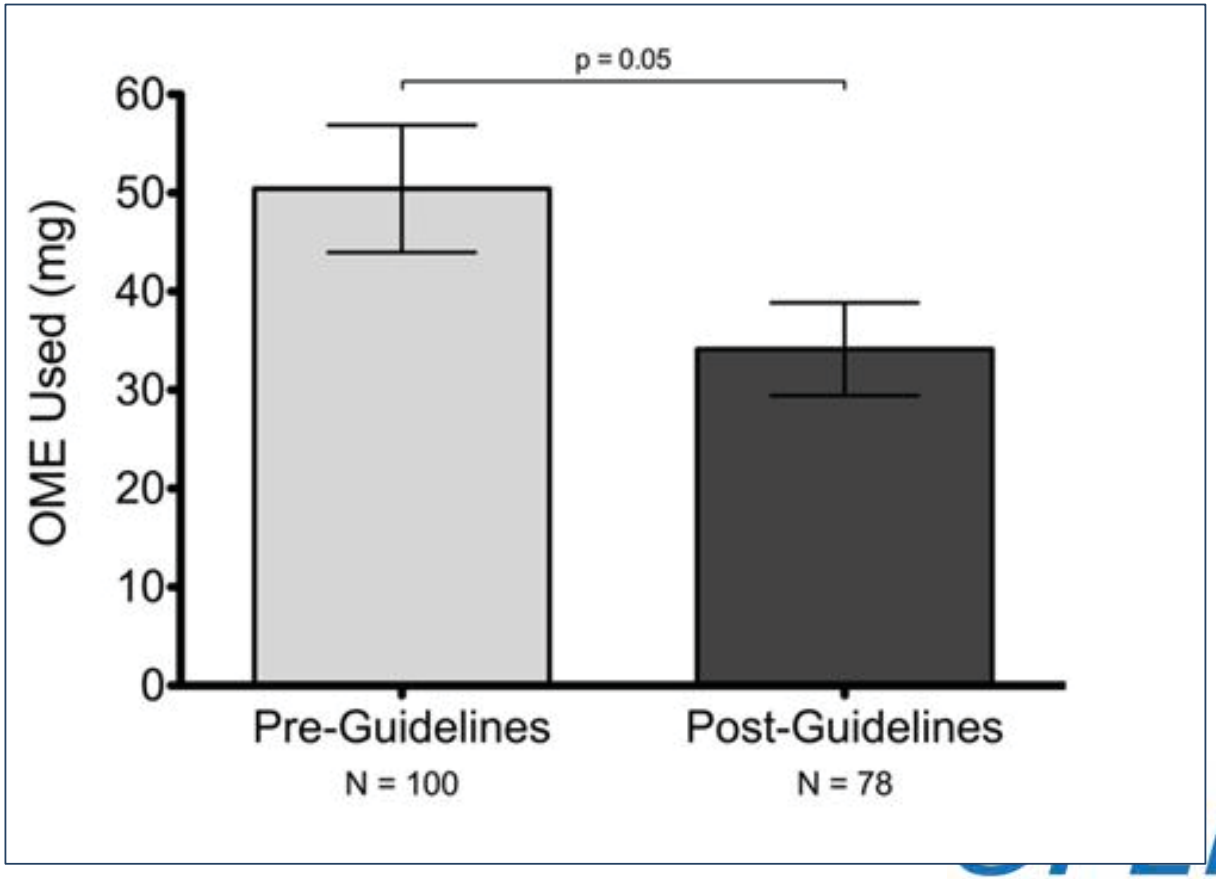
15 Oxycodone 5 mg **1q4-6 PRN**

15 Norco 5/325 mg **1q4-6 PRN**

+ Tylenol AND Motrin


Equivalent Dose of Norco 5/325 mg
100
80
60
40
20
0
Jan '15
Feb '15
Mar '15
Apr '15
May '15
Jun '15
Jul '15
Aug '15
Sep '15
Oct '15
Nov '15
Dec '15
Jan '16
Feb '16
Mar '16
Apr '16
May '16
Jun '16
Nov '16
Dec '16
Jan '17
Feb '17
Mar '17

After the new protocol, patients also reported less opioid use



Opioid Prescribing Engagement Network
engaging patients, educating providers, protecting communities

Supersize it!

David Marchiori, Esther K. Papies, Olivier Klein, The portion size effect on food intake. An anchoring and adjustment process?, Appetite (2014), doi: 10.1016/j.appet.2014.06.018

Proposed Prescribing Guidelines

Procedure	Recommendation		
	Oral Morphine Equivalents	Hydrocodone 5 mg (Norco/Vicodin)	Oxycodone 5 mg
Laparoscopic cholecystectomy	75	15	10-15
Laparoscopic appendectomy	75	15	10-15
Laparoscopic inguinal hernia repair	75	15	10-15
Open inguinal hernia repair	75	15	10-15
MIS Hysterectomy (lap, vaginal)	100	20	15
Abdominal Hysterectomy	150	30	20

MSQC
Michigan Surgical Quality Collaborative

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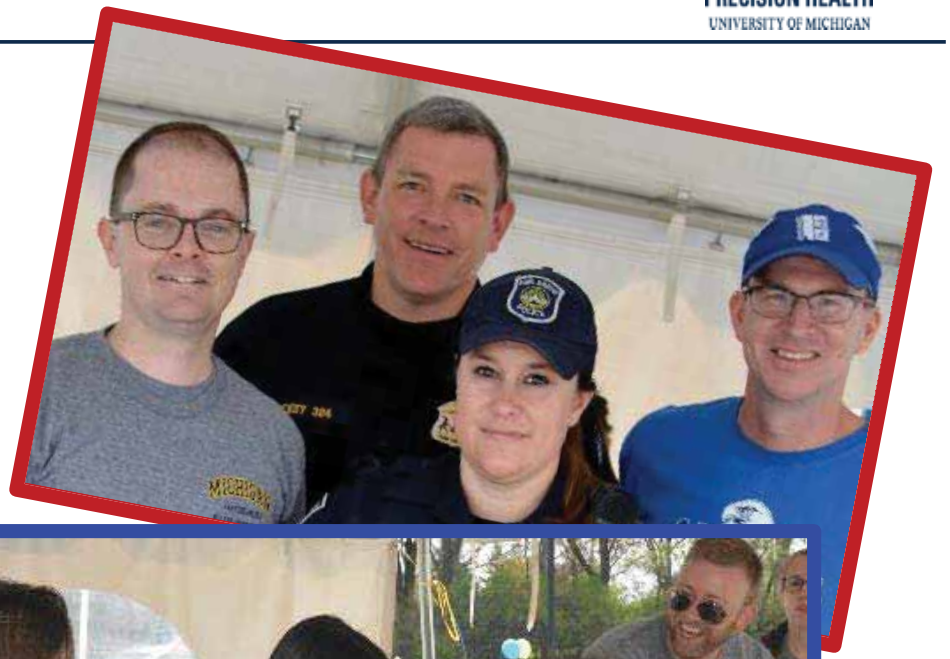
Opioid Recovery Drives

PRECISION HEALTH
UNIVERSITY OF MICHIGAN

Medication Take-Back Day

Saturday, May 20, 2017
10 a.m. – 2 p.m.



Total number of people	349
Pills	
Estimated weight of pills	181.6 lb
Estimated total number pills	139,658.5
Opioid pills	13,784
Most common - Hydrocodone	5,714
Other medications of interest	
Benzodiazepines and sedatives	3,002
Anti-depressants	6,401
Stimulants	623
Muscle relaxants	565
Anti-epileptics	4,156
Additional information	
Oldest opioid date (by year)	1981
Second oldest opioid (different person)	1985
Most common reason for opioid	Surgery

