



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

February 8, 2018

Dear Governor Snyder:

Michigan has experienced a persistent and increasing substance abuse and drug diversion problem over the past several years. Compounding this problem is the prevalence of controlled substances in Michigan. According to the Michigan Automated Prescription System (MAPS), which tracks the dispensing of Schedule 2-5 controlled substances, more than 21.3 million prescriptions for controlled substances were written in 2016. Greater than 5.1 million controlled substance prescriptions, totaling 331,390,018 units, were reported to MAPS in only the first quarter of 2017.

Addiction to controlled substances can lead to health and financial devastation for individuals, where death has become a common outcome. In 2012 alone, deaths due to overdose amounted to 1,138 in Michigan, with greater than 80% of those individuals filling a controlled substance prescription within 1 year prior to death. A study published in the Morbidity and Mortality Weekly Report in 2014<sup>1</sup> ranked Michigan as 10th among all states in per capita prescribing rates of opioid pain relievers in 2012.

This tragic reality led to you creating the Michigan Prescription Drug and Opioid Abuse Task Force in June 2015. The Task Force was charged with reviewing abuse trends in Michigan and creating recommendations to address and ultimately reduce the growing prescription drug and opioid crisis. The Task Force released their findings and recommendations in October 2015. Shortly thereafter, you established the Michigan Prescription Drug and Opioid Abuse Commission to review the Task Force's findings and make further recommendations to combat the severe and complex prescription drug and opioid abuse epidemic facing Michigan.

The Commission members have worked diligently in 2017 to fulfill their two-year mission. We look forward to 2018 to continue to act in an advisory capacity to you and the various state departments in implementing and monitoring the statewide plan to combat Michigan's prescription drug and opioid abuse epidemic.

Sincerely,

Judge Linda Davis, Chairperson  
Prescription Drug and Opioid Abuse Commission

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<sup>1</sup> CDC. (2014). *Vital Signs: Variation Among States in Prescribing of Opioid Pain Relievers and Benzodiazepines — United States, 2012*. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a2.htm>.

# *Prescription Drug and Opioid Abuse Commission*

## *2017 Annual Report*

(Pursuant to [Executive Order 2016-15](#))

**Judge Linda Davis, Chairperson**

**PDOAC** | Prescription Drug &  
Opioid Abuse Commission

**Presented by the full Commission**

**February 8, 2018**



**RICK SNYDER**  
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***Prescription Drug and Opioid Abuse Commission***  
***2017 Annual Report***

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# Prescription Drug and Opioid Abuse Commission Members

## Voting Members:

- Dr. Stephen R. Bell, Carleton – Representing Osteopathic Doctors
- Dr. Vincent V. Benivegna, Okemos – Representing Dentists
- Dr. Rebecca Cunningham, Ann Arbor – Representing Allopathic Doctors
- Mr. Richard Dettloff, Rockford - Representing Pharmaceutical Manufacturers
- Ms. Lisa K. Gigliotti, East Lansing - Representing Chronic Pain Sufferers
- Mr. Timothy Hurtt, Portage - Representing Law Enforcement Officers
- Dr. Stephen A. Lazar, Marshall – Representing Psychologists
- Ms. Paula Nelson, Riley - Representing Substance Abuse Treatment Providers
- Dr. Melissa Owings, Clarklake – Representing Veterinarians
- Dr. Michael J. Paletta, Northville - Representing Michigan Hospice Organizations
- Dr. Gretchen Schumacher, Belmont - Representing Registered Professional Nurses
- Ms. Mary Sclabassi, Novi - Representing Law Enforcement Officers
- Judge Patrick Shannon, Mackinac Island – Representing the General Public
- Dr. Roy Soto, Bloomfield Hills - Representing Michigan Medical Schools
- Mr. Larry D. Wagenknecht, Haslett - Representing a Statewide Pharmacy Association
- Dr. Laurie Wesolowicz, Northville – Representing Pharmacists
- Mr. Adam R. Wilson, Petoskey - Representing Physician's Assistants

## Ex-Officio Members:

- Judge Linda Davis – Chair - Designee of the Director of Licensing and Regulatory Affairs (LARA)
- Dr. Debra Pinals - Designee of the Director of Health and Human Services (DHHS)
- Col. W. Thomas Sands - Designee of the Director of Michigan State Police (MSP)
- Mr. Matthew Schneider, Chief Deputy Attorney General - Designee of the Attorney General
- Ms. Michelle Brya, AAG & Division Chief, Licensing & Regulation - Designee of the Attorney General

## Commission Meetings

The Michigan Prescription Drug and Opioid Abuse Commission met on the following dates during 2016 and 2017:

- December 19, 2016
- February 23, 2017
- May 11, 2017
- August 10, 2017

The Commission has eight meeting dates scheduled for 2018 given the extensive amount of work the members still wish to accomplish.

