LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD

VISION

"We envision that our communities have both an awareness of the impact of substance abuse and use, and the ability to embrace wellness, recovery and strive for a greater quality of life."

AGENDA
January 25, 018

705 N. Zeeb Road, Ann Arbor
Patrick Barrie Conference Room
9:30 a.m. – 11:30 a.m.

1. ***Introductions & Welcome Board Members***– 5 minutes

2. Approval of Agenda (Board Action) – 2 minutes

3. Approval of 11-30-2017 OPB Minutes {Att. #1} (Board Action) – 5 minutes

4. Audience Participation – 3 minutes per person

5. Old Business – 20 minutes
   a. Finance Report {Att. #2} (Board Action) – 15 minutes
   b. Membership reappointments (Discussion) – 5 minutes

6. New Business – 45 minutes
   a. Recovery Coach Funding for SAHL (Board Action) {Att. #3}
   b. Mini-Grant requests (Board Action) {Att. #4 and #4-a}
   c. Prevention Training Budget Request (Board Action) {Att. #5}
   d. Marijuana – potential resolution (Discussion) {Att. #6, #6a and #6b)

7. Presentation on Veteran's Navigator program – Erika Behm 15 minutes
8. Report from Regional Board (Discussion) – 5 minutes
9. SUD Director Updates (Discussion) – 10 minutes
   a. Opiate Legislation {Att.7}
   b. Expansion of HNV residential
   c. Desk Audit (table until complete)
   d. Program updates

Next meeting: February 22, 2018

Parking Lot:

LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD
Summary of November 30, 2017 meeting
705 N. Zeeb Road
Ann Arbor, MI 48103

Members Present: David Oblak, William Green, Tom Waldecker, Dave O'Dell, John Lapham, Susan Webb, Amy Fullerton, Kim Comerzan, Blake LaFuente, Ralph Tillotson, Monique Uzelac, Susan Webb

Members Absent: Mark Cochran, Dianne McCormick, Charles Coleman

Guests: Therapeutics staff

Staff Present: Stephannie Weary, Marci Scalera, Suzanne Stolz, Jane Goerge, Katie Postmus, Joelen Kersten, James Colaianne, Cassandra Boyd

A. D. Oblak called the meeting to order at 9:35 a.m.

1. Introductions

2. Approval of the agenda

   Motion by J. Lapham, supported by B. LaFuente, to approve the agenda
   Motion carried

3. Approval of the September 29, 2017 Oversight Policy Board minutes

   Motion by T. Waldecker, supported by D. O'Dell, to approve the September 29, 2017 Oversight Policy Board minutes
   Motion carried

4. Audience Participation
   - Deirdre and Dwayne Goldsmith from Therapeutics advised that they've been credentialed, have applied to the RFP, but don't have a contract. They'd like to provide services to anyone who needs help.

5. Old Business
   a. Finance Report
      - S. Stolz presented. Discussion followed.
   b. Funder Providers/Program
      - M. Scalera provided the list of providers and programs that are funded for FY18.
   c. Draft PA2 policy revision
      - M. Scalera presented the revised PA2 Procurement Policy.

   Motion by T. Waldecker, supported by A. Fullerton, to approve the revised PA2 Procurement policy
   Motion carried

6. New Business
    a. Prevention Program Briefs Presentation
        - J. Goerge and K. Postmus provided an overview of Prevention programming.
    b. Prevention Training Survey
        - C. Boyd shared the Prevention Training survey results. Discussion followed.
    c. Naloxone Policy Update
        - A "train-the-trainer" session will happen soon. The training was developed by Dr. Gina Dahlem from U of M.
        - This is a procedure that will go along with the Naloxone policy.
        - OPB discussed current trends in substance use, including a recurrence of crack cocaine and methamphetamines.

7. SUD Director Report

State Site Visit

SUD services passed with 100%.

- Next year auditors will go to providers to be onsite monitors of our actions, with our providers.

Provider closures

- Ann Arbor Treatment Services, the methadone clinic in Washtenaw County announced it is closing. Clients will be transferred to other providers

Provider Desk Audits

- All treatment providers have been monitored.
- A report will come to OPB no later than February.

GAI I-Core

- GAIN I-Core is required by state for every person coming into treatment, effective 2019. It takes the place of biopsychosocial.
- All access staff and clinical will be trained. The state will provide training.
- M. Scalera will email the tool to OPB.

