


# A PUBLIC HEALTH ANALYSIS OF MICHIGAN'S 2019-2022 OPIOID LEGISLATION

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Through the Lenses of Shared Risk and Protective Factors,  
Health Equity, and Polysubstance Use



PREPARED BY THE UNIVERSITY  
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# Executive Summary

## Purpose

The age-adjusted rate of fatal opioid overdoses in Michigan has more than tripled between 2010 and 2020.<sup>1</sup> Now more than ever, utilizing public health approaches is critical to stemming the tide of opioid overdoses in our state. In partnership with the Michigan Department of Health and Human Services (MDHHS), the University of Michigan Injury Prevention Center (U-M IPC) established a study to examine the use of public health principles and strategies in Michigan's opioid-related legislation. The objectives of the opioid legislative analysis were to:

Objective 1: Identify and track opioid-related legislation in two consecutive legislative sessions (2019-2020 & 2021-2022)

Objective 2: Identify overdose prevention/intervention strategies in legislation

Objective 3: Apply analytical lenses to identify public health approaches in legislation (e.g., intervention strategy, shared risk and protective factors (SRPF), health equity indicators, polysubstance use)

## Methods

Between the 2019-2020 and 2021-2022 legislative sessions, 8,967 bills and amendments went through the Michigan legislature. The analysis team used a querying script in R to conduct keyword searches and compile and analyze data on a total of 79 opioid-related bills/amendments in the legislative tracking tool. The team also employed this method to apply and conduct an in-depth evaluation of the analytical frameworks in the legislative language to identify appropriate and accurate use of these public health principles and strategies.

## Summary of findings

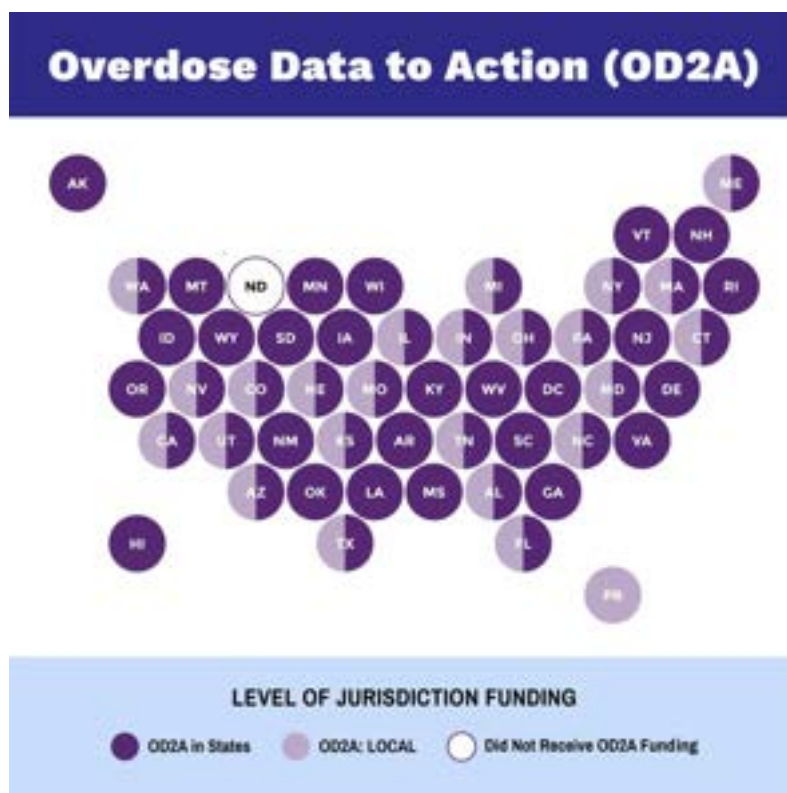
Of the 79 opioid-related bills/amendments proposed during the 2019-2020 & 2021-2022 legislative sessions, 24 were passed into law. Common public health prevention strategies identified involved treatment (e.g., providers and health systems) and harm reduction (e.g., naloxone). Over two-thirds of bills/amendments passed used shared risk and protective factor frameworks, less than one third included health equity indicators, and no bills/amendments addressed polysubstance use. Most bills passed contained mandates but either did not contain penalties or removed/decreased penalties.

# Background and Purpose

In 2019, the Centers for Disease Control and Prevention (CDC) launched the Overdose Data to Action program, a multi-year cooperative agreement that supports 66 jurisdictions in collecting comprehensive data on fatal and nonfatal opioid overdoses, and using that data to inform prevention and response programs. As a recipient of this funding, the Michigan Department of Health and Human Services (MDHHS) partnered with the CDC to strengthen the capacity of community organizations, public health departments, and health systems across the state to prevent the morbidity and mortality associated with opioid overdoses.

As part of Michigan's Overdose Data to Action program, the University of Michigan Injury Prevention Center (U-M IPC) partnered with MDHHS to track opioid-related legislation introduced during the 2019-2020 and 2021-2022 legislative sessions and review the legislation through three analytical lenses: shared risk and protective factors, health equity, and polysubstance use.

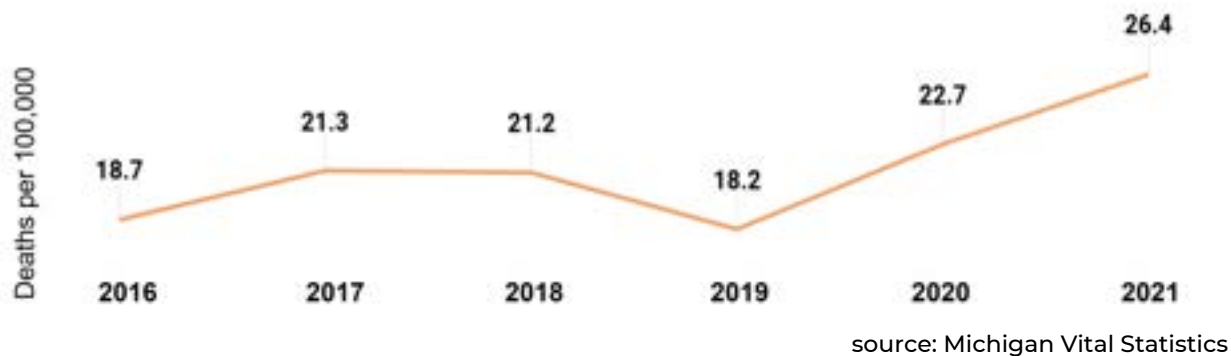
By examining legislation through these analytical frameworks, we aim to develop a clearer understanding of the degree to which Michigan's opioid-related legislation incorporates public health principles and approaches.



# The Opioid Epidemic in Michigan

Opioid overdose deaths in the United States have quadrupled in the last decade and Michigan reflects that national trend.<sup>2</sup> In 2021, opioid-related overdose deaths in Michigan reached a record high of 26.4 deaths per 100,000, an increase of over 40% from 2019.<sup>3</sup> Additionally, 82% of all drug overdose deaths in Michigan were due to opioids.<sup>4</sup>

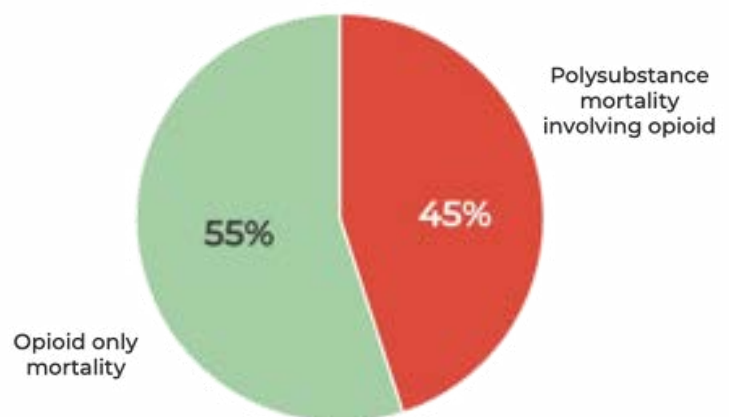
## Age-adjusted rate of opioid overdose mortality in Michigan



Not everyone is impacted equally: there are stark inequities observed across race, age group, and urbanicity. For example, Black Michigan residents are more than 2x as likely to die from a drug overdose compared to White residents.<sup>5</sup>

Michigan is experiencing an increase in overdoses involving polysubstance use, which is the combined use of more than one substance, such as opioids and methamphetamines. Polysubstance use is particularly risky, as the effects are more volatile and result in increased risk of brain and heart damage, overdose, and death.<sup>6</sup> In June of 2023, nearly half (45%) of opioid overdose deaths involved polysubstance use.

