Michigan's Prescription Drug and Opioid Abuse Task Force

- Elizabeth Hertel, Michigan Department of Health and Human Services
- Tom Clement, Michigan Attorney General's Office

Prescription Drug Abuse—Fast Facts

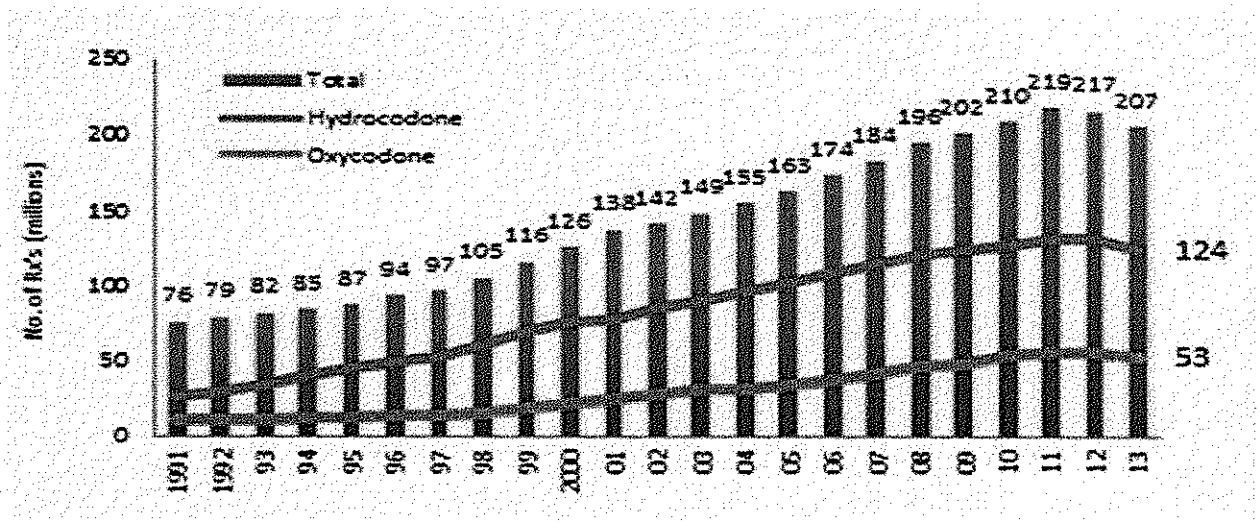
- Nationwide "epidemic" per the CDC.
- Drug overdose=Leading cause of injury death.
- More OD deaths from pharmaceuticals than all other illicit drugs combined.
- In 2014, MI providers wrote 21 million prescriptions for controlled substances.
- Everyday, 44 people die in the U.S. from a prescription painkiller overdose.

Commonly Abused Prescription Medication

- Opioids
- Benzodiazepines
- Muscle relaxers

Increase in Prescription of Opioids

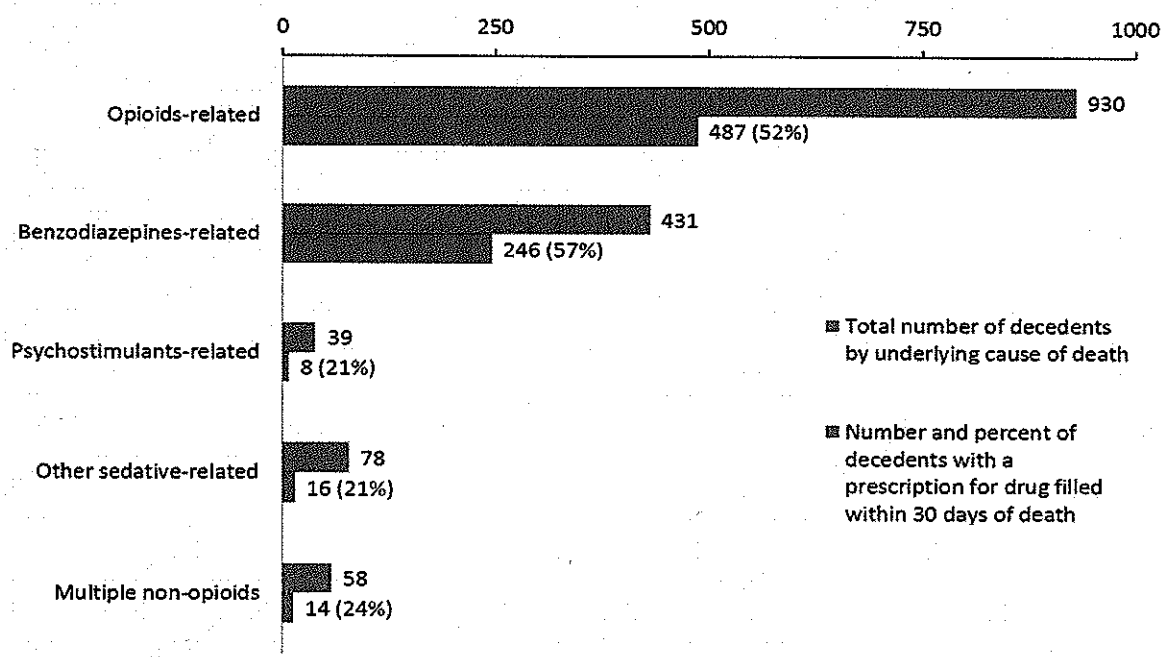
- Hydrocodone and Oxycodone prescribing has increased nearly 300% nationwide since 1991.