Grant Updates

- Monroe Engagement Center – there is a lot of support from the community including ProMedica, which has given Catholic Charities space in the hospital, charging $1/year for the space. There is almost enough funding to the launch the center.
- October 1, 2017 opening for Lenawee Engagement Center. It's only open on the weekends.
- Livingston County's engagement center is well-established now.
- Washtenaw's engagement center is looking to open more beds, expand.
- The region has used up all its STR funds for Naloxone, and is now using block grant funds.

8. Adjourn

Motion by T. Waldecker, supported by J. Lapham, to adjourn
Motion carried

Meeting adjourned at 11:05 a.m.

Community Mental Health Partnership Of Southeast Michigan
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND
November 2017 FYTD

Summary Of Revenue & Expense	Funding Source				Total Funding Sources
	Medicaid	Healthy Michigan	SUD - Block Grant	SUD-COBO/PA2	
Revenues					
Funding From MDCH	$ 360,719	$ 673,482	$ 964,672		$ 1,998,873
PA2/COBO Tax Funding	$ -	$ -	$ -	$ 304,349	$ 304,349
Other	$ -	$ -	$ -	$ -	$ -
Total Revenues	$ 360,719	$ 673,482	$ 964,672	$ 304,349	$ 2,303,221
Expenses					
Funding for County SUD Programs					
Lenawee	$ 47,867	$ 92,316	$ 44,702	$ 15,391	$ 200,275
Livingston	$ 34,099	$ 62,952	$ 97,896	$ 45,586	$ 240,533
Monroe	$ 47,092	$ 113,110	$ 88,919	$ 20,791	$ 269,913
Washtenaw	$ 115,681	$ 346,622	$ 305,216	$ 80,178	$ 847,697
Total SUD Expenses	$ 244,739	$ 614,999	$ 536,733	$ 161,946	$ 1,558,417
Other Operating Costs					
SUD HICA Claims Tax	$ 2,705	$ 5,051	$ -	$ -	$ 7,756
Total Operating Costs	$ 2,705	$ 5,051	$ -	$ -	$ 7,756
Administrative Cost Allocation	$ 13,664	$ 34,328	$ 40,176	$ -	$ 88,169
Total Expenses	$ 261,109	$ 654,379	$ 576,909	$ 161,946	$ 1,654,342
Revenues Over/(Under) Expenses	$ 99,610	$ 19,103	$ 387,763	$ 142,403	$ 648,879

	Revenues	Expenditures	Revenues Over/(Under) Expenses
PA2 by County			
Lenawee	24,536	15,391	9,145
Livingston	74,681	45,586	29,095
Monroe	53,040	20,791	32,249
Washtenaw	152,092	80,178	71,914
Totals	$ 304,349	$ 161,946	$ 142,403

Unallocated PA2	Projected Beginning Balance*
Lenawee	928,205
Livingston	2,429,734
Monroe	608,058
Washtenaw	2,363,366
Total	$ 6,329,363

* FY17 is currently in the closing process. Final reports are due February 28th. Finalized available PA2 reserves will be updated in March 2018.

Attachment #3
1/25/18

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: JANUARY 25, 2018

Action Requested: Peer Recovery Coach Funding for Salvation Army Harbor Light

Background: The Salvation Army Harbor Light has provided peer coaching under PA2 FUNDS of $25,000 since we began our contracting with them in 2014. The request for continuation funding through the RFP Process was overlooked by the provider. However, they have provided this service and upon submitting for reimbursement, we realized this was not included in our service award this year. We are requesting approval retroactively to October 1, 2017 for PA 2 funding for this service. The service would be included moving forward for any continuation funding during this grant cycle.

Connection to PIHP/MDCH Contract, Regional Strategic Plan or Shared Governance Model:

Provision of recovery focused services to include persons with lived experience.

Recommendation:

Approval of $25,000 annual funding for Recovery Coach at Salvation Army Harbor Light, Monroe.