Opioid Recovery Drive – May 20

PRECISION HEALTH
UNIVERSITY OF MICHIGAN

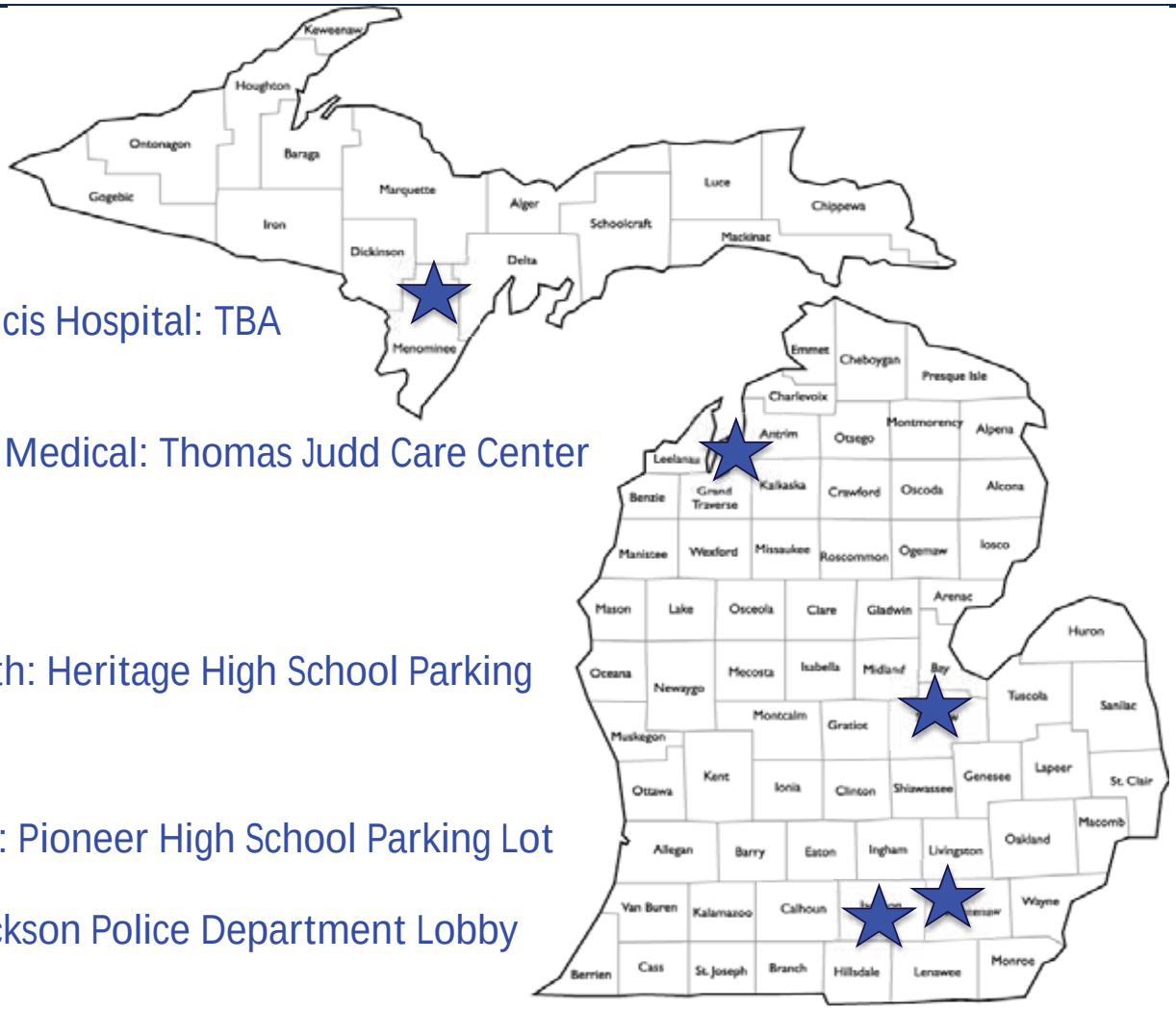
Escanaba/St Francis Hospital: TBA

Traverse City/Munson Medical: Thomas Judd Care Center

Saginaw/CMU Health: Heritage High School Parking

Ann Arbor/UM: Pioneer High School Parking Lot

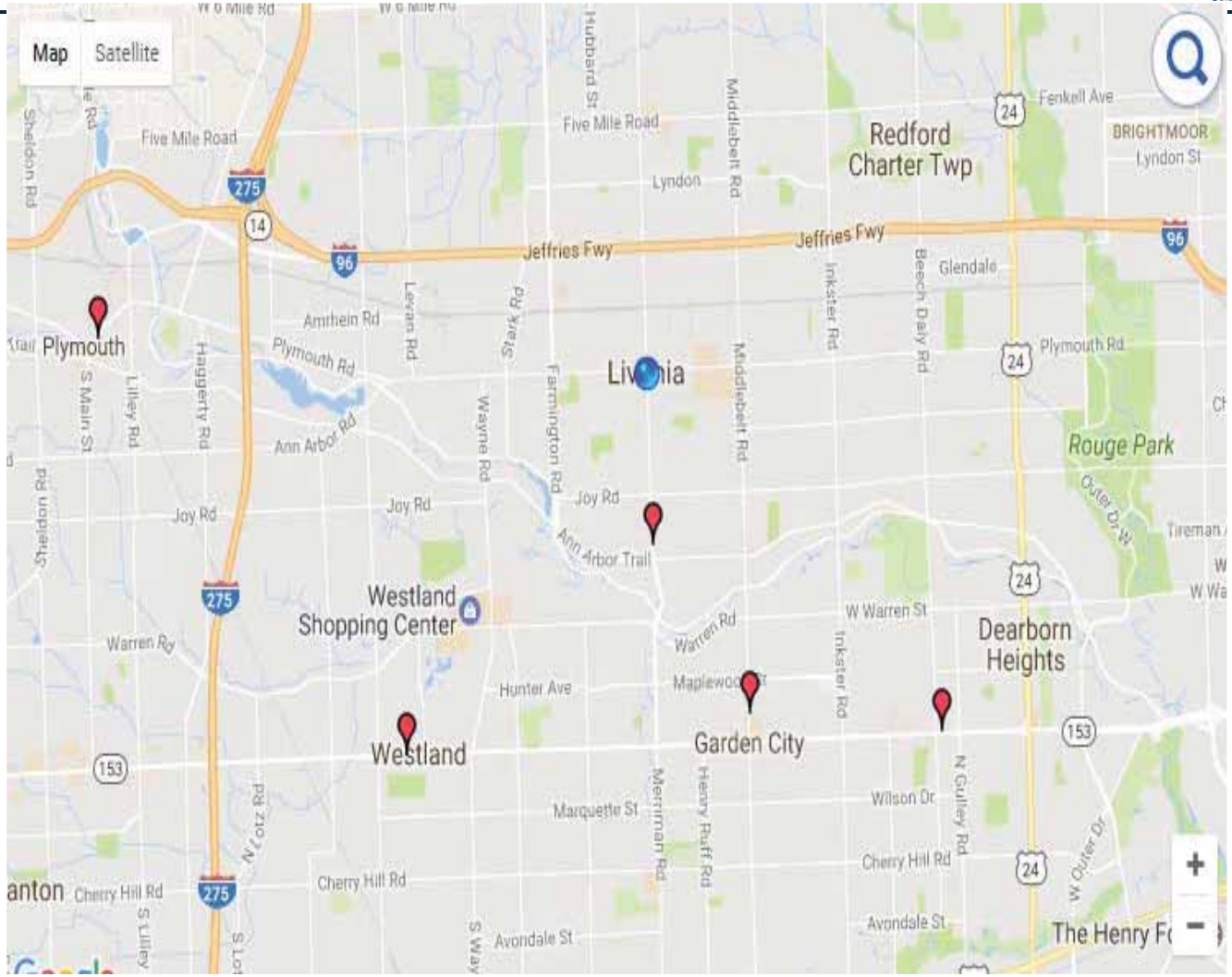
Jackson/Allegiance: Jackson Police Department Lobby