## Nearly half of all opioid overdoses in Michigan involved other drugs



source: MODA monthly report, June 2023

Due to state of the opioid epidemic in Michigan, MDHHS tasked U-M IPC with conducting an analysis of public health principles and frameworks in opioid-related legislation, examining the inclusion of language addressing shared risk and protective factors, health equity, and polysubstance use.

# Analytical Lenses

This analysis examined legislation through three distinct lenses: shared risk and protective factors, health equity, and polysubstance use. These lenses represent key public health approaches prioritized by MDHHS in addressing the opioid epidemic.



## Shared Risk and Protective Factors

Shared risk and protective factors are aspects of one's life, ranging from individual to societal, that have the power to either increase or mitigate risk. These factors are “shared” in that they can influence multiple negative health outcomes, such as opioid overdose.



## Health Equity

Health equity is the principle that all people, regardless of background and circumstances, should have impartial access to the highest quality of care. Disparities in opioid overdose rates present a threat to health equity.



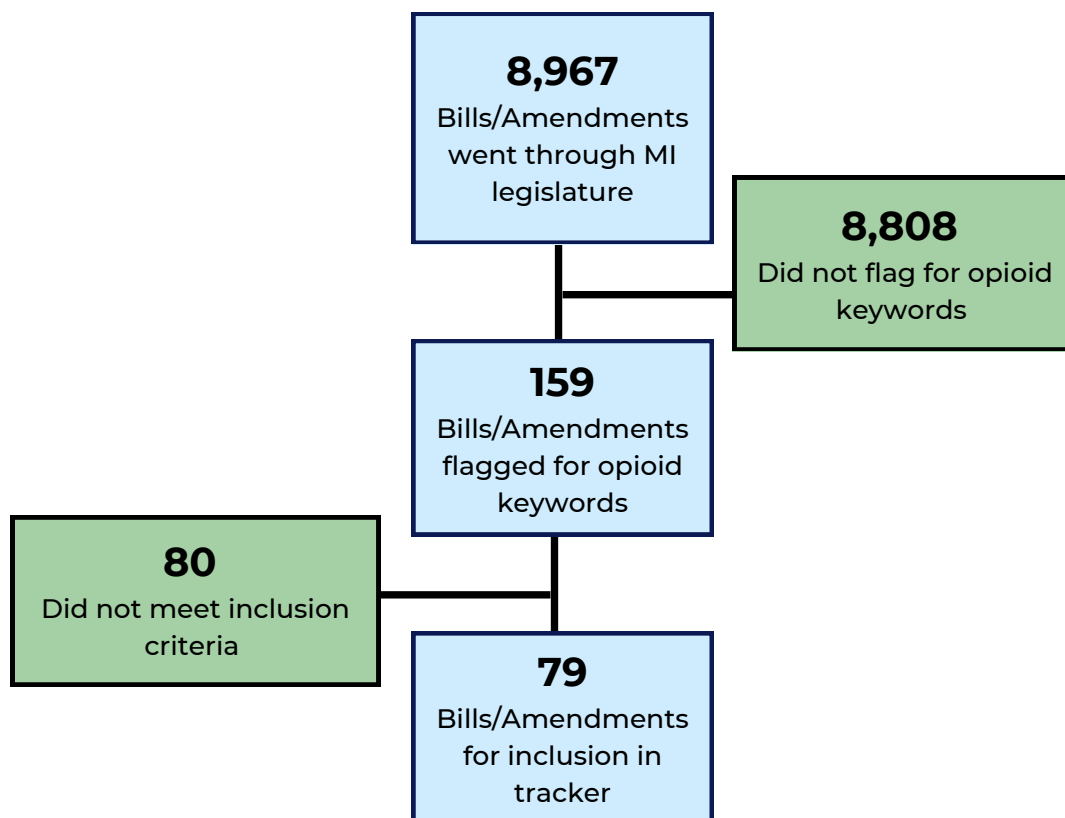
## Polysubstance Use

Polysubstance use, as operationalized in this analysis, is the concurrent use of an opioid and an additional substance (e.g., cocaine), which has the potential to increase risk for overdose or other adverse health outcomes.

# Legislative Tracking Tool

Using R, a general use programming language, the team conducted keyword searches of bills/amendments on the Michigan Legislature website to auto-generate a spreadsheet of legislation suspected to be related to opioids. Then the analysis team manually reviewed each observation to confirm each key search term flagged was related to opioids or overdose. For instance, bills containing the key search term “drug” were included in the tracker if they referred to opioids or excluded if they referred to regulating prescription drug prices. All key search terms can be found [here](#).

From 2019-2022, Michigan legislators introduced 8,967 bills/amendments. A total of 159, or 1.8%, of these bills/amendments flagged for opioid keywords. Out of the 159 bills/amendments that flagged, 79 met the criteria for inclusion in the tracking tool. The team adapted the method described above to analyze the 79 bills/amendments using the three analytical lenses: shared risk and protective factors, health equity, and polysubstance use.





# Legislative Tracking Tool

To track opioid-related legislation in Michigan, the analysis team developed a publicly available [online tracking tool](#). The tracking tool has sorting and filtering capabilities, enabling users to focus on the legislation that is most pertinent to their work. The team used this tool to compile all relevant legislation.

The tracking tool includes:

- Bill/amendment number, year introduced, and link to legislation documents
- Primary sponsor
- Description/keywords used to identify bill/amendment
- Bill/amendment progression through the legislature and its current status
- Intervention approaches and prevention strategies addressed in the bill/amendment
- A “how-to” tab, outlining how to sort and filter bills/amendments in the tracker

