

# *Prescription Drug and Opioid Abuse Commission Final Report*

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

**Judge Linda Davis, Chairperson**



**Presented by the full Commission**

**August 30, 2018**



**RICK SNYDER  
GOVERNOR**



**SHELLY EDGERTON  
DIRECTOR**

***Prescription Drug and Opioid Abuse Commission***  
***Final 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
- Mr. Paul C. Lauria, Mount Pleasant – 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\*\*\*

*\*Resigned May 27, 2017.*

*\*\*Resigned June 4, 2018.*

*\*\*\*Resigned August 9, 2018.*

**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 (MDHHS)
- Col. W. Thomas Sands - Designee of the Director of Michigan State Police (MSP)
- Ms. Laura Moody – Chief Deputy Attorney General – Designee of the Attorney General
- 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

*\*\*\*\*Replaced by Ms. Moody, effective January 23, 2018.*

August 30, 2018

Dear Governor Snyder:

In June of 2016, you signed Executive Order 2016-15, establishing the Prescription Drug and Opioid Abuse Commission (Commission). The Commission was created to ensure the implementation and monitoring of a state-wide plan developed by the Prescription Drug and Opioid Abuse Task Force, and to make further recommendations to combat the severe and complex prescription drug and opioid abuse epidemic that is facing this state.

Over the past several years, Michigan has experienced a persistent and increasing substance abuse and drug diversion problem. Contributing to this problem has been a rise in the availability of controlled substances. 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. While a decline in dispensing occurred in 2017 with 19.9 million prescriptions for controlled substances being reported to MAPS, totaling 1,264,366,171 units<sup>1</sup>, the prevalence of these categories of drugs in Michigan continues to contribute to abuse and diversion.

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 totaled 1,138 individuals 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>2</sup> ranked Michigan as 10th among all states in per capita prescribing rates of opioid pain relievers in 2012. Further, preliminary numbers from the U.S. Centers for Disease Control, show that Michigan experienced 2,662 drug-related deaths in 2017, an 8.3% increase over the prior year<sup>3</sup>.

From the Commission's inception, members have worked diligently to fulfill their two-year mission of serving 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. A summary of this work is contained in the following pages of the *Prescription Drug and Opioid Abuse Commission Final Report*. As the Commission's tenure ends, it is our hope that our recommendations for future actions will be instructive to your office and the legislature, as the battle against prescription drug and opioid abuse continues.

Sincerely,

Judge Linda Davis, Chairperson  
Prescription Drug and Opioid Abuse Commission

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<sup>1</sup> LARA. (2018). *Michigan Automated Prescription System Drug Utilization Report – Year 2017*. [https://www.michigan.gov/lara/0,4601,7-154-72600\\_72603\\_55478\\_55479---,00.html](https://www.michigan.gov/lara/0,4601,7-154-72600_72603_55478_55479---,00.html).

<sup>2</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>.

<sup>3</sup> Cwiek, Sarah. (2018). *Data still coming in, but Michigan drug deaths are trending up for 2017*. <http://www.michiganradio.org/post/data-still-coming-michigan-drug-deaths-are-trending-2017>.

## Commission Meetings

The Michigan Prescription Drug and Opioid Abuse Commission met on the following dates from 2016 through 2018:

- December 19, 2016
- February 23, 2017
- May 11, 2017
- August 10, 2017
- November 2, 2017
- January 11, 2018
- February 8, 2018
- April 12, 2018
- May 24, 2018
- June 26, 2018
- July 12, 2018
- August 30, 2018

In total, the Commission met twelve times from December of 2016 to August of 2018. Each commission meeting featured a robust agenda, comprised of information and discussion from a wide-array of subject-matter experts regarding strategies to identify trends and implement initiatives to comprehensively address Michigan’s problems with prescription drug and opioid abuse. These individuals included:

- Judge Geno Salomone, Judge for the 23rd 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, shared his knowledge on substance abuse issues with the Commission. Michigan is one of the nine original states that participated in the Regional Judicial Summit, and 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 background information about OPEN. The group shared data about identifying common gateway points for opioid abusers, as well as information regarding OPEN's work with drug take-back programs, and events they have organized 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. Specifically, the Project Lazarus Model is a public health model based on the beliefs that all overdose deaths are preventable and that all communities are responsible for their own health.
- Nancy Becker Bennett, and First Lieutenant Kevin Caldwell, from the Michigan State Police (MSP) Angel Program, spoke to the Commission to provide background information regarding 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 in overcoming their addiction.