umhealth.me/takebackmap

PRECISION HEALTH
UNIVERSITY OF MICHIGAN

umhealth.me/takebackmap



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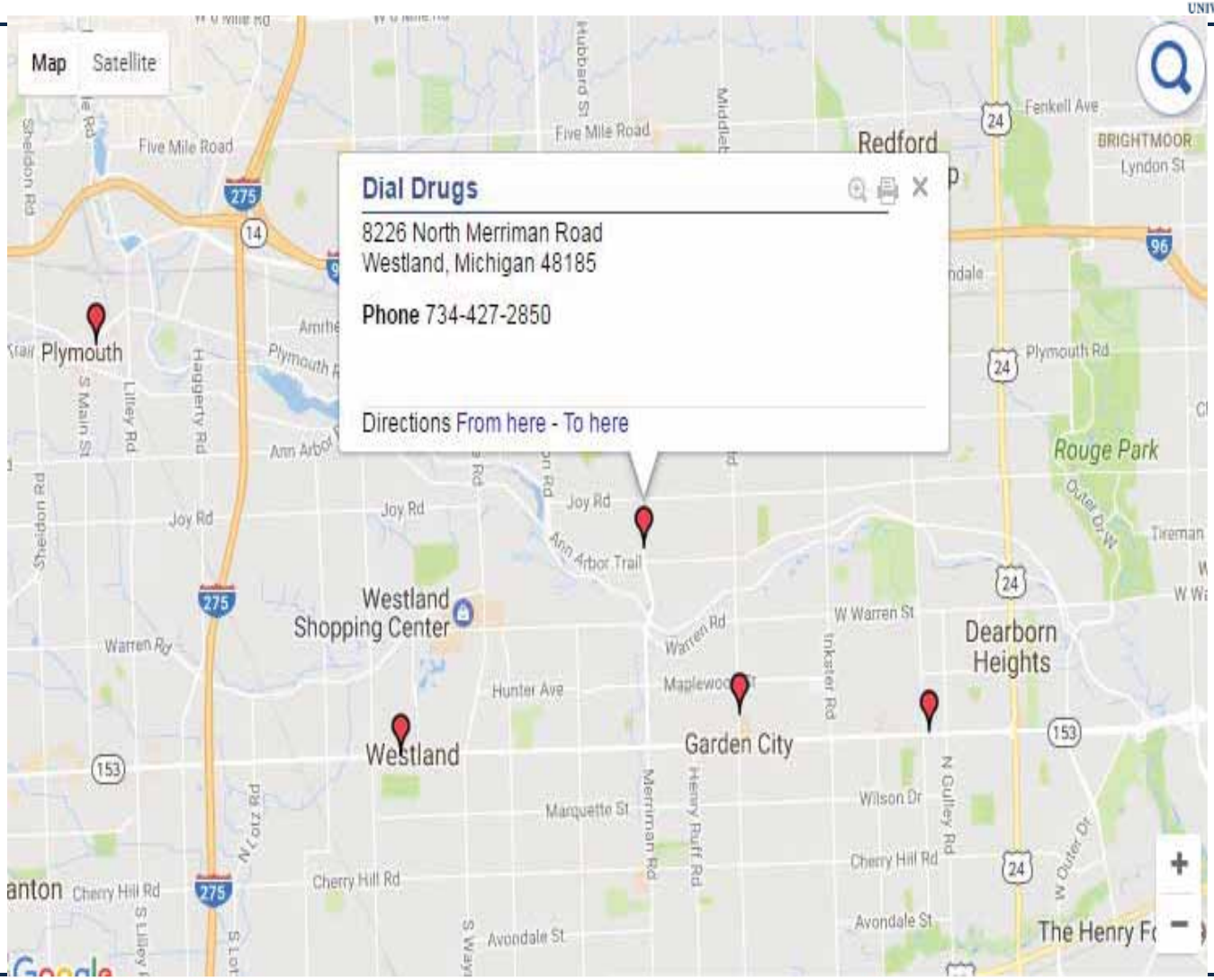
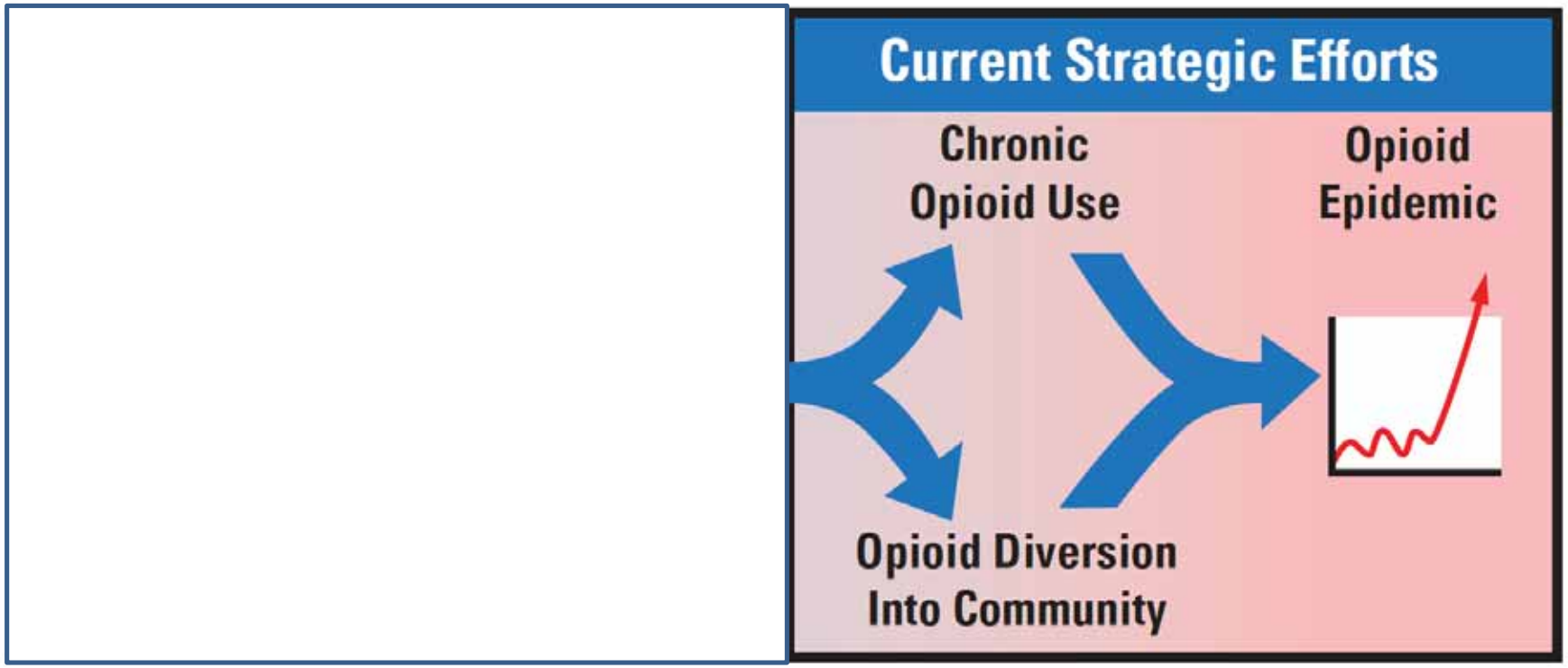


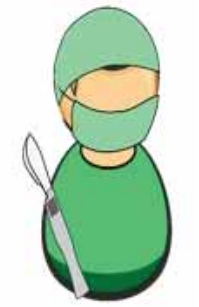
Moving to a Preventative Model



OPEN
Opioid Prescribing Engagement Network
engaging patients, educating providers, protecting communities