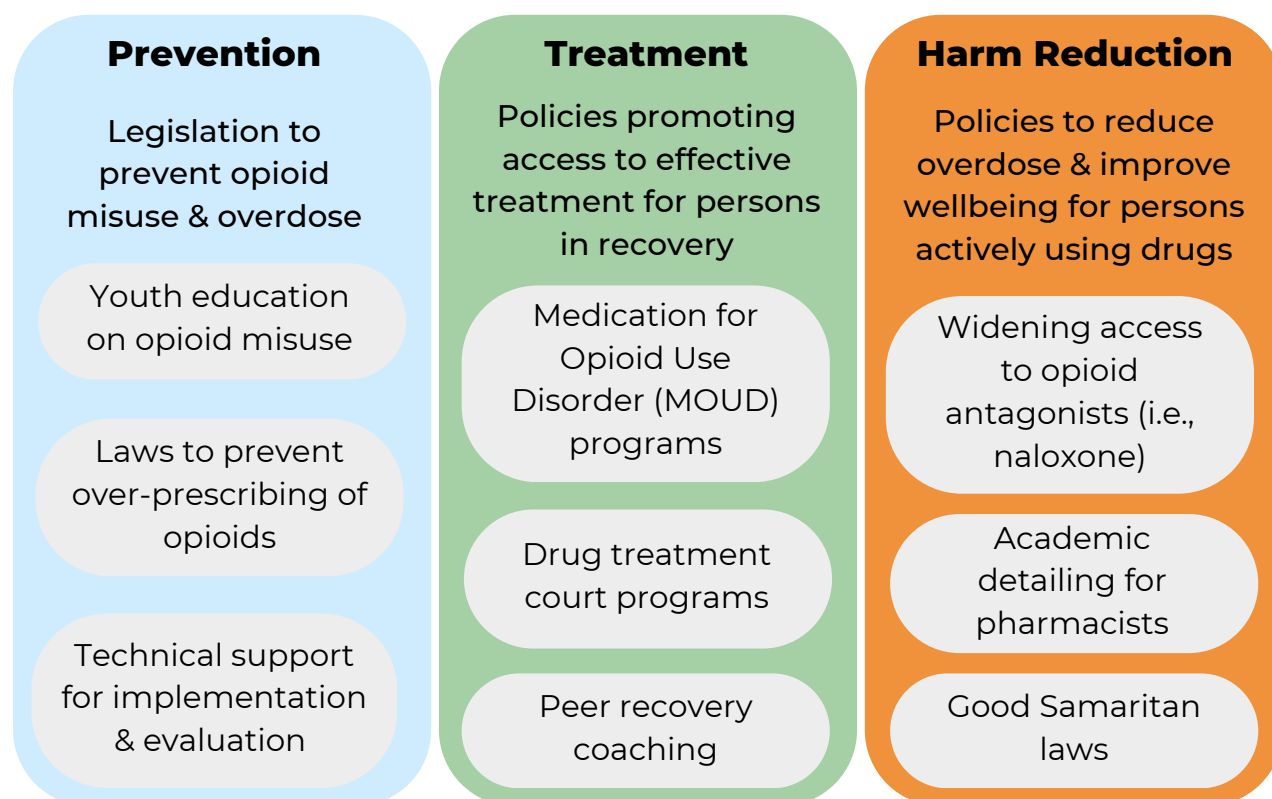
All bills that were included in the tracker and passed are described in Appendix A.

<div>INJURY PREVENTION CENTER UNIVERSITY OF MICHIGAN</div> <h2>Michigan Opioid Legislation</h2> <p>2019-2020 &amp; 2021-2022 Legislative Sessions</p>											
Document	Sponsor(s)	Description	Committee Approval		Initial Passage		Final Passage		Public Law		Last Status
			House	Senate	House	Senate	House	Senate	Public Law		
HB - House Bills											
<a href="#">HB 4007 of 2019</a>	David LaGrand	Criminal procedure: forfeiture; certain procedures for forfeiture in controlled substance cases; amend. Amends sec. 7523 of 1976 PA 368 (MCL 333.7523). TIE BAR WITH: HB 4005 19, SB 9002 19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">PA 8000 of 2019</a>		5/14/19 - assigned PA 819 with immediate effect
<a href="#">HB 4026 of 2019</a>	Sarah Anthony et al.	Law enforcement: peace officers; definition of peace officer in the carrying and administering opioid antagonists act; expand to include corrections officers. Amends sec. 1 of 2014 PA 462 (MCL 20.541).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5/22/19 - referred to committee on Health Policy and Human Services
<a href="#">HB 4057 of 2019</a>	Steve Marino	Liquor: tax; earmark of net revenues for substance use disorder prevention and treatment programs; create. Amends sec. 225 of 1998 PA 58 (MCL 436.1221).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2/28/19 - referred to Committee on Ways and Means
<a href="#">HB 4225 of 2019</a>	Bronna Kahle et al.	Health occupations: health professionals; prescribers to obtain a Michigan Automated Prescription System (MAPS) report before prescribing or dispensing a controlled substance; provide exemption for hospice, and exempt hospice patients from bona fide prescriber-patient relationship requirement for prescribing a controlled substance. Amends sec. 7303a of 1979 PA 368 (MCL 333.7303a). TIE BAR WITH: SB 8128 19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">PA 8043 of 2019</a>		7/10/19 - assigned PA 4119 with immediate effect

The basic characteristics of bills are tracked in the legislative tracking tool. The following analysis offers a more in-depth picture of the inclusion of public health principles, approaches, and theoretical frameworks in opioid-related legislation. All bills and amendments were first classified by intervention approach (i.e., prevention, treatment, or harm reduction), then by prevention strategy. Next, the analysis team applied the three analytical lenses and examined enforceability of legislation (i.e., inclusion of penalties and mandates).

# Intervention Approach

Legislation was categorized into three intervention approaches: **prevention**, **treatment**, and **harm reduction**. These represent the type of strategy a bill or amendment employs to impact the burden of opioids in Michigan. For example, House Bill 4346 of 2019 (not passed) was classified as harm reduction because it would have required law enforcement agencies to provide naloxone training for peace officers, equivalent to the training received by paramedics.



Note. Adapted from Colorado Department of Human Services' "Policy Analysis of State Legislation and Response to the Opioid Crisis" <sup>7</sup>

Each of these strategies is critical in addressing the opioid epidemic, promoting primary, secondary, and tertiary prevention methods. The most common intervention approach identified in proposed bills was treatment, followed by prevention, then harm reduction, which was the most commonly-observed approach in bills that were passed. See Appendix A for a detailed list of the legislation that became public law.

## Intervention approach identified in opioid-related legislation by passage



Note. Classifications are not mutually exclusive.

# Prevention Strategies

All bills in the opioid legislative tracker were further organized by the more granular classification “prevention strategy addressed.” These classifications, outlined below, were informed primarily by Michigan Overdose Data to Action (MODA)’s high priority strategies to address the opioid epidemic.

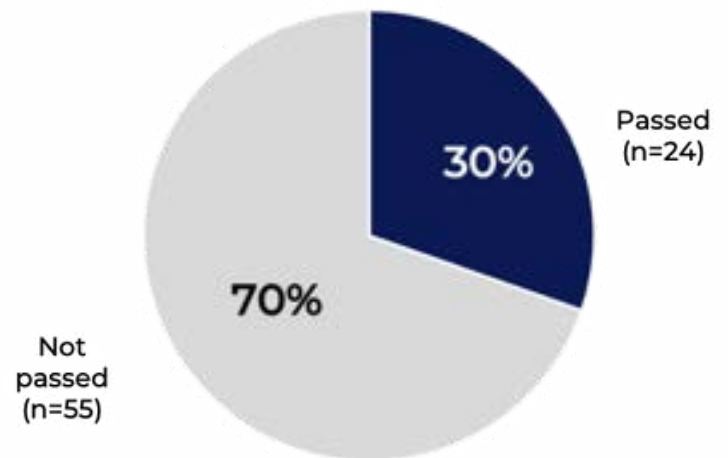
- **Harm Reduction:** Protective measures to reduce harm for people actively using opioids; includes opioid antagonist (i.e. naloxone) training, carrying, administration, and liability details.
- **Providers & Health Systems:** The work and efforts to improve access to treatment for individuals with OUD; prescribing and EMS; implementation of guidelines by providers as well as clinical education/training; insurers and health system support.
- **Community Education & Prevention:** Education and prevention initiatives for the general public that take place in community settings (e.g., schools, libraries, churches, athletic venues, etc.).
- **Establishing Linkages to Care:** Measures that increase people’s access to care; connecting individuals to treatment (e.g., warm handoffs); increasing awareness of area service providers/treatment options.
- **Data & Surveillance:** Utilizing data and information to inform prevention strategies; generating data for surveillance and monitoring purposes.
- **Criminal Justice Involved:** Addressing people who are involved in the criminal justice system and those returning to society. This classification does not always involve public-health or evidence-based methods, but the analysis team considered it an important strategy classification to track.

