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HB6406

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CONNECTICUT
GENERAL ASSEMBLY
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Yes, Mr. Speaker, on Page 8 of today's Calendar, House Calendar 136, House Bill 6406 AN ACT CONCERNING THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM, introduced in General Law.

SPEAKER SHARKEY:

Please proceed, Mr. Clerk. I'm sorry to interrupt you. Are you finished? Ah, Representative Baram.

REP. BARAM (15th):

Thank you, Mr. Speaker. I move for acceptance of the Joint Committee's Favorable Report and passage of the bill.

SPEAKER SHARKEY:

The question is on acceptance of the Joint Committee's Favorable Report and passage of the bill. Will you remark, sir?

REP. BARAM (15th):

Thank you, Mr. Speaker. This bill concerns the electronic prescription drug monitoring program. It expands that program in a couple of ways.

First, it makes anybody who dispenses controlled substances, whether they are in-state or out-of-state pharmacy, or even a physician who dispenses from his

office, to participate in the program and report on a weekly basis.

It also requires all physicians, even if they don't dispense controlled substances, to register with the program with the hope that they will participate in it by checking to see if their patients are participating in controlled substances issued by another physician or pharmacy.

The purpose of this bill, Mr. Speaker, is to try and cut back on substance abuse and also to prevent doctor shopping. This was passed unanimously by the General Law Committee. There is no fiscal note and this is effective upon passage.

SPEAKER SHARKEY:

Move adoption, sir?

REP. BARAM (15th):

I move adoption and passage.

SPEAKER SHARKEY:

Thank you, sir. Will you remark on the bill that's before us? Representative Carter of the 2nd District.

REP. CARTER (2nd):

Thank you very much, Mr. Speaker. I rise in strong support of this bill. The prescription drug

monitoring program is actually one of the best things that we have in the state to fight drug abuse. It does give the opportunity to find out who's out there seeking medications inappropriately, and for doctors and pharmacists to find a way to target them and keep them from getting access.

This program is the first time, or this is the first time in the program we've actually mandated that everybody at least register for the program, and that's really important because we want to make sure that everybody's aware of it.

We also understand there will be a strong educational component done as this moves forth and in the future I hope that more people take advantage of this valuable, viable program.

Strong support of the bill. I hope our colleagues support it. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir. The distinguished Minority Leader, Representative Cafero of the 142nd.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Mr. Speaker, a few questions, through you, to the proponent of the bill.

SPEAKER SHARKEY:

Please proceed, sir.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Through you to Representative Baram. Representative, is the bill, does the bill cover what might be in our future, the medical marijuana dispensaries? Would that apply and would those who are authorized to dispense and sell medical marijuana, would they be subject to this bill? Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker. There are five categories of controlled substances. If the marijuana prescription falls within those categories, it would be covered.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Mr. Speaker, knowing what marijuana is and knowing the five categories, in your opinion, does marijuana fall within one of those categories of controlled substances? Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker, I don't know for sure, but I would speculate it probably does.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker, what are the five areas of controlled substance that are covered by this bill? Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker, the different levels of controlled substances deal with the potency of those substances, so the first level might be for instance, Oxycondon and the last level could be something like an acid reflex drug. Again, I don't know all the drugs and which ones fall in what levels, but that is, it's a tier system based upon the potency and the prospect for potential abuse.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker, does the good gentleman know if say, Nexium, or a drug like Nexium, which is prescribed for acid reflex, would that be covered under this bill? Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker, I believe that's a Level 5 drug classification.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Mr. Speaker, forgive my ignorance of the bill. Would that be covered therefore? Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

My guess, through you, Mr. Speaker, my guess is it would.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Mr. Speaker, and I say this sincerely and with all due respect, what would give you the idea that it might not be. You don't sound, you sound as if you're equivocating a little bit on that. Is there a reason for that? Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker. I do not have the levels of tiers for controlled substances before me, so I can't say with any certainty what drugs are covered and which ones would fall in a particular tier.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Through you, Mr. Speaker, I think I heard you say in introducing the bill that this would require that all doctors at least register as part of the system. Is that correct? Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker, that is correct.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

And through you, Mr. Speaker, I know that various doctor's offices give out samples of drugs to their patients as they're prescribing medication for the future to see how they react to it.

Would the giving of samples out of a doctor's office constitute dispensing the drug and therefore have to be reported as indicated in this bill? Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker, the bill itself talks about prescription information, so unless it's a prescription I would speculate that it does not fall within the purview of this bill.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker, I have some concerns with that answer from this point of view. Most doctors in the State of Connecticut, most doctors I know of, have sample pharmaceutical products in their office, many of which are controlled, many of which I presume would fall into one of the five categories here.

A lot of times a doctor in an effort to aid their patient will allow them to try a sample without actually filling out a prescription, but one could argue that the mere act of a doctor giving their patient a drug is prescribing that drug for trial.

And I think it's important to know whether or not that would constitute a dispensing of the drug to fit within, or prescription of the drug to fit within the confines of this bill. Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker, as I read one of the provisions of the bill, it does indicate a practitioner who distributes or administers, so that may very well allow for a sample prescription to fall within the registration requirement.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker, now we understand if that is the case, ladies and gentlemen, every doctor in the State of Connecticut, though not a pharmacy, but as a health care professional who dispenses samples to their patient, would now fall within the confines of the bill that's before us.