Surgical Prescribing is Fueling the Opioid Epidemic

6-15%
Incidence of new chronic opioid use after surgery

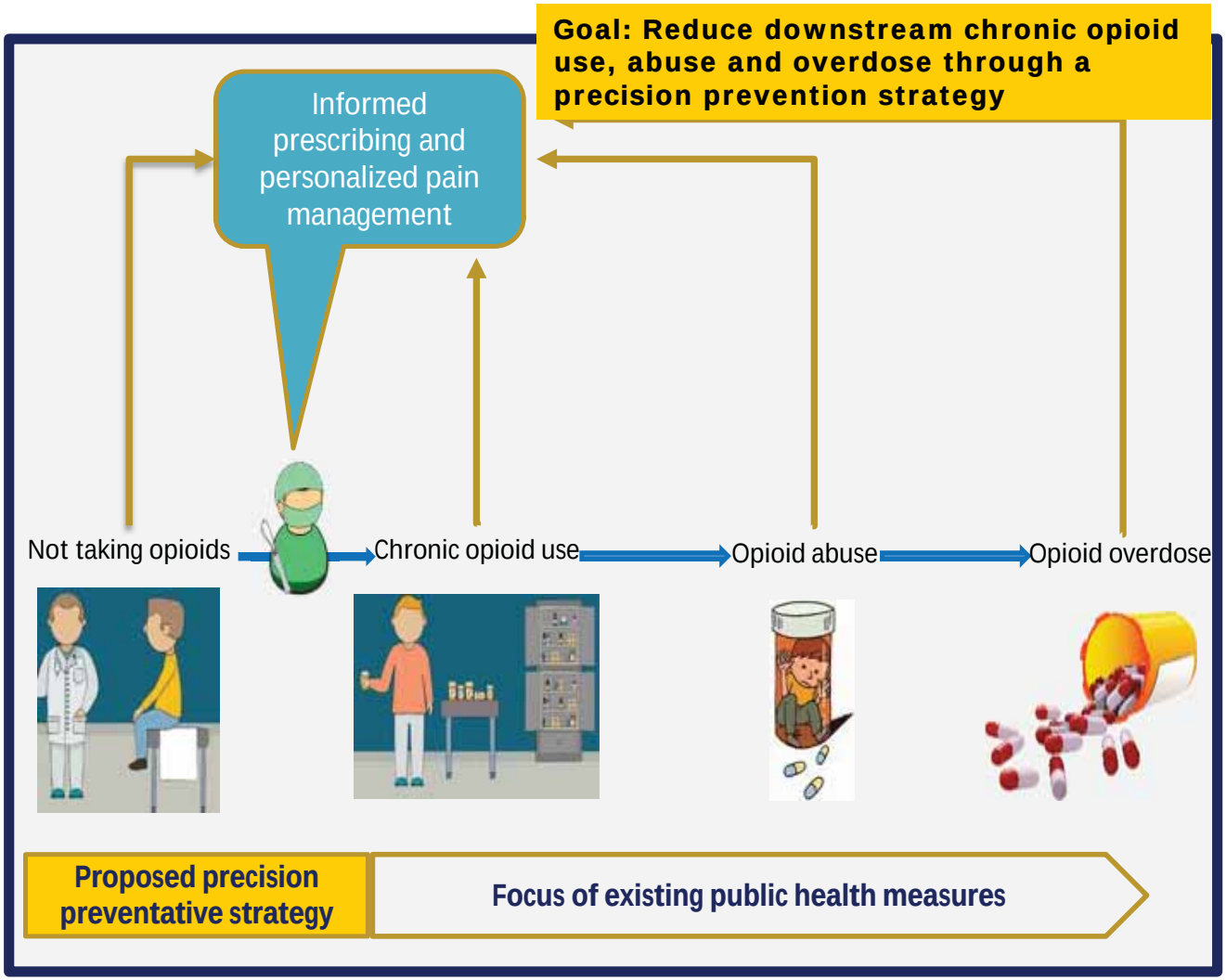


~70%
Opioids prescribed after surgery are unused

Postoperative prescribing is not currently tailored to the individual

Hill et al. Ann Surg. Sept

Precision Opioid Prescribing



Contact us

cbrummet@umich.edu

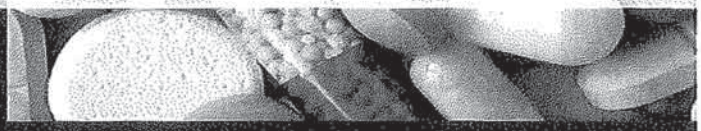
caitham@umich.edu

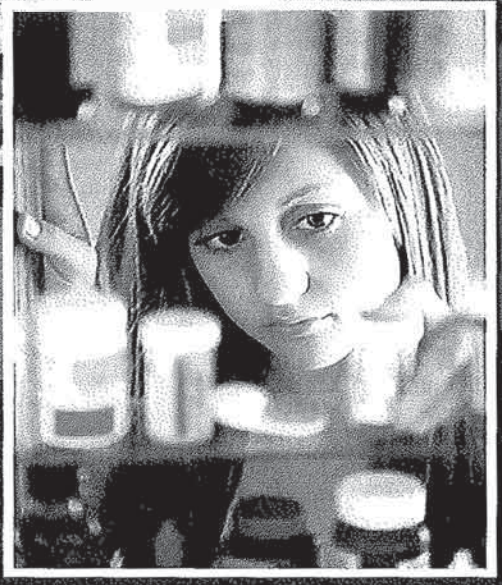
filip@umich.edu

englesbe@umich.edu

Three in five teens

say prescription pain relievers are easy to get from parent's medicine cabinet





MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN
DEPARTMENT OF ANESTHESIOLOGY
DIVISION OF PAIN RESEARCH

ANN ARBOR POLICE

Medication Take-Back Event

Protect our teens against drug abuse and overdose by disposing of unused and expired medications

Saturday, May 20, 2017
10:00 – 2:00PM
Pioneer High School Parking Lot

OPEN
Opioid Prescribing Engagement Network
engaging patients, educating providers, protecting communities

ACCEPTED ITEMS
Pills, Capsules and Patches

EXAMPLES

Pain Medications
Hydrocodone (Norco, Vicodin)
Oxycodone (OxyContin, Percocet)
Tramadol (Ultram)
Codeine
Fentanyl
Morphine

Sedatives/Sleep Medications
Xanax Valium
Ambien Klonopin

Antidepressants
ADHD Medications
Muscle Relaxants
Pet/Veterinary Medicines

NOT ACCEPTED ITEMS
Needles, Syringes, Lancets, Liquids

Questions? Contact Kristin Bennett 734-998-0455 or krisbenn@med.umich.edu

MAPS STATS as of 05/08/2017:

Patient Searches in new MAPS, Appriss Health's PMP AWARxE:
Between 04/04/2017 and 05/07/2017 - Averaged around **11,000** patient search requests per day

a. 04/04/2017 – Averaged around **12,500** patient searches
b. 05/04/2017 – Averaged just over **15,000** patient searches

Patient Searches in old MAPS, pre-launch:
Between 03/01/2017 and 04/03/2017 - Averaged just under **8,500** per day

*These stats are based off of patient searches by *healthcare* roles only.

Response time for reports and/or results:
04/04/2017 – **2.0 seconds** average time to run a patient report or receive a response

05/04/2014 – **0.9 seconds** average time to run a patient report or receive a response

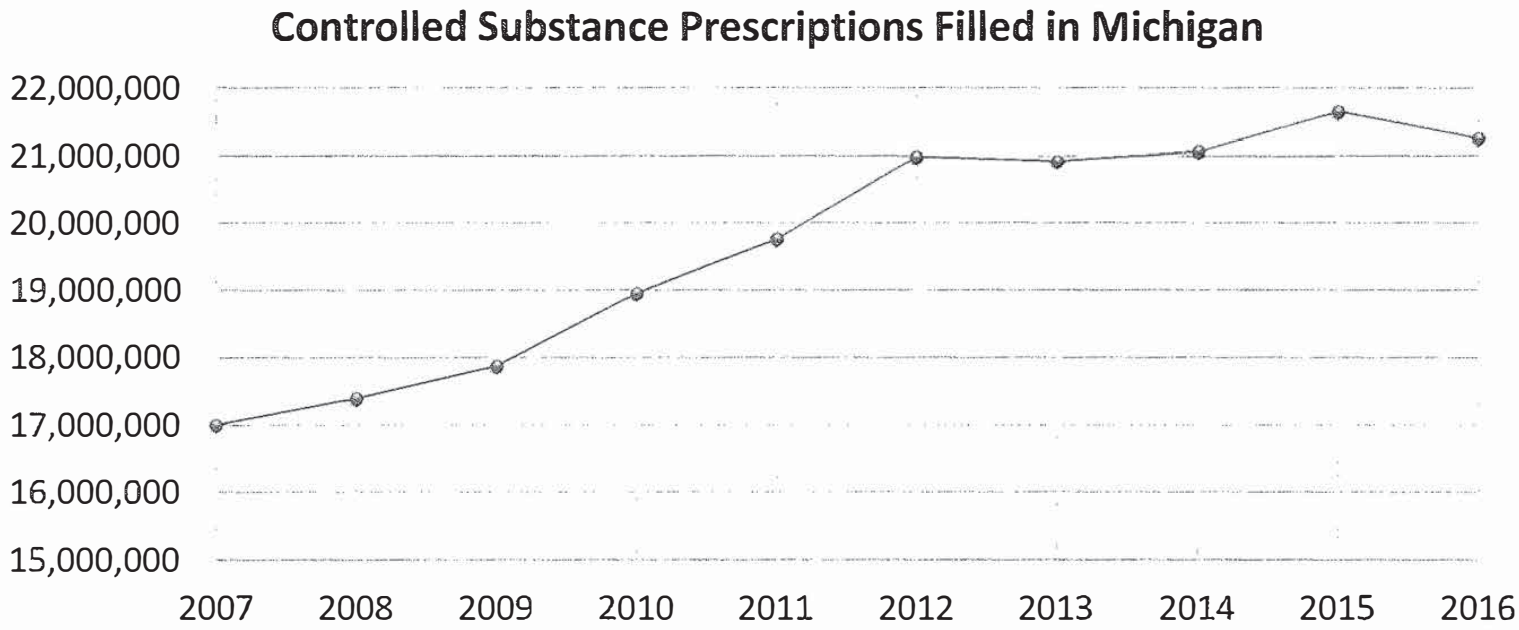
05/08/2017 – **0.4 seconds** average time to run a patient report or receive a response

Please see below for number of registered users as of May 07, 2017:

	4/4/2017	5/7/2017	*Increase from Go Live Day*
Physician	5,239	7,448	*2,209*
Dentist	586	795	*209*
Nurse Practitioner	1,085	1,523	*438*
Midwife w/ Prescriptive Authority	5	11	*6*
Physician Assistant	942	1,434	*492*
Podiatrist	83	127	*44*
Optometrist	28	33	*5*
Pharmacist	3,009	4,275	*1,266*
Pharmacist in Charge	985	1,241	*256*
Veterinarian	548	760	*212*
Medical Resident	624	940	*316*
VA Prescriber	4	6	*2*
VA Dispenser	0	2	*2*
IHS Prescriber	0	0	*0*
IHS Dispenser	0	0	*0*
Dispensing Physician	12	17	*5*
TOTAL HEALTH PROF	**13,150**	**18,612**	*5,462*