The team applied this classification scheme to all opioid-related legislation, proposed and passed, during the 2019-2020 and 2021-2022 legislative sessions.

# Prevention Strategies

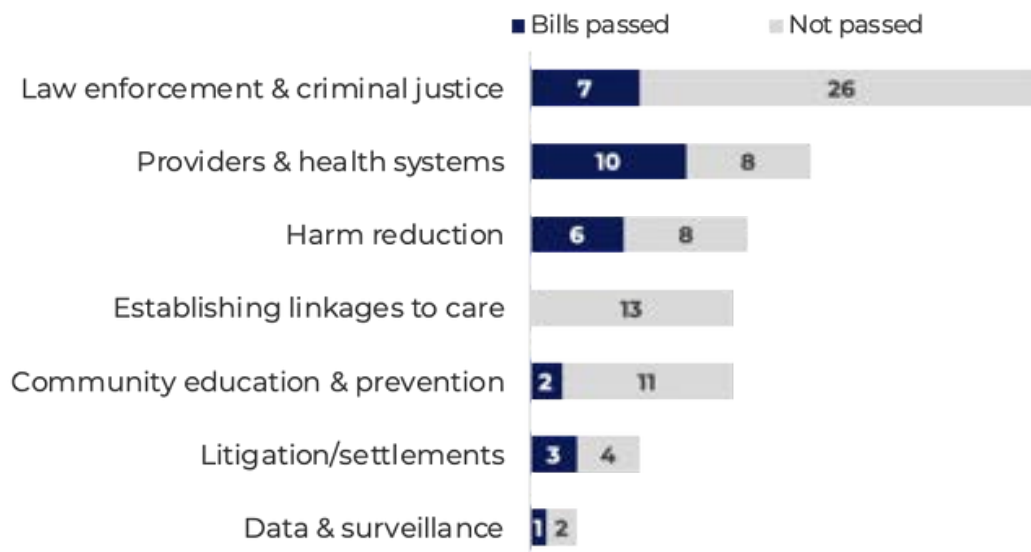
Of all opioid-related legislation proposed in the 2019-2020 & 2021-2022 legislative sessions, just one third (n=24) of bills/amendments passed (Appendix A). The prevention strategies most represented in proposed legislation involved law enforcement & criminal justice, such as drug scheduling and sentencing guidelines, though a lower number (n=7) of these bills and amendments passed into law compared to those involving providers & health systems (n=10).

**Opioid-related legislation by passage into law (n=79)**



Roughly half (n=6) of harm reduction bills proposed (n=14) were passed into law. Most of these bills/amendments involved the expansion of naloxone access. Other public health strategies like community education & prevention and data & surveillance were both introduced and passed at lower rates.

**Prevention/intervention strategies utilized in opioid-related legislation by passage into law**



Note. Prevention/intervention strategy classifications are not mutually exclusive.

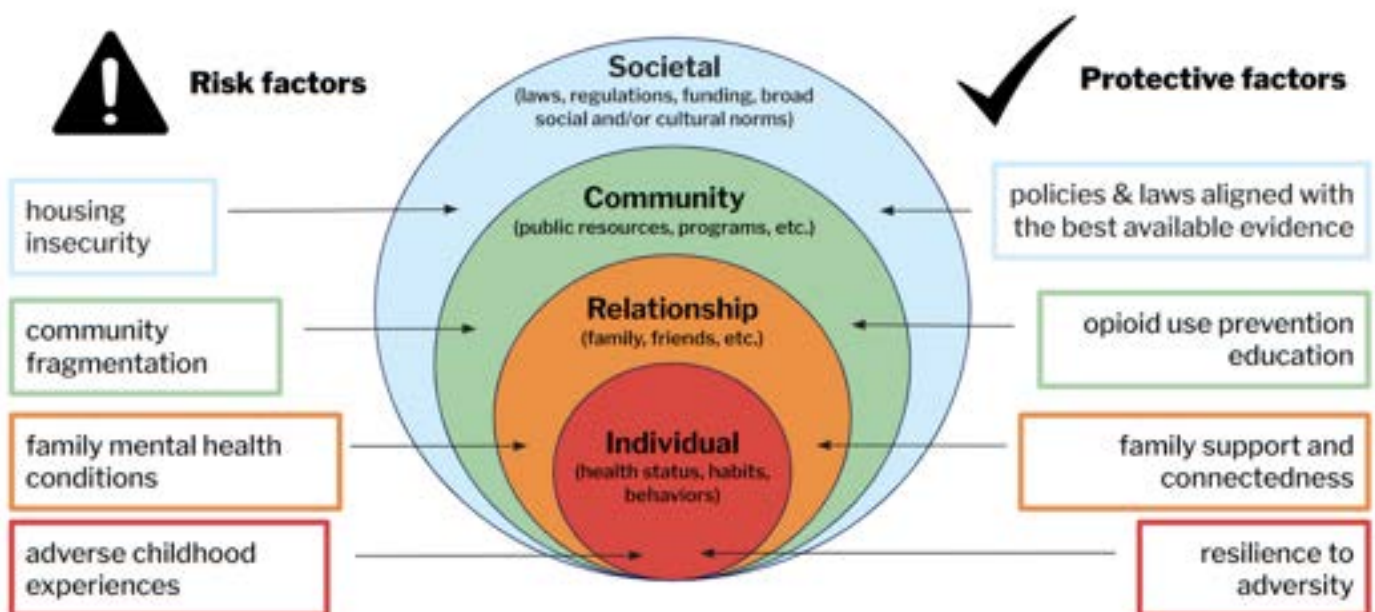
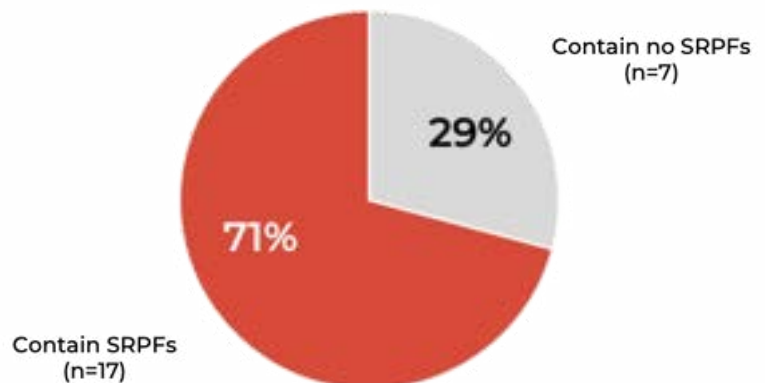
# Shared Risk and Protective Factors

Risk factors are characteristics that are associated with an increased probability of injury or violence. Protective factors are associated with a lower probability of injury or violence. *Shared* risk and protective factors (SRPFs) are linked to multiple forms of violence and injury. These SRPFs occur across different socio-ecological levels, from individual to societal.