And I guess my question through you is, from a practitioner's point of view, what would that now require that doctor to do? The bill requires all doctors regardless, to participate in this registry, but now in the case of those doctors who give out a sample, being that they fall within the confines of this bill, what would that then require them to do? Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker, if they gave out a sample of a drug that was a controlled substance, I think the way that the bill is drafted, they would

have to report it through the system, the electronic system and submit all the data that is required.

If it was not a controlled substance, then there would be no requirement to report it.

SPEAKER SHARKEY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. I thank the good gentleman for his answers.

Ladies and gentlemen, I'm sure you have the same experiences I do. So many times we hear about doctors closing their doors in the State of Connecticut. Just the other day, I learned that there is one pediatrician, one pediatrician, solo pediatrician in the entire City of Hartford, Connecticut. One.

That all the residents of the City of Hartford, if they need their child to be cared for by a pediatrician, have to go to the Children's Medical Center on Washington Street because there is only one pediatrician that accepts Medicare in the City of Hartford.

And more and more when you talk to doctors and health care professionals, especially doctors, they're saying, I've had it. I can't deal with it any more.

I took an oath and went to school to practice medicine, to help people, and yet I am so bogged down with regulation, whether it's insurance or health care management or some government regulation, that I find that I'm doing more clerical work than I am practicing medicine.

How many times have we heard that lament? And yet in this particular bill, done for very good intentions, very good intentions, we are now requiring that every doctor in the State of Connecticut register within this system and more importantly, that any doctor who gives out any sample of a medication that might fall within these categories, something as ordinary and common as Nexium, would then have to register that issue, register that transaction, register that act each and every time they did it with regard to every patient they saw to whom they gave this medication.

Now, I am sure that was not intended by this bill. I am sure as both the Chair and Ranking Member indicated, it was done for the best of intentions, and maybe I could stand corrected, but by the questions I just asked the good Chairman, the answers reflect that we are having an unintended consequence here, which

would require every single doctor to not only register, but to document and electronically file every single sample transaction that he or she dispenses to their patient every time they do so.

I'm not sure that's where we want to go. We are a Legislature that prided itself in trying to take steps that makes health care access just that, accessible to more people.

And when you're hearing facts like there's one pediatrician in the City of Hartford, Connecticut, it gives you pause.

When you hear the constant laments of doctors all over the state saying, I can't even practice medicine any more because I'm bogged down with paperwork.

For this bill to have the unintended consequence of covering every one of those doctors is not a good thing. It's intent is a good thing, but the mechanics are not, and I would ask my good friends on the other side of the aisle to think of that, and possibly PT this bill, which is a good bill. Its intent is good, but possibly PT this bill to make sure that the kind of thing that I'm talking about, to require every single doctor, every time they hand out a sample to

one of their patients, to have to register in this system, that we could exempt that.

That's not what we meant to do here. I don't fault anyone. A lot of times in the hustle and bustle of business, we do just that. We have unintended consequences. Maybe we caught this one in time. It's April 24th. We have plenty of time. Let's fix this bill, bring it back up and pass it so that the intentions of what we truly want, what we truly want to see, are passed.

That's what I would ask each and every one of you to think about if we are forced to vote on this bill.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir. Representative Shaban of the 135th.

REP. SHABAN (135th):

Thank you, Mr. Speaker. If I may, a few questions through you to the proponent.

SPEAKER SHARKEY:

Please proceed, sir.

REP. SHABAN (135th):

Thank you, sir. The origin or the basis of my questions that I'm concerned, deal with how this

proposed bill if passed, might work with or alongside or in conflict with the Federal Controlled Substances Act, so you know, with that, through you, Mr. Speaker, a question.

If the state says, and I understand from the bill, it looks like the Department of Consumer Protection can identify additional products to be included on this list of what has to be reported or tracked or whatever, if the state says that a particular item is a controlled substance, but the federal government says the particular item is not a controlled substance, would our state doctor still be required to register and report? Through you.

SPEAKER SHARKEY:

Representative Baram.

REP. BARAM (15th):

Through you, Mr. Speaker, it is my understanding that controlled substances are placed on two different lists. There's the federal list and the state list. Both lists, it's my understanding, would be subject to this legislation.

SPEAKER SHARKEY:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker. And through you, well, if, well, I mean, therein lies the problem. We could be inadvertently, now an attempt running against federal preemption again and/or nullifying it, I raise the issue. If we are going to consider working on this bill, I think that's something that needs to be addressed.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir. Representative Aresimowicz, for what reason do you rise?

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move we pass this bill temporarily.

SPEAKER SHARKEY:

Without objection, the motion is to pass this bill temporarily. Without objection, so ordered.

Will the Clerk please call Calendar Number 299.

THE CLERK:

Calendar 299, Favorable Report of the Joint Standing Committee on Education. Substitute House Bill 6506, AN ACT CONCERNING STATE FUNDED CHILD CARE FACILITIES.

