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ABOLISH TRIPLICATE PRESCRIPTION DRUG PROGRAM

House Bill 5137
Sponsor: Rep. Paul DeWeese
Committee: Health Policy

Complete to 3-15-00

A SUMMARY OF HOUSE BILL 5137 AS INTRODUCED 11-30-99

Public Act 60 of 1988 created the official triplicate prescription form program for Schedule 2 prescription drugs (which includes narcotics) within the Public Health Code. The program required a triplicate prescription form for each prescription for a Schedule 2 drug and created a Controlled Substances Advisory Commission (CSAC) which was to issue annual reports and evaluate the effectiveness of the program. The provisions pertaining to the official triplicate prescription program have been amended several times in recent years. Public Act 138 of 1993, for instance, substituted a single sheet official prescription form for the triplicate form. Under the act, a prescribing practitioner gives the single sheet form to the patient, and enters the name of the Schedule 2 drug, the dosage, and the quantity prescribed, as well as the instructions for its use in the patient's record (or, in the case of veterinarians, in the record of the owner of the animal for whom the prescription is prescribed). When a pharmacist receives a single sheet official prescription form from a patient, he or she then forwards the form to the Department of Consumer and Industry Services or transmits the information electronically or on storage media.

House Bill 5137 would amend the Public Health Code to eliminate the official prescription form program, eliminate the Controlled Substances Advisory Commission, and abolish the Official Prescription Form Program Fund and replace it with the Pain Management Education and Controlled Substances Anti-Diversion Fund. Money remaining in the existing fund on the bill's effective date would be transferred into the Health Professions Regulatory Fund. The bill would create the Pain Management Education and Controlled Substances Anti-Diversion Fund in the state treasury. The state treasurer would direct the fund's investments, and all interest and earnings would be credited to the fund. Any unencumbered revenue in the fund at the end of a fiscal year would remain in the fund and not revert to the general fund. The portion of license fees currently diverted to the Official Prescription Form Program Fund would be diverted instead into the new fund and used to fund programs relating to pain management education for health professionals and for preventing the diversion of controlled substances.

Additionally, the bill would prohibit a practitioner from issuing more than one prescription for a Schedule 2 controlled substance on a single prescription form. A prescription for a Schedule 2 controlled substance could not be refilled. Further, a practitioner who prescribed a controlled substance would have to enter the name of the controlled substance, the dosage, the quantity prescribed, and the instructions for use in the patient's permanent medical record. A prescribing practitioner could not postdate a prescription form for a controlled substance.

Finally, the bill would strike references to the official prescription form program and repeal several sections of the code pertaining to the official prescription form program and the Controlled Substances Advisory Commission.

MCL 333.7104 et al.

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