

# HOW THE NEW MICHIGAN PRESCRIPTION LAWS AFFECT YOUR CARE



YOU NEED AN APPOINTMENT TO REVIEW AND SIGN OUR "MSU START TALKING CONSENT FORM"

If you need a renewal prescription of an opioid 

When a controlled substance in a quantity greater than a 3-day supply is prescribed, we will run a report of your filled prescriptions from the State of Michigan database and review it before prescribing.



If we prescribe an opioid, we discuss your responsibilities and confirm it with a signature on our "MSU Start Talking Consent Form". If you are under 18, we will include your parent or legal guardian in the discussion and signature process.



We also may have you sign an "MSU HealthTeam Controlled Substance Agreement."

# Michigan Controlled Substance Laws

## FAQ (Frequently Asked Questions)

**Why was this law created?** To counteract the trend of opioid overdose deaths and the opioid epidemic. It's actually a set of laws. According to the Michigan Department of Health and Human Services from 1999 to 2016, the total number of overdose deaths involving any type of opioid increased more than 17 times in Michigan, from 99 to 1,699.

**What is a controlled substance?** Medications are often an integral part of treatment of conditions and diseases. Some medications' use also may be closely monitored by the state and federal government because of their increased risk of abuse, addiction and dependence. Examples are: Vicodin, Ritalin, Testosterone, and Ambien.

**What is a schedule II-V drug?** Controlled substances are categorized into schedules. Three criteria determine a drug's schedule: How accepted it is for medical use in treatment in the United States, the relative potential for abuse and the likelihood for dependence if abused.

**What is MAPS?** The Michigan Automated Prescription System is Michigan's prescription monitoring program. MAPS is used to track controlled substances, schedules II-V drugs. In Michigan, anytime you receive a schedule II-V drug, it is entered into the MAPS system.

**What will education consist of?** For patients, we must discuss the risks of addiction and overdose with both the patient and patient's parent or legal guardian if the patient is a minor; the increased risk of addiction for people suffering from mental and substance abuse disorders; the prescribed drug's interactions, and side effects. We let you know how to dispose of any unused or expired controlled substances safely, the consequences of giving your medication to others, and the effects of using controlled substances on pregnancies.

**Who will provide the education?** Education can be performed by any licensed healthcare professional. In our clinics, your education will be conducted by a physician; an advanced practice provider such as: a nurse practitioner or a physician assistant; or a nurse.

**What are the new Michigan laws?** We've summarized the laws and only included the portions that apply to your care at our outpatient clinics.

- Public Act 246:**
  - Starting June 1, 2018, a prescriber or licensed health professional must provide education on the risk of addiction, diversion consequences of opioids, how to properly dispose of unwanted opioids and the danger to a fetus, if pregnant or of child-bearing age, before prescribing an opioid to a patient.
  - Starting June 1, 2018, consent and signature before patients receive their first prescription of a controlled substance containing an opioid is required.
- Public Act 247:** Beginning March 31, 2018, if a prescriber provides a controlled substance, the prescriber shall provide follow-up care to the patient (or refer to someone nearby who is able) to monitor the efficacy of the use of the controlled substance as a treatment of the patient's medical condition.
- Public Act 248 & 249:** Starting June 1, 2018, a licensed prescriber dispensing controlled substances to a patient in a quantity that exceeds a 3-day supply, must obtain and review a MAPS report concerning that patient.
- Public Act 251:** Beginning July 1, 2018, if a prescriber is treating a patient for acute pain, the prescriber cannot prescribe the patient more than a 7-day supply of an opioid within a 7-day period.