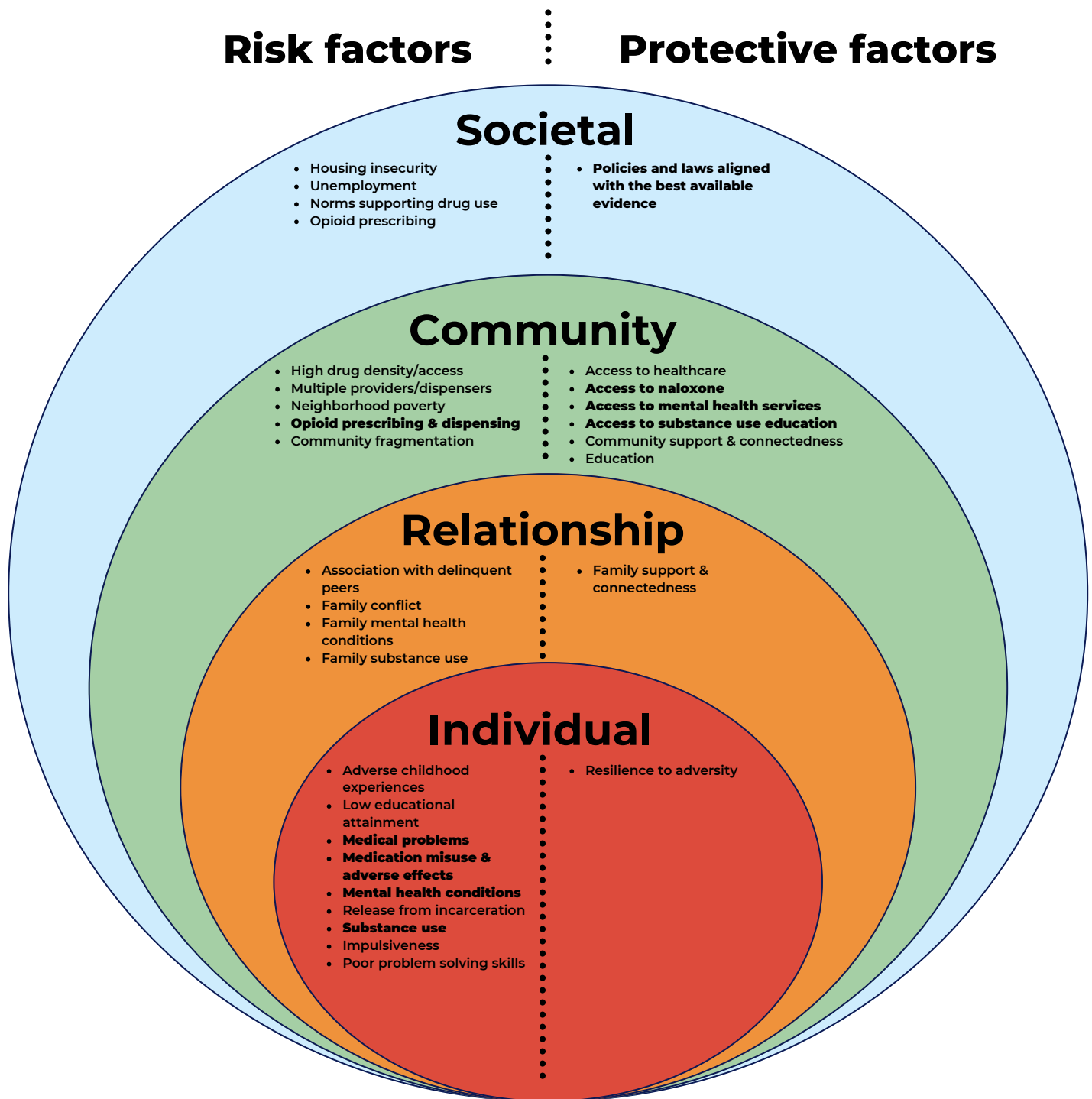
Using a SRPF approach maximizes prevention efforts by addressing multiple forms of injury and violence at the same time, with potentially fewer resources. Additionally, SRPF approaches enable the development of new partnerships and collaborative opportunities, reducing duplication of efforts.

The U-M team employed a SRPF analysis approach, using R to query the full text of bills and amendments for shared risk and protective factor language. Each SRPF keyword identified in the text of a bill/amendment was analyzed to determine whether the word represented accurate usage as a risk or protective factor in opioid-related legislation.

**SRPFs in opioid-related legislation passed between 2019 - 2022 (n=24)**



# Shared Risk and Protective Factors



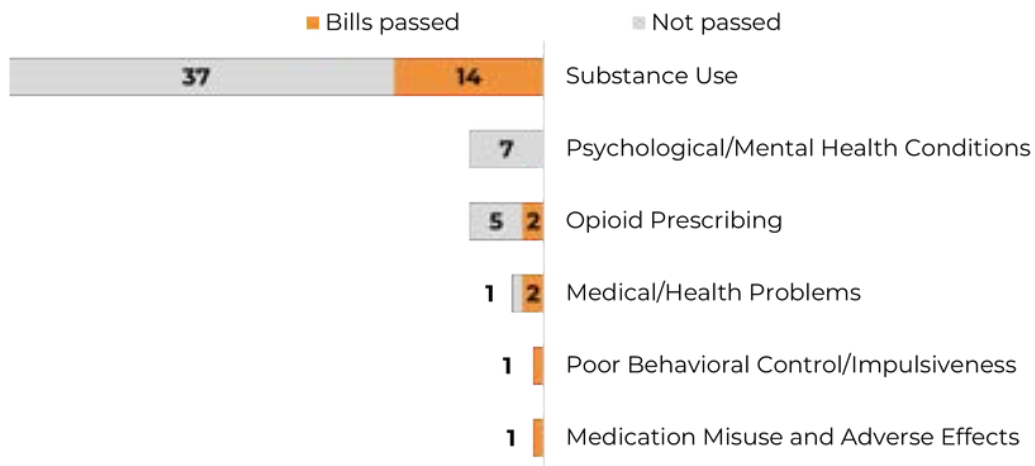
Note. **Bolded text** indicates SRPFs identified in passed opioid-related legislation.



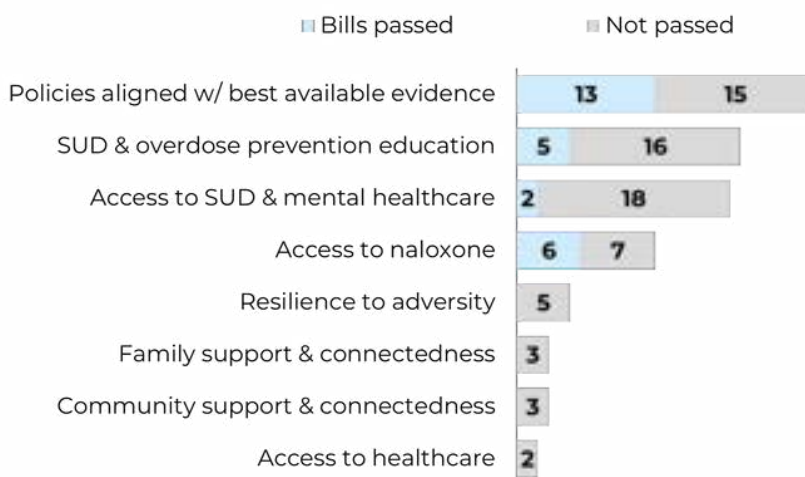
# Shared Risk and Protective Factors

Among all the 2019-2022 legislative sessions, 17 of the 24 passed bills and amendments addressed shared risk and protective factors. Substance use was the most common risk factor addressed. Opioid prescribing, physical and mental illnesses, poor behavioral control or impulsiveness, and medication misuse were the other risk factors we identified in opioid-related legislation. An additional 15 risk factors included in the analysis never appeared in the legislation. As for protective factors, policies aligned with best available evidence (such as harm reduction or supply restriction bills) were most prevalent. We also identified bills widening access to naloxone, SUD services, and overdose prevention education.

