

## PRESCRIBER MUST REVIEW "MAPS" REPORT BEFORE PRESCRIBING CONTROLLED SUBSTANCE

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**Senate Bill 166 (S-1) & 167 (S-2)**  
**Sponsor: Sen. Tonya Schuitmaker**  
**House Committee: Health Policy**  
**Senate Committee: Health Policy**  
**Complete to 9-25-17**

### SUMMARY:

Senate Bill 166 would amend Part 73 of the Public Health Code (MCL 333.7303a), which pertains to the Manufacture, Distribution, and Dispensing of Controlled Substances. The bill would require a licensed prescriber to obtain and review a patient's Michigan Automated Prescription System (MAPS) report before prescribing a Schedule 2 through 5 controlled substance to the patient. This requirement would take effect beginning January 1, 2020, and would not apply if the dispensing occurs in a hospital and the controlled substance is for the patient's inpatient use. (This exception is already carved out in Section 7333a of the Code and retained in SB 47, which would amend that section).

Senate Bill 167 would amend the sections of the Public Health Code (MCL 333.16221 and 333.16226) which list the grounds for disciplinary subcommittee action and the sanctions which may be administered if those grounds are substantiated. Specifically, the bill would include violation of the requirement described in SB 166 as grounds for disciplinary action. That violation would be punishable by denial, fine, reprimand, probation, limitation, suspension, revocation, or permanent revocation, as applicable under the following determination:

- For a **first violation**, the disciplinary subcommittee would order the licensee, registrant, or applicant to complete a program of remedial continuing education approved by the appropriate board that is focused on prescription drug and opioid addiction, to be completed within 180 days of service of the disciplinary subcommittee's order. Failure to complete this remedial continuing education in a timely manner would be an additional violation of the Code's rules concerning controlled substances, under a "catch-all" category for violations not specifically defined.
- For a **second or subsequent violation**, the disciplinary subcommittee would impose one or more of the sanctions listed above. However, in order for the subcommittee to suspend, revoke, or permanently revoke, it would have to find that the licensee, registrant, or applicant (1) willfully disregarded his or her duty to review a MAPS report, or (2) engaged in a pattern of intentional acts of fraud or deceit resulting in personal financial gain.

SB 167 would also incorporate the recently enacted offenses concerning female genital mutilation (Public Acts 68-79 of 2017)<sup>1</sup> into the Code. It would consider conviction of certain female genital mutilation-related offenses to be grounds for personal disqualification, punishable by permanent revocation of a license. A certified copy of the court record would be considered conclusive evidence of the conviction.

SBs 166 and 167 are tie-barred together, which means that neither would take effect unless the other is also enacted. The bills would take effect 90 days after enactment.

## **BACKGROUND:**

According to the Michigan Prescription Drug & Opioid Abuse Task Force report from October 2015,

Every state except Missouri has a prescription drug-monitoring program to scrutinize the movement of controlled substances. Michigan's program (the Michigan Automated Prescription System or "MAPS") is an electronic database of schedule II, III, IV, and V controlled substances dispensed in Michigan. MAPS was created by statute in 2002 as part of a nationwide effort to curb prescription drug abuse, and is housed within the Department of Licensing and Regulatory Affairs (LARA). Registration with the system is required for those who *dispense* controlled substances but not for those who *prescribe* controlled substances. (Emphasis in original)<sup>2</sup>

In that report, the task force recommended that pharmacists be required to review MAPS before dispensing new prescriptions for Schedules 2 to 5 drugs. SBs 166 and 167 would extend this requirement to all licensed prescribers.

## **FISCAL IMPACT:**

Senate Bills 166 and 167 would not have any significant fiscal impacts on any 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.

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<sup>1</sup> House Fiscal Agency analysis of PAs 68-79 of 2017 (House Bills 4636-4639, 4641-4642, 4661, and 4690, and Senate Bills 337, 338, 368, and 369).

[http://www.legislature.mi.gov/\(S\(gb2ws3olbwdy3hkicwrz2wb0\)\)/mileg.aspx?page=getObject&objectname=2017-HB-4636](http://www.legislature.mi.gov/(S(gb2ws3olbwdy3hkicwrz2wb0))/mileg.aspx?page=getObject&objectname=2017-HB-4636)

<sup>2</sup>[http://www.michigan.gov/documents/snyder/Prescription\\_Drug\\_and\\_Opioid\\_Task\\_Force\\_Report\\_504140\\_7.pdf?20151028084658](http://www.michigan.gov/documents/snyder/Prescription_Drug_and_Opioid_Task_Force_Report_504140_7.pdf?20151028084658)