PRESCRIPTION MONITORING PROGRAM STATE PROFILES – MICHIGAN

Research current through July 2014.

This project was supported by Grant No. G1399ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.

MICHIGAN

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- Status of Program – operational
- Housing Entity – Department of Licensing and Regulatory Affairs
- Advisory Commission – yes
- Funding – pain management and controlled substances electronic monitoring and antidiversion fund
- Drugs Monitored – Schedules II – V
- Who's Required to Report Dispensing Information – pharmacists, dispensing prescribers, veterinarians
- Exemptions from Reporting – administration of a controlled substance directly to a patient; dispensing from a health care facility or agency of a controlled substance to a patient in an amount adequate to treat a patient for not more than 48 hours
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – yes
- Data Collection Interval – daily for online submission; weekly for mail-in submission of data
- Notice to Consumers – no
- Interstate Sharing – with other PMPs and authorized users in other states
- Persons Authorized to Receive Information – law enforcement and judicial/prosecutorial officials; licensing/regulatory boards; state-operated Medicaid program; health care payment or benefit provider; prescribers; dispensers
- Delegates Allowed – no
- De-identified Data Provided – no
- Unsolicited Reports – to prescribers
- Training Required – no
- Mandatory Enrollment – no
- Mandatory Access – no

Michigan Compiled Laws Annotated (2014)
Chapter 333. Health
Public Health Code
Article 7. Controlled Substances
Part 71. General Provisions

§ 333.7112. Advisory commission; per diem, terms, vacancies, meetings, reports

Sec. 7112. (1) Members of the controlled substances advisory commission shall receive per diem compensation as established annually by the legislature and shall be reimbursed for expenses incurred pursuant to section 1216.

(2) The members of the controlled substances advisory commission shall serve for terms of 2 years. An individual shall not serve more than 2 terms and a partial term, consecutive or otherwise. A vacancy shall be filled for the balance of the unexpired term in the same manner as the original appointment.

(3) The controlled substances advisory commission shall meet at least once each 3 months and shall report on its activities and make recommendations as described in section 7113 to the administrator, the governor, and the legislature at least annually.

Michigan Compiled Laws Annotated (2014)
Chapter 333. Health
Public Health Code
Article 7. Controlled Substances
Part 71. General Provisions

§ 333.7113. Advisory commission; powers and duties

Sec. 7113. (1) The controlled substances advisory commission shall monitor indicators of controlled substance abuse and diversion. If that data shows that Michigan exceeds the average national per capita consumption of a controlled substance, the controlled substances advisory commission shall investigate and determine if there is a legitimate reason for the excess consumption. If the controlled substances advisory commission determines there is not a legitimate reason for the excess consumption, the controlled substances advisory commission shall recommend to the administrator a plan of action to overcome the problem. The controlled substances advisory commission may also recommend action to the administrator if other indicators show that a special problem is developing with any controlled substance available by prescription.

(2) The controlled substances advisory commission shall publicly issue an annual report to the administrator, the governor, and the legislature on the current status of the abuse and diversion of controlled substances in this state. The report shall also identify existing efforts to overcome the abuse and diversion of controlled substances in this state and make recommendations for needed legislative, administrative, and interagency activities.

(3) The controlled substances advisory commission may include in the report required by subsection (2) recommendations for action that involve licensing, law enforcement, substance abuse treatment and prevention, education, professional associations, pharmaceutical manufacturers, and other relevant individuals and agencies.

(4) By December 31, 1993, the department of commerce, in consultation with the Michigan pharmacists association, shall establish a standardized data base format consistent with the standards of the national council for prescription drug programs that may be used by dispensing pharmacies or a practitioner described in section 7334(2) to transmit the prescription-related information required under section 7334 to the department of commerce electronically or on storage media including, but not limited to, disks, tapes, and cassettes. The controlled substances advisory commission shall approve or revise the standardized data base format within 3 months after the department of commerce establishes the format. Upon commission approval or revision, the department of commerce shall implement transmission of information under the format and prescription-related information required under section 7334 may be transmitted to the department of commerce electronically or on storage media.

