

# What is MAPS and Why Should I Care?

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MAPS is an acronym for the Michigan Automated Prescription System and is the prescription monitoring system used in Michigan to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting Schedule II-V controlled substances prescriptions dispensed by pharmacies and practitioners. Over the years, there has been a nationwide push to incorporate prescription drug monitoring programs in each state. As of February 1, 2012, 39 states have operational monitoring systems; nine states have enacted legislation to implement the program although the program is not yet operational; and two states have pending legislation. In Michigan, dispensing pharmacies and physicians are required to register with MAPS and report certain information regarding dispensing certain controlled substances.

The Michigan Administrative Code requires pharmacists and dispensing prescribers to report, on the 1<sup>st</sup> and 15<sup>th</sup> day of every month, the following information when dispensing Schedule II through Schedule V controlled substances:

- The patient identifier;
- The name of the controlled substance dispensed;
- The metric quantity of the controlled substance dispensed;
- The national drug code number (NDC) of the controlled substance dispensed;
- The date of issue of the prescription;
- The date of dispensing;
- The estimated days of supply of the controlled substance dispensed;
- The prescription number assigned by the dispenser;
- The DEA registration number of the prescriber and the dispensing pharmacy; and
- The Michigan license number of the dispensing pharmacy.

It should be noted that there is an initiative to amend the Administrative Code to increase reporting by dispensing pharmacies and prescribers from bi-monthly to weekly. Though this initiative was supposed to be implemented in mid-to-late 2011, it still has not been implemented. The expectation is that, at some point, reporting to MAPS will be a weekly requirement.

While not statutorily required or required by an administrative rule, prescribing practitioners are “encouraged to register to MAPS Online to request prescription data on patients....Using MAPS Online before and during treatment...can alert you to any past ‘doctor shopping’ or questionable behavior” (See [http://www.michigan.gov/lara/0,4601,7-154-27417\\_55478\\_55485---,00.html](http://www.michigan.gov/lara/0,4601,7-154-27417_55478_55485---,00.html)). Practitioners should not take this “encouragement” lightly. The Michigan Department of Licensing and Regulatory Affairs (“LARA”) and law enforcement have taken the position that the applicable standards of care *require* physicians to perform MAPS queries regularly on patients for whom they prescribe controlled substances. Moreover, under Michigan law, a physician, pharmacist and pharmacy are subject to disciplinary action against their respective licenses for (1) a “violation of general duty, consisting of negligence or failure to exercise due care...whether or not injury results...” or (2) “incompetence.” Both of these bases

essentially allow state disciplinary action against the physician, pharmacist and/or pharmacy for not following the applicable standards of care. As such, failure by a physician, pharmacist and/or pharmacy to incorporate regular, meaningful use of MAPS into their respective practices can result in a licensing action that could include suspension or even revocation (e.g., in cases where drug-seeking patients are routinely receiving prescriptions for Schedule II controlled substances from a physician who, had he /she queried MAPS, would have known that the patients were obtaining the same or similar drugs from many other prescribers at the same time).

In Michigan, more residents die from prescription drug abuse these days than from heroin and cocaine combined. As such, both federal and state enforcement authorities are stepping up enforcement activities aimed at preventing diversion and abuse of controlled substances. MAPS not only allows physicians and pharmacists to protect the public by limiting access of controlled substances to drug-seeking patients, but MAPS also allows law enforcement authorities to determine which providers are prescribing and/or dispensing controlled substances for possible illegitimate purpose and taking action against them to further reduce the diversion and abuse of controlled substances via available criminal, civil and administrative remedies. Thus, MAPs can be both used by physicians and pharmacists as a tool to weed out drug-seekers but can also be used by law enforcement against physicians and pharmacists for alleged failure to fulfill their gatekeeping roles.