SPEAKER SHARKEY:

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THE CLERK:

House Calendar 136, favorable report of the Joint Standing Committee on General Law, House Bill 6406, AN ACT CONCERNING THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Good afternoon, Madam Speaker.

Madam Speaker, I move acceptance of the Joint Committee's favorable report and passage of this bill.

DEPUTY SPEAKER SAYERS:

The question is acceptance of the Joint Committee's favorable report and passage of the bill.

Representative Baram, you have the floor sir.

REP. BARAM (15th):

Thank you, Madam Speaker.

This bill expands on the Electronic Prescription Drug Monitoring Program, by requiring that any entity that dispenses controlled substances report the prescriptions that are written to the Electronic Program on a weekly basis. This would include out-of-state pharmacies, in-state pharmacies, and practitioners, like doctors, who actually and only

dispense drugs from their practice. It also requires that it be reported on a weekly basis. The bill also requires practitioners, such as doctors, to register only with the system, so that if they decide in their own discretion to access and use the system, they are registered and can do so. There is absolutely no reporting requirement on the part of doctors, unless they dispense controlled substances from their practices. Controlled substances are defined in Schedules 2 through 5, kept by the State of Connecticut and it is the State lists that are used for purposes of this bill. If a drug is not on that list, then it is not part of this -- this bill. This bill is effective upon passage. It was passed unanimously by the General Law Committee. There is no fiscal impact on it. And I also just want to point out that this bill has been endorsed by the Connecticut State Medical Society, the Connecticut Chapter of the American College of Surgeons, the Connecticut Chapter of the American College of Physicians, the Connecticut Hospital Association, and the Connecticut Pharmacy Association.

Madam Speaker, the Clerk has an amendment LCO 6230. I would ask the Clerk to please call the

amendment and that I be granted leave of the chamber to summarize.

DEPUTY SPEAKER SAYERS:

Will the Clerk please call LCO 6230, will be designated as House Amendment Schedule A.

THE CLERK:

House A, LCO 6230, Representative of -- introduced by Representative Baram and Carter.

DEPUTY SPEAKER SAYERS:

The Representative seeks leave of the Chamber to summarize the amendment. Is there any objection to summarization? Is this there is any objection?

Hearing none, Representative Baram, you may proceed with summarization.

REP. BARAM (15th):

Thank you, Madam Speaker.

In the last session, when this bill was passed, the good Minority Leader raised the point about samples that are given by doctors and we decided to enter an amendment, which specifically indicates that samples are not considered prescriptions; and therefore, there would be no reporting requirements under this act. I move for adoption and passage of the bill.

DEPUTY SPEAKER SAYERS:

The question before the chamber is adoption of House Amendment Schedule A.

Will you remark on the Amendment.

Representative Carter of the 2nd.

REP. CARTER (2nd):

Thank you, Madam Carter.

I rise in strong support of the amendment. As my colleague across the aisle mentioned recently, this was brought up before in the debate as to whether the Prescription Drug Monitoring Program would require reporting for a sample, otherwise, called a starter, and -- and this is what we've come with, with this amendment. And I would like to make one clarification that, when you're looking at the controlled substances, it's my understanding that physicians don't normally even do a sample for something that's a narcotic. But this would be great if we ever have a Schedule V narcotic that we're explicitly putting in the law that it says it's not going to be considered a separate prescription or reported. So I urge strong support of the amendment.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan of the 31st.

REP. SRINIVASAN (31st):

Thank you -- thank you, Madam Speaker.

I too rise in strong support of a, the bill and, of course, the amendment on which we are right now. As Representative Carter said, samples of the -- of those categories of medications are usually not given out by practicing physicians, so this amendment makes it very clear what we had talked about just a -- last week and I -- and I urge that the entire House support this amendment as well.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Will you remark further on the amendment? Will you remark further on the amendment that is before us? If not, I will try your minds. All those in favor, please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER SAYERS:

All those opposed, nay.

REPRESENTATIVES:

Nay.

DEPUTY SPEAKER SAYERS:

The ayes have it.

The amendment is adopted.

Will you remark further? Will you remark further on the bill that is -- on the bill as amended -- amended?

Representative Shaban of the 135th.

REP. SHABAN (135th):

Thank you, Madam Speaker.

If I may, a few questions to the proponent through you.

DEPUTY SPEAKER SAYERS:

Please proceed sir.

REP. SHABAN (135th):

Thank you, Madam Speaker.

I think last time this came out I had a -- I raised the issue and because we decided to PT the bill and work it I don't think we really got into it. My question goes to what is -- what is a controlled substance under this act and how it ties into what's a controlled substance under Federal law.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

A controlled substance is a list of schedules, based upon the potency of a drug. The schedules go from II to V, II being the highest level. It is compiled by the State of Connecticut and in -- in an inquiry to the DCP, they indicated that they only use the State list if there is any Federal list that differs.

Again, it's just the State list that is -- is used for that purpose. I do have a list of the schedules. It's about 25 pages in length and uses many terms that I would never understand, but if the good colleague would like to look at that list sometime, I have it available for you.

DEPUTY SPEAKER SAYERS:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Madam Speaker.