Michigan Compiled Laws Annotated (2014)
Chapter 333. Health
Public Health Code
Article 7. Controlled Substances
Part 73. Manufacture, Distribution, and Dispensing

§ 333.7333a. Dispensing of controlled substances; electronic monitoring system

Sec. 7333a. (1) The department shall establish, by rule, an electronic system for monitoring schedule 2, 3, 4, and 5 controlled substances dispensed in this state by veterinarians, and by pharmacists and dispensing prescribers licensed under part 177 or dispensed to an address in this state by a pharmacy licensed in this state. The rules shall provide an appropriate electronic format for the reporting of data including, but not limited to, patient identifiers, the name of the controlled substance dispensed, date of dispensing, quantity dispensed, prescriber, and dispenser. The department shall require a veterinarian, pharmacist, or dispensing prescriber to utilize the electronic data transmittal process developed by the department or the department's contractor. A veterinarian, pharmacist, or dispensing prescriber shall not be required to pay a new fee dedicated to the operation of the electronic monitoring system and shall not incur any additional costs solely related to the transmission of data to the department. The rules promulgated under this subsection shall exempt both of the following circumstances from the reporting requirements:

(a) The administration of a controlled substance directly to a patient.

(b) The dispensing from a health facility or agency licensed under article 17 of a controlled substance by a dispensing prescriber in a quantity adequate to treat a patient for not more than 48 hours.

(2) Notwithstanding any practitioner-patient privilege, the director of the department may provide data obtained under this section to all of the following:

(a) A designated representative of a board responsible for the licensure, regulation, or discipline of a practitioner, pharmacist, or other person who is authorized to prescribe, administer, or dispense controlled substances.

(b) An employee or agent of the department.

(c) A state, federal, or municipal employee or agent whose duty is to enforce the laws of this state or the United States relating to drugs.

(d) A state-operated medicaid program.

(e) A state, federal, or municipal employee who is the holder of a search warrant or subpoena properly issued for the records.

(f) A practitioner or pharmacist who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide current patient.

(g) An individual with whom the department has contracted under subsection (8).

(h) A practitioner or other person who is authorized to prescribe controlled substances for the purpose of determining if prescriptions written by that practitioner or other person have been dispensed.

(i) Until December 31, 2016, the health care payment or benefit provider for the purposes of ensuring patient safety and investigating fraud and abuse.

(3) Except as otherwise provided in this part, information submitted under this section shall be used only for bona fide drug- related criminal investigatory or evidentiary purposes or for the investigatory or evidentiary purposes in connection with the functions of a disciplinary subcommittee or 1 or more of the licensing or registration boards created in article 15. [FN3]

(4) A person who receives data or any report under subsection (2) containing any patient identifiers of the system from the department shall not provide it to any other person or entity except by order of a court of competent jurisdiction.

(5) Except as otherwise provided in this subsection, reporting under subsection (1) is mandatory for a veterinarian, pharmacist, and dispensing prescriber. However, the department may issue a written waiver of the electronic reporting requirement to a veterinarian, pharmacist, or dispensing prescriber who establishes grounds that he or she is unable to use the electronic monitoring system. The department shall require the applicant for the waiver to report the required information in a manner approved by the department.

(6) In addition to the information required to be reported annually under section 7112(3), [FN4] the controlled substances advisory commission shall include in the report information on the implementation and effectiveness of the electronic monitoring system.

(7) The department, in consultation with the controlled substances advisory commission, the Michigan board of pharmacy, the Michigan board of medicine, the Michigan board of osteopathic medicine and surgery, the Michigan state police, and appropriate medical professional associations, shall examine the need for and may promulgate rules for the production of a prescription form on paper that minimizes the potential for forgery. The rules shall not include any requirement that sequential numbers, bar codes, or symbols be affixed, printed, or written on a prescription form or that the prescription form be a state produced prescription form. In examining the need for rules for the production of a prescription form on paper that minimizes the potential for forgery, the department shall consider and identify the following:

(a) Cost, benefits, and barriers.

(b) Overall cost-benefit analysis.

(c) Compatibility with the electronic monitoring system required under this section.

(8) The department may enter into 1 or more contractual agreements for the administration of this section.

(9) The department, all law enforcement officers, all officers of the court, and all regulatory agencies and officers, in using the data for investigative or prosecution purposes, shall consider the nature of the prescriber's and dispenser's practice and the condition for which the patient is being treated.

(10) The data and any report containing any patient identifiers obtained from the data are not public records and are not subject to the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(11) Beginning February 1, 2013 and through February 1, 2016, the department may issue a written request to a health care payment or benefit provider to determine if the provider has accessed the electronic system as provided in subsection (2)(i) in the previous calendar year and, if so, to determine the number of inquiries the provider made in the previous calendar year and any other information the department requests in relation to the provider's access to the electronic system. A health care payment or benefit provider shall respond to the written request on or before the March 31 following the request. The department shall collaborate with health care payment or benefit providers to develop a reasonable request and reporting form for use under this subsection.

(12) As used in this section:

(a) "Department" means the department of licensing and regulatory affairs.

