

SHELLY EDGERTON DIRECTOR

PRESCRIPTION DRUG AND OPIOID ABUSE COMMISSION FEBRUARY 23, 2017 MEETING

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Prescription Drug and Opioid Abuse Commission met on February 23, 2017, at the Ottawa Building, Conference Room 3, 611 West Ottawa Street, Lansing, Michigan 48933.

CALL TO ORDER

Judge Linda Davis, Chairperson, called the meeting to order at 2:08 p.m.

ROLL CALL

Members Present: Judge Linda Davis, Chairperson

Stephen Bell

Rebecca Cunningham (arrived at 2:10 p.m.)

Richard Dettloff Lisa Gigliotti Timothy Hurtt Stephen Lazar

Paula Nelson (teleconference)

Melissa Owings

Gretchen Schumacher Judge Patrick Shannon Laurie Wesolowicz

Members Absent: Vincent Benivegna

Michael Paletta Mary Sclabassi

Roy Soto

Larry Wagenknecht

Adam Wilson

Staff: Kim Gaedeke, Director, Bureau of Professional Licensing

Cheryl Pezon, Deputy Director, Bureau of Professional Licensing Nakisha Bayes, Board Support, Boards and Committees Section

Patricia Leary, Analyst, Boards and Committees Section Ron Hitzler, Analyst, Boards and Committees Section

Michelle Brya, Assistant Attorney General

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Dr. Debra Pinals, Department of Health and Human Services Col. W. Thomas Sands, Michigan State Police

APPROVAL OF AGENDA

MOTION by Bell, seconded by Gigliotti, to approve the Agenda as presented.

A voice vote followed.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Bell, seconded by Wesolowicz, to approve the minutes from December 19, 2016 as presented.

A voice vote was followed.

MOTION PREVAILED

PRESENTATION ON OMA AND FOIA: THOMAS QUASARANO, AG

Tom Quasarano of the Attorney General's Office, introduced himself to the Commission. He directed them to the handouts he provided on the Freedom of Information Act (FOIA) and the Open Meetings Act (OMA). Quasarano explained the purpose of FOIA and OMA. He summarized FOIA and its exemptions.

PRESENTATION ON TREATMENT OF ADDICTION: DR. CARA POLAND

Dr. Cara Poland, addiction medicine specialist, introduced herself to the Commission. Dr. Poland's work focuses on Medicated Assisted Treatment (MAT). Dr. Poland explained that MAT is ideal for long-term sustained recovery. She explained that therapy is part of the treatment. She feels that medication should never be substituted for therapy.

Dr. Poland explained that in the United States, the average age for first-time use of an opioid is 12 years old. People are trying opioids before they are at a stage in life to consider the consequences of their actions.

She explained that as a body takes in more opioids, it will build a tolerance to the drug and its effects. The person using it will need to take stronger doses in order to get the desired effect.

Dr. Poland stated that Methadone and Buprenorphine are the most common opioids that are abused. She explained that Methadone impacts areas of the brain and the

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subconscious. The first uses are made by a conscious choice of the user. Thereafter, the subconscious takes over. The pill form of Methadone is the number one cause of prescription opioid for overdoses in the United States.

Buprenorphine is another common opioid that is abused. Buprenorphine can be compounded with Naloxone. This is commonly known as Suboxone. Buprenorphine will bind to the receptors in the brain for up to 24 hours. Suboxone is harder for someone to abuse because the Naloxone is an opiate blocker. Addicts seeking treatment tend to self-treat using Suboxone. They are self-treating because there is limited access to treatment centers and doctors. In fact, there are only two doctors available in Michigan's Upper Peninsula that treat patients suffering from opioid abuse. This is a problem because the treatment ratio is 270 patients to 1 doctor. Dr. Poland explained that Suboxone is abused, using the injectable form of the drug.

COMMITTEE REPORTS

Treatment Subcommittee

Leary reported on behalf of the Treatment Subcommittee. She stated that the committee had its first meeting on February 9, 2017. The next meeting will be immediately following the Prescription Drug and Opioid Abuse Commission meeting. Leary summarized the topics discussed in the first committee meeting. Leary notified the Commission that Laurie Wesolowicz was elected as the Chair.

One concern of the committee is the rising costs to acquire Naloxone. The committee would like legislation passed to limit/control the cost. We solowicz will draft a proposal for the Commission to vote on at the next meeting. If approved by the Commission, the proposal will be forwarded to the Governor's office.

Dr. Pinals reported on the progress of the Standing Order. Dr. Eden Wells is the Chief Medical Executive reviewing the Standing Order. Dr. Wells has also been the lead in the stakeholder discussions regarding the Order. Dr. Pinals further stated that there is an instructional draft that in progress that discusses the steps and instructions for pharmacists dispensing Naloxone. Dr. Pinals suggested that this be placed on a website rather than giving out cards that can easily become outdated.

Regulation/Enforcement Subcommittee

Dr. Stephen Bell reported on behalf of the Regulation/Enforcement Subcommittee as the Chair. The committee had their second meeting immediately preceding the Prescription Drug and Opioid Abuse Commission meeting on February 23, 2017.

Dr. Bell summarized the topics that the subcommittee discussed. The main topic pertained to the Michigan Automated Prescription System (MAPS) and what can potentially be done by the Commission to enforce user registration.

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The Subcommittee will research what other states do to address MAPS registrations. The subcommittee would like to see registration on MAPS directly linked to Controlled Substance Licenses (CSL).