- William Paul Nichols, Monroe County Prosecuting Attorney, and Jim Rossiter, Antrim County Prosecuting Attorney, conducted a presentation for the Commission in which they discussed the unique challenges associated with the opioid epidemic for prosecuting attorneys and law enforcement. They also shared various action plans that local communities can utilize to address the epidemic and provided information on the efficacy of Good Samaritan Laws.
- Dr. Debra A. Pinals, Medical Director of the Behavior Health and Forensic Program at the Michigan Department of Health and Human Services (MDHHS), and ex-officio member of the Commission, provided the Commission with background information on the state's unique opioid epidemic, and outlined services and strategies offered by MDHHS to address prevention, treatment, and wellness related to prescription drug and opioid abuse.
- Tom Largo, Manager of the Environmental Health Surveillance & Childhood Lead Poisoning Prevention Section at MDHHS, conducted a presentation for the Commission on the Michigan Opioid-Related Morbidity and Mortality Surveillance System (MOMMSS). The presentation offered background information regarding the CDC funded program, providing Commission members with information related to opioid morbidity and mortality metrics, findings, and objectives of the program.
- Amber Daniels, Education and Outreach Coordinator at MDHHS' Division of Chronic Disease and Injury Control and Violence Prevention Unit, and Chelsea Walker, Data Analyst with MDHHS' Division of Chronic Disease and Injury Control and Violence Prevention Unit, provided background information regarding grants, initiatives, and stakeholder groups working within MDHHS to address the opioid epidemic.
- Steve Sukta, and Karen Krabill Yoder, with MDHHS, and Mary Teachout, with the Michigan Department of Education, presented to the Commission on the Michigan Model for Health™, a developing, comprehensive, health education curriculum, developed with the ultimate goal of ensuring that Michigan's young



citizens adopt healthy lifestyles. Among the model's content is an opportunity for increased focus on opioid misuse prevention amongst Michigan's youth.

- Dr. William Morrone presented to the Commission about the importance of prioritizing accurate data collection of opioid abuse and overdose deaths so that accurate data can be disseminated amongst policymakers, healthcare providers, and the general public, and applied toward curbing prescription drug and opioid abuse.
- Angela Minicuci and GERALYN Lasher, with MDHHS, provided an update to the Commission on the extensive media campaign that MDHHS embarked on to increase awareness about opioid issues and decrease the number of opioid-related deaths in Michigan.
- Kim Gaedeke, Deputy Director, LARA, and Andrew Hudson, Manager, Drug Monitoring Section, at the Bureau of Professional Licensing, presented to the Commission a statewide opioid prescribing and dispensing assessment for Michigan, in which prescribing and dispensing analytics of opioids by health professionals were discussed and compared on an annual basis.
- Doug O'Brien, Regional Director, United States Department of Health and Human Services – Region V, presented to the Commission on the federal government's response to combating the opioid epidemic.
- Elizabeth Gorz, Senior Policy Advisor for Governor Rick Snyder, presented to the Commission on the efforts that Michigan's Governor has taken to create a unified approach to combating the opioid epidemic through better coordination of state agencies.
- Christine Shearer, Deputy Director, Office of Legislation and Advocacy, Michigan Association of Health Plans, and Karen Jones, Pharmacy Consultant, Michigan Association of Health Plans, presented to the Commission regarding the unique challenges that health plans face with regard to the opioid epidemic and prescription drug abuse.

- Craig Summers, Executive Director, Michigan High Intensity Drug Trafficking Areas (HIDTA), presented to the Commission on the work his coalition of Federal, State, Local, and Tribal Agencies is doing to facilitate addressing various drug control issues.
- Dr. Mahshid Abir, Principal Investigator, System for Opioid Surveillance Michigan, presented to the Commission on the importance of consistent and accurate information related to opioid overdose information and tracking.
- Toyin Olumolade and Sam Tacconelli, both Masters of Public Health Students at Central Michigan University, presented to the Commission on their research regarding centralized offices of drug policy in various states in the United States. The group compared and contrasted how each state delineates authority to state entities for drug policy, and the success of these state entities in curbing drug abuse and overdose death.
- Dr. Eden Wells, Chief Medical Executive, MDHHS, presented to the Commission on the cause-and-effect relationship that infectious diseases have had with the opioid and prescription drug abuse epidemic.
- Dr. Courtney A. Cuthbertson and Kea Norrell-Aitch with Michigan State University Extension Community Behavioral Health presented to the Commission regarding outreach and efforts to educate the public on the risks and dangers associated with opioid and prescription drug misuse.