CMHPSM SUD MINI-GRANT REQUEST/REPORT

Funding reserved per county $5000

DATE	PROVIDER	AMOUNT REQUESTED	PROGRAM DESCRIPTION	COUNTY	COUNTY BALANCE REMAINING
11/30/17	Unite to Face Addiction	$500	Reality Tour	Washtenaw	$4500
1/12/18	Dawn Farm, HNV, WCCMH	$919	CommUNITY: Training for SUD provider staff and CMH staff on joint services and coordination	Washtenaw	$3581

Estimate for 80 people-Liz update!

Item	Approximate Cost
Pens, Index Cards	$10-To add an additional pack to items saved items from last events.
Tent Cards & sharpies (cardstock)	$35
Certificates (½ sheets)	45 single sided b & w copies 14 cents $6.30
Feedback/Evaluation	85 single sided $11.90
Handouts (Info. sheets for each of our agencies)	85 B & W double sided intro to event sheet *Agencies will print their own description sheets.
Total copies & supplies cost estimate	**$63.20**
Breakfast	Bagels, 8 dozen $78.80 Spreads, Coffee, Bananas, Yogurt? etc. estimate $50
Lunch	Meat sandwiches $161.94 Veggie Sandwiches $64.95 Chips, Drinks, Carrots, Hummus, Plates, napkins, knives, cups, etc. estimate $100
Food Total Estimate	**$455.69**
T-shirts	**$800**
Fishbowls	Find something we already have
Swag stuff from each agency	Agency responsible for
Air horn or chime	Dawn Farm
ESTIMATED TOTAL WITH SHIRTS: $1,318.89 ****based on last year's t-shirt quote. Cost may be slightly higher.****	**New Total after agency contributions:** **$918.89**

CommUnity Event Tentative Agenda March 22, 2018
@ The Barn (6633 Stony Creek Rd. Ypsilanti 48197)

9-9:30	Introduction to event & the Co-occurring workgroup *Networking! Ask folks to move to a new table with mixed tent card color representation.*
	Table activity-let's get to know each other!
9:30-10:15	2-3 Clients share their stories. Preferably folks who have benefited from at least 2 of our services.
Break 10:15-10:30	
10:30-11:15	Mental Health 101-What are the services that we deliver & updates! **Answer some fishbowl questions*
11:15-12	SUD 101-HNV & Dawn Farm specifics on services provided & updates **Answer some fishbowl questions*
12-12:30	LUNCH
12:30-12:45	*Believe in Me* DVD-has several inspiring messages from clients (1)
12:45-1:30	Avalon 101 **Answer some fishbowl questions*
1:30-3:00 p.m.	Opportunity to brainstorm how we can work together. We pitch several case studies & ask: -What would it look like if we were all working together the best that we could? -In a perfect world what would this look like? -What are some steps you can take at your agency today to help with this? ***Ground rules..think beyond the current barriers….***
	Continue to answer questions from the fishbowl. Remaining questions-answers will be emailed out. Feedback forms

Attachment #5
1/25/18

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: JANUARY 25, 2018

Action Requested: FUNDING FOR PREVENTION TRAINING

Background: The prevention staff presented a workforce development survey to the OPB board last month. Topics that were identified by providers as priority were *Current Alcohol and other Drug Trends; Social Media Literacy; and Substance Use Impact on the Adolescent Brain.* Staff contacted the Prevention Network, who provides training on these topics, and were given an estimate of approximately $1,000 per half day training session. Staff is requesting a set aside of up to $4,000 for the region to secure training on these topics. We will offer two sessions on one day and look at a half day training following that. There will be no charge to participants.

Connection to PIHP/MDCH Contract, Regional Strategic Plan or Shared Governance Model:

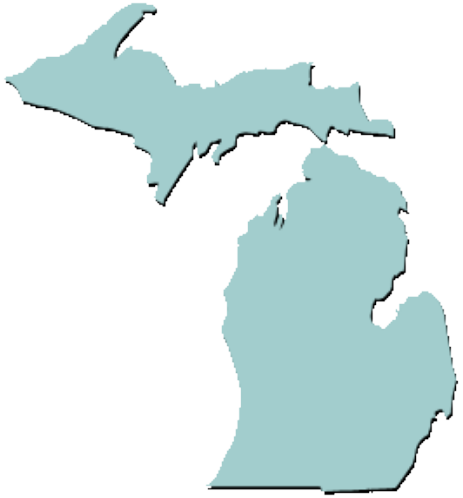
Commitment to continued development for workforce.

