

To: Members of the Senate Health Policy Committee  
From: Chris Mitchell, Senior Vice President, Advocacy  
Paige Fults, Director, Advocacy  
Date: April 25, 2017  
Re: Senate Bill 166 – Running PDMP Reports  
Position: Neutral (as introduced)

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As introduced, the Michigan Health & Hospital Association (MHA) is neutral on Senate Bill (SB) 166, sponsored by Senator Tonya Schuitmaker (R-Lawton). This bill would require running a Prescription Drug Monitoring Program (PDMP) report before prescribing or dispensing schedule II-V controlled substances to a patient unless dispensing occurs in hospice or the oncology department of a hospital.

The MHA was a member of Governor Snyder's Michigan Prescription Drug and Opioid Abuse Taskforce and understands that the misuse of prescription drugs is a national problem that has reached epidemic proportions. Michigan hospitals remain committed to being part of the solution to the problem while ensuring patients receive the most appropriate care and treatment for their individual healthcare needs.

With regard to SB 166, the MHA recommends a distinction for inpatient use. During an inpatient stay, controlled substances may be administered and used by the patient on the premises of the hospital, and the controlled substances are administered directly to patients during the course of treatment. The delivery of such a prescription drug is for immediate use by lawful order of a prescriber, and the hospital is monitoring both the use the drugs and the patient in an inpatient setting.

The MHA also recommends that a PMDP report be run for a prescription beyond a seven day supply, a provision modeled after a similar policy in Ohio that helps balance good policy and administrative burden. There is great value in running a PDMP report, but it can cut into time with the patients. Prescriptions with a seven day or less supply have a smaller risk of inappropriate use or diversion for profit. Furthermore, with the launch of Michigan's new PDMP, Appriss, less than a month ago, many providers are beginning to look at integrating use of PDMPs into electronic health records, which would allow this report to run automatically; however, there is no state funding available for this system upgrade. Requiring a physician to run a report if a prescription is for more than 7 days will enable the healthcare practitioners to determine if patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse.

The MHA will continue to work with the bill sponsor to ensure access to care and pain management needed by patients are available in the both the inpatient and outpatient settings. Please contact Paige Fults ([pfults@mha.org](mailto:pfults@mha.org)) at (517) 703-8616 at the MHA if you have further questions regarding SB 166.

**Brian Peters**, Chief Executive Officer