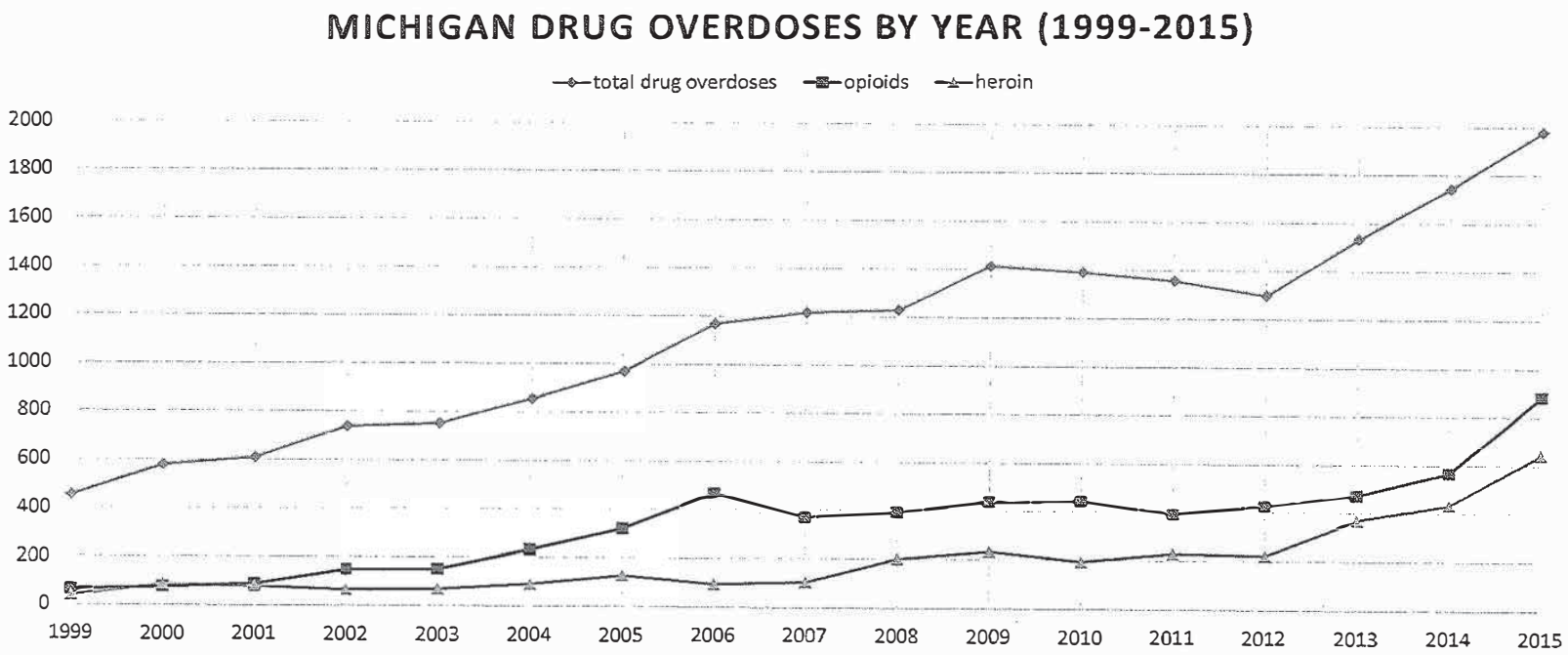
Pharmacist Delegate - Licensed	159	309	*150*
Prescriber Delegate - Licensed	206	459	*253*
Prescriber Delegate - Unlicensed	731	1,577	*846*
TOTAL DELEGATES	1,096	2,345	*1,249*
GRAND TOTAL HEALTH PROF	**14,246**	**20,957**	*6,711*
Corrections	85	127	*42*
DEA	11	21	*10*
Drug Court	47	65	*18*
FBI	7	12	*5*
Local	325	519	*194*
OIG	19	26	*7*
State Attorney General	1	3	*2*
State Police	106	153	*47*
State Prosecutor	5	13	*8*
US Attorney	4	4	*0*
TOTAL LEO	**610**	**943**	*333*
Regulation Agent	0	17	*17*
Medical Examiner/Coroner	2	7	*5*
Benefit Plan Manager	29	46	*17*
TOTAL OTHER	**31**	**70**	*39*

Controlled Substance Prescribing



LARA
LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

Drug Overdoses



LARA
LICENSING AND REGULATORY AFFAIRS

CUSTOMER DRIVEN. BUSINESS MINDED.

The Response

- Task force recommendation:

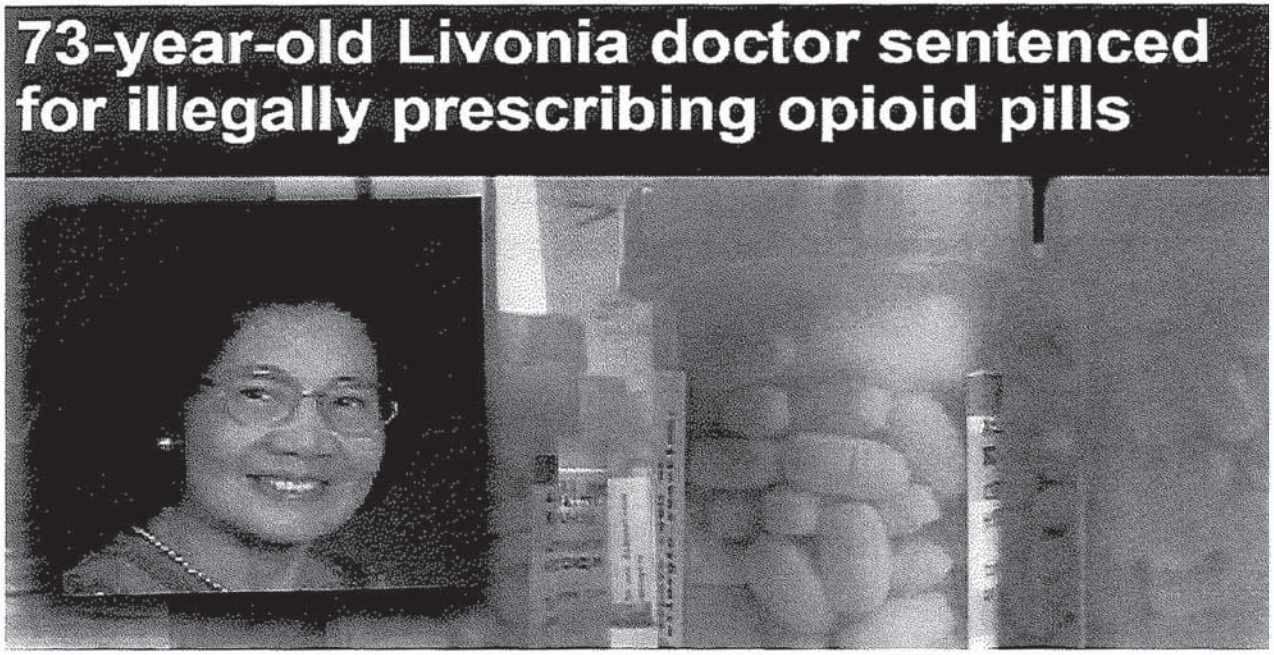
  "The task force recommends requiring enhanced licensing sanctions for health professionals that violate proper prescribing and dispensing practices."

- In January 2016, LARA created the "Pilot Program to Reduce Overprescribing." Objectives:
  - Reduce prescription drug abuse and drug-related overdose deaths
  - Develop best practices and protocols for identifying, investigating, and taking administrative action against overprescribers
  - Determine ways to best collaborate with law enforcement and other local, state, and federal agencies.

The Response

- In August 2016, LARA created a permanent Drug Monitoring Section to identify, investigate, and pursue administrative actions against health professionals who overprescribe, overdispense, and divert controlled substances.
  - The Michigan Automated Prescription System (MAPS) is housed in the Drug Monitoring Section.

Case Examples – Dr. Dela Cruz



http://www.fox2detroit.com/news/local-news/222216349-story

Case Examples – Dr. Dela Cruz

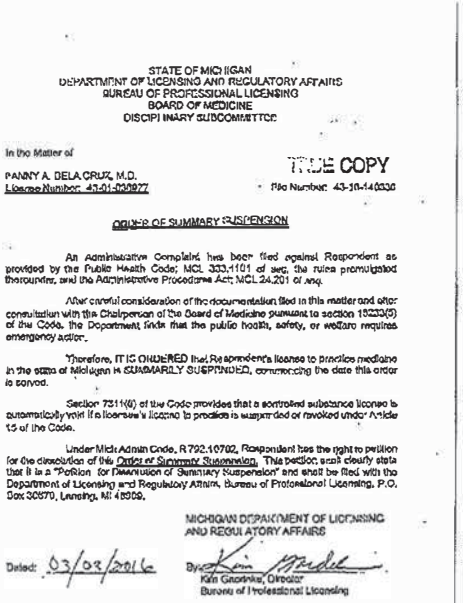
- Fanny Dela Cruz, MD
  - Ran a "pill mill" operation in Southeast Michigan.
  - She was the #1 prescriber of oxycodone 30 mg in Michigan in 2015.
  - From January 2015 through February 2016, she wrote 14,893 prescriptions for CSs
    - 6,060 of prescriptions those were for oxycodone 30 mg (540,257 pills). Those pills are worth a total of about **$16,207,710** on the street.