Recommendation:

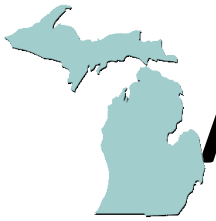
Approval of $4,000 PA2 funds for regional training on prevention issues.

Proposal to

Regulate Marijuana Like Alcohol



Michigan Proposal to
Legalize Recreational Marijuana
Expected to be on the State Ballot in 2018



ALLOWS THE HIGHEST PER PERSON POSSESSION LIMIT OF ANY STATE IN THE NATION

- **Allows 10 ounces or approximately 600-880 joints at home and/or**
- **2.5 oz. personal possession in public**

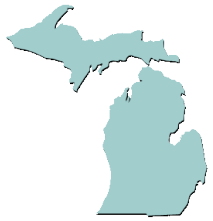
- **In the 7 states that now allow "recreational" marijuana use, the personal possession limit is 1 ounce.**
- **Maine, the exception, allows 2.5 ounces for-personal possession limit.**
- **Massachusetts allows the possession of 10 ounces of harvested marijuana at home.**

Michigan would allow possession in both categories –
at home and personal possession.

FORCES EVERY MUNICIPALITY IN THE STATE TO HAVE "RECREATIONAL" MARIJUANA BUSINESSES (COMMERCIAL GROWING AND/OR RETAILS SHOPS) UNLESS THEY HOLD AN ELECTION TO "OPT OUT"

- **To opt-out or limit the number of recreational marijuana businesses, an individual in the community must petition to initiate an ordinance,**
- **Gather 5% of the signatures of registered voters in the city or township, and**
- **Create a ballot proposal for a regularly held election (cannot be a special election)**

Communities in Massachusetts are currently struggling to keep out retail marijuana because of the "opt out" provision in the legalization proposal approved there.



Proposal to Regulate Marijuana Like Alcohol

DESPITE ITS NAME, THIS PROPOSAL DOES NOT "REGULATE LIKE ALCOHOL".

There is limited specified regulation.

- **The Penalty for Selling to Minors is Vaguely Stated.**
- **A young person, 18, 19, or 20 years old, therefore under the age of legal purchase and use of marijuana, need not be advised or required to take drug education or counseling if found using or selling marijuana.**

Proposal to Regulate Marijuana Like Alcohol

- **ALLOWS THE TRANSFER OF 2.5 OUNCES OF MARIJUANA TO SOMEONE ELSE WITHOUT ANY REGULATION**

- **DOESN'T REGULATE THE POTENCY OF MARIJUANA**

Today's drug is much more potent - containing up to 3 to 7.5 times more THC, the addictive chemical compound in marijuana, than in the 1980s. The THC level in highly potent marijuana edibles (80% to 90% THC) is not regulated.

Proposal to Regulate Marijuana Like Alcohol

HAS POTENTIAL UNFORSEEN CONSEQUENCES FOR BUSINESS AND THE ECONOMY

These include:

- **Decreased Work Safety**
- **Decreased Work Productivity**
- **Increased Absenteeism**
- **Job Applicants (and Workers) That Can't Pass a Drug Test**
- **Increased Workplace Accidents/Costs for Workman's Compensation**

Proposal to Regulate Marijuana Like Alcohol

- **DOESN'T ADDRESS POSSIBLE DANGEROUS ADDITIVES TO MARIJUANA CIGARETTES, e.g. Fentanyl, Carfentanil**

- **DOESN'T PROHIBIT MARIJUANA AND ALCOHOL SALE AND CONSUMPTION IN THE SAME PLACE OF BUSINESS**

Further raises concerns about car crashes and fatalities, given the potential for drugged and drunk driving

Proposal to Regulate Marijuana Like Alcohol

MAKES IT DIFFICULT FOR POLICE TO PROVE A DRIVER IS UNDER THE INFLUENCE OF MARIJUANA EFFECTING ENFORCEMENT AND ACCIDENT LIABILITY AND INSURANCE RATES

The PER/SE* (BAC of .08+) criterion for driving under the influence of alcohol <u>will not apply</u>.