Yeah, I -- I too would probably have some difficulty reading through the list. I mean, I guess my main concern is the one I pinned it upon last time. If there's a -- if there's an act that we call a controlled substance under State law, but it -- but it's not controlled substance under Federal law, how

would this new bill or the new apply and I guess the -- the more important question is the contrary.

If it's controlled substance under Federal law, but not a controlled substance under State law, how would this potential law apply?

Through you.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

I have been assured by DCP that they only consider the State list for purposes of this statute. They also indicate there is very little, if any, discrepancy between the two lists. The Federal list may be used by the FDA, but again, the State list is the one that is used for State enforcement of this statute.

DEPUTY SPEAKER SAYERS:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Madam Speaker.

And I appreciate that response. I guess that makes sense if we're going to do it as a State level. How about medical marijuana? I think the -- the

Minority Leader may have asked this question last time. I don't remember what the answer was. Are we going to require reporting, I'm assuming we are, but I -- I'm asking for at least legislative history purposes.

Medical marijuana dispensing or, you know, as it's getting handed out or sold, is that considered a controlled substance under the State list? If you know.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

It is my understanding in talking to DCP that currently marijuana is not a controlled substance, but that the legislation we passed last year makes it a controlled substance.

However, it was also indicated that the marijuana -- medicinal marijuana regulations are separate and distinct from this Act and the reason why it would not fall under the purview of this Act is that this Act talks about prescriptions.

Under the legislation that we pass, a doctor qualifies a patient for medicinal marijuana and that patient, as a qualified patient, then gets a card issued by the state and goes to a dispensary for the medicinal marijuana.

It has nothing to do with a prescription and so DCP has assured me that this is not governed by this Act. It has its own regulations and again, because it's not the issuance of a prescription, it's the designation as a qualified patient that takes it out of the purview of this Act.

DEPUTY SPEAKER SAYERS:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Madam Speaker.

Yeah. My recollection was that -- that marijuana was listed as a controlled substance, whether medical or otherwise, both State and Federal, but I think the last caveat or the last description, that may make some sense because it's not a prescription, it's an eligibility or whatever it is.

I have a little -- I had some concerns about this bill last time it was brought up. Some of which have been remedied by the amendment, some of which I think

I understand now through this debate and I'll continue to listen. Thank you.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Carter of the 2nd.

REP. CARTER (2nd):

Through you very much, Madam Speaker.

We've -- we've actually debated this bill now for the second time, as it was PT'd once before. I wanted to take a moment and make sure that I made my comments in support of the bill and -- and say that we've kind of gotten a long way from what the intent -- what the intent of the bill really is.

The Prescription Drug Monitoring Program is something that's been in place for a number of years now and it's one of the best defenses we have to drug abuse in this state. It allows practitioners and pharmacies, even law enforcement to identify when somebody is either doctor shopping or is out there receiving medication inappropriately.

This actually helps us use the program better. It does it in a way that anybody out there who's prescribing narcotics is just -- now they have to register for the program. It's heavy on education.

It's going to help the Department of Consumer Protection. Educate people and practitioners about the program, so it's not a huge mandate. It's actually something that's going to work very well, with respect to the healthcare provider. So as we move forward on this, and in this -- in subsequent years we're going to hear more about the Prescription Drug Monitoring Program.

And I certainly hope our colleagues in this Chamber, you know, give it its due and understand that this is one of the best things we have to prevent drug abuse in this state.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Miner of the 66th.

REP. MINER (66th):

Thank you, Madam Speaker.

I had a question, if I could, of the proponent.

Through you.

DEPUTY SPEAKER SAYERS:

Please proceed sir.

REP. MINER (66th):

Thank you, Madam Speaker.

Lines -- between lines 17 and 19 it appears that the Commissioner has the ability to expand the number of products that would be required to be reported on. If the gentleman could tell me, if he knows, what -- what came out in the committee as -- with regard to what those products might be.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

There have been no representations that there are additional substances to be placed on the list. It is my understand, however, if others are identified, it would go through the formal regulatory process by DCP to add it to the list.

DEPUTY SPEAKER SAYERS:

Representative Miner.

REP. MINER (66th):

Thank you, Madam Speaker.

And I -- I thank the gentleman for that answer. I know he took time to list off the groups that had supported this legislation and I just wanted to, I guess in my own mind, be satisfied that if the list

got grossly expanded, whether they would still be as supported, but I appreciate the answer. Thank you.

DEPUTY SPEAKER SAYERS:

Representative Candelora of the 86th.

REP. CANDELORA (86th):

Thank you, Madam Speaker.

If I may, just a question to the proponent of the bill for legislative intent.

DEPUTY SPEAKER SAYERS:

If you could hold for just one second sir.

Could you please take your conversations outside the Hall of the House, so that the gentleman can hear the questions. Thank you, sir.

Mr. -- Representative Candelora, please proceed.

REP. CANDELORA (86th):

Thank you, Madam Speaker.

As I read this bill and as -- as, what was pointed out by a ranking member, the bill is expanding upon an existing program and we're seeking to have nonresident pharmacies and other type of dispensaries report the prescription -- prescription drugs that individuals are using and, as I read this, in situations where patients are in a hospital being treated as an inpatient with various medications and

drugs, under those circumstances this bill would not require hospitals to report?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

That is correct.