## 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 detailed 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). The Executive Order consolidated 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 was created with seventeen (17) members who were appointed by, and served at the pleasure of, the Governor, for a two-year term. The members comprised a vast knowledge and experience and represented various professions and backgrounds. The Commission was 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 was 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 was 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 was 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 was 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

From its inception, the Commission's goal was to fulfill the recommendations of its predecessor, the Michigan Prescription Drug and Opioid Abuse Task Force, while also exploring new methods to mitigate Michigan's opioid crisis. To this end, the Commission took action to advise the Governor and Department of Licensing and Regulatory Affairs on new strategies to comprehensively address Michigan's opioid abuse issues. The Commission's work included the following highlights:

- The Commission identified United States Department of Veterans Affairs facilities within Michigan as not being 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. The Commission made a formal recommendation to the Secretary of Veterans Affairs to consider requiring registration of such facilities in Michigan to MAPS.
- The Commission identified 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 and diversion for patients who utilize these facilities unaddressed. The Commission made a formal recommendation to the Acting Secretary of the United States Department of Health and Human Services to consider revising federal regulations to allow for the registration of these facilities with MAPS.
- The Commission reviewed state law and pending legislation to identify and formally support legislation which backs 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.

- The Commission recommended new forms of government oversight and management, including a fully funded and functional Michigan Office of Drug Policy.
- The Commission encouraged the implementation of prescriber-focused educational programs in the State of Michigan, specifically for medical schools, nursing schools, pharmaceutical schools, and veterinary schools, to include addiction training and specialization programs in their curriculums.
- The Commission recommended that the State of Michigan develop a dashboard which includes numerical and geographical data for drug-related overdose deaths. Additionally, the Commission suggested that the Michigan Legislature pass legislation requiring death records in the State of Michigan for drug-related or suspected drug-related deaths, be reported in a uniform manner to eliminate variations and inconsistencies that exist in the current death reporting process.
- The Commission recommended that local law enforcement agencies, general counsel for hospitals, and public health agencies observe guidance from the federal government regarding new HIPAA exemptions which would allow health care providers to notify families when loved ones arrive at a hospital for an overdose.
- The Commission recommended to the Michigan State Court Administrative Office that all new drug treatment court judges be required to complete mandatory mentoring to adequately prepare judges for the unique circumstances that surround addiction to drugs.
- The Commission recommended that the Michigan Legislature increase penalties for the stalking of a healthcare worker, as well as for violence committed against a health care worker.
- The Commission recommended and approved a summary of best practices for when opioids should be considered as an option for treatment in acute care

settings. Clinical tools were developed for the surgical department, dental department, and emergency care department.

- The Commission recommended the expansion of syringe service programs already in existence in the state.

Additionally, the Commission was able to evaluate the efficacy of pending legislative proposals, various public awareness campaigns, and numerous community-based programs throughout the state, to identify new solutions to the prescription drug and opioid crisis and develop new models for understanding pain and symptom management.

Moving forward, specific findings and recommendations of the Commission for the future include the following:

#### **Michigan Office of Drug Policy**

The Commission investigated the feasibility of establishing a Michigan Office of Drug Policy (ODP). The establishment of such an office would create a statewide entity to better coordinate state and local drug related programs and more effectively marshal government resources to increase efficiencies and eliminate duplicative efforts. Illustrating the need for a centralized entity, the Commission learned that at one point during the Commission's existence, there were at least 56 independent opioid projects being worked on by several different entities within the state, with little to no centralized coordination. As a result, the Commission recommends that an Office of Drug Policy be created to coordinate, monitor, and disseminate information relating to the variety of state government, law enforcement, health systems, and private organization activities focused on prescription drug and opioid abuse in Michigan. The ODP should not supplant any current programs, rather it would serve to prevent duplication of efforts and maximize efficiency. The suggested location for the ODP would be within the Governor's office, where the greatest potential exists for overseeing the development and passage of legislation, coordinating grants, and facilitating the generation of funding to increase resources to fight drug related issues.



### **Eliminating Red Tape**

The Commission worked to identify mechanisms to diagnose and act upon trends and metrics associated with opioid abuse sooner, and with fewer bureaucratic processes to overcome. The Commission recommends that more work is needed to investigate and establish processes that enable rapid responses that address rising trends related to the opioid crisis, as time is of the essence when lives are at risk.

### **Advocating for Drug Courts**

The Commission took many actions to support and recognize the effectiveness and importance of Michigan's drug courts in combating opioid abuse and addiction. This work included advocating for an expansion of drug court programs in Michigan, and support of Public Act 161 of 2017, which amended the Revised Judicature Act to require drug treatment courts to be certified by the State Court Administrative Office (SCAO), while also prohibiting drug courts from performing their functions or receiving funding unless they are certified. Moreover, the Commission recommended to the Michigan Supreme Court and SCAO that both groups continue their funding of accredited drug treatment courts and their treatment providers, while also encouraging the Supreme Court and SCAO to utilize Medication Assisted Treatment (MAT) in SCAO accredited drug treatment courts. Finally, the Commission recommends that drug courts continue to be financially supported throughout Michigan, and that the SCAO be used as a resource to assist courts in coordinating drug treatment programs and court grants.

