

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 Bills 270, 272 & 273 – Senate Opioid Package  
Position: Neutral (as introduced)

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As introduced, the Michigan Health & Hospital Association (MHA) is neutral on Senate Bills (SB) 270, 272 and 273. 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, while ensuring patients receive the most appropriate care and treatment for their individual healthcare needs.

SB 270 would undo a telehealth correction, Public Act (PA) 22 of 2017, which fixed an unintended consequence of Public Act 359 of 2016. As introduced, this bill would restrict providers from prescribing controlled substances through telehealth services. Mental health clinicians will be barred from providing critically needed care for people with the most limited access to mental health services. Telehealth improves access to care for people who live in remote areas and enhances psychological services by allowing psychiatrists to support clients between visits and prescribe medications. It removes barriers that often prevent people from seeking mental health services, such as cost, transportation and time constraints. Telehealth also protects the privacy of patients suffering from mental illness, who often feel embarrassed or stigmatized about making contact with a therapist.

Also, the bill requires a prescriber must have a reasonable expectation he or she will provide follow-up care to the patient. In the emergency room setting, this expectation is unrealistic and costly. The emergency room is the most expensive care setting in a hospital, and follow-ups should be done with a primary care physician. The MHA suggests that follow-up care should be done by a physician and not exclusively by *the* physician who provided initial care.

SB 270 requires a prescriber to notify the patient's primary care physician of the patient's medical condition. The administrative burden created by this task threatens to cut into the time physicians can dedicate to direct patient care.

With regard to SB 272, 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.

**Brian Peters**, Chief Executive Officer

SB 272 requires a licensed prescriber to provide opioid addiction and disposal education if a patient is prescribed an opioid. The MHA recommends this be expanded to include other licensed health professionals. Allowing other qualified health professionals to do this task, opposed to solely limiting it to the prescriber is more than appropriate. It is more efficient and allows physicians to maximize their time providing direct patient care.

SB 273 would require a physician to educate a patient about substance use disorders if a patient is treated for a drug overdose. This typically occurs in the healthcare setting already. However, this care can currently be provided by other licensed health professionals, such as a substance use disorder counselor or addiction therapist. These professionals have specialty training in the field of substance use disorders. Since every patient struggles with addiction in different ways, substance use workers have been trained to customize and cater to the individual patients they encounter. Therefore, the MHA recommends expanding this role to include other licensed health professionals along with physicians.

The MHA will continue to work with the bill sponsors 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.