Proposal to Regulate Marijuana Like Alcohol

- **DOESN'T ALLOW CITIZENS TO FOIA (Freedom of Information Act) INFORMATION TO DISCOVER WHO OWNS/OPERATES A GROW ESTABLISHMENT, EVEN IF THE BUSINESS CREATES A PUBLIC NUISANCE**

- **DOESN'T ALLOW MARIJUANA USE/ADDICTION TO BE USED AS A FACTOR IN DETERMINING CUSTODY**

Professional Organizations That Oppose the Use and Legalization of Marijuana

- The American Academy of Pediatrics www.aap.org
- The American Academy of Child and Adolescent Psychiatry www.aacap.org
- The American Society of Addiction Medicine www.asam.org
- Community of Anti-Drug Coalitions of America www.cadca.org
- US Office of National Drug Control Policy www.whitehouse.gov/ondcp

RESOLUTION

Insert Agency/Municipality/Individual's name here

Insert the County name here where the above resides COUNTY, MICHIGAN

Resolution Opposing the Recreational Use of Marijuana

(This resolution does not relate to the use of marijuana approved for medical purposes in compliance with current state law)

Whereas, proposals for the recreational use of marijuana are being placed on the ballot in communities across Michigan; and

Whereas, there is significant evidence demonstrating that non-medical or recreational use of marijuana has a profoundly negative impact on our youth, particularly teenagers; and

Whereas, _____ County youth report a decreased perception of risk of marijuana use and the *Michigan Profile for Healthy Youth Survey* reports in 2015 that only _____ Percentage of students in county youth surveyed thought marijuana use was risky, compared to _____ percentage in 2014; and

Whereas, *The National Institute on Drug Abuse* reports that one in six teens that use marijuana become addicted to its use; and

Whereas, *Monitoring the Future, 2017* reports that marijuana use increased to 24% among adolescents in 8th, 10th and 12th grades combined and one in ten 12th grade students vaped marijuana in the past year; and

Whereas, *Michigan Transportation Research Institute* reports that driving under the influence of marijuana is associated with an increased risk of car crashes, especially fatal crashes; marijuana driving related fatalities increased by 67% from 2007 to 2015. And from 2014 to 2015, it went up 20% in one year; and

Whereas, *MATFORCE, the Yavapai County Substance Abuse Coalition in Arizona* reports that drug related school expulsions spiked 45% in Colorado, a state which has legalized medical and recreational marijuana use, in the years after legalization; and

Whereas, *National Highway Traffic Association* reports that driving under the influence of marijuana is associated with an increased risk of car crashes, especially fatal crashes; and

Whereas, the University of Colorado, Denver reports that marijuana-impaired driver related fatalities have risen 114% in Colorado since that state legalized the use of marijuana; and

Whereas, *Join Together* reports that the active ingredient in marijuana, Tetrahydrocannabinol(THC), has increased significantly from an average of 1% in 1970 to 30% in 2013, making today's marijuana an alarmingly more potent drug; and

Whereas, general marijuana use and possession is not permitted by federal and state law; and

Whereas, it is not possible to foresee and mitigate all the associated risks and impact to our communities through the recreational use of marijuana; and

Whereas, _____ recognizes the need to educate all sectors of our community regarding the dangers of non-medical marijuana use;

Whereas, Marijuana is now the number one reason kids enter treatment for substance abuse—more than alcohol, cocaine, heroin, meth, ecstasy, and other drugs combined[i]; and

Whereas, increased consumption of Marijuana would likely lead to higher public health and financial costs for society. Addictive substances like alcohol and tobacco already result in much higher social costs than the revenue they generate. The cost to society of alcohol alone is estimated to be more than 15 times the revenue gained by their taxation[ii]; and

Whereas: Marijuana legalization would not eliminate the black market for the drug [iii, iv]; and

*Whereas***:** emergency room admissions for Marijuana use now exceed those for heroin and are continuing to rise; the link between suicide and Marijuana is strong, as are car accidents, including fatal crashes[v]; and

Wherefore Be It Resolved, _____ is opposed to the legalization of marijuana for general use; and

Be It Further Resolved, _____encourages others to oppose the recreational use of marijuana for general use including the adoption of similar resolutions in opposition to the general use of legalization of non-medical marijuana.

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[i] Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Center for Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through October 15, 2012.