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

In addition to advocating on behalf of drug treatment courts, 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 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. The Commission recommends that the SCAO adopt the training recommendations listed above to better serve the public in rehabilitating addicts.

### **Alternatives to Controlled Substances**

The Commission considered various strategies to promote educating patients and the public on pain management alternatives to controlled substances. Specifically, these strategies focused on a need for increased education regarding non-pharmaceutical options for treating pain. The Commission recommends support of educational campaigns that bring attention to forms of pain management that are non-pharmaceutical, while also encouraging increased dialogue between the public and health providers, regarding the potential risks associated with treating pain with controlled substances.

### **Dashboard Reporting**

The Commission researched strategies that evaluate the efficacy of current public policy proposals that seek to address Michigan's opioid crisis. After analyzing a variety of methods, the Commission believed that a dashboard would serve as a valuable resource for the public to gauge the effectiveness of public policy. Currently, Governor Snyder has implemented various dashboards that provide a quick assessment of the state's performance in key areas, including such categories as: economic strength, health and education, value for money in government, quality of life, and public safety. The Commission recommends the establishment of an opioid-related dashboard, as a tool for government and the public to determine if progress is being made in combating opioid misuse, while also identifying areas in need of improvement.

Dashboard details should include: mortality metrics, Naloxone dispensation and administration metrics, reductions or increases in overdoses, and 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 Commission recommends that MDHHS help to provide the statistics for the dashboard.

### **Continuity of Care**

The Commission researched 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 to 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. The Commission recommends that further work be undertaken in developing best practices that ensure there is no gap in care for at-risk patients.

### **Coalition Identification and Growth**

The Commission researched law enforcement's 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 such programs is possible. The Commission determined that groups such as Hope Not Handcuffs and Families Against Narcotics have performed instrumental work at the local level, in the fight against opioid misuse. As a result, the Commission recommends that the state provide grants to successful programs so that they may grow in their abilities to provide services.

### **Opioid Awareness Training**

The Commission worked to increase awareness amongst health professionals regarding the potential danger that exists from prescribing and dispensing controlled substances. Specifically, the Commission investigated if opioid awareness training should be mandated for health professionals, especially health professionals that prescribe and dispense opioids and other narcotics.

The Commission determined that greater emphasis should be placed on educating health professionals about the potential pitfalls of controlled substances, and sent notice by letter, to prescriber educational programs in the State of Michigan, including medical schools, nursing schools, pharmaceutical schools, and veterinary schools, encouraging the programs to add addiction training and specialization programs to their curriculum.

The Commission continues to recommend that individuals who are licensed to prescribe or dispense a controlled substance complete one-time training on opioids and controlled substances awareness. At the recommendation of the Commission, the Board of Pharmacy rules committee drafted guidelines for the Pharmacy Controlled Substances ruleset, to ensure that health professionals handling controlled substances be required to complete a one-time training on opioids and controlled substances awareness. As of August 30, 2018,

the proposed rules are awaiting adoption by the State's Joint Committee on Administrative Rules.

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

The Commission sent letters to the Michigan 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. The Commission recommends that state entities in conjunction with law enforcement groups continue to spread awareness and education regarding the need for health professionals to remain vigilant for drug diversion.

**Medicaid and the Opioid Crisis**

The Commission requested that the Michigan Department of Health and Human Services (MDHHS) 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.

The Commission continues to recommend that MDHHS remain committed to taking action to prevent prescription drug and opioid abuse deaths, while also increasing access to treatment for individuals addicted to drugs.

**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

The Commission recommends that prosecutors and law enforcement continue to share information with their memberships regarding Good Samaritan Laws in Michigan.

**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 MDHHS the amount of Naloxone they dispense under the Standing Order. This was requested to assist with measuring the effectiveness of the Standing Order for Dispensing Opioid Antagonists. The letter also encouraged the association to survey their members who are choosing not to participate in the registration, to identify reasons for their lack of participation. The Commission recommends that all pharmacies in the state that dispense Naloxone under the standing order, report the dispensing of Naloxone under the standing order to MDHHS so that greater data can be obtained to determine the state of opioid abuse in Michigan, and the impact that the standing order is having in reversing overdoses and preventing death. As of August 1, 2018, 1,690 pharmacies are participating in the program (60% of Michigan pharmacies), [across communities located in both of Michigan's peninsulas](#).

**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, with what occurs during a Joint Commission audit of a medical facility. The letter requested that the Joint Commission review their Pain Management Standards, correct the inference that a

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facility's obligation is to reduce the patient's pain level to zero, and post a public statement that the Standards were not intended to over-treat pain symptoms with pain medications. The letter 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. The Commission recommends that the Joint Commission follow the advice and recommendations provided in the Commission's letter.