Source: http://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2014/americas-addiction-to-opioids-heroin-prescription-drug-abuse

Impact of Opioid Abuse

- Michigan overdose deaths from 2009 to 2012 in which a prescribed drug was mentioned as a cause of death



Source: https://www.michigan.gov/documents/mdch/MAPS_Report_2014_-_FINAL_464112_7.pdf

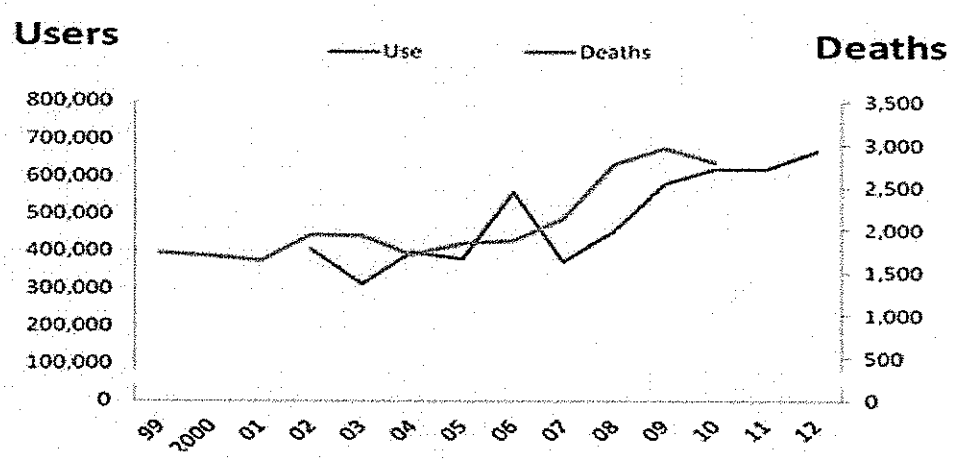
Heroin and Prescription Medications

- Prescription medicine are not the only opioids being abused.
- Heroin is also an opioid and its usage has also increased.
- Prescription opioid abusers often switch to heroin.

Source: http://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2014/americas-addiction-to-opioids-heroin-prescription-drug-abuse

Increase in Heroin Use

- Heroin use increased approximately 50% from 2005 to 2010.
- Heroin deaths increased approximately 50% from 2005 to 2010.



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Michigan Prescription Drug and Opioid Abuse Task Force

- On June 18, 2015, Governor Rick Snyder appointed a task force to address prescription drug and opioid abuse.
- Governor Snyder appointed Lt. Governor Brian Calley to lead this effort.
- Lt. Governor Calley said "prescription drug and opioid addiction has quadrupled the number of unintentional drug deaths in our state since 1999 and we must come together to reverse this trend before more Michiganders are hurt."

Committee on Prevention, Treatment, and Outcomes

- MDHHS Director Nick Lyon was the chair of the committee.
- The following individuals served on the committee:
  - State Senator Jim Ananich
  - Dr. Steve Bell, Michigan Osteopathic Association
  - Matt Clay, Pokagon Band of Potawatomi
  - James Craig, Detroit Police Chief
  - State Representative Anthony Forlini
  - Sheriff Mike Lovelace, Marquette County
  - Conrad Mallett, Detroit Medical Center
  - Laurie Wesolowicz, Blue Cross Blue Shield of Michigan

Committee on Regulation, Enforcement, and Policy

- Attorney General Bill Schuette was the chair of the committee.
- The following individuals served on the committee:
  - Col. Kriste Kibbey Etue, Director of Michigan State Police
  - Judge Linda Davis, Macomb County
  - Victor Fritz, Prosecutor Cass County
  - Bob Lathers, CEO Ionia CMH
  - State Representative Andy Schor
  - State Senator Tonya Schuitmaker
  - Larry Wagenknect, Michigan Pharmacists Association
  - Dr. R. Corey Waller, Spectrum Health
  - Mike Zimmer, Director, Department of Licensing and Regulatory Affairs

Task Force Timeline

- The Task Force met weekly starting in June 2015.
- The Task Force finished their work in September 2015.
- On October 26, 2015, the Task Force released its final report.