## Risk factors identified in opioid-related legislation in Michigan by passage into law (n=79)



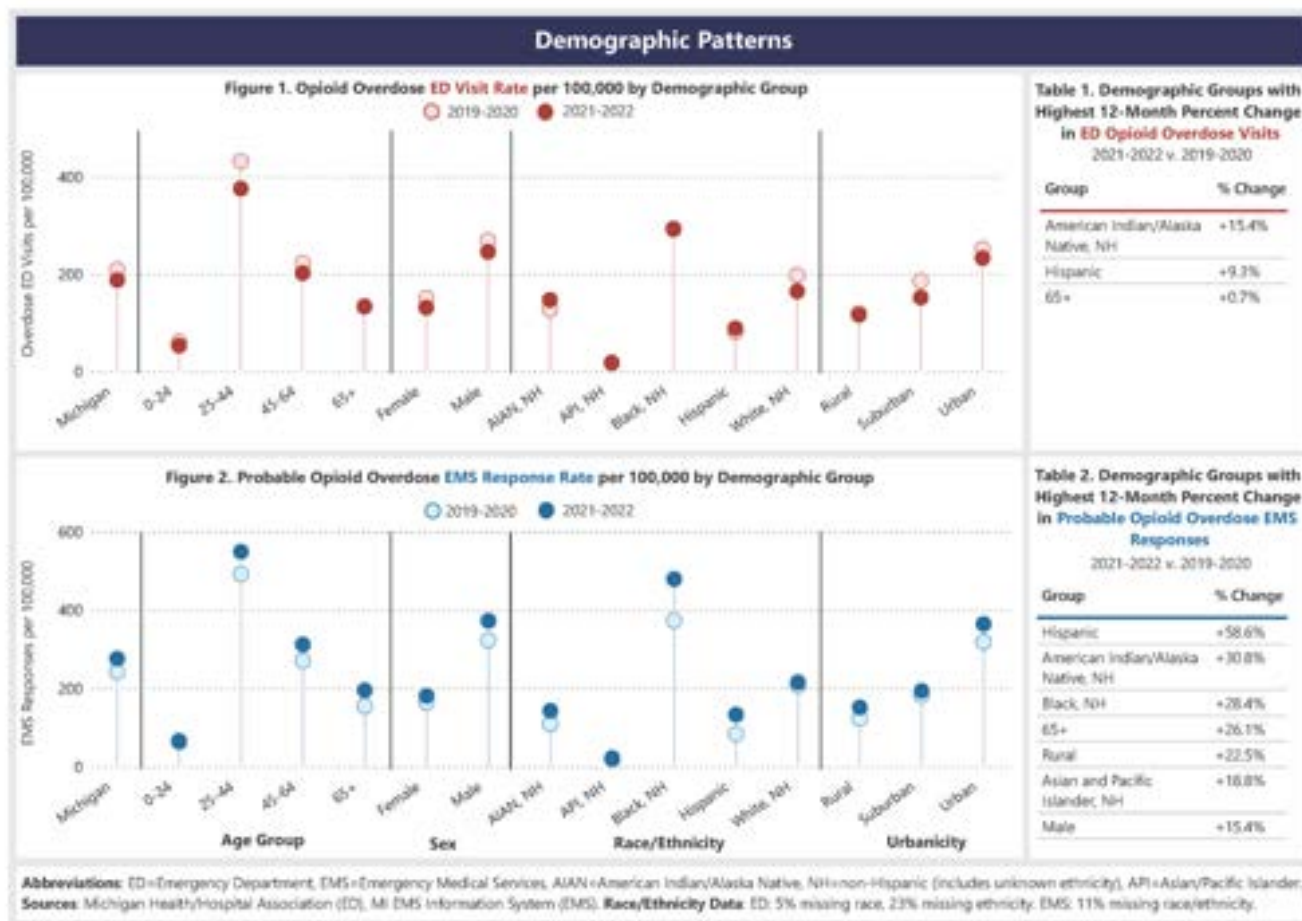
## Protective factors identified in opioid-related legislation in Michigan by passage into law (n=79)



# Health Equity

The figures below depict demographic information on opioid overdoses based on two data sources: emergency department (ED) visits and EMS response rates.<sup>5</sup> Tables 1 and 2 (to the right of the figures below) depict the demographic categories with the largest percent increases in opioid overdoses from years 2019-2020 vs. 2021-2022. Key findings are as follows:

- The highest rates of opioid overdose, as reported by both ED and EMS, were observed among individuals 25-44 years old (>400/100,000).
- There were higher rates of opioid overdose in males than females according to both ED and EMS.
- Non-Hispanic Black Michiganders experienced the highest rates of opioid overdose, followed by non-Hispanic White Michiganders.
- In both periods (2019-2020 and 2021-2022), rates of opioid overdose were most common in urban areas.
- Between 2019-2020 and 2021-2022, rates of opioid overdose in EDs declined for all populations except Hispanic, American Indian/Alaska Native (non-Hispanic), and Black (non-Hispanic) Michiganders, as well as those over 65.





# Health Equity

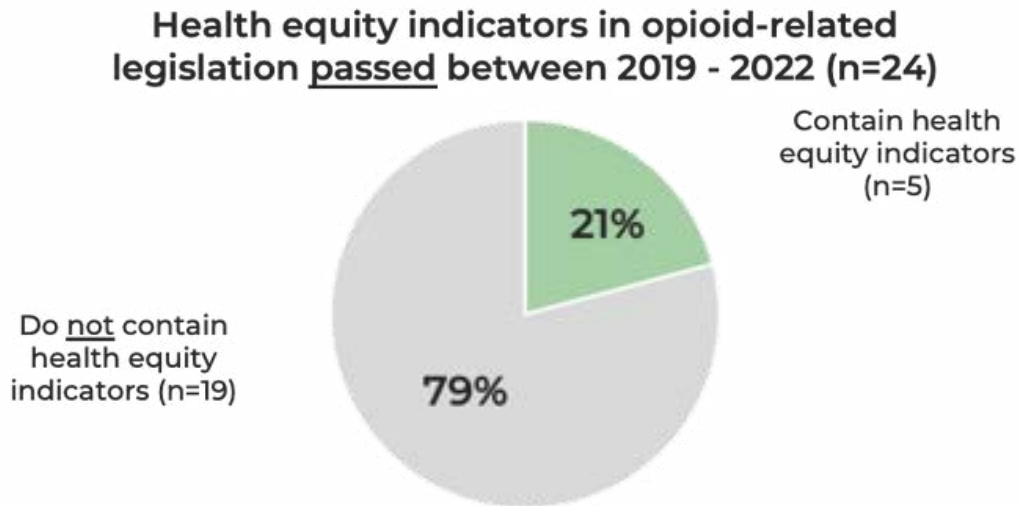
Health equity is the principle that all people, regardless of background and circumstances, should have an equal opportunity to attain good health without bias or discrimination. Stark inequities in opioid overdose rates exist across populations. As health inequities are often caused by policy decisions that disproportionately impact some individuals over others, policy is an important tool to prevent and reverse inequities.<sup>8</sup> The health equity analysis was designed to gain an understanding of the extent to which policymakers are considering the disparate impacts of opioids on Michigan communities when writing legislation.

In consultation with a U-M research librarian, the team developed a list of search terms to query bills in the tracker for health equity language. The search terms were based on health equity indicators for populations who are disproportionately burdened by opioids and other concepts related to health equity. Using R, the full text of all bills/amendments introduced during the legislative period was scanned for these search terms. The team followed a procedure similar to the SRPF analysis to determine whether the search terms were used in the context of health equity. For example, the stem ‘trans-’ flagged several times in the bills/amendments, but none referred to members of the Trans community.

