March 15, 2019

Michigan Department of Health and Human Services
Bureau of Epidemiology and Population Health
Rules for Reporting of Poisonings Due to the Use of Prescription or Illicit Drugs
Rule Set 2018-071 HS

Attention: Policy Analyst
333 South Grand Avenue, 3rd Floor
Lansing, MI 48909

Dear Policy Analyst:

On behalf of five organizations, we respectfully submit the following comments based on the proposed draft rules for Reporting of Poisonings Due to the Use of Prescription or Illicit Drugs. In addition, we respectfully request clarification on a number of provisions within these rules to better facilitate the satisfaction of the final rule requirements.

Definitions

1. If the intent of the rules is to focus on opioids, as was suggested in the original "Finding of Emergency," we respectfully request the title of the rules themselves be renamed, "Reporting of Poisoning Due to the Use of **Opioid** Prescription or Illicit Drugs." Should this change be considered, we respectfully recommend that a formal definition of opioid be added to the rule set. Additionally, references to "reports of prescription or illicit poisonings" throughout the document should also be updated to read "reports of **opioid** prescription or illicit drug poisonings."

   If the intent of the rules is to focus on controlled substances, we respectfully request changes consistent with those noted above – "Reporting of Poisoning Due to the Use of Controlled Substance Prescriptions or Illicit Drugs" and "reports of controlled substance prescriptions or illicit drug poisonings."

2. "Drug" is defined in the rules, but it is not exclusive to controlled substances or opioids. Currently, the rules read that providers and health facilities would be reporting on all accidental or intentional poisonings using both controlled substances and noncontrolled substance medications (i.e., Coumadin, insulin, etc.).

3. We also request the inclusion of a formal definition of "drug overdose." Without a formal definition, the interpretation of drug overdose could include a continuum of side effects of overmedication. For example, in certain patients with undiagnosed liver or kidney dysfunction, an "overdose" could occur if the patient takes a medically standard dose of medication, i.e., a dosage typically prescribed for patients with normal kidney/liver function. Without a clear definition, providers and facilities have no way of knowing if "medication toxicity," "medication side effects," "polypharmacy," or "sedation due to opioid use" should be included in the reports. There is not currently a code in ICD-10 for these instances.

   At minimum, we respectfully request using the drug overdose definition found in MCL 333.7404 (6)(a) of the Public Health Code, if the reporting includes controlled

substances, to provide healthcare professionals and health facilities with clearer guidance.

4. The definition of “poisoning” is vague. Poisoning uses the term “morbid condition” without giving the definition of morbid in the rules.

Automated System Reports

It is our understanding that the intent of the department is to have an automated system that does not require healthcare professionals to enter data, use a list of ICD-10 codes, or retain files for future use. While we are extremely supportive of this approach to lessen the administrative burden on facilities and providers, the rules should provide more specificity to address situations in which automated data sharing is unable to be collected from existing information feeds.

Therefore, we respectfully request the inclusion of both a state plan to provide a form that will ensure the capture of all necessary information in the initial request from the department and a delay in implementation until the automated data collection system is operational. We appreciate the current flexibility in the reporting format and would like to keep that option available as well since some providers and facilities will have the capability of using their electronic medical records system to pull a report for the department.

We also request a list of ICD diagnoses that facilities and providers are expected to report on. However, it is important to note that there is not an ICD-10 specific code for Fentanyl.

Reporting: Lack of Criteria for Requesting Report

Currently, rule 7 specifies actions required of health professionals and health facilities when a report is requested by the department or local health department. The rule does not, however, indicate criteria that precipitate a request for a report. In a Frequently Asked Questions document prepared by MDHHS, two specific scenarios are mentioned as follows:

1) Routine Surveillance Data Request: MDHHS is developing a system to collect information on medicinal and illicit drug poisoning events using existing information feeds. This system will utilize admission/discharge/transfer (ADT) messages from health facilities to identify events with an ICD-10 code related to poisonings and overdoses. This system will be automated, and, as far as we understand at this time, healthcare professionals and health facilities will not have to enter data, use a list of ICD-10 codes to select cases, or retain data files for future use.
2) Specific Event Investigation Request: In the case of a suspected outbreak of overdoses or poisoning events, this rule would be used by MDHHS or local public health departments to obtain information on the circumstances surrounding those specific cases. This information would be used to aid in immediate public health response. MDHHS or local public health departments would contact the healthcare provider caring for those overdose cases, as is done currently for communicable disease investigation.

We respectfully request the inclusion of the parameters for requesting a report.

Reporting: Under Rule 3. (1)

Under provision (3)(c), which requires the reporting entity be a clinical laboratory, the following information shall be provided in addition to information specified in subrule (3)(a) of this rule. The concern lies in the fact that this statement is missing “if applicable.”

Looking at (c)(iii), the language is currently requiring both LOINC *and* SnoMed. This rule is problematic as some health systems no longer use SnoMed codes and do not have an interface linking the electronic medical records with the laboratory vendor (i.e., EPIC or Sunquest), making them only use LOINC. Therefore, our organizations respectfully urge the department to replace the current language in the proposed rule with the following language:

> (c) If the reporting entity is a clinical laboratory, the following information shall be provided *if applicable* in addition to information specified in subrule (3)(a) of this rule:

Thank you for your consideration of our comments.

Respectfully submitted,

Health Care Association of Michigan
Michigan Council of Nurse Practitioners
Michigan Health & Hospital Association
Michigan Osteopathic Association
Michigan State Medical Society