



**ASAM** American Society of  
Addiction Medicine

Wednesday, May 24, 2017

The Honorable Hank Vaupel  
Chair, House Health Policy Committee  
Michigan House of Representatives  
124 North Capitol Avenue  
Lansing, MI 48933

Re: Opposition to HB4404 and HB4405

Dear Chairman Vaupel,

On behalf of the American Society of Addiction Medicine (ASAM), the nation's oldest and largest medical specialty organization representing more than 4,300 physicians and other clinicians who specialize in the treatment of addiction, and the Michigan Society of Addiction Medicine (MISAM), we would like to take this opportunity to state our opposition to HB4404 and HB4405. With the opioid addiction and overdose epidemic significantly impacting the country and Michigan, MISAM and ASAM are concerned about the unintended consequences that would result from requiring primary physicians or physician owners of pain management facilities to be certified and allowing pharmacists to not fill prescriptions for controlled substances in schedules 2 to 5.

MISAM and ASAM are dedicated to increasing access to and improving the quality of addiction treatment for all patients in Michigan and across the country. We are also committed to promoting the appropriate role of the physician and clinician in the care of patients with addiction. In the midst of a national opioid addiction and overdose epidemic, we must do everything we can to strengthen and support the workforce that treats the disease of addiction in order to widen access to the clinically proven treatment services that do help people recover. Many of our members have practices where they focus on the treatment of chronic pain and, therefore, also care for patients that have addiction. Ensuring these physicians can maintain their treatment of a patient who has both chronic pain and addiction is a vital aspect of providing care that can help a patient enter and/or maintain recovery.

HB4404, sponsored by Minority Leader Sam Singh (D-69), requires that physicians with an ownership interest in or who are the primary practicing physician at a pain management facility, must hold a subspecialty certification or board certification in pain management or hospice and palliative care, or have completed a residency or fellowship in pain management. For the many physicians who are currently practicing in facilities that focus on the treatment of pain, this creates a regulatory and professional burden that would likely force them to close their doors and abruptly end the treatment of their

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patients, some of which may also have addiction. The physicians who are already established and operating in a pain management facility are deep into their careers and have garnered a large patient load. Requiring them to spend the necessary time and resources to earn a subspecialty or board certification, or complete a residency or fellowship, may not make sense for these physicians professionally and will interrupt the care they are already providing to their many patients.

It is also important to keep in mind that the Michigan Board of Medicine is active in the examination, regulation, licensing and registration of physicians in the state. If a physician is acting unethically or is not maintaining their already required continuing medical education, they have the authority to discipline physicians who are not practicing according to the accepted standards of care and best practices. MISAM and ASAM believe that the oversight and regulation of medicine is best served by those who practice medicine, instead of being legislated by the state. HB4404 may have the unintended consequence of forcing already established physicians in good standing to stop treating and caring for the patients they serve.

HB4405, sponsored by Rep. Kathy Crawford (R-38), would allow pharmacists to refuse to dispense a prescription for a controlled substance listed in schedules 2 to 5 if they have a reasonable and good-faith belief that the prescription was not written by a prescriber in good faith or is being filled for a non-medical purpose. While MISAM and ASAM can understand the intent of the bill to absolve a pharmacist from civil liability, we believe this bill would go too far in allowing a pharmacist to make clinical decisions regarding a patient's treatment that they are not in a position to make. Pharmacists are not trained to be able to evaluate a patient's current prognosis of their disease nor the effectiveness of their treatment plan. Clinical decisions regarding a patient's treatment must rest with the physician or clinician that is trained to do so and has a complete understanding of the patient's medical history.

This bill could quite possibly have lethal implications. If a pharmacist were to refuse to fill a patient's benzodiazepine prescription, that patient would go into withdrawal that could result in drastically negative health consequences, including death. For patients that are being treated for opioid addiction, if a pharmacist were to refuse to fill their buprenorphine prescription that could result in the patient relapsing. For patients in treatment for their opioid addiction, a relapse may lead them to seeking out illicit opioids on the street and since their tolerance to opioids has decreased from their treatment, using illicit opioids, such as heroin or fentanyl, could lead to a fatal overdose. As pharmacists are not trained to make clinical decisions regarding a patient's care and treatment, HB4405 would exacerbate existing stigma around certain conditions, such as addiction. If these pharmacists are making decisions based on their belief that the prescription should not be filled, their belief will likely be based on bias towards these specific patient populations. A pharmacist should only decide to not fill a prescription based on sound evidence, such as flagged records in the state Prescription Drug Monitoring Program (PDMP), not implicit stigma that impacts vulnerable patient populations who need care the most.

MISAM and ASAM share the state of Michigan's goal of providing quality and evidence-based care for all patients, as well as preventing the misuse of medications for non-medical purposes. We ask that the House Health Policy Committee vote "unfavorably" on HB4404 and HB4405 to ensure that Michigan's addiction treatment system is aligned with the standards and best practices of the addiction medicine field. It is imperative that all patients have access to the right care they need when they need it. Please do not hesitate to contact Brad Bachman, Manager of State Government Relations, at (301) 547-4107 or [bbachman@asam.org](mailto:bbachman@asam.org), if MISAM and ASAM can be of any service to you. We look forward to working with you.



**ASAM** American Society of  
Addiction Medicine

Sincerely,

Kelly J. Clark, MD, MBA, DFAPA, DFASAM  
President, American Society of Addiction Medicine

Cara A. Poland, MD, MEd  
President, Michigan Society of Addiction Medicine

CC:

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