DEPUTY SPEAKER SAYERS:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Madam Speaker.

I appreciate the good representative's answer.

Thank you.

DEPUTY SPEAKER SAYERS:

Will you remark further? Will you remark further?

If -- if not, let me try your minds.

Will you remark further? Will you remark further?

If not, will staff and guests please come to the Well of the House?

Oops. Sorry. Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Chair.

As I had spoken once on the amendment, I think this is a very good step that we need to take to ensure that these -- the -- the Electronic Prescription Monitoring is a good way to maintain what is happening to our patient base and it is definitely the right direction for us to go.

Having said that, through you, Madam Speaker, if I can ask a question to the proponent.

DEPUTY SPEAKER SAYERS:

Please proceed sir.

REP. SRINIVASAN (31st):

In lines 86 through 89, where the physician can register to the Electronic Prescription Drug Monitoring Program in a manner that is prescribed by the Commissioner, you know, that -- is that language yet to be derived as to what would be the requirement on behalf of the physician as he or she registers for this program?

Through you, Madam Chair.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

The DCP would create a form for registration, which would then be submitted for completion by the physician, who again, is just registering to access the program if they decide to do so in their own discretion.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

And through you, Madam Speaker.

When a physician registers voluntarily, and I hope all of us do and become a part of this program, would then when they do prescribe any medications to their patients would they also have to go into the system to enter what has been done or that is being done only through the pharmacy.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

If a doctor writes a prescription and a patient takes it to a pharmacy, it's the pharmacy that inputs the information. If the doctor actually dispenses the

medication through his own office, that would then fall under the Act and he would have to input the information, but most doctors, I think you'll agree do not do that. They write the script and it's filled at the pharmacy.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

And thank you very much for those answers. And one final question.

Through you, Madam Speaker.

So for a prescribing physician, he will -- if he has registered in this program, he will be able to have access to see what other medications have been prescribed by other providers? Is that right?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

That's exactly right. That's why this bill has such great support within the medical community, because it will allow a doctor to access, if they

decide to do so, to see if this patient has obtained prescriptions from other doctors, other pharmacies, to try and prevent doctor shopping and overdose and abuse.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

And through you, Madam Speaker.

Hopefully, every physician will participate in this program, because this is the right thing for us to do, but in the unlikely event that some physician does not participate and he or she prescribes these medications, they would still go into the database, because they have to be filled at the pharmacy.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

That is correct.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

And thank you very much for those answers. I appreciate that. Thank you.

DEPUTY SPEAKER SAYERS:

Representative Case of the 63rd.

REP. CASE (63rd):

Thank you, Madam Chair.

A question to the proponent, please, of the bill.

DEPUTY SPEAKER SAYERS:

Please proceed sir.

REP. CASE (63rd):

Just a clarification. On line 17 through 19, I believe we spoke about this at the last session briefly. Just curious on the summary -- the summary reads, "Currently the program collects information on Schedules II through V Controlled Substances. The bill allows the Department of Consumer Protection to identify additional products to be included."

What is the intent to leave this open for additional products and what could those products be?

DEPUTY SPEAKER SAYERS:

Representative Baram.

REP. BARAM (15th):

Through you, Madam Speaker.

I believe that the Department has some flexibility to add drugs as new drugs are invented and approved by the FDA and put on the market. I don't think it would be wise to have a closed final list.

It allows for flexibility, as new drugs are developed to analyze them, determine whether they have the characteristics that would require them to be on this list for the safety, not only of the consumer, but those who are prescribing those medications.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (63rd):

I thank the good Representative for his answer. And I just -- I will support this. I just -- I think that our constituents would like to know exactly when we vote on something what we're voting on and I believe this leaves an open end to a bill that we're going to be voting and transparency is one thing that I believe in and I don't think this is being transparent. It's just leaving the door open.

DEPUTY SPEAKER SAYERS:

Will you remark further? Will you remark further on the bill as amended?

If not, will staff and guests please come to the Well of the House? Will members please take your seats? The machine will be open.

THE CLERK:

House of Representatives is voting by roll. The House of Representative is voting by roll. Will the members please come to the chamber immediately.

DEPUTY SPEAKER SAYERS:

Have all the members voted? Have all the members voted?

Please check the board to determine if your vote has been properly cast.

If all the members have voted, the machine will be locked and the Clerk will take a tally.

The Clerk will announce the tally.

THE CLERK:

Bill Number 6406, as amended by House A

Total Number Voting	146
Necessary for Passage	74
Those voting Yea	146
Those voting Nay	0
Absent and not voting	4

DEPUTY SPEAKER SAYERS:

The bill -- the bill as amended is passed.

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GENERAL ASSEMBLY
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Hold on a minute, sir. I'm sorry.

Senator Looney.

SENATOR LOONEY:

Madam President, if we might move to one item that was passed temporarily earlier. That was Calendar page 11, Calendar 505, House Bill 6406. And then if we might move immediately thereafter to Calendar page 31, Calendar 268, Senate Bill 975.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Calendar page 11, Calendar 505, House Bill 6406, AN ACT CONCERNING THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM, Favorable Report of the Committee on General Law.