[ii] Ellen E. Bouchery, Henrick J. Harwood, Jeffrey J. Sacks, Carol J. Simon, Robert D. Brewer. *Economic Costs of Excessive Alcohol Consumption in the U.S., 2006.* American Journal of Preventive Medicine - November 2011 (Vol. 41, Issue 5, Pages 516-524, DOI: 10.1016/j.amepre.2011.06.045)

[iii] Kilmer, Beau, et al., *Reducing Drug Trafficking Revenues and Violence in Mexico: Would Legalizing Marijuana in California Help?* RAND Corporation. [2010].

[iv] Kilmer, Beau, et al., *Altered States? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets.* RAND Corporation. [2010]

[v] SAMHSA, Center for Behavioral Health Statistics and Quality. (2011). *Drug abuse warning network, 2008: National estimates of drug-related emergency department visits* (HHS Publication No. SMA 11-4618). Rockville, MD: Author.

Proposal to "Regulate Marijuana Like Alcohol"
Michigan Proposal to Legalize Recreational Marijuana in 2018

www.michiganpreventionassociation.org

1. ALLOWS THE HIGHEST PER PERSON POSSESSION LIMIT OF ANY STATE IN THE NATION – 10 ounces or approximately 600-880 joints at home and/or 2.5 ounces personal possession in public. In the 7 states that have legalized recreational marijuana, the personal possession limit is 1 ounce. The exception is Maine, which allows 2.5 ounces for personal possession. Massachusetts allows the possession of 10 ounces of harvested marijuana at home. **Michigan would allow possession in both categories – at home and personal possession.**

2. EVERY MUNICIPALITY IN THE STATE WOULD BE FORCED TO ALLOW RECREATIONAL MARIJUANA BUSINESSES (COMMERCIAL GROWING AND/OR RETAILS SHOPS) UNLESS THEY HELD AN ELECTION TO "OPT OUT". To opt-out or limit the number of recreational marijuana businesses, an individual in the community must petition to initiate an ordinance, gather 5% of voter signatures from the last governor election, and create a ballot proposal for a regularly held election (cannot be a special election). **In Massachusetts, communities across the state are currently struggling to keep retail marijuana out because of the "opt out" provision in the legalization proposal approved there.**

3. DESPITE ITS NAME, THIS PROPOSAL DOES NOT "REGULATE LIKE ALCOHOL". THERE IS LIMITED SPECIFIED REGULATION AND THE PENALTY FOR SELLING TO MINORS IS VAGUELY STATED. In addition, if a young person, ages 18 to 20 (under the age of legal purchase, possession, and use in this proposal) is ticketed they need not be advised or required to take drug education or counseling.

4. ALLOWS THE TRANSFER OF 2.5 OUNCES OF MARIJUANA TO SOMEONE ELSE WITHOUT ANY REGULATION.

5. DOESN'T REGULATE THE POTENCY OF MARIJUANA. Today's drug is much more potent - containing up to 3 to 7.5 times more THC, the addictive chemical compound in marijuana, than in the 1980s. The THC level in highly potent marijuana edibles (80% to 90% THC) is not regulated.

6. HAS UNFORSEEN CONSEQUENCES FOR BUSINESS AND THE ECONOMY, e.g. decreased work safety and productivity with workers under the influence, absenteeism, decreased work force with applicants (and workers) that can't pass a drug test, etc.

7. MAKES IT DIFFICULT FOR POLICE TO PROVE A DRIVER IS UNDER THE INFLUENCE OF MARIJUANA, EFFECTING ENFORCEMENT AND POTENTIALLY ACCIDENT LIABILITY AND INSURANCE RATES. The PER/SE* (BAC of .08+) criterion for driving under the influence of alcohol will not apply. (See Page 2 for an explanation of "Per se" laws related to alcohol.)

IN ADDITION, THIS PROPOSAL…

- **DOESN'T ADDRESS POSSIBLE DANGEROUS ADDITIVES TO MARIJUANA CIGARETTES.**
- **DOESN'T PROHIBIT MARIJUANA AND ALCOHOL SALE AND CONSUMPTION IN THE SAME PLACE OF BUSINESS AND ALLOWS CONSUMPTION AT THE SITE OF PURCHASE.** This further raises concerns about car crashes and fatalities, given the potential for drugged/drunk driving.
- **DOESN'T ALLOW CITIZENS TO FOIA (Freedom of Information Act) INFORMATION TO DISCOVER WHO OWNS/OPERATES A GROW ESTABLISHMENT, EVEN IF THE BUSINESS CREATES A PUBLIC NUISANCE.**
- **DOESN'T ALLOW MARIJUANA USE/ADDICTION TO BE USED AS A FACTOR IN DETERMINING CUSTODY.**