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

The Commission authored a letter of support to Michigan's Legislature for Senate Bill 272, which would require 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, however the Commission sees value in further efforts at educating the public on the potential dangers of opioid drugs.

### **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. The Commission believes that mortality and morbidity 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 encouraged Michigan's Legislature to consult with MDHHS regarding the current reporting process for drug related deaths while also encouraging legislators 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. The Commission recommends that legislative action be taken on this matter as quickly as possible.

### **Promoting MAPS Integration with Federal Health Entities**

Letters were sent by the Commission 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. While there have been some instances of individual federal entities volunteering to participate in Michigan's prescription drug monitoring program, there are many entities that still do not. Until there is 100% adoption by federal entities, there will continue to exist blind spots in detection of opioid abuse and diversion in Michigan. Because of this, the Commission recommends that federal health entities in Michigan work towards full integration with Michigan's MAPS system.

### **Acute Care Recommendations**

The Commission researched and reviewed the prescribing of opioids in acute care settings and determined that best practices should be established for acute care treatment in the dental, emergency department, and surgical department settings. The Commission believes that best practices can help to limit such issues as excessive prescribing and long-term opioid dependence or abuse. As a result, the Commission approved its acute care opioid prescribing recommendations directives, on June 26, 2018, which can be found [here](#). The Commission recommends that these selected best practices be used by health professionals as a clinical tool, in conjunction with a clinician's best medical judgement.

### **Drug Take-Back Recommendations**

The Commission identified a general lack of awareness by the public regarding what to do with prescription drugs that are expired or no longer needed. As a result, the Commission approved sending a letter to the Michigan Pharmacists Association, requesting that they encourage their members to use their best efforts to take back unused opioids, including increasing the number of drop-off bins located throughout the state. The Commission recommends that pharmacies throughout the state be encouraged to provide safe, convenient, and responsible means for the public to dispose of prescription

drugs, while also educating the public about the potential for unused medications to be diverted and abused.

### **Recommendations to the Michigan Department of Education for the Instruction of Pupils on Prescription Opioid Drug Abuse**

Pursuant to the requirements in Public Acts 254 and 255 of 2017, the Commission developed recommendations for the instruction of pupils, to be utilized by the Michigan Department of Education, and incorporated into the state model of academic standards for health education beginning in the 2019-2020 school year, regarding the dangers of prescription drug and opioid abuse. The Commission encourages local school districts to work toward incorporating the recommendations in time for the 2019-2020 school year.

### **Expansion of Syringe Service Programs in Michigan**

The Commission sent the Michigan Association for Local Public Health a letter advising the group that the Commission supports the expansion of existing syringe service programs. These programs help to reduce the spread of infectious diseases including: Hepatitis A, Hepatitis B, Hepatitis C, and HIV, by providing sterile syringes, vaccinations, referrals to treatment, and testing for infectious diseases. The Commission recommends that continued expansion of the syringe service programs will help to reduce the impact of infectious disease, increase the rate of participants seeking treatment, reduce overdoses deaths, and save lives.

### **Continuation of MDHHS Work Addressing Prescription Drug and Opioid Abuse**

Throughout the existence of the Commission, MDHHS has served as a partner with the Commission in addressing the opioid epidemic in the state. The Commission supports the work that MDHHS has started and recommends that MDHHS complete the following work:

- Collaborate with local coalitions, pharmacies, health profession boards, state agencies, and the DEA to increase the availability of prescription drug drop-off bins. Drop-off bins for the public are located at Michigan State Police posts and a number of private pharmacies. A map of drop-off bin locations is available through the Michigan Department of Environmental Quality (MDEQ) and the University of Michigan. MDHHS continues to work with MDEQ to promote drop-off events



for unused medication.