THE CHAIR:

I'm sorry.

Senator Doyle.

SENATOR DOYLE:

Good afternoon -- good afternoon, Madam Speaker.

THE CHAIR:

Good afternoon, sir.

SENATOR DOYLE:

I move acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the House.

THE CHAIR:

Motion is on acceptance and passage.

Will you remark, sir?

SENATOR DOYLE:

Yes. Thank you, Madam President.

We have before you a bill that deals with our -- it's actually a bill originally introduced by the Department of Consumer Protection and it deals with our prescription drug monitoring program.

The members of the Chamber are aware that there's -- currently, there's a database at the DCP where a lot of pharmacists and some practitioners can go as a source to try to determine -- it's a -- it's a database to utilize, to determine whether some of our constituents are overusing -- overusing drugs; in other words, you could go there to determine if people are utilizing more than one prescriber to try to look for drug abuse.

There were several bills on this issue before the General Law Committee this year. I had one that was much broader than this bill before us. It sought to require practitioners, before they prescribed any drug, go to the database, take a look at the patient to make sure there was no abuse, in terms of the patient didn't have multiple prescriptions from different doctors or doctor shopping. This bill, however, is a step back from that.

After several meetings with doctors and the -- the committee leadership, including the ranking members and the chairs, we -- we came to a compromise before us which -- which primarily requires the practitioners or doctors to simply register on the Prescription Drug Monitoring Program. So it's a first step to get all our doctors to -- to register in the system.

They don't have to check every drug, but it was -- the doctors were in the room, and we thought it would be a good start. The more they're aware of it, down the road we can further educate them. Because, of course, our concern is -- and the ultimate goal is to make sure we -- we identify individuals that are doctor shopping, getting multiple prescriptions or the same drugs from different doctors.

So this is a good bill. It passed out of the General Law Committee, I believe, unanimously. And in the House there was a -- 18 to zip in the General Law and a wide, wide margin

in the State House, and I urge the Chamber to approve the bill.

Thank you, Madam Speaker.

THE CHAIR:

Thank you.

Will you remark?

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President, I will.

I stand in support of the bill before us. Drug addiction is a -- a difficult thing that we -- most -- a lot of people have to deal with. And it's -- it's gone from the street drugs to the prescription pills. And it's hard to imagine that our young adolescents go to things called "pill parties" and they just ingest pills they don't even know what -- what they're doing to themselves. And where do they get those -- those pills?

As Senator Doyle said, the good chairman of the General Law Committee, it did pass unanimously in our committee. It passed unanimously in the House of Representatives. And this is just one more step in the prevention of fraudulent obtainment of prescription medicine.

All of our pharmacists in the state of Connecticut are required to be registered on this program, and they use it when they dispense drugs. And as a compromise, now we're just saying that all the physicians have to register. It doesn't say they have to use, but they have to register. And once they register, then the state will go out and start educating the -- the doctors about how important it is to be able to check on certain patients that raise those red flags as to how they could tell if that particular patient is doctor shopping for prescription pills.

I ask the Chamber's adoption. I think it's a good bill

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Boucher.

SENATOR BOUCHER:

Thank -- thank you, Madam President.

Madam President, I have a question from the Office of Legislative Researches, Analysis and Report that concerns me. It does say that House Amendment "A" specifically exempts physicians from having to report dispensing samples of controlled substances to patients. And my question would be why is that the case in this bill?

Through you, Madam President.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Through -- through you, Madam President.

It's my understanding samples are different than a pure -- and I'm certainly not a doctor but -- samples are given out by doctors in a doctor's office in small amounts. And it was -- at our meeting, it was determined that -- it was a strong emphasis by the doctors that they -- they may give a small sample at -- yeah -- at -- to carry you through or to -- an initial visit at the -- at -- at their office. And -- we're really targeting here a more formal prescription.

A sample is not a formal prescription. And we're really looking at the people that are really doctor shopping, going to multiple doctors. So they go into the database, they see Mr. Smith has a prescription from Doctor A, B, C and D, you can see the real pattern of abuse.

So it was presented to us that samples are different and they're not appropriate because they're not necessarily

prescribed in the, you know, through a pharmacist.

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you for the answer, Madam President.

I would have to say that this particular amendment does give me some pause because it -- it seems to me that it could be ripe for abuse. That -- that certain doctors might end up -- be known to give frequent samples or multiple samples, should they wish to do so, of a substance that should be highly controlled.

And, in fact, instead of, you know, making me feel more comfortable about the bill, which I would support heartily, this does just give me some concern that there might be one avenue here for abuse.

Thank you, Miss -- Mr. -- Madam President.

THE CHAIR:

It's okay. A little tired.

Senator Doyle.

SENATOR DOYLE:

Thank you. Thank you, Madam President.

The good Senator raised an issue that, I think, is -- is beyond the scope of this legislation. And the issue that's she's referring to or presenting may be the potential abuse of trials, which really -- trial samples really aren't covered here. So maybe that's a whole nother matter, whether -- whether it's a real problem. So we can look into that potentially. But it's a -- really separate to this.