(b) "Health care payment or benefit provider" means a person that provides health benefits, coverage, or insurance in this state, including a health insurance company, a nonprofit health care corporation, a health maintenance organization, a multiple employer welfare arrangement, a medicaid contracted health plan, or any other person providing a plan of health benefits, coverage, or insurance subject to state insurance regulation.

Michigan Compiled Laws Annotated (2014)
Chapter 333. Health
Public Health Code
Article 15. Occupations
Part 161. General Provisions

§ 333.16315. Health professions regulatory fund; nurse professional fund; pain management education and controlled substances electronic monitoring and antidiversion fund

Sec. 16315. (1) The health professions regulatory fund is established in the state treasury. Except as otherwise provided in this section, the state treasurer shall credit the fees collected under sections 16319 to 16349 to the health professions regulatory fund. The money in the health professions regulatory fund shall be expended only as provided in subsection (5).

(2) The state treasurer shall direct the investment of the health professions regulatory fund. Interest and earnings from health professions regulatory fund investment shall be credited to the health professions regulatory fund.

(3) The unencumbered balance in the health professions regulatory fund at the close of the fiscal year shall remain in the health professions regulatory fund and shall not revert to the general fund.

(4) The health professions regulatory fund may receive gifts and devises and other money as provided by law.

(5) The department shall use the health professions regulatory fund to carry out its powers and duties under this article, article 7, and article 8, including, but not limited to, reimbursing the department of attorney general for the reasonable cost of services provided to the department under this article, article 7, and article 8.

(6) The nurse professional fund is established in the state treasury. Of the money that is attributable to per-year license fees collected under section 16327, the state treasurer shall credit $8.00 of each individual annual license fee collected to the nurse professional fund. The money in the nurse professional fund shall be expended only as provided in subsection (9).

(7) The state treasurer shall direct the investment of the nurse professional fund, and shall credit interest and earnings from the investment to the nurse professional fund. The nurse professional fund may receive gifts and devises and other money as provided by law.

(8) The unencumbered balance in the nurse professional fund at the close of the fiscal year shall remain in the nurse professional fund and shall not revert to the general fund.

(9) The department of community health shall use the nurse professional fund each fiscal year only as follows:

(a) To promote safe patient care in all nursing practice environments.

(b) To advance the safe practice of the nursing profession.

(c) To assure a continuous supply of high-quality direct care nurses, nursing faculty, and nursing education programs.

(d) To operate a nursing scholarship program.

(10) The pain management education and controlled substances electronic monitoring and antidiversion fund is established in the state treasury.

(11) The state treasurer shall direct the investment of the pain management education and controlled substances electronic monitoring and antidiversion fund. Interest and earnings from investment of the pain management education and controlled substances electronic monitoring and antidiversion fund shall be credited to the pain management education and controlled substances electronic monitoring and antidiversion fund.

(12) The unencumbered balance in the pain management education and controlled substances electronic monitoring and antidiversion fund at the close of the fiscal year shall remain in the pain management education and controlled substances electronic monitoring and antidiversion fund and shall not revert to the general fund. The pain management education and controlled substances electronic monitoring and antidiversion fund may receive gifts and devises and other money as provided by law. Twenty dollars of the license fee received by the department under section 16319 shall be deposited with the state treasurer to the credit of the pain management education and controlled substances electronic monitoring and antidiversion fund. The department shall use the pain management education and controlled substances electronic monitoring and antidiversion fund only in connection with programs relating to pain management education for health professionals, preventing the diversion of controlled substances, and development and maintenance of the electronic monitoring system for controlled substances data required by section 7333a.

Michigan Administrative Code (2014)
Department of Community Health (R 338.3101 through R 338.3199q)
Director's Office
Pharmacy - Controlled Substances
Part 6. Dispensing and Administering Controlled Substance Prescriptions

R 338.3162b Electronic system for monitoring schedules 2, 3, 4, and 5 controlled substances.

Rule 62b. (1) A pharmacist, dispensing prescriber, and veterinarian licensed under Part 177 who dispenses a prescription drug which is a controlled substance listed in schedules 2 to 5 or a pharmacy licensed by the state that dispenses in this state or dispenses to an address in this state a controlled substance listed in schedules 2 to 5 shall report to the department or the department's contractor by means of an electronic data transmittal process the following information for each prescription of a schedules 2 to 5 controlled substance prescription dispensed:

(a) The patient identifier, as defined in R 338.3102(1)(f). The following apply:

(i) An identification number, as specified in R 338.3102(1)(f)(iv)(A) or (B), is not required for patients under the age of 16.

(ii) If the patient is under 16 years of age, zeroes shall be entered as the identification number.