Several guest speakers presented at the meetings to provide information in their areas of expertise, to the Commission and to the public, on various topics of interest. These individuals included:

- Judge Geno Salomone, a Judge for the 23<sup>rd</sup> District Court in Wayne County, and a member of the Regional Judicial Opioid Initiative, established by the Ohio Supreme Court and the Bureau of Justice Assistance. Michigan is one of the nine original states that participated in the Regional Judicial Summit. Judge Salomone discussed topics covered at the most recent summit, which addressed opioid and substance abuse issues, while also working to develop solutions. Among the solutions discussed at the summit were six initiatives: mandatory prescriber education, prescriber guidelines, eliminating pill mills, prescription drug monitoring, increased access to naloxone, and availability of treatment providers and medication assisted treatment.
- Dr. Cara Poland, an addiction medicine specialist, provided the Commission with information related to Medicated Assisted Treatment (MAT), and how MAT is in many circumstances an ideal treatment program for long-term sustained addiction recovery.
- Dr. Chad Brummett, Dr. Jen Waljee, and Dr. Caitlin Khlasa, presented on behalf of the Opioid Prescribing Engagement Network (OPEN), to provide information about OPEN. They shared data about identifying common starting points for opioid abusers, as well as information regarding OPEN's work with drug take-back programs, and events to encourage the proper removal and disposal of unused post-surgery prescriptions.
- Katie Donovan, Executive Vice President of Families Against Narcotics (FAN), spoke to the Commission regarding the services provided to addicted individuals through the program Hope Not Handcuffs. FAN provides an alternative to incarceration by finding treatment services for those addicted individuals who seek help.
- Fred Wells Brason II, President and CEO, Project Lazarus, spoke to the Commission regarding the Project Lazarus model which empowers communities in preventing overdose deaths.

- Nancy Becker Bennett, from the Michigan State Police (MSP) Angel Program, spoke to the Commission to provide background information about the program’s model. The Angel program allows individuals who are struggling with drug or alcohol addiction to voluntarily walk into any MSP post and ask for assistance.

## **Background**

The Michigan Prescription Drug and Opioid Abuse Task Force was created following Governor Snyder’s 2015 State of the State Address in which he called for a comprehensive plan to address prescription drug and opioid abuse in Michigan. The Task Force published its Report of Findings and Recommendations for Action, which discussed both the personal and financial toll caused from prescription drug and opioid abuse. Furthermore, the Task Force made several recommendations on how best to address Michigan’s burgeoning opioid abuse crisis.

As a follow-up to the work conducted by the Michigan Prescription Drug and Opioid Abuse Task Force, [Executive Order 2016-15](#), signed by Governor Snyder and filed with the Secretary of State on June 23, 2016, created the Prescription Drug and Opioid Abuse Commission (Commission). This Executive Order consolidates the authority, powers, duties, functions, responsibilities, and records of the Controlled Substances Advisory Commission and the Advisory Committee on Pain and Symptom Management and transferred this responsibility to the Commission.

The Commission is created with seventeen (17) members who are appointed by, and serve at the pleasure of, the Governor, for a two-year term. The members comprise a vast knowledge and experience representing various professions and backgrounds. The Commission is charged with acting in an advisory capacity to the Governor and the Director of the Department of Licensing and Regulatory Affairs.

### **Executive Order No. 2016-15 - Charge to the Commission:**

**Section II A.** The Commission shall act in an advisory capacity to the Governor and the Director and shall do all of the following:

1. Review the Report of Findings and Recommendations for Action from the Michigan Prescription Drug and Opioid Abuse Task Force dated October 26, 2016 (“Report”).
2. Develop and propose policies and an action plan to implement the recommendations in the Report.
3. Monitor and advise the Governor as to the progress of the action plan.
4. Evaluate the efficacy of the current proposals and continually develop new solutions to address societal changes.
5. Develop and encourage the implementation of model core curricula on pain and symptom management.

**Section II B.** The Commission shall also provide other information and advice to the Governor regarding the state of prescription drug and opioid abuse in Michigan.