Through -- Through you, Madam President.

Thank you.

THE CHAIR:

Will you remark?

Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

Let me say briefly I'm glad to see progress made on this issue. It's something, I have to say, I've become aware of only over the last year or so, the extent of the prescription drug abuse problem in the country. It's my understanding from a conference that I attended, in part, on this issue last fall that, at this point, the abuse of prescription drugs is responsible for more deaths than any other nonmedical cause. More people are now being killed by prescription drug abuse than in automobile accidents.

And as bad as it is among our youth, the worst of it is of people, if I might say, of our own age but people in adulthood, many of whom have become addicted to prescription drugs when they began taking them for legitimate purposes but have not been able to shake that situation.

I think it's something that we're going to be dealing with increasingly over the next few sessions, and I'm glad that we've made a step in that direction.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Witkos for the second time.

SENATOR WITKOS:

Thank you, Madam President, for the second time.
I just wanted to get on the record that the -- the bill

did receive support from the Connecticut Pharmacy Association, the Connecticut State Medical Society, the American College of Surgeons Connecticut Chapter, the American College of Physicians Connecticut Chapter, and many other substance abuse preventions, Connecticut Hospital Association.

So all of those folks that would be responsible for prescribing those medications, they're all in -- in support of the -- the bill before us today.

Thank you, Madam President, for the second time.

THE CHAIR:

Thank you.

Will you remark?

Senator LeBeau.

SENATOR LEBEAU:

Thank you, Madam President.

I just -- let me add my voice to Senator Markley. I've been at some recent national conventions and this is -- this is an incredible national problem, more so in the South than in the North, more so in those -- the states that have a lower educational attainment than Connecticut.

But there were more prescription deaths last year than there were deaths by car accidents in this country. It is -- and it's -- it's -- it's a lot of folks just -- they're -- they're OD'ing, essentially, because they're taking too many of these powerful drugs, and they slow down their breathing so much they just -- and they're gone.

It's a -- it's a horrible thing. We need to get more control on this, and I believe that this -- this bill is a step in the right direction. And I -- and I applaud those who -- who brought it to us today.

Thank you, Madam -- Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark further?

Senator Doyle.

SENATOR DOYLE:

Yes. Thank you, Madam President.

I move this bill to the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

Mr. Clerk.

THE CLERK:

On page 31, Calendar 268, Substitute for Senate Bill Number 975, AN ACT CONCERNING REVISIONS TO THE TRANSPORTATION STATUTES AND THE DESIGNATION OF ROADS AND BRIDGES --

THE CHAIR:

Sir -- sir -- Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, it that item might be passed temporarily. I believe that an amendment will be necessary.

THE CHAIR:

Thank you, sir.

SENATOR LOONEY:

Thank you. Thank you, Madam President.

Madam President, if we might stand at ease for just a moment.

Thank you, Madam President.

Madam President, if the Clerk would list the items on the first Consent Calendar and then if we might call for a vote on that Consent Calendar.

THE CHAIR:

Thank you.

Mr. Clerk.

It's not open, I'm not opening it. I'm waiting for you to call the (inaudible).

THE CLERK:

On Page 3, Calendar 209, Senate Bill 1033.

Page 5, Calendar 355, House Bill 6023.

Page 7, Calendar 460, House Bill 6506.

On Page 11, Calendar 505, House Bill 6406.

On Page 18, Calendar 617, House Bill 5441; Calendar 620, House Bill 6683; Calendar 623, House Bill 6365.

And on Page 19, Calendar 624, House Bill 6151.

On Page 20, Calendar 635, House Bill 5926.

Page 23, Calendar 659, House Bill 5358.

On Page 26, Calendar 680, House Bill 5666.

And on Page 29, Calendar 182, Senate Bill 1000.

Page 33, Calendar 384, Senate Bill 1067.

And on Page 36, Calendar 649, House Bill 5113.

THE CHAIR:

Thank you.

Mr. Clerk, will you call for a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call on Consent Calendar Number 1 has been ordered in the Senate.

THE CHAIR:

If all members have voted, if all members have voted, the machine will be closed.

Mr. Clerk, will you please call a tally.

THE CLERK:

On the first Consent Calendar of the day.

Total Number Voting	35	
Necessary for Adoption	18	
Those Voting Yea	35	
Those Voting Nay	0	
Those Absent and Not Voting		1

THE CHAIR:

Consent Calendar passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk would please call as the next item Calendar Page 10, Calendar 495, Senate Bill 840 from the Finance, Revenue and Bonding Committee.

THE CHAIR:

Good evening, Senator Fonfara.

SENATOR FONFARA:

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I'm more familiar with than the majesty of the Legislative Office Building so I'm actually happy to be here tonight in an auditorium.

REP. BARAM: Commissioner, could you just check to make sure that's working?

COMMISSIONER WILLIAM M. RUBENSTEIN: Hello, hello, I don't know which mic I'm supposed to talk into.

REP. BARAM: I -- I think the larger one might be the better one to speak into.

COMMISSIONER WILLIAM M. RUBENSTEIN: Does that work better?

A VOICE: Yup.

COMMISSIONER WILLIAM M. RUBENSTEIN: Okay, great.