Case Examples – Dr. Dela Cruz

- Patient A.O. presented to Dr. Dela Cruz with symptoms of opiate withdraw and received the following prescriptions on the first visit:
  - 60 tablets of Xanax (alprazolam) 2 mg
  - 360 tablets of methadone 10 mg
  - One pint of promethazine with codeine
  - 100 tablets of oxycodone 30 mg
  - 120 tablets of Lorcet (hydrocode with acetaminophen)
- About two weeks later, patient A.O. died from a drug overdose.
  - Accidental death due to consumption of methadone, cocaine, and alcohol.

Case Examples – Dr. Dela Cruz

LARA summarily suspended the medical license then secured a permanent surrender of the license.



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

TRUE COPY

FANNY A. DELA CRUZ, M.D.
License Number: 47-01-090877

File Number: 43-10-140330

ORDER OF SUMMARY SUSPENSION

An Administrative Complaint has been filed against Respondent as provided by the Public Health Code; MCL 333.1101 *et seq*, the rules promulgated thereunder, and the Administrative Procedures Act; MCL 24.201 *et seq*.

After careful consideration of the documentation filed in this matter and after consultation with the Chairperson of the Board of Medicine pursuant to section 16233(3) of the Code, the Department finds that the public health, safety, or welfare requires emergency action.

Therefore, IT IS ORDERED that Respondent's license to practice medicine in the state of Michigan is SUMMARILY SUSPENDED, commencing the date this order is served.

Section 7311(6) of the Code provides that a controlled substance license is automatically void if a licensee's license to practice is suspended or revoked under Article 15 of the Code.

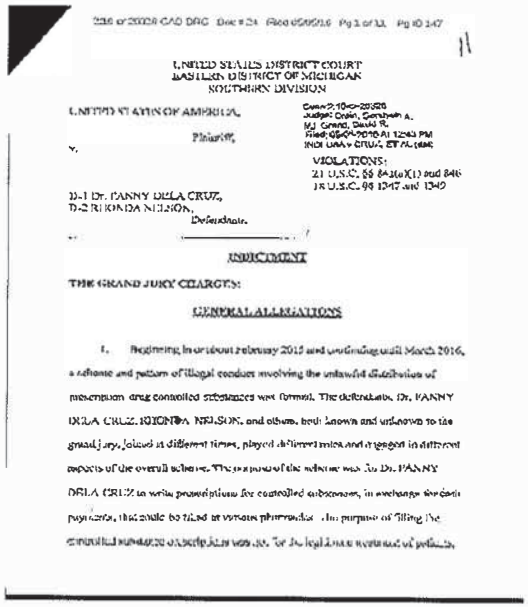
Under Mich Admin Code, R 792.10702, Respondent has the right to petition for the dissolution of this Order of Summary Suspension. The petition shall clearly state that it is a "Petition for Dissolution of Summary Suspension" and shall be filed with the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

Dated: 03/03/2016

By: Kim Gdowski, Director
Bureau of Professional Licensing

The U.S. Attorney's office convicted Dr. Dela Cruz and she was sentenced to 8 years in prison.



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

VIOLATIONS:
21 U.S.C. §§ 841(a)(1) and 846
18 U.S.C. §§ 1347 and 1349

D-1 Dr. FANNY DELA CRUZ,
D-2 RHONDA NELSON,

Defendants.

INDICTMENT

THE GRAND JURY CHARGES:

GENERAL ALLEGATIONS

1. Beginning in or about February 2015 and continuing until March 2016,

LARA
LICENSING AND REGULATORY AFFAIRS

CUSTOMER DRIVEN. BUSINESS MINDED.

Case Examples – Dr. Pettiway

- Willie J. Pettiway, MD
  - Ran a "Weight Loss Clinic" in Detroit, but practiced mostly pain management.

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LICENSING AND REGULATORY AFFAIRS

CUSTOMER DRIVEN. BUSINESS MINDED.

Case Examples – Dr. Pettiway

11. In 2015, Respondent authorized 8,061 prescriptions for controlled substances to 696 individuals. Respondent's top four prescribed controlled substances were as follows:

	Controlled Substance	Number of Prescriptions	% of total controlled substance prescriptions authorized	Total Dosages (tablets)
a.	Alprazolam 1 mg	2,903	36.01%	175,040
b.	Hydrocodone and acetaminophen 325 mg-10 mg	2,894	35.90%	277,715
c.	Phentermine	525	6.51%	15,604
d.	Oxycodone and acetaminophen 325 mg-10 mg	490	6.08%	46,500
e.	Totals	6,812	84.50%	514,859

Case Examples – Dr. Pettiway

12. In 2015, Respondent authorized a combination of alprazolam 1 mg (a benzodiazepine) and hydrocodone 10 mg (an opiate) to 357 patients, which represents 51% of the patients who received a controlled substance prescription from Respondent that year. Benzodiazepines and opioids both cause central nervous system depression and can decrease respiratory drive. Because concurrent use of these drugs is likely to put patients at greater risk for overdose, prescribers should avoid prescribing this combination of medications when possible.

Case Examples – Dr. Pettiway

16. Between July 17, 2012 and February 24, 2015, Respondent authorized 46 prescriptions for controlled substances to patient R.C., including the following:

	Controlled Substance	Number of Prescriptions	Total Dosages (tablets)
a.	Alprazolam 1 mg	18	1,030
b.	Hydrocodone and acetaminophen 325 mg-10 mg.	11	830
c.	Hydrocodone and acetaminophen 500 mg-10 mg	9	650
d.	Hydrocodone and acetaminophen 650 mg-10 mg	1	70
e.	Hydrocodone and acetaminophen 750 mg-10 mg	1	70
f.	Clonazepam 2 mg	6	300
g.	Totals	46	2,950

Case Examples – Dr. Pettiway

21. On February 24, 2015, Respondent prescribed patient R.C. 90 tablets of hydrocodone with acetaminophen 325 mg-10 mg and 60 tablets of alprazolam 1 mg. Patient R.C. filled those prescriptions on the same day.

22. On March 1, 2015, patient R.C. died of a drug overdose. The autopsy report listed "drug abuse" as the cause of death.

23. On March 2, 2015, a comprehensive drug panel showed that patient R.C. tested positive for concentrations of hydrocodone, morphine, and fentanyl in excess of the established therapeutic ranges.

Case Examples – Dr. Pettiway

24. Patient R.C. also tested positive for alprazolam (in a concentration below the therapeutic range) and 6-Monoacetylmorphine, which has no established therapeutic range because it is a metabolite of heroin.

Case Examples – Dr. Pettiway

26. On May 19, 2016, in a written statement to Complainant's investigator, Respondent demonstrated that he continues to fail to appreciate the patient risks associated with prescribing controlled substances. Respondent stated, in part, as follows:

> Is narcotic pain medication really safe or not? Yes. If taken as prescribed by your health care provider. It is just as safe as over the counter acetaminophen if taken as suggested on the bottle. Let's look at the side effects of intermediate level narcotic pain medications. ***Addiction. Is that such a big matter?***

Case Examples – Dr. Pettiway

- On July 14, 2016, LARA summarily suspended Dr. Pettiway's medical license.
- After a hearing, an administrative law judge found that Dr. Pettiway did not directly cause patient R.C.'s death, but his prescribing of opioids contributed, and that Dr. Pettiway was negligent and incompetent in his prescribing practices.

Case Examples – Dr. Pettiway

What Dr. Pettiway is responsible for, however, is a missed opportunity to confront and discuss with his long-time patient his risk factors for abuse and possible overdose. The evidence was there but Dr. Pettiway was not able to see it, in part because he does not believe that it is his responsibility to do so. Dr. Pettiway should have known that R.C. had been prescribed Suboxone, had obtained opioids from other providers, and was using (and lying about using) marijuana all of which are red flags that R.C. was an addict. This evidence was available on R.C.'s MAPS report and Dr. Pettiway's own drug testing. Dr. Pettiway never used this information as part of R.C.'s treatment plan. Instead, he kept prescribing him an addictive pain medication coupled with a potentiating anti-anxiety medication.

Case Examples – Dr. Pettiway

- On March 15, 2017, the Board of Medicine's Disciplinary Subcommittee agreed with the ALJ's finding that Dr. Pettiway violated the Public Health Code and imposed a sanction of a minimum 1 year suspension of the medical license and a fine.
  - Dr. Pettiway must petition for reinstatement of his license and prove by *clear and convincing evidence* that he is safe to practice before the Board will reinstate the license.

Outcomes

- Since March 2016, LARA and the AG have taken disciplinary action against 25 prescribers.
  - 19 of those actions included summary suspensions of the professional license because the public health, safety, and welfare, required emergency action.