Gaedeke explained that a prescriber obtains their CSL prior to registering on MAPS. The license must be received by the individual before they can register. She stated that there is mandated use of MAPS in other states.

Davis expressed that the Commission understands the frustration with MAPS. The current system is cumbersome, out of date, with delayed results, and only doctors have access to the system.

Gaedeke explained that the MAPS replacement with APPRISS is on target for the launch date. Email blasts were sent on February 23, 2017 to law enforcement officers, state agencies, and benefit plan managers regarding the new MAPS. The email notification contains important dates and information about the new system and transition. The Department has addressed the concern of timely updates. The data will be uploaded during the day versus batched and uploaded nightly.

Additionally, doctors will have the ability to have delegate users under their account that they can manage and maintain as well as run audit reports of the delegate Individuals who are delegate users may request their user account to be set up as a delegate user for multiple practitioners. This will prevent the delegate users from needing multiple user-accounts when they are working for multiple practitioners such as a hospital setting. Communication to the practitioners and providers were sent February 15 and additional communication will be going out regarding the transition to the new system.

Gaedeke also explained that law enforcement officers, state agencies, and benefit plan managers will not have direct access to the APPRISS system pursuant to the law. They will need to register to MAPS in order to submit requests for information so long as it is a bona-fide drug related investigation.

Gaedeke notified the Commission that pre-registration will be from March 9, 2017 until April 3, 2017 for providers and practitioners. Law enforcement officers, state agencies, and benefit plan managers will be able to register on March 16, 2017. Vendors for the dispensers who are required to report to MAPS can begin to register to MAPS on March 8, 2017. All users will have to be registered to MAPS by April 3, 2017 to begin using the new system on April 4, 2017.

Davis explained that the Commission members have a responsibility to alleviate user's concerns. The Commission needs to communicate that the new system is designed to help them.

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Policy/Outcomes Subcommittee

Hitzler reported on behalf of the Policy/Outcomes Subcommittee. The subcommittee had its first meeting on February 8, 2017. Hitzler summarized the topics discussed in the first meeting of the subcommittee and notified the Commission that Judge Patrick Shannon has been elected the Chair.

Hitzler explained that the subcommittee has an interest in uploading the Michigan Prescription Drug and Opioid Abuse Commission updates on to the State of Michigan Dashboard website. The subcommittee will need to discuss when to accumulate data to provide updates.

Prevention Subcommittee

Leary reported on behalf of the Prevention Subcommittee. She stated that the subcommittee had its first meeting on February 8, 2017. Leary summarized the topics discussed in the first meeting and notified the Commission that Dr. Vincent Benivegna has been elected the Chair.

CHAIR REPORT

Davis explained to the Commission that there are many innovative options available to address the opioid addiction problem. She advised the Commission to be vigilant about researching what other states are doing to address the problem. Davis requested that if any of the members are aware of programs within their communities, to share the information with the Commission.

Davis reported there is a program called "Hope, Not Handcuffs" that works to find people treatment and achieve long term progress rather than allowing them to struggle with addiction.

DEPARTMENT UPDATE

Gaedeke reported that, in partnering with the Department of Health and Human Services (DHHS), behavioral health, and health plans, LARA informs these entities when a license has been suspended and that there may be an increase of patients who may be needing assistance in finding a new doctor. Once a license is suspended the practitioner can no longer practice or provide treatment.

Dr. Pinals suggested alerting regional Prepaid Inpatient Health Plan (PIHP) of the suspensions. The practices in the area will be aware that they may see an influx of new patients seeking treatment. Gaedeke followed-up by confirming that through the contacts with DHHS they are working with the PIHPs to assist with this issue.

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PUBLIC COMMENT

Doctor of Acupuncture, Zeyiad Elias introduced himself to the Commission. Dr. Elias explained that alternative medicines; such as acupuncture, are used widely throughout the United States to treat chronic pain. He explained that acupuncture can be used as an effective alternative or as a supplement to prescribing prescription opioids for pain management. Dr. Elias provided six handouts to the Commission. Please see attached.

Ryan Gauthier, a supervisor of acupuncture and massage, introduced himself to the Commission. Gauthier explained that he hopes to see acupuncture as a treatment option for addiction. Gauthier has seen instances in which acupuncture is combined with medical treatment. The combination has reduced the medical dosage needs of the patient. Another hope Gauthier has is to see insurance coverage for acupuncture as a treatment. Currently many insurance carriers will not cover acupuncture.

Dr. Sandy Dettmann of The Dettmann Center, PC introduced herself to the Commission. Dr. Dettmann is an addiction specialist and a trained pharmacist. She expressed frustrations with how many people are in pain and need assistance but are unable to get the treatment they need. Dr. Dettmann is approved by Medicaid. However, the Medicaid coverage amounts are so low that doctors have to limit their acceptance of Medicaid patients. Handouts of the presenters during public comment are attached to the minutes.

ANNOUNCEMENTS

The next regularly scheduled meeting will be held May 11, 2017 at 2:00 p.m. in the Ottawa Building, 611 W. Ottawa Street, Conference Room 3, Upper Level Conference Center, Lansing, Michigan.

ADJOURNMENT

MOTION by Gigliotti, seconded by Hurtt, to adjourn the meeting at 4:12 p.m.

A voice vote followed.

MOTION PREVAILED

Minutes approved by the Commission on May 11, 2017.

Prepared by: Nakisha Bayes, Board Support Bureau of Professional Licensing

February 24, 2017