- MDHHS launched a multifaceted public awareness campaign, which will remain ongoing through 2019. The campaign provides information to the public regarding the dangers of abuse, how to safeguard and properly dispose of medicines, publicizes improper prescribing practices, and aims to reduce the stigma of addiction. The campaign directs the public to [www.michigan.gov/stopoverdoses](http://www.michigan.gov/stopoverdoses), and has received more than 100,000 unique page views.
- Explore options for the State to increase access to substance abuse-related care, including wraparound services and Medication Assisted Treatment (MAT), as indicated by national and state guidelines for treatment. The Medical Services Administration (MSA) Bulletin 15-56 went into effect on January 1, 2016, establishing a reimbursement policy regarding office-based opioid treatment services, and physicians and non-physician practitioner services related to opioid dependence may now be reimbursed through Fee-For-Service Medicaid. MDHHS was awarded a Federal State Targeted Response (STR) grant, which has allowed MDHHS to increase funding for MAT, increase training and support for providers of MAT, increase funding for peer support, and finally increase funding for tribal community support.
- Explore strategies to increase the number of addiction specialists practicing in Michigan. MDHHS' Behavioral Health and Developmental Disabilities Administration reestablished a Workforce Development Workgroup, to create a workforce development plan for the purpose of increasing the substance use disorder prevention and specialist workforce.
- Review current guidelines for reducing the development of neo-natal abstinence syndrome caused by prescription drug and opioid abuse. MDHHS has granted money to all 10 Pre-Paid Inpatient Health Plans (PIHPs) to develop innovative strategies to reduce neo-natal abstinence syndrome. Further, MDHHS is participating in a Substance Abuse and Mental Health Services Administration (SAMHSA) policy academy on strategies to reduce neo-natal abstinence syndrome. Finally, MDHHS is currently working with hospitals across Michigan to increase education and training regarding the issue of neo-natal abstinence syndrome.

**Continued Advocacy Through Legislative Proposals**

The Commission has been active in its support of legislative proposals which combat the severe and complex prescription drug and opioid abuse epidemic that faces Michigan. This has included the Commission’s strong support of the 10-bill package of opioid bills that passed in the Michigan Legislature in December 2017, support of legislation updating drug court standards in Michigan in November of 2017, and the Commission issuing its support behind the *STOP Act of 2018*, awaiting action before the U.S. Congress. Moving forward, the Commission recommends that the legislatures of both the state and federal governments, continue to work towards protecting the health, safety, and well-being of Michigan citizens, with regard to the issue of prescription drug and opioid abuse. The following chart outlines the 10-bill package of legislation that passed that focused on the opioid epidemic. The Commission supported the passage of the following bills:

| Law                            | Provisions   |
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| <a href="#">PA 246 of 2017</a> | <ul style="list-style-type: none"> <li>• Beginning <b>June 1, 2018</b>, a prescriber shall comply with the following before issuing a new prescription for a controlled substance containing an opioid to a minor:               <ul style="list-style-type: none"> <li>○ Discuss with the minor and the minor's parent or guardian the potential risks of addiction and overdose associated with the controlled substance.</li> <li>○ Discuss the increased risk of addiction to a controlled substance to an individual suffering from both mental and substance abuse disorders.</li> <li>○ Discuss the danger of taking a controlled substance containing an opioid with benzodiazepine, alcohol, or another central nervous system depressant.</li> <li>○ Discuss any other information in the patient counseling information section of the label for the prescription.</li> </ul> </li> <li>• The signature of the minor's parent or guardian to consent to the minor's treatment is required on a "start talking consent form", which is to be filed in the minor's medical record.               <ul style="list-style-type: none"> <li>○ The form is to contain the signatures of the parties involved, information on the name and quantity of the controlled substance, acknowledgement that the drug has potential for abuse, and a statement certifying that the prescriber discussed with the minor and the minor's guardian the potential risks of the drug.</li> </ul> </li> <li>• If the adult signing the consent form is not the parent or guardian, the prescriber shall not prescribe more than a single 72-hour supply</li> </ul> |

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|                                       | <p>of the controlled substance to the minor.</p> <ul style="list-style-type: none"> <li>• Exceptions to the above requirements exist in the case of emergency, if it is detrimental to the minor’s health, certain surgical circumstances, in specific hospice related instances, and if the minor’s parent or guardian is not legally required to consent.</li> <li>• Beginning <b>June 1, 2018</b>, before an opioid is prescribed to a patient, a prescriber shall provide the following information: <ul style="list-style-type: none"> <li>○ The dangers of opioid addiction.</li> <li>○ How to properly dispose of an expired, unused, or unwanted controlled substance.</li> <li>○ That the delivery of a controlled substance is a felony under Michigan Law.</li> <li>○ If the patient is pregnant or is a female of reproductive age, the short and long-term effects of exposing a fetus to an opioid, including but not limited to neonatal abstinence syndrome.</li> </ul> </li> <li>• After providing the information described above, the prescriber shall obtain the signature of the patient or the patient's representative on a start talking consent form as described by section (4) of PA 246 of 2017 The signed form shall be kept in the patient's medical record. <ul style="list-style-type: none"> <li>○ The requirement does not apply if the controlled substance is prescribed for inpatient use.</li> </ul> </li> <li>• Finally, the legislation provides sanctions for prescribers for failing to inform minors and their guardians of the risks of opioid abuse.</li> <li>• A sample form can be found on the MDHHS website, under the Prescribers Section: <a href="http://www.michigan.gov/stopoverdoses">www.michigan.gov/stopoverdoses</a>.</li> </ul> |
| <p><a href="#">PA 247 of 2017</a></p> | <ul style="list-style-type: none"> <li>• Except as otherwise provided by rule, beginning <b>March 31, 2018</b>, a licensed prescriber shall not prescribe a controlled substance listed in Schedules 2-5 unless the prescriber has a bona fide prescriber-patient relationship with the patient. **Please note the effective date for the bona fide relationship requirement has been moved back, pursuant to <a href="#">Public Act 101 of 2018</a>, to <b>March 31, 2019</b>, or, if rules are promulgated for circumstances warranting an alternative to the bona fide requirement prior to March 31, 2019, the date on which rules are promulgated.</li> <li>• If the prescriber provides a controlled substance, the prescriber shall provide follow-up care to the patient to monitor the efficacy of the use of the controlled substance as a treatment of the patient's medical condition.</li> <li>• If the prescriber is unable to provide follow-up care, they shall refer the patient to the patient's primary care provider for follow-up care, or if a primary care provider does not exist, another licensed prescriber who is geographically accessible to the patient.</li> <li>• The legislation defines a bona fide prescriber-patient relationship as treatment or a counseling relationship between a</li> </ul>   |