**Section II C.** The Commission shall issue an annual report to the Governor outlining the progress of the issues addressed in Section II and providing recommendations for any further action.

## Commission Subcommittees

The Michigan Prescription Drug and Opioid Abuse Commission divided the recommendations of the Task Force into four categories and created the following subcommittees to address each recommendation.

- I. The Policy and Outcomes Subcommittee:** This subcommittee is charged with reviewing and evaluating the efficacy of various legislative and public policy proposals in Michigan to address the opioid epidemic, and to continually develop new solutions to address changes and challenges to Michigan’s opioid crisis.

**Subcommittee Members:**

- *Judge Patrick Shannon – Chair*
- *Ms. Lisa K. Gigliotti*
- *Dr. Melissa Ownings*
- *Mr. Adam R. Wilson*

**Ex-Officio Members:**

- *Ms. Michelle Brya*
- *Judge Linda Davis*

- II. The Prevention Subcommittee:** This subcommittee is charged with developing strategies and identifying opportunities to raise public awareness regarding the dangers of prescription drug and opioid addiction.

**Subcommittee Members:**

- *Dr. Vincent V. Benivegna –Chair*
- *Dr. Rebecca Cunningham*
- *Mr. Richard Dettloff*
- *Dr. Michael J. Paletta*
- *Dr. Roy Soto*

**Ex-Officio Members:**

- *Judge Linda Davis*
- *Dr. Debra Pinals*
- *Col. W. Thomas Sands*

- III. The Regulation and Enforcement Subcommittee:** This subcommittee is charged with reviewing local, state, and federal laws and policies to evaluate their impact on Michigan’s opioid epidemic.

**Subcommittee Members:**

- *Dr. Stephen R. Bell- Chair*
- *Mr. Timothy Hurtt*
- *Mr. Larry D. Wagenknecht*

**Ex-Officio Members:**

- *Ms. Michelle Brya*
- *Judge Linda Davis*
- *Col. W. Thomas Sands*

**IV. The Treatment Subcommittee:** This subcommittee is charged with reviewing treatment methods to determine how treatment needs can be met at the local and state levels.

**Subcommittee Members:**

- *Dr. Laurie A. Wesolowicz - Chair*
- *Dr. Stephen R. Bell*
- *Dr. Stephen A. Lazar*
- *Ms. Paula Nelson*
- *Dr. Gretchen Schumacher*

**Ex-Officio Members:**

- *Judge Linda Davis*
- *Dr. Debra Pinals*

## Summary

Throughout the year, the Commission has looked at each recommendation of the Task Force to determine what can be done to achieve that goal. In 2017, the Commission made significant progress in fulfilling its mission, including the following highlights:

- Identifying that United States Department of Veterans Affairs facilities within Michigan are not currently required to register and use a state Prescription Drug Monitoring Program (PDMP), such as the Michigan Automated Prescription System (MAPS), leaving a large opportunity to curb prescription drug abuse unaddressed, and making a formal recommendation to the Secretary of Veterans Affairs to consider requiring registration of such facilities in Michigan to MAPS.
- Identifying that 42 CFR Part 2 prevents methadone clinics from entering controlled substances information into MAPS, leaving a large opportunity to reduce the possibility of overprescribing to patients who utilize these facilities unaddressed, and making a formal recommendation to the Acting Secretary of Health and Human Services to consider revising federal regulations to allow for the registration of these facilities with MAPS.



- Reviewing state law and pending legislation to identify and formally supporting legislation which supports drug treatment courts and also legislation that requires licensed prescribers to provide information to a patient or the patient’s representative on topics including addiction precaution and proper disposal, before prescribing a controlled substance to a patient.
- Recommending new forms of government oversight and management, such as a fully funded and functional Michigan Office of Drug Policy.
- Encouraging prescriber educational programs in the State of Michigan, including medical schools, nursing schools, pharmaceutical schools, and veterinary schools, to add addiction training and specialization programs to their curriculum.
- Recommending the State of Michigan develop a dashboard including numerical and geographical data for drug-related overdose deaths, and also suggesting that the Legislature initiate legislation requiring that death records completed in the State of Michigan report information regarding drug-related or suspected drug-related deaths in a uniform manner to eliminate variations and inconsistencies that exist in the current death reporting process.

Additionally, the Commission has been able to evaluate the efficacy of current proposals and programs throughout the state, identify new solutions to the prescription drug and opioid crisis, and develop a new model for understanding pain and symptom management.