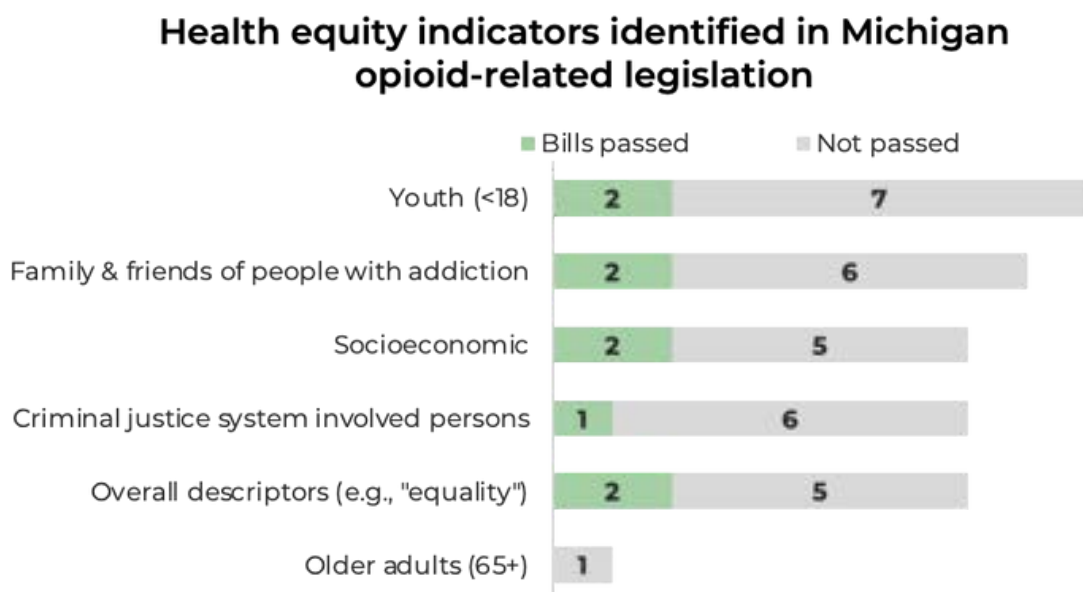
## Health Equity Indicators

- Pregnant/postpartum individuals
- Youth (<18)
- Older adults (65+)
- Family and friends of people with addiction
- Racial, ethnic, or linguistic minority groups
- People with co-occurring disorders
- Veterans or military personnel
- Criminal justice system-involved persons (including incarcerated persons and returning citizens)
- Socioeconomic (income, housing, education, employment)
- Sexual and gender minorities
- Immigration status
- Stigma reduction
- Overall descriptors (e.g., “excluded”, “at risk”, etc.)

# Health Equity



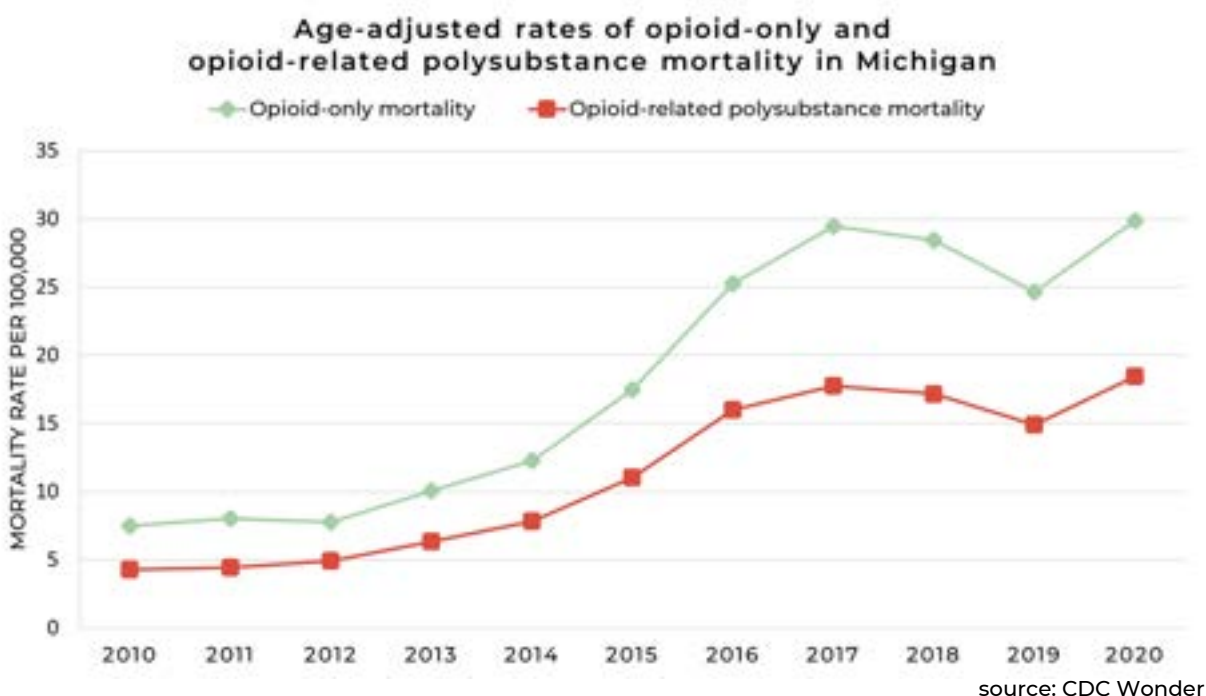
Proposed legislation in this period addressed youth more than any other specific population, though these bills/amendments were not necessarily more likely to pass than bills referencing other groups. None of the proposed legislation referenced the following similarly burdened populations: racial, ethnic, and linguistic minorities; women; sexual and gender minorities; people with co-occurring disorders; veterans or military personnel; and pregnant/postpartum individuals. Two passed bills/amendments included health equity terms like “at risk” and “disparity”. Of the 24 bills/amendments passed, a total of 5 contained health equity indicators that address populations at disparate risk for opioid overdose.



*Note.* Classifications in the bar graph are not mutually exclusive. Some bills/amendments address more than one health equity indicator.

# Polysubstance Use

Tackling the opioid crisis in isolation may not effectively address the diverse and evolving patterns of substance use. Deaths involving polysubstance use in Michigan increased significantly in the last decade. In 2021, 62% of drug overdose deaths in Michigan involved multiple drugs, representing an 8% increase from 2020.<sup>5</sup> Polysubstance use is particularly concerning as it has the potential to be more unpredictable and dangerous than using a single drug.<sup>6</sup>



The team followed the same methods used in the aforementioned analyses to analyze the bills/amendments for polysubstance use indicators. Using R, the team developed a list of key search terms related to polysubstance use to query the bills/amendments in the tracker. Once bills flagged for the polysubstance use search terms, the team determined whether the search terms were used appropriately in the context of polysubstance use.

After completing the analysis, the team found no bills related to polysubstance use.

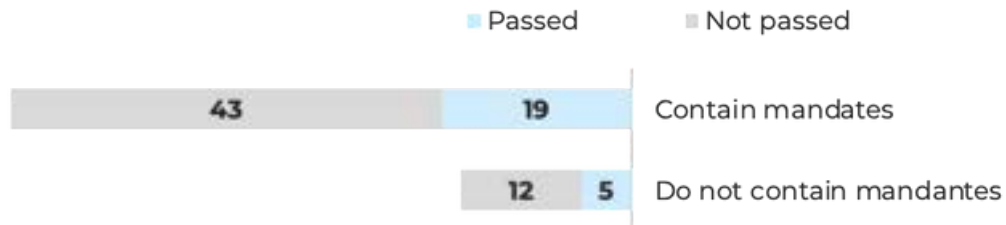
**Example:** Virginia Code Ann. § 54.1-3466 (A)-(G) legalized the possession and distribution of fentanyl testing kits from harm reduction programs.

# Enforceability (Penalties & Mandates)

Mandates are defined as language that legally obligates one party to take specific action. Of all proposed opioid-related legislation (n=79), 62 bills/amendments contained mandates. Of those bills/amendments, one third (n=19) were passed.

**Example:** House Bill 5264 of 2021 is an amendment to the Insurance Code that requires insurers to deliver a non-opioid form to new insurers or those renewing policies upon enrollment. This bill was passed into public law as PA 0044 of 2022.