Outcomes

	Alprazolam 2 mg	Alprazolam 1 mg	Hydrocodone 10 mg	Hydrocodone 7.5 mg
2015 dosage units	10,235,478	41,966,369	177,888,662	108,206,324
2016 dosage units	8,622,881	39,520,449	172,575,849	99,894,534
% Change from 2015 to 2016	-15.76%	-5.83%	-2.99%	-7.68%

	Carisoprodol 350 mg	Oxycodone 30 mg	Oxymorphone 40 mg	Promethazine with Codeine
2015 dosage units	13,161,508	17,643,590	1,167,234	41,860,136
2016 dosage units	10,462,892	15,763,968	1,388,567	34,882,294
% Change from 2015 to 2016	-20.50%	-10.65%	18.96%	-16.67%

BPL OPIOID Legislation Report for May 2017

Bill No. and Sponsor	Description	House-status (Committee Assignment)	Senate-status (Committee Assignment)	Current version	Lead Agency	Date Presented to Gov.	PA No./ Effective Date
SB 47 (*Zorn*)	Revises MAPS reporting for Buprenorphine and Methadone. **This amends the Public Health Code.**		**Health Policy**	Introduced	**MSP**		
SB 166 (*Schuitmaker*)	Requires Licensed Prescribers to check MAPS reports before prescribing or dispensing a controlled substance to a patient. **This amends the Public Health Code.**		**Health Policy** Hearing 4/25/17	Introduced	**LARA**		
SB 167 (*Schuitmaker*)	Authorizes sanctions on physicians that fail to check MAPS before prescribing or dispensing a controlled substance to a patient. **This amends the Public Health Code.**		**Health Policy** Hearing 4/25/17	Introduced	**LARA**		
SB 171 *(Ananich)*	Sentencing guidelines for increased penalties for physicians and pharmacists who wrongfully prescribe, dispense, manufacture, or distribute controlled substance. Part of a two bill package stipulating that if an individual willingly violates 333.7405, and is found guilty of this violation, that they will be guilty of a felony (up from a misdemeanor) punishable by imprisonment for not more than 15 years (up from 2 years), or a fine of $25,000, or both. **This amends the Code of Criminal Procedure.**		**Health Policy**	Introduced	**LARA**		
SB 172 *(O'Brien)*	Part of a two bill package listed above, increases penalties from misdemeanors to felonies, and increases imprisonment lengths from not more than 2 to not more than 15 years. **This amends the Public Health Code.**		**Health Policy**	Introduced	**LARA**		
SB 213 *(MacGregor)*	Allows controlled substances to be prescribed via telehealth. Also contains a Clinical Nurse Anesthetists Certified Fix. **This amends the Public Health Code.**	**Health Policy** Reported 3/15/17 Passed 3/22/17	**Health Policy** Reported 3/8/17 Passed 3/9/17	H-1	**DHHS**	**3/20/2017**	**PA 22 of 2017 / March 29, 2017**
SB 236 *(Schuitmaker)*	Requires the state opioid abuse commission to develop a curriculum for the proposal in Senate Bill 237 to require public schools to include instruction on prescription opioid abuse in required health classes. **This**		**Health Policy**	Introduced	**LARA**		

Bill No. and Sponsor	Description	House-status (Committee Assignment)	Senate-status (Committee Assignment)	Current version	Lead Agency	Date Presented to Gov.	PA No./ Effective Date
	amends the Public Health Code.						
SB 237 *(Schuitmaker)*	Requires public schools to include instruction on prescription opioid abuse in required health classes. **This amends the Revised School Code.**		**Health Policy**	Introduced	**EDU**		
SB 270 (*Bieda*)	Requires a doctor have a "bona fide prescriber-patient relationship" before prescribing opioid and other painkillers that are subject to abuse. **This amends the Public Health Code.**		**Health Policy**	Introduced	**LARA**		
SB 272 (*Shirkey*)	Requires prescribers to provide, prior to prescribing an opioid, information to patients on the dangers associated with the substance, as well as info on the proper disposal of the substance, and penalties associated with illegal delivery of the substance. **This amends the Public Health Code.**		**Health Policy**	Introduced	**LARA**		
SB 273 *(Jones)*	Require physicians to provide patients being treated for an opioid overdose with information on substance use disorder services. **This amends the Public Health Code.**		**Health Policy**	Introduced	**LARA**		
SB 274 (*Knollenberg*)	Restricts the amount of opioid pain pills a doctor may prescribe to a 7 day supply for acute conditions and 30 days for chronic ones. Furthermore, a prescriber shall not prescribe a patient a combination of opioids in an amount that exceeds 100 morphine milligram equivalents per day in the aggregate. **This amends the Public Health Code.**		**Health Policy**	Introduced	**LARA**		
HB 4074 *(Kesto)*	To impose a new coverage mandate that would require health insurance companies to include coverage for "abuse-deterrent opioid analgesic drugs". **This amends the Insurance Code of 1956.**	**Insurance**		Introduced	**DIFS**		
HB 4284 *(Kosowski)*	Requires LARA to revise its system for monitoring controlled substance prescriptions, so as to allow interstate information sharing with other states that have entered an agreement for this and related purposes. **This amends the Public**	**Health Policy**		Introduced	**LARA**		

Bill No. and Sponsor	Description	House-status (Committee Assignment)	Senate-status (Committee Assignment)	Current version	Lead Agency	Date Presented to Gov.	PA No./ Effective Date
	Health Code.						
HB 4403 (***Schor***)	Includes acute treatment services and clinical stabilization services for opioid addiction among the medical services the state has assumed a duty to provide through its social welfare system. **This amends the Social Welfare Act.**	**Health Policy** Hearing 4/26/17		Introduced	**DHHS**		
HB 4404 (***Singh***)	Requires pain management facilities to be licensed by the state. **This amends the Public Health Code.**	**Health Policy** Hearing 4/26/17		Introduced	**LARA**		
HB 4405 (***Crawford***)	Protects pharmacists from civil liability if the pharmacist refuses to fill a prescription, so long as they are acting in good faith and have reasonable doubt regarding the authenticity of the prescription or believe the prescription is being filled for non-medical purposes. **This amends the Public Health Code.**	**Health Policy** Hearing 4/26/17		Introduced	**LARA**		
HB 4406 (***Griffin***)	Requires a state opioid abuse commission to develop a curriculum for the proposal in House Bill 4407 to require public schools to include instruction on prescription opioid abuse in required health classes. **This amends the Public Health Code.**	**Health Policy** Hearing 4/26/17		Introduced	**LARA**		
HB 4407 (***Griffin***)	Requires public schools to include instruction on prescription opioid abuse in required health classes. **This amends the Revised School Code.**	**Health Policy** Hearing 4/26/17		Introduced	**EDU**		
HB 4408 (***Bellino***)	Requires a physician prescribing an opioid pain killer for a minor to fully inform the parents or guardian and the minor of the various risks, and require the parents or guardian to sign a form detailing these and acknowledging they had the discussion. **This amends the Public Health Code.**	**Health Policy** Hearing 4/26/17		Introduced	**LARA**		

AP Appropriations
AG Agriculture Committee
JC Judiciary Committee
IC Insurance Committee
HP Health Policy Committee
CC Commerce Committee
EGR Election and Government Reform
MVAC Military and Veterans Affairs Committee
GO Government Operations Committee
OE Oversight and Ethics Committee
RRR Reforms, Restructuring and Reinventing Committee
REG Regulatory Reform Committee

CJ	Criminal Justice Committee	**Tax**	Tax Policy Committee
Ed	Education Committee	**Econ**	Economic Development Committee
VET	Veterans, Military Affairs and Homeland Security Committee	**Fin**	Finance Committee
FCS	Families, Children, and Seniors Committee		
FAM	Families, Seniors and Human Services Committee		