Specific action taken by the Commission includes the following:

**Michigan Office of Drug Policy**

The Commission is investigating the feasibility of establishing a Michigan Office of Drug Policy, to create a statewide entity to better coordinate state and local programs and effectively marshal resources. Further, the Michigan Office of Drug Policy would serve a vital role as a liaison to all branches of government, whether it be municipal, state, or federal.

**Eliminating Red Tape**

The Commission is working on identifying mechanisms to focus on and act upon trends and methods associated with addiction sooner, with fewer bureaucratic processes to overcome. A rapid response to addressing rising trends that relate to the opioid crisis is necessary, as time is of the essence when lives are at risk.

**Drug Courts**

The Commission supports and recognizes the effectiveness and importance of Michigan’s Drug Courts. This work has included advocating for an expansion of drug court programs in Michigan. The Commission supported Public Act 161 of 2017 which amends the Revised Judicature Act to require drug treatment courts to be certified by the State Court Administrative Office (SCAO), and to prohibit such courts from performing their functions or receiving funding unless they are certified. Moreover, the Commission sent a letter to the Michigan Supreme Court and SCAO encouraging continued funding of accredited drug treatment courts and their treatment of

providers. The letter included specific references to the designation of Medication Assisted Treatment (MAT) by SCAO accredited drug treatment courts and a SCAO resource to assist courts in coordinating drug treatment court grants.

### **Alternatives to Controlled Substances**

The Commission is considering strategies to promote educating patients and the public regarding pain management alternatives to controlled substances. The strategy includes education regarding non-pharmaceutical options to treating pain.

### **Dashboard Reporting**

The Commission is reviewing ways to evaluate the efficacy of current public policy proposals that seek to address Michigan's opioid crisis. In an effort to measure state government's performance on a variety of issues, Governor Snyder implemented dashboards to provide a quick assessment of the state's performance in key areas, including such categories as: economic strength, health and education, value for money government, quality of life, and public safety. Establishing an opioid related dashboard would be a tool for government and the public to determine if progress is being made, while also identifying areas in need of improvement. Dashboard details could include: mortality metrics, naloxone dispensation and administration metrics, and reductions or increases in overdoses.

A letter was sent to the Governor recommending that the State of Michigan dashboard include the numerical and geographical data for drug-related overdose deaths, as reported by Michigan's Vital Records and verified by the CDC/National Center for Health Statistics. The letter recommended that the Department of Health and Human Services provide the statistics for the dashboard.

### **Continuity of Care**

The Commission is developing strategies to ensure the continuity of care for patients subjected to an abrupt closure of a medical practice, especially practices closed for drug diversion or overprescribing. In the past, there have been instances where patients serviced by unethical health professionals, have been left to go through withdrawal due a closure of a practice, and an abrupt cessation of access to controlled substances. Further, in many instances following the closure of a practice, patients addicted to high risk controlled substances have sought illegal alternatives.

### **Coalition Identification and Growth**

The Commission is identifying law enforcement efforts with local coalitions and community groups that have resulted in a reduction of prescription drug overdose deaths, to determine if a replication or expansion of the programs is possible.

### **Opioid Awareness Training**

An increased awareness of prescription drug abuse by health professions is a focus of the Commission. Opioid awareness training for health professionals was recommended to all health profession boards that prescribe opioids and other narcotics.

In addition, a letter from the Commission was sent to all prescriber educational programs in the State of Michigan, including medical schools, nursing schools, pharmaceutical schools, and

veterinary schools, encouraging them to add addiction training and specialization programs to their curriculum.

### **Civil and Criminal Protection and Confidentiality for Professionals that Report the Misuse, Diversion, or Abuse of Opioids**

The Commission sent letters to the legislature in support of initiating legislation that protects the identity of a licensee under Article 15 of the Public Health Code who reports the misuse, diversion, or abuse of opioids and other controlled substances to law enforcement or other government entity as confidential, subject to disclosure only with the consent of the licensee or by judicial process. Further, a licensee who makes a report of misuse, diversion, or abuse of opioids and other controlled substances or who cooperates in an investigation of the misuse, diversion, or abuse of opioids and other controlled substances is presumed to be acting in good faith and is immune from civil or criminal liability that might otherwise be incurred by that action. This immunity from civil or criminal liability does not extend to a negligent act that causes personal injury or death or to the malpractice of a prescriber that results in personal injury or death.