(iii) If the patient is an animal, positive identification of the animal's owner that meets the requirements of R 338.3102(1)(f)(iv).

(b) The name of the controlled substance dispensed.

(c) The metric quantity of the controlled substance dispensed.

(d) The national drug code number (ndc) of the controlled substance dispensed.

(e) The date of issue of the prescription.

(f)The date of dispensing.

(g)The estimated days of supply of the controlled substance dispensed.

(h) The prescription number assigned by the dispenser.

(i)The dea registration number of the prescriber and the dispensing pharmacy.

(j) The Michigan license number of the dispensing pharmacy.

(2) A pharmacist, dispensing prescriber, or veterinarian may presume that the patient identification information provided by a patient or a patient's representative is correct.

Michigan Administrative Code (2014)
Department of Community Health (R 338.3101 through R 338.3199q)
Director's Office
Pharmacy - Controlled Substances
Part 6. Dispensing and Administering Controlled Substance Prescriptions

R 338.3162c Format for electronic transmission of data; waiver.

Rule 62c. (1) A pharmacist, dispensing prescriber, or veterinarian who dispenses a prescription drug which is a controlled substance listed in schedules 2 to 5 shall transmit the data, as specified under R 338.3162b, by electronic media or other means as approved by the department or the department's contractor.

(2) The data shall be transmitted in the format established by the american society for automation in pharmacy (asap) telecommunications format for controlled substances.

(3) A pharmacist, dispensing prescriber, or veterinarian who dispenses controlled substances and who does not have an automated record-keeping system capable of producing an electronic report in the format established by subrule (2) of this rule may request a waiver from electronic reporting. The request shall be made in writing to the department.

(4) A pharmacist, dispensing prescriber, or veterinarian may be granted a waiver, if he or she demonstrates an inability to report as required by R 338.3162b and he or she agrees in writing to report the data to the department or the department's contractor by submitting a completed maps claim form as defined in R 338.3102(c) or transmitting data via an internet web portal that is provided by the Department or the Department's contractor for this purpose.

Michigan Administrative Code (2014)
Department of Community Health (R 338.3101 through R 338.3199q)
Director's Office
Pharmacy - Controlled Substances
Part 6. Dispensing and Administering Controlled Substance Prescriptions

R 338.3162d Required reporting of prescription data; error reporting.

Rule 62d. (1) A pharmacist, pharmacy, dispensing prescriber, or veterinarian shall report all schedules 2 to 5 controlled substances dispensed.

(2) The data required by R 338.3162b shall be forwarded by on-line transmission, computer diskette, compact disk, or other approved medium, as specified in R 338.3162c to the department or the department's contractor, twice monthly and shall include the data for all controlled substances dispensed since the previous transmission or report. Beginning 180 days after these amendatory rules take effect, the data required by R 338.3162b shall be forwarded to the department or the department's contractor by the end of the next business day and shall include the data for all controlled substances dispensed since the previous transmission or report.

(3) For each pharmacist, pharmacy, dispensing prescriber, or veterinarian who does not have the capacity to forward the information as specified in R 338.3162b, the information shall be mailed or delivered to a location specified by the department or the department's contractor not later than 7 calendar days after the date that the controlled substance has been dispensed, and shall include the data for all controlled substances dispensed since the previous transmission or report.

(4) The department or the department's contractor shall notify a pharmacist, pharmacy, dispensing prescriber, or veterinarian of an error in data reporting. Upon receiving notification of an error in data reporting, a pharmacist, pharmacy, dispensing prescriber, or veterinarian shall take appropriate measures to correct the error and transmit the corrected data to the department or the department's contractor within 7 calendar days of being notified of the error.

(5) A pharmacist, pharmacy, dispensing prescriber, or veterinarian who fails to report the dispensing of a prescription for a controlled substance listed in schedules 2 to 5 as required, beginning on the date that these amendatory rules take effect, shall be subject to the penalty provisions in section 16221, 17741, or 17768 in article 15 of the act.

Michigan Administrative Code (2014)
Department of Community Health (R 338.3101 through R 338.3199q)
Director's Office
Pharmacy - Controlled Substances
Part 6. Dispensing and Administering Controlled Substance Prescriptions

R 338.3162e Exemption from reporting requirements.

Rule 62e. A pharmacist, dispensing prescriber, or veterinarian shall be exempt from the reporting requirements under the following circumstances:

(a) When a controlled substance in schedules 2 to 5 is administered directly to a patient.

(b) When a controlled substance in schedules 2 to 5 is dispensed from a health facility or agency licensed under article 17 of the act by a dispensing prescriber in a quantity adequate to treat a patient for not more than 48 hours.