**********Revised on 5/5/17

MDHHS Opioid Recommendations Document 4-20-17

Recommendation	Progress	Status
Prevention		
Encourage the development and maintenance of relationships among state and local agencies to provide necessary information regarding prescription drug abuse, prevention and treatment.	Ongoing Prescription Drug and Opioid Abuse Commission created. This will serve as an opportunity for ongoing efforts to address opioid and prescription drug abuse.	Complete/ongoing
Collaborate with local coalitions, pharmacies, health profession boards, state agencies and the DEA to increase availability of prescription drug drop-off bins.	Drop-off bins located at Michigan State Police posts. Private pharmacies also have drop-off bins available. Maps of drop-off bins are available.	In progress
Review successful state and local collection programs for possible replication and expansion.	MDHHS provides funding to local groups. MDHHS maintains a list of dozens of community groups. These groups either currently or previously received funding. Federal STR grant will provide increased opportunity for community prevention strategies.	In progress
Review programs and parameters established within the Medicaid system as well as actions taken by other states to determine the best route forward to eliminate doctor and pharmacy shopping.	MDHHS is working on a complete review of its benefits monitoring program. Health Plan contract language strengthened to increase use of benefits monitoring program, beneficiaries are connected to treatment resources, and software improvements are ongoing.	In progress
Review pharmacy "lock-in" programs already in use in Tennessee and Washington to determine how their systems operate and if any of those systems would work in Michigan.	MDHHS researched and our program is very similar to Washington.	Complete
Develop a multifaceted public awareness campaign to information the public of the dangers of abuse, how to safeguard and properly dispose of medicines, publicize improper prescribing practices, and reduce the stigma of addiction. The state should try to partner with pharmaceutical companies on this campaign.	Public awareness campaign is in development.	In progress
Treatment		
Allow pharmacists to dispense Naloxone to the public in a similar	Legislation signed to allow standing order for Naloxone. Rules are being promulgated.	Complete

fashion to how pseudoephedrine is dispensed.		
Create a public awareness campaign about the laws that limit civil and criminal liabilities for administering Naloxone.	Public awareness campaign is in development.	In progress
Explore the possibility of limited statutory immunity for low-level offenses involved in reporting an overdose and seeking medical assistance.	Good Samaritan legislation signed.	Complete
Explore ways for the state to increase access to care, including wraparound services and Medication Assisted Treatment, as indicated by national and state guidelines for treatment.	MSA policy 15-56 went into effect 1/1/16. This established reimbursement policy regarding office-based opioid treatment services. Physician and non-physicians practitioner services related to opioid dependence may be reimbursed through Fee-For-Service Medicaid. Federal STR grant will allow increased funding for MAT, increased training and support for providers of MAT, increased funding for peer supports, and increased funding for tribal supports.	Ongoing
Explore ways to increase the numbers of addiction specialists practicing in Michigan.	Behavioral Health and Developmental Disabilities Administration of MDHHS reestablished a Workforce Development Workgroup to create a workforce development plan for the purpose of increasing the substance use disorder prevention and treatment specialist workforce.	In progress
Review current guidelines for reducing the development of neo-natal abstinence syndrome caused by prescription drug and opioid abuse.	MDHHS granted money to Pre-Paid Inpatient Health Plans (PIHPs) to develop innovative strategies to reduce neo-natal abstinence syndrome. All 10 PIHPs participating. MDHHS participating in a Substance Abuse and Mental Health Services Administration (SAMHSA) policy academy on strategies to reduce neo-natal abstinence syndrome.	In progress
Other		
Bill to allow school districts to obtain a Rx for Naloxone for stock in school buildings.	School Naloxone legislation signed.	Complete

	MDHHS received $2,250,000 grant from the Centers for Disease Control (CDC). This grant initiative will build partnerships at the state and local levels to enhance surveillance of prescription drug overdose, promote MAPS and provide education regarding CDC guidelines for prescribing opioids for chronic pain.	In progress
	BHDDA/OROSC is in the second year of a 5-year grant SAMHSA grant to prevent prescription drugs opioid abuse among youth and young adults. The grant provides eight communities (Macomb, Muskegon, Lake, Mason, Bay, Cass, Genesee and Wayne Counties) in Michigan resources to integrate evidence-based prevention programming, including Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care settings.	In progress

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

RICK SNYDER
GOVERNOR

SHELLY EDGERTON
DIRECTOR

May 11, 2017

Honorable Rick Snyder
Governor
State of Michigan
100 N. Capitol Avenue
Lansing, MI 48933

Re: Prescription Drug and Opioid Abuse Epidemic in Michigan

Dear Governor Snyder:

In June of 2016, you signed an Executive Order establishing the Michigan Prescription Drug and Opioid Abuse Commission ("PDOAC"). As you are aware, the PDOAC was created to ensure the implementation and monitoring of the state-wide plan, and to make further recommendations, to combat the severe and complex prescription drug and opioid abuse epidemic that faces our state. Among other things, the PDOAC was charged with developing and proposing policies and an action plan to implement the recommendations in the Report of Findings and Recommendations for Action from the Michigan Prescription Drug and Opioid Task Force; monitor and advise the Governor as to the progress of the action plan; and provide other information and advice to the Governor regarding the state of prescription drug and opioid abuse in Michigan.

The Joint Commission is an independent, not-for-profit organization, which accredits and certifies nearly 21,000 health care organizations and programs in the United States. The PDOAC has undertaken to review the Joint Commission's Statement on Pain Management, and in principle, concur with the spirit of their written statement, which proclaims that its foundational standards are as follows:

- The hospital educates all licensed independent practitioners on assessing and managing pain.
- The hospital respects the patient's right to pain management.
- The hospital assesses and manages the patient's pain.

I am, however, on behalf of the PDOAC, writing you to make you aware of, and express concern over, the apparent disconnect between the Joint Commission's official position, and what appears to actually occur when a medical facility is audited by the Joint Commission.

The perception amongst medical facilities is that they are being held to an unreasonable standard and evaluated on the basis of being able to reduce a patient's pain level to zero. Since medical facilities receive compensation for services provided to patients from the Centers for Medicare and Medicaid Services (CMS), in part, on the basis of pain management, there is an inherent disincentive for medical facilities and medical practitioners to do what is appropriate for the patient. In an effort by a medical facility to avoid being penalized for receiving a low survey score by a patient on the basis of "poor" pain management, a medical facility or practitioner may prescribe treatment for a patient's pain that is medically unnecessary, excessive, and may inadvertently contribute to prescription drug and opioid abuse in order to achieve a higher score for a patient's pain management.

We believe that the Pain Management Standards endorsed by the Joint Commission encourage unnecessary and unsafe treatment for pain that interfere with primary disease and/or injury management. As your Chair for the Prescription Drug and Opioid Abuse Commission, I am requesting that you sign the proposed letter to the Joint Commission requesting that it reexamine their Pain Management Standards and provide a response to you and this Commission on its findings.

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Hon. Linda Davis, Chairperson
Michigan Prescription Drug and
Opioid Abuse Commission

cc: Lt. Gov. Brian N. Calley

May 11, 2017

Mark R. Chassin
President and CEO
The Joint Commission
601 13th Street, NW
Suite 560 South
Washington, DC 20005

Re: Prescription Drug and Opioid Abuse Epidemic in Michigan

Dear Mr. Chassin:

In June of 2016, I signed an Executive Order establishing the Michigan Prescription Drug and Opioid Abuse Commission, which was created to ensure the implementation and monitoring of our state-wide plan, and to make further recommendations, to combat the severe and complex prescription drug and opioid abuse epidemic that faces our state. I have reviewed the Joint Commission's Statement on Pain Management and, in principle, concur with the spirit of the statement presented. I am, however, writing you to make you aware of, and express concern over, the apparent disconnect between the Joint Commission's official position, and what actually occurs when a medical facility is audited by the Joint Commission.

The perception amongst medical facilities is that, notwithstanding the Joint Commission's Statement on Pain Management, they are nevertheless being held to an unreasonable standard and evaluated on the basis of being able to reduce a patient's pain level to zero. Since medical facilities receive compensation for services provided to patients, in part, on the basis of pain management, there is an inherent disincentive for medical facilities and medical practitioners to do what is appropriate. In an effort by a medical facility to avoid being penalized for receiving a low score by a patient on the basis of pain management, a medical facility or practitioner may prescribe treatment for a patient's pain that is medically unnecessary, and may inadvertently contribute to prescription drug and opioid abuse just to achieve a higher score on pain management.

On April 13, 2016, Physicians for Responsible Opioid Prescribing submitted a Petition for Rulemaking requesting that the Centers for Medicare and Medicaid Services (CMS) remove the following questions pertaining to pain management from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey:

1. During this hospital stay, did you need medicine for pain?
2. During this hospital stay, how often was your pain well controlled?
3. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

Much to my disappointment, I have observed that CMS chose not eliminate the above-referenced questions from their most recent survey dated March 2017.

On April 13, 2016, Physicians for Responsible Opioid Prescribing also wrote you and the Joint Commission, requesting that the Joint Commission reexamine its Pain Management Standards (PC.01.02.07, PC.01.02.01, RI.01.01.01). The Michigan PDOAC and I believe that the Pain Management Standards endorsed by the Joint Commission continue to encourage unnecessary and unsafe treatment for pain that interfere with primary disease and/or injury management.

As Governor of the State of Michigan, I am requesting that the Joint Commission reexamine the above-referenced Pain Management Standards and provide a public statement on its findings. Thank you for your consideration.

Sincerely,

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Rick Snyder
Governor of Michigan

cc: Sec. Thomas E. Price, M.D., U.S. Health and Human Services
Lt. Gov. Brian N. Calley
Hon. Linda Davis, Chair, Michigan PDOAC