Impact of Michigan Public Act 246 on Opioid Prescribing for Pediatric Surgical Patients

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Introduction

1. Opioid misuse is an epidemic in the U.S. affecting **3.1%** of pediatric patients.[2,3]
2. 2. Most common way adolescence obtain access to opioids is by their **own prescription** or a **family member**. [3,4]
3. 3. In December 2017, Michigan enacted Public Act 246 (P246) in an attempt to address rising opioid misuse.
4. 4. P246 states that as of **June 1, 2018**, a prescriber of a controlled substance must discuss the risks of opioid usage **minor and the minor's parent or guardian** and sign a **consent form**.

Aims and Objectives

- Aim I: Identify and compare opioid prescription rate for general, urological, and otolaryngology surgery for pediatric patients before and after June 1, 2018 and enactment of P246
- Aim II: Assess discrepancies in opioid prescription rate that could be helpful in developing a new drug policy at Corewell Health hospitals.

Methods

Design: Single center retrospective chart review

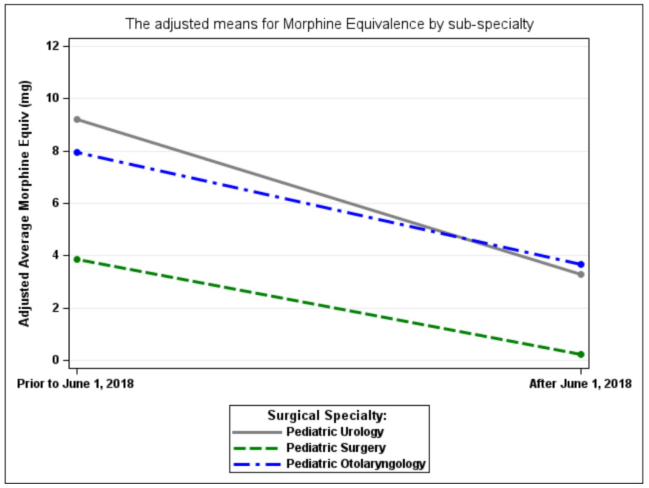
Procedure: N = 7,280 pediatric patients undergoing minor pediatric procedure including:

Variables included:

- Patient Medical Record Number
- Age
- Sex
- Insurance status (public, private, self)
- Zip code
- Type of surgery
- Surgeon
- Surgeon Specialty
- Date of surgery
- Type of pain medicine prescribed
- Morphine equivalence of prescribed medication
- Duration of opioid medication

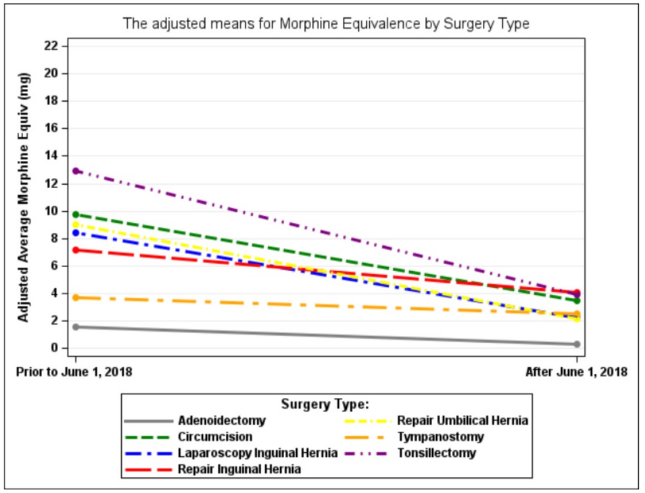
Analytical Approach: To test the hypothesis, multivariate models were created with Chi-Square p-value; Equal variance two sample t-test; Unequal variance two sample t-test

Results



4.5 MME reduction in prescribed opioids following enactment of P246 (p<0.0001)

Significant reduction in prescribed MME post-P246 (p<0.001) for all three surgical specialties

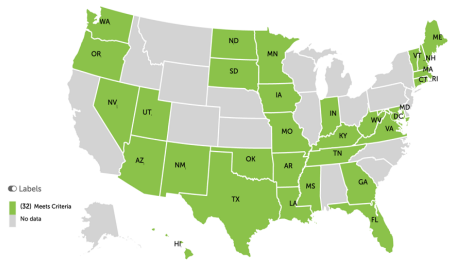


Significantly reduction of postoperative prescribed MME patients undergoing **circumcision** and **tonsillectomies** post-P246 adjusting for age, surgery date, insurance type

Conclusions

In conclusion, in the state Michigan, **Public Act 246** was significantly associated with **reduced MME** for **take-home prescription opioids** for **pediatric patients** after **minor surgeries**. All three surgical specialties had a significant reduction in prescribed MME after enactment of P246.

These findings suggest that **guardianship education** and **consent** about risks of opioid usage can significantly influence prescribing practices for pediatric surgical specialties, demonstrating the **potential of legislation** in promoting **opioid stewardship**. Currently, **32 states** have law requiring opioid informed consent for adults and minors. Findings indicate that a **national law** could be effective in reducing postoperative opioid prescriptions.



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