Governor Snyder's Response to the Task Force Report

- Governor Snyder said after the release of the report:

"the impact of prescription drug and opioid abuse is being felt in every community across Michigan. It crosses all demographic, geographic, and political lines. This problem is something we must work together to address as soon as possible and I appreciate the dedication of Lt. Gov. Calley and the task force in working on this issue and presenting their findings in such as short time frame."

Task Force Recommendations

- The Task Force report includes 25 primary recommendations and 7 contingent recommendations.

- The recommendations are grouped into the following categories:

  - Prevention
  - Treatment
  - Regulation
  - Policy and Outcomes
  - Enforcement

Task Force Recommendations

- Prevention
  - Create additional training for prescribers
  - Increase prescription drop-off bins
  - Improve prescription monitoring program
- Treatment
  - Increase access to Naloxone
  - Increase access to care
  - Increase the number of addiction specialists
  - Require a bona-fide physician patient relationship
  - Develop best practices for reducing neo-natal abstinence syndrome

Task Force Recommendations

- Regulation
  - Create a tiered licensing system
  - Good faith exemption for pharmacists
  - Review and endorse a best practices policy for hospitals and doctors
- Policy and Outcomes
  - Create ongoing Task Force
  - Create a State Dashboard to measure outcomes

Task Force Recommendations

- Enforcement
  - Improve the MI Automated Prescription System (MAPS)
  - Increase access to MAPS
  - Increase sanctions

Implementation

- State agencies that were impacted by the recommendations met to determine which agencies will take ownership of each recommendation.

- Implementation is an ongoing process.
- 5 different state agencies are responsible for the implementation of these recommendations:
  - Department of Health and Human Services
  - Department of Licensing and Regulatory Affairs
  - Michigan State Police
  - Attorney General
  - Department of Insurance and Financial Services

Prevention Recommendations

Benefits Monitoring Program

- The Task Force also focused on another potential tool for reducing doctor and pharmacy shopping
  - Michigan's Medicaid program has a Benefits Monitoring Program that tracks misuse of medical services.
  - After reviewing the use of medical services, Medicaid can place a beneficiary in the Benefits Monitoring Program.
  - Once in the program, a beneficiary can be locked-in to one pharmacy and/or one provider.

Benefits Monitoring Program

- Criteria for enrollment in the Benefits Monitoring Program:
  - Misuse of Emergency Department Services
  - Misuse of Prescription and Pharmacy Services (DEA Controlled Substances II-V)
  - Misuse of Physician Services
  - Fraud

Recommendations about Benefits Monitoring Program

- Recommendations:
  - Review parameters to reduce doctor and pharmacy shopping
  - Examine Washington and Tennessee's program
- Action Steps:
  - Medicaid is currently reviewing the Benefits Monitoring Program seeking to improve the program.
  - Both policy and operations changes are being discussed.
  - Michigan's program was compared to Washington and Tennessee's program. Michigan's program is very similar to both.

Treatment Recommendations

Increase Access to Care

- One of the issues reviewed by the Task Force was a lack of access to care.
  - Increasing access to care focused on Medication Assisted Treatment (MAT).
  - MAT is essential for most patients who are addicted to opioids.
  - Therefore, the task force recommended increasing access to care for MAT.
- The Medical Services Administration at MDHHS released policy 15-56 that would allow fee-for-service Medicaid to reimburse for the office-based distribution of opioid treatment medication. This policy was effective 1/1/16.

Increase Access to Naloxone

- Naloxone is a drug that reduces the affect of opioids.
  - Naloxone is a safe and life-saving drug
  - The Task Force felt that Naloxone should be as easy to obtain as possible
- Therefore, the Task Force recommend allowing pharmacists to dispense Naloxone to the public in similar fashion to how pseudoephedrine is currently dispensed.
- Currently, bills are pending to increase access to Naloxone.

Good Samaritan Law

- The Task Force recommended passing a Good Samaritan law to encourage people to seek medical assistance during an overdose.
- Rep. Pscholka's bill was signed into law last year to provide protections for those under 21 seeking assistance for an overdose.
- Additional legislation is pending on further expanding this law.

Enforcement Recommendations

MAPS RECOMMENDATIONS

- Review budgetary requirements for updating or replacing MAPS.
- Mandatory registration for prescribers.
- Mandatory consultation by prescribers.
- Review of MAPS before dispensing.
- Generation of a morphine equivalency rate in MAPS.
- Increased access for Law Enforcement.

Questions?

Elizabeth Hertel, hertele@Michigan.gov
Tom Clement, clementt@Michigan.gov