### **Mandatory Training for Judges in Opioid and Substance Abuse and Treatment Services**

The Commission sent a letter to the SCAO encouraging the implementation of a requirement that all judges in Michigan receive mandatory training in opioid and substance abuse and treatment services. It is recommended that this training last at least 8 hours and include, but not be limited to, the following topics: reading drug screens, available treatment services, addiction behavior, the stigma of addiction, standard of care for substance abusers, and relevant Mental Health Code statutory interpretation. This is requested to assist judges in identifying offenders with a substance abuse history and provide appropriate services as part of sentencing.

### **Medicaid and the Opioid Crisis**

The Commission requested that the Michigan Department of Health and Human Services (DHHS) do the following:

- Review its Medicaid drug formulary to consider coverage of more non-opioid options for chronic pain treatment and substance use disorder.
- Review its Medicaid drug formulary to consider limitations on Medicaid coverage of highly abused medications.
- Review the current policy and federal and state obligations which prevent the use of Medicaid inpatient beds by Medicaid recipients across county lines.

### **Limited Statutory Immunity for Low-level Offenses Involved in Reporting Overdose and Seeking Medical Assistance**

The Commission sent a letter to the following associations requesting that they consider sharing MCL 333.7403(3) with their membership as it addresses limited statutory immunity for low-level offenses involved in reporting an overdose and seeking medical assistance.

- Michigan Association of Chiefs of Police
- Prosecuting Attorneys Association of Michigan
- Michigan Sheriff's Association

### **Naloxone Reporting by Pharmacies**

A letter was sent by the Commission to the Michigan Pharmacists Association asking the association to encourage its members to register and report to DHHS how much Naloxone they are dispensing under the Standing Order. This is requested to assist with measuring the effectiveness of the Standing Order for Dispensing Opioid Antagonists. The letter also encourages the association to survey their members who are choosing not to participate in the registration, to identify reasons for their lack of participation.

### **Suggested Revisions for the Joint Commission Hospital Survey**

The Commission sent a letter to Dr. Mark Chassin, President and Chief Executive Officer of the Joint Commission, addressing the discrepancies that exist between the Joint Commission's official position in auditing medical facilities and what occurs during a Joint Commission audit of a medical facility. The letter requested that the Joint Commission review not only their Pain Management Standards and post a public statement of their findings, but also requested that the Joint Commission remove three questions from the Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) Survey that seem to encourage unnecessary and unsafe treatment for pain that interferes with primary disease and/or injury management.

### **Increased Opioid Education for Patients**

The Commission authored a letter of support to Michigan's Legislature for Senate Bill 272, which requires a licensed prescriber to provide information to a patient or the patient's representative on topics including addiction precaution, and the proper disposal of opioids, prior to prescribing a controlled substance that is an opioid. The Commission's letter included reference to the importance of a completed and signed Provider-Patient Pain Medication Treatment Agreement, prior to prescribing opioid medication, which informs a patient of the side effects of opioid use, and sets forth expectations for both the provider and the patient regarding how the medication will be prescribed, how it will be used, and grounds for discontinuation. The letter encouraged that treatment agreements be written in a culturally sensitive, literacy level appropriate, and disability friendly format. Many of the Commission's recommendations were realized with the passage of Public Act 246 of 2017, in December of 2017.

### **Consistent Fatality Reporting**

The Commission sent a letter to the Michigan Legislature, urging the introduction of legislation which will require that death records created in the State of Michigan provide consistent information regarding drug-related or suspected drug-related deaths. Records should use the same drug-related reporting standard and process whether a death certificate is filed by a funeral director, a hospital attending physician, a medical examiner, or any other individual authorized to file a death record. The letter encourages the Legislature to consult with the DHHS regarding the current reporting process for drug related deaths, to work to identify and remove any obstacles which may prevent the proper identification and reporting of a drug overdose as a factor in death.

### **Promoting MAPS Integration with Federal Agencies**

Letters were sent to the United States Department of Health and Human Services and the Department of Veterans Affairs to strongly urge the departments, and their respective programs and facilities within Michigan, to utilize and report information to Michigan's MAPS program.

## **Acknowledgment**

The Commission extends a special thank you to Judge Linda Davis, 41-B District Court Judge, and Chair of the Prescription Drug and Opioid Abuse Commission. Under Judge Davis' leadership in 2017, the Commission has been successful in working towards its charge of reviewing the Report of Findings and Recommendations for Action from the Michigan Prescription Drug and Opioid Abuse Task Force, and developing and proposing policies and action plans to implement the recommendations in the report. The Commission looks forward to continuing its important work and fulfilling its charge in 2018.