Professional Organizations That Oppose the Use and Legalization of Marijuana:

- **The American Academy of Pediatrics www.aap.org**
- **The American Academy of Child and Adolescent Psychiatry www.aacap.org**
- **US Office of National Drug Control Policy www.whitehouse.gov/ondcp**
- **The American Society of Addiction Medicine www.asam.org**
- **Community of Anti-Drug Coalitions of America www.cadca.org**

“PER SE” LAWS RELATED TO ALCOHOL

*Note: "Per se" laws in DUI or DWI cases generally establish that once an individual is shown to have a blood-alcohol concentration (BAC) at or above .08 percent, that person will be considered intoxicated by law. In such circumstances, no further evidence of intoxication or impairment need be demonstrated for purposes of a DUI case. These days, all states have per se DUI laws that find any driver with a blood-alcohol concentration (BAC) at or above .08 percent to be intoxicated.

The existence of these laws throughout the United States means that it is important for individuals who are drinking to realize that, regardless of how sober they themselves feel and behave, it is their BAC that matters in the eyes of the law once they get behind the wheel. Should it exceed the per se legal limit, they will legally be presumed to be impaired. http://dui.findlaw.com/dui-laws-resources/per-se-dui-laws.html

Memo

To: Chief Medical Officers, Vice President of Medical Affairs and Chief of Staff, Chief Nursing Officers, Quality and Patient Safety Contacts, Pharmacists in Charge, Compliance Officers, Hospital Legal Counsel, Hospital Affiliated Legislative Officers

From: Gary Roth, DO, MBA, FACOS, FCCM, FACS, Chief Medical Officer
Chris Mitchell, Senior Vice President, Advocacy

Date: Jan. 3, 2018

Re: Impact of New Opioid Laws on Hospitals

With opioid use on the rise in Michigan, lawmakers have been searching for multiple ways policy can help curb the epidemic. At the end of March 2017, Gov. Snyder, Lt. Gov. Brian Calley and a group of a dozen lawmakers from both sides of the aisle held a press conference to announce a bipartisan package targeted toward the opioid epidemic. The legislative strategy includes some – but not all – of the recommendations from Gov. Snyder's Michigan Prescription Drug and Opioid Abuse Taskforce, of which the MHA was a member.

The centerpiece of the package focused on the rollout of a new Michigan Automated Prescription System (MAPS) and laws requiring physicians to use it to track the prescription history of their patients. The computerized system is designed to follow the patient and list all their prescriptions in real time. The modernized system is designed to give prescribers and dispensers another tool to make informed medical decisions. According to the Governor, the combination of bills is designed to end the practice of "doctor shopping" by patients and single out bad-actor physicians who inappropriately prescribe. Gov. Snyder has acknowledged that legislation is not enough, but it is a step in the right direction until the culture of opioid abuse changes in Michigan.

The following opioid legislation was just signed into law at the end of 2017 and will have an impact on some hospital operations and physician practice.

- **Public Act 246 of 2017: Parental Consent for Opioid Prescription**
  - Requires parental consent and signature before minors receive their first prescription of a controlled substance containing an opioid. Prior to obtaining consent, the prescriber must discuss the potential risk of addiction and overdose with both the minor and the parent/guardian. There are exceptions related to emergency care.
  - Beginning June 1, 2018 a prescriber must do the following before issuing a first prescription for a controlled substance containing an opioid to a minor who is under 18 years of age and not emancipated:
    1. Discuss the risks of addiction and overdose associated with controlled substances, the increased risk if suffering from mental and substance abuse disorders, and the danger of taking a controlled substance with a benzodiazepine, alcohol or other central nervous system depressant.
    2. Obtain a signature of consent from the minor's parent/guardian on a "Start Talking Consent Form" and file in medical record.
    3. If another adult authorized to consent medical treatment for the minor who is not the parent or guardian signs the consent form, the prescriber will not prescribe more than a single 72-hour supply of the controlled substance to the minor.

Exceptions: Emergency, if it is detrimental to the minor's health, surgery (inpatient and outpatient), hospice, and if the minor is emancipated.

