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Testimony in Support of HB 5735 (as amended)
House Health Policy Committee
June 22, 2010

Good morning Mr. Chairman and members of the committee. I am Christine Shearer, Director of Legislation of the Michigan Association of Health Plans. With me today is Carrie Germain, RPh, Pharmacy Director for HealthPlus of Michigan who is also the Chair of MAHP's Pharmacy Directors Committee.

MAHP represents 17 health plans caring for more than 2.3 million Michigan residents enrolled in Medicare, Commercial and Medicaid product lines.

We are here today to testify in support of HB 5735 as amended. The amendment from the original version was requested by the Michigan Department of Community Health, and agreed to by MAHP. This amendment will limit access to the Michigan Automated Prescription System, MAPS, to only the Medical Directors of contracting Medicaid Health Plans rather than all health plans as originally introduced and under the discretion of the DCH Director.

The mission of the members of MAHP is to improve the health status of their enrollees by providing quality, accessible and cost-effective health services. Opportunities for improved health are achieved through collaboration with our members, purchasers, providers, and community partners.

HB 5735, as amended, would allow the Medical Directors (licensed physicians) of Michigan Medicaid health plans to have access to (MAPS) for the sole purpose of ensuring the safety of

Health Plan enrollees and to meet the increasing demands from CMS and DCH on fraud, waste, and abuse requirements.

Currently, only dispensing prescribers, pharmacists, veterinarians, and police have access to the MAPS system for their legitimate business purposes. MAPS currently allows these selected professionals to identify patients who may be "doctor shopping", a popular practice where patients visit several different physicians asking for the same drug. They don't inform the primary prescribing physician that they received the same medication (usually a narcotic analgesic) from a different physician only days before. Some patients sell the medication, others are addicted.

I will now hand it over to Ms. Germain to provide examples of how access to MAPS could benefit the beneficiaries that they serve.

The members of the Michigan Association of Health Plans understand the need to maintain confidentiality and they remain fully compliant with various HIPAA requirements, including maintaining business agreements with providers and other organizations to assure protection of personal information. Further, under federal regulations, (45 CFR 160.103), health plans are included in the definition of covered entity and are permitted access to protected information (45 CFR 160.502). Finally, all of our member plans are NCQA accredited and are required to provide additional compliance with regards to patient privacy.

Thank you for the opportunity to testify. We would be happy to answer any questions members may have.

Testimony of Ms. Carrie Germain, RPh, HealthPlus of Michigan re: HB 5735 before the House Health Policy Committee, Tuesday, June 22, 2010.

Mr. Chairman and committee members, thank you for allowing us the opportunity to speak to you today about the importance of health plan access to MAPS reporting.

Health plans, who manage pharmacy benefits for their members, provide comprehensive Drug Utilization Review programs (also known as DUR programs) to help ensure the quality and safety of prescribing and dispensing medications to members and the appropriate medication use. As part of the DUR process, physicians receive patient-specific lists for review and action and members may also be referred to Disease Management and Case Management programs. Health plans can also assist a physician in finding pain management solutions or treatment for potential substance abuse.

Drug utilization review can also prompt changes in prescription claim systems to improve processes and enhance patient safety. For example, to reduce the risk of liver damage or failure, it is recommended that acetaminophen or Tylenol containing narcotic analgesics such as Vicodin should be limited to a maximum of 4 grams of acetaminophen per day. Prescription claim system edits control the number of tablets and prescriptions billed for a member by the pharmacy to a health plan. However, if a member seeks care from multiple prescribers or attempts to get prescriptions refilled sooner than allowed, he or she could choose to pay the pharmacy cash for the prescriptions and consequently exceed the recommended 4 gram limit. In spite of the health plan DUR programs and system edits, self pay prescriptions are not billed to the health plan and are not included in the data

required to protect the member's safety. They are however, reflected in the MAPS report. Lack of the MAPS information could and does place the member's safety at risk.

Additionally, health plans are accountable for monitoring providers and members for fraud, waste and abuse. Often, during routine drug utilization reviews, instances of potential fraud or substance abuse may be identified, especially with regard to controlled substance prescriptions. By including MAPS reports in the drug utilization review process, health plans could work with prescribers and pharmacies to more reliably and proactively identify forged prescriptions, doctor shopping and members who may have become substance dependent.

Health plan pharmacy staff report that they continue to encourage prescribers to order and review MAPS reports for patients who appear to be taking medication in excess of recommended doses. However, it has been our experience that prescriber use of MAPS is limited at best. On behalf of the health plans, I respectfully request that you consider legislation that allows health plans' access to this important reporting system. Thank you for your time.