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|                                       | <p>prescriber and a patient in which both of the following are present:</p> <ul style="list-style-type: none"> <li>○ The prescriber has reviewed the patient's medical or clinical records and completed a full assessment of the patient's medical history and current medical condition, including a relevant medical evaluation of the patient conducted in person or via telehealth.</li> <li>○ The prescriber has created and maintained records of the patient's condition in accordance with medically accepted standards.</li> </ul> <ul style="list-style-type: none"> <li>• <b><u>By December 27, 2018</u></b>, LARA, in consultation with the Michigan Boards of Medicine, Osteopathic Medicine and Surgery, Dentistry, Podiatric Medicine, Optometry, Nursing, and the Michigan Task Force on Physician Assistants, may promulgate rules describing circumstances under which a bona fide prescriber-patient relationship is not required for purposes of prescribing a Schedule 2 to 5 controlled substance. The rules may also include an alternative requirement for prescribing a Schedule 2 to 5 controlled substance when a bona fide prescriber- patient relationship is not required by the rules promulgated above.</li> <li>• Finally, the legislation provides terms for sanction for violating the bona fide relationship requirements.</li> </ul> |
| <p><a href="#">PA 248 of 2017</a></p> | <ul style="list-style-type: none"> <li>• Beginning <b><u>June 1, 2018</u></b>, before prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply, a licensed prescriber shall obtain and review a MAPS report concerning that patient. The requirement does not apply in any of the following circumstances: <ul style="list-style-type: none"> <li>○ If the dispensing occurs in a hospital or a freestanding surgical outpatient facility and the controlled substance is administered to the patient in the hospital or facility.</li> <li>○ If the patient is an animal, the dispensing occurs in a veterinary hospital or clinic, and the controlled substance is administered to the animal in that hospital or clinic.</li> <li>○ If the controlled substance is prescribed by a licensed prescriber who is a veterinarian and the controlled substance will be dispensed by a pharmacist.</li> </ul> </li> <li>• Beginning <b><u>June 1, 2018</u></b>, before prescribing or dispensing a controlled substance to a patient, a licensed prescriber shall register with MAPS.</li> </ul>   |
| <p><a href="#">PA 249 of 2017</a></p> | <ul style="list-style-type: none"> <li>• Contains many of the provisions of the other bills, as it is being used as a vehicle to correct conflicts in statute created by the package of bills being passed. <ul style="list-style-type: none"> <li>○ The bill contains the bona fide prescriber-patient relationship language of SB 270.</li> <li>○ The bill contains the MAPS report review language for prescribers contained in SB 166, including the language regarding mandatory registration with MAPS for prescribers.</li> </ul> </li> </ul>   |