- A "Start Talking Consent" form, which must contain the following:
  1. Name and quantity of controlled substance.
  2. Amount of initial dose and number of refills authorized.
  3. Notice that the DEA has identified this drug as having potential for abuse.
  4. A consent statement certifying the danger discussion with the minor's parent or guardian consent.

- Beginning June 1, 2018 a prescriber or licensed health professional must provide the following information before prescribing an opioid to an adult:
  1. The dangers of opioid addiction.
  2. How to properly dispose of an opioid.
  3. Notification diversion of a controlled substance is a felony.
  4. If the patient is pregnant, an explanation of the harm of exposing a fetus to controlled substances, including neonatal abstinence syndrome.
  - A signature on a form created by the Department of Health & Human Services certifying they received the opioid education, which is filed in their medical record.
- The legislation provides sanctions for prescribers for failing to inform minors and their guardians of the risks of opioid abuse

- **Public Act 247 of 2017: Bona Fide Prescriber-patient Relationship**
  - Beginning March 31, 2018, a licensed prescriber may not prescribe a controlled substance listed in Schedules II-V unless the prescriber is in a bona fide prescriber-patient relationship with the patient.
  - Bona fide prescriber-patient relationship means:
    - 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.
    - The prescriber has created and maintained records of the patient's condition in accordance with medically accepted standards.
    - The Michigan Department of Licensing and Regulatory Affairs may make additional rules and exceptions about the physician-patient relationship.
  - If the prescriber provides a controlled substance, the prescriber must 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.
  - If the prescriber is unable to provide follow-up care, he/she must 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.
  - The legislation provides terms for penalties for violating the bona fide relationship requirements.

- **Public Act 248 of 2017: Running MAPS Reports**
  - Beginning June 1, 2018, before prescribing or dispensing controlled substances to a patient in a quantity that **exceeds a 3-day supply**, a licensed prescriber must obtain and review a MAPS report concerning that patient.
    - Exception: 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.
    - There are other exceptions for veterinarians listed in sec. 7303a of the Public Health Code.

- Beginning June 1, 2018, a licensed prescriber must register with MAPS before prescribing or dispensing a controlled substance to a patient.

- **Public Act 249 of 2017: Penalties for Violations**
  - The legislation outlines penalties ranging from probation to permanent revocation for the following violations:
    - Beginning March 31, 2018, failure to adhere to the requirement that a bona fide prescriber-patient relationship exist when prescribing controlled substances. (See below for definition of bona fide)
    - Beginning June 1, 2018, failure 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.
    - Beginning June 1, 2018, failure to register with MAPS prior to prescribing or dispensing a controlled substance to a patient.
    - Beginning June 1, 2018, failing to provide minors, and their parents or guardians, with proper education regarding the risks of opioid abuse.

- **Public Act 250 of 2017: Post Overdose Patient Education**
  - Beginning March 28, 2018, a health professional licensee or registrant who treats a patient for an opioid-related overdose is required to provide that patient with information regarding substance use disorder prevention or treatment services.

- **Public Act 251 of 2017: Prescribing Limits for Opioids**
  - 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
  - A pharmacist, consistent with federal law and regulations on the partial filling of a controlled substance included in Schedule II, can partially fill in increments a prescription for a controlled substance included in Schedule II.

- **Public Act 252 of 2017: MAPS Reporting Requirement**
  - When dispensing controlled substances, reporting to MAPS is not required under the following circumstances:
    - The controlled substance is for hospital inpatient use.
    - A health facility or agency dispenses the controlled substance, and the dispensing prescriber writes a prescription in a quantity adequate to treat the patient for not more than 48 hours.
  - Before dispensing or prescribing buprenorphine or a drug containing buprenorphine or methadone to a patient in a substance disorder program, a prescriber must obtain and review a MAPS report on the patient.
    - In certain circumstances, this patient information is protected and not to be reported. The new state law requires a prescriber to report data to MAPS if federal law does not prohibit the reporting of data concerning the patient.

- **Public Act 253 of 2017: Medicaid Beneficiaries Opioid Treatment Options**
  - This legislation ensures eligible individuals can receive medically necessary treatment for opioid use disorder, including detoxification by Michigan's Medicaid program.

Members with questions should contact Chris Mitchell or Paige Fults at 517-703-8601.