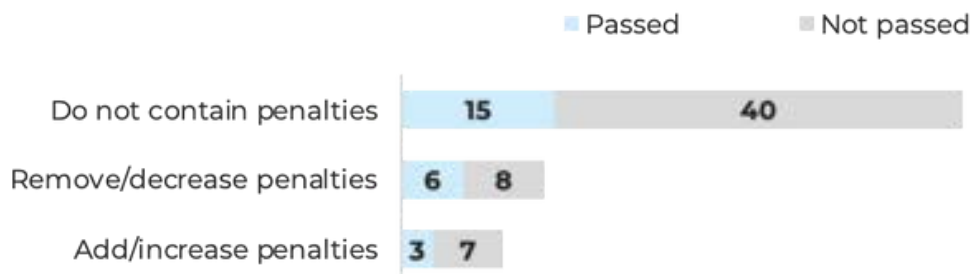
## Mandates identified in Michigan opioid-related legislation



Penalties refer to the consequences imposed for failing to adhere to a mandate or law, which may include loss of licensure, imprisonment, fines, or heightened liability exposure. Of all proposed opioid-related legislation (n=79), 24 bills/amendments contained penalties, 16 of which would remove or decrease penalties, and 8 of which would add or increase penalties. Nine bills containing penalties were passed in total, most removing/decreasing penalties.

**Example:** Senate Bill 0254 of 2019 requires prescribers to electronically submit prescriptions. Prescribers who fail to do so without an exemption or waiver will be subject to disciplinary action by the governing body of that profession. This bill was passed into public law as PA 0135 of 2020.

## Penalties identified in Michigan opioid-related legislation



# Conclusion

This report is part of an effort to advance evidence-based opioid-related policies in the state of Michigan. By examining legislation through the public health frameworks of shared risk and protective factor language, health equity indicators, and polysubstance use, we were able to characterize the current landscape of opioid legislation and explore possible approaches for future legislation. Namely, our analysis uncovered legislative opportunities to address polysubstance use as well as the disparate impacts of opioids among specific populations in Michigan. Additionally, there is room for more legislation that supports education at the community level as well as linkages to care for those at risk of opioid overdose.

Nevertheless, we observed that the majority of opioid-related legislation passed during the 2019-2020 and 2021-2022 legislative sessions did include shared risk and protective factors, a promising approach for maximizing prevention efforts across injury topics.

Future iterations of this project may consider reviewing and expanding search terms, exploring statistical relationships between classifications/variables, and/or analyzing the impact that that legislation has on rates of overdose morbidity and mortality.

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# Appendix A: Bills that passed

Bolded outlines indicate bills that were tie-barred when introduced.

Public Law	Strategies addressed	Contains SRPFs	Contains HE indicators	Description
<u>PA 0009 of 2019</u>	Law Enforcement & Criminal Justice; Data & Surveillance			A bill that revises provisions pertaining to the forfeiture of property seized in connection with a controlled substance offense that is valued at \$50,000 or less.
<u>PA 0043 of 2019</u>	Providers & Health Systems	x		A bill that amends the Public Health Code for prescribers to have a bona fide prescriber-patient relationship before prescribing or dispensing a controlled substance through the Michigan Automated Prescription System (MAPS); provides exemption for hospice.
<u>PA 0075 of 2019</u>	Providers & Health Systems			A bill to ammend the Public Health Code by extending the sunset on the annual license fee at FY 2018-19 rates for substance use disorder programs.
<u>PA 0036 of 2019</u>	Harm Reduction; Providers & Health Systems	x	x	A bill that amends the Public Health Code to expand the scope of government agencies that can be prescribed opioid antagonists and which employees can possess and administer the antagonist.
<u>PA 0037 of 2019</u>	Harm Reduction; Providers & Health Systems	x		A bill that amends the Public Health Code to remove reference to past dates when provisions became effective; no substantive changes.
<u>PA 0038 of 2019</u>	Harm Reduction	x		A bill that amends Revised School Code to modify language that previously exempted school employees from criminal action or civil damages when administering opioid antagonists.
<u>PA 0039 of 2019</u>	Harm Reduction	x	x	A bill that creates the Administration of Opioid Antagonists Act. This act allows for government agencies to purchase opioid antagonists and to distribute to their employees. Employees may administer opioid antagonists if they are trained; the bill also provides immunity for its good-faith administration.
<u>PA 0135 of 2020</u>	Providers & Health Systems	x		A bill that creates new regulations regarding electronic use of prescription; amendment outlines that prescribers are now required to abide by this method.

# Appendix A (continued)

Public Law	Strategies addressed	Contains SRPFs	Contains HE indicators	Description
<a href="#"><u>PA 0087 of 2020</u></a>	Law Enforcement & Criminal Justice			A bill to ammend MCL 257.625t to allow for roadside drug testing for controlled substances.
<a href="#"><u>PA 0321 of 2020</u></a>	Harm Reduction	x		A bill that exempts agencies from criminal or civil liability if they fail to administer opioid antagonists or of a resulting death from administering opioid antagonists.
<a href="#"><u>PA 0380 of 2020</u></a>	Law Enforcement & Criminal Justice	x	x	A bill that eliminates suspension and revocation of driver license as sanction for certain controlled substances offenses in the Public Health Code.
<a href="#"><u>PA 0381 of 2020</u></a>	Law Enforcement & Criminal Justice			A bill that eliminates suspension and revocation of driver license as sanction for certain controlled substances offenses in the Code of Criminal Procedure.
<a href="#"><u>PA 0041 of 2022</u></a>	Providers & Health Systems	x		A bill that amends the Public Health Code to allow prescribers or health professionals to administer an opioid during surgeries to individuals who have a nonopioid directive form in their file.
<a href="#"><u>PA 0042 of 2022</u></a>	Providers & Health Systems	x		A bill that amends the Insurance Code to require insurers to deliver a nonopioid form to new insurers or those renewing policies upon enrollement.
<a href="#"><u>PA 0043 of 2022</u></a>	Providers & Health Systems	x		A bill that amends the Insurance Code to require insurers to make available on their website a nonopioid form to current policy holders.
<a href="#"><u>PA 0044 of 2022</u></a>	Providers & Health Systems	x		A bill that requires that hospitals make a nonopioid directive form available on their website.
<a href="#"><u>PA 0147 of 2022</u></a>	Law Enforcement & Criminal Justice			A bill to ammend MCL 750.1 - 750.568 to prohibit the sell and distribution of synthetic urine.
<a href="#"><u>PA 0019 of 2022</u></a>	Providers & Health Systems	x		A bill that changes the classification of opioid medical assisting treatment drugs.



## Appendix A (continued)

Public Law	Strategies addressed	Contains SRPFs	Contains HE indicators	Description
<u>PA 0083 of 2022</u>	Litigation/ Settlements	x		A bill that amends the Michigan Trust Fund Act to create the Michigan Opioid Healing and Recovery Fund. The fund will hold proceeds received by the state from litigation surrounding opioid lawsuits.
<u>PA 0084 of 2022</u>	Litigation/ Settlements	x	x	A bill that creates an opioid advisory commission and details responsibilities of commission (e.g., review opioid-related initiatives, report on evidence-based needs assessment).
<u>PA 0085 of 2022</u>	Litigation/ Settlements	x		A bill to create the Opioid Liability Litigation Act to prohibit a political subdivision of the State from commencing or maintaining legal actions against specified entities related to opioid settlements.

*Note.* The legislation listed in the table above are bills/amendments included in the analyses that are public laws in Michigan. Polysubstance use is excluded from the table since the team found no bills where polysubstance use language flagged in the context of the analysis.