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|                                       | <ul style="list-style-type: none"> <li>• Provides penalties for violation of the following: <ul style="list-style-type: none"> <li>○ Beginning <b>March 31, 2019</b> (or if rules are promulgated before then for alternatives to the bona fide relationship, the date on which rules are promulgated), prescribers failing to adhere to the bona fide prescriber-patient relationship requirements.</li> <li>○ Beginning <b>June 1, 2018</b>, prescribers failing to obtain and review a MAPS report, when required, prior to prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply.</li> <li>○ Beginning <b>June 1, 2018</b>, prescribers failing to provide minors, and their parents or guardians, with proper education regarding the risks of opioid abuse.</li> </ul> </li> <li>• Beginning <b>June 1, 2018</b>, if the department has a reasonable basis to believe that a prescriber has failed to obtain and review a MAPS report before prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply, or if the department has a reasonable basis to believe that before prescribing or dispensing a controlled substance to a patient a licensed prescriber has failed to register with MAPS, the department is not required to conduct an investigation and may issue a letter to the licensee notifying the licensee that he or she may be in violation of statute. A letter issued under this section is not considered a disciplinary action.</li> </ul> |
| <p><a href="#">PA 250 of 2017</a></p> | <ul style="list-style-type: none"> <li>• Requires a health professional licensee or registrant that treats a patient for an opioid-related overdose to provide that patient with information regarding Substance Use Disorder Services.</li> <li>• For resources and additional information go to the MDHHS website: <a href="http://www.michigan.gov/stopoverdoses">www.michigan.gov/stopoverdoses</a>.</li> <li>• <b>Effective March 27, 2018.</b></li> </ul>   |
| <p><a href="#">PA 251 of 2017</a></p> | <ul style="list-style-type: none"> <li>• Beginning <b>July 1, 2018</b>, if a prescriber is treating a patient for acute pain, that the prescriber shall not prescribe the patient more than a 7-day supply of an opioid within a 7-day period.</li> <li>• Beginning <b>March 27, 2018</b>, a pharmacist, consistent with federal law and regulations on the partial filling of a controlled substance included in Schedule 2, may partially fill in increments, a prescription for a controlled substance included in Schedule 2.</li> </ul>  |
| <p><a href="#">PA 252 of 2017</a></p> | <ul style="list-style-type: none"> <li>• Adds the dispensing of a controlled substance at a veterinary hospital or clinic that administers the controlled substance to an animal that is an inpatient, to the following list of exemptions for MAPS reporting requirements: <ul style="list-style-type: none"> <li>○ A hospital.</li> <li>○ A health facility or agency if the controlled substance is dispensed by a dispensing prescriber in a quantity adequate to treat the patient for not more than 48 hours.</li> </ul> </li> <li>• Provides that before dispensing or prescribing buprenorphine or a drug containing buprenorphine or methadone to a patient in a substance disorder program, the prescriber shall obtain and review a MAPS report</li> </ul>   |

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|                                       | <p>on the patient.</p> <ul style="list-style-type: none"> <li>• A prescriber shall report data to MAPS if federal law does not prohibit the reporting of data concerning the patient, to LARA.</li> <li>• R 338.3162E is rescinded from the pharmacy rules, and deals with exemptions to MAPS reporting requirements.</li> <li>• <b><u>Effective March 27, 2018.</u></b></li> </ul>   |
| <a href="#"><u>PA 253 of 2017</u></a> | <ul style="list-style-type: none"> <li>• Amends the Social Welfare Act to provide that an eligible individual can receive medically necessary treatment for opioid abuse. The bill codifies coverage by Michigan's Medicaid program for detox programs.</li> <li>• <b><u>Effective March 27, 2018.</u></b></li> </ul>   |
| <a href="#"><u>PA 254 of 2017</u></a> | <ul style="list-style-type: none"> <li>• Requires the Commission, by <b><u>July 1, 2018</u></b>, to develop or adopt for the Department of Education, recommendations for the instruction of pupils on the dangers of prescription opioid drug abuse.</li> </ul>  |
| <a href="#"><u>PA 255 of 2017</u></a> | <ul style="list-style-type: none"> <li>• By <b><u>July 1, 2019</u></b>, the Department of Education shall make available to school districts the model program of instruction on the dangers of prescription opioid drug abuse, developed or adopted by the Commission.</li> <li>• Beginning in the <b><u>2019-2020 School Year</u></b>, the Department of Education shall ensure that the state model of academic standards for health education includes instruction on prescription opioid drug abuse, including at least the Commission's recommendations.</li> </ul> |

## **Acknowledgment of Appreciation**

The Commission and staff of the Department of Licensing and Regulatory Affairs 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 her leadership from 2016-2018, the Commission was successful in completing its charge of reviewing the Report of Findings and Recommendations for Action from the Michigan Prescription Drug and Opioid Abuse Task Force; developing and proposing policies and action plans to implement the recommendations in the report; and making further recommendations to combat the pervasive prescription drug and opioid abuse epidemic facing Michigan.

LARA commends her passion to eliminate the prescription drug and opioid abuse epidemic. Her dedication to serve the citizens of the State of Michigan is remarkable and sincerely appreciated. Moreover, LARA would also like to thank each member of the Commission for providing their expertise and sacrificing their time and energy to make the Commission a success. Finally, LARA would like to acknowledge and thank the staff from other state departments and the Governor's office, as well as all the presenters and guests for providing invaluable information, advice, and direction to the Commission.