

To: Members of the Senate Health Policy Committee  
From: Chris Mitchell, Senior Vice President, Advocacy  
Paige Fults, Director, Advocacy  
Date: May 16, 2017  
Re: Senate Bill 274 – Prescribing Limits for Opioids  
Position: Oppose (as introduced)

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As introduced, the Michigan Health & Hospital Association (MHA) is opposed to Senate Bill (SB) 274, sponsored by Sen. Marty Knollenberg (R-Troy). This bill would restrict a prescriber from prescribing a patient over 100 morphine milligram equivalents (MME) per day in aggregate.

The MHA was a member of Gov. 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 274, 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 of the drugs and the patient in an inpatient setting. In addition, some other states allow patients who need a higher a dosage amount that exceeds the maximum MME law to consult with a practitioner specializing in pain management. An example of this is implanted pumps which are located under the skin surface.

The MHA also recommends including the Center for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) guidelines, which recommends active cancer treatment, palliative care, and hospice care not be considered when determining the appropriate threshold for acute pain management patients. Those patients can be at risk for inadequate pain treatment. There are clinical, psychological, and social consequences associated with chronic pain, including limitations in complex activities, lost work productivity, reduced quality of life, and stigma. The CDC and CMS guidelines emphasize the importance of appropriate, compassionate and quality patient care, issues of critical importance to our members in meeting the medical needs of our patients.

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) at (517) 703-8616 at the MHA if you have further questions regarding SB 274.

**Brian Peters**, Chief Executive Officer