Senator Doyle, Representative Baram, Senator Witkos, Representative Carter and distinguished members of the General Law Committee, I'm Bill Rubenstein the Commissioner of Consumer Protection. I'm here tonight to testify on four bills that are currently on your agenda.

HB6406 HB6403 SB879

The first three bills on which I'm going to speak are -- are bills that were introduced by my Department and I want to really thank the Committee for raising those bills for consideration be -- before the -- the Committee and providing me this opportunity to speak in support of -- of the Department of Consumer Protection proposals.

The fourth bill which I will testify on is one that I believe was introduced by the Attorney General and I'm pleased to support that.

So the first bill I want to speak about tonight is House Bill 6443, AN ACT CONCERNING

decision-makers and representation of secret immigration programs.

A private right of action is included in the proposed language and a violation of the bill would be a per se violation of the Connecticut Unfair Trade Practices Act.

We feel the time is right for this important protections into the law. President Obama recently signed an executive order easing enforcement rules for immigrants that came to the United States as children and Congress is likely to address significant immigration reform this term.

As the immigration rules change, more immigrants will seek out the help -- seek out help in navigating the new rules. There will be a natural opportunity for those who would commit immigration services fraud to do so. This bill would arm consumers and the agency with tools to thwart those efforts and I ask for your fav -- favorable consideration of that bill.

The next proposal that I'd like to comment on tonight is House Bill 6406, which is AN ACT CONCERNING THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM. As you may know the Department of Consumer Protection administers this program which is an invaluable tool in our fight to reduce prescription drug abuse.

The Prescription Drug Monitoring Program is a computer web-based application used to help prescribers and pharmacists provide better patient care and to reduce controlled substance misuse, diversion and abuse.

The proposal before you is offered to strengthen and improve and system by proposing five separate changes.

First, under current law, physicians that write and fill prescriptions for controlled substances have not been required to report this information. The bill would require those physicians who are filling prescriptions to provide information into the database as other pharmacists do.

Under the current law, every pharmacy that dispenses controlled substances must report the -- the data to the Department twice monthly. The -- the -- what this bill does would say that -- that information should be re -- reported more frequently on a weekly basis. Having accurate and current information in the prescription monitoring program is one of the best tools to assist pharmacists and -- and physicians and prevent drug abuse.

The proposal gives the Commissioner of Consumer Protection the -- the authority to include other drugs into the monitoring program. Currently it's limited to controlled substances but there are times when it's important to know the travel of -- of other medical products through our systems. For example in times of eca -- epidemic we need to be able to trace where valuable antibiotics are going so that it provides flexibility into the program.

Fourth, what this new lan -- proposed language would do would prevent pharmacy companies from preventing their pharmacies from accessing the -- the prescription monitoring program if the pharmacist, in their professional judgment, believes accessing it would be to the benefit of patients.

And fifth and finally under the present law there is no requirement that prescribers utilize the program. What we're proposing in this -- in -- in this portion of the bill is to make sure that anybody who has a controlled substance registration that is able to prescribe controlled substances at least registers with the program so they have that tool available to them if they need it.

It's an important tool. It's a valuable tool and we think by -- by having physicians register into the program they'll understand the program better. They'll -- they'll understand what it can do for them and -- and they'll have the opportunity to -- to make use of it in their practice as -- as they see fit.

And finally on -- on the Department's bills, Bill 6403 is a very lengthy bill but it's made up of a series of minor and technical changes to a variety of our statutes. I've submitted written testimony outlining each section of the statute. I don't want to take up everybody's time going through each little minor and technical change.

The first several sections of it deal with ways of -- of streamlining the paperwork allowing us to post certain reports online on the web instead of publishing the paper form. There are some changes with regard to several reports that we are required to provide under the gaming division -- all gaming division statutes which provide reports to the State Treasury who the State Treasurer tells us they don't need those reports so it relieves us of the burden of having to provide those reports.

There are some technical corrections to the real estate broke and real estate sales -- a person's license as -- as well as the Elevator

Are you ab -- assuming this bill moves forward, do you have the resources within already allocated funds or within your Department budget to make sure that you can actually fund the individuals that have to proceed regarding this initiative?

COMMISSIONER WILLIAM M. RUBENSTEIN: We are already pursuing the complaints that we get of fraud. What we don't have is -- as an effective tool to combat them. So -- so the investigatory effort is already being expended and -- and it would actually make our life easier to have a better set of -- of tools that we could use to -- to stem -- to -- to staunch the flow of this.

So -- so we think it would actually be neutral at worst and actually maybe reduce our resources we spend on it.

SENATOR KISSEL: Excellent, thank you, Commissioner.

Thank you, Chairman Baram.

REP. BARAM: Thank you.

Representative Nicastro.

REP. NICASTRO: Thank you, Mr. Chairman.

Commissioner, good evening to you. Commissioner, just a quick question on House Bill 6406, you talk about where pharmacies -- currently the pharmacist has to report twice a month.

COMMISSIONER WILLIAM M. RUBENSTEIN: Correct.

REP. NICASTRO: The -- the prescription information. You're asking that they do it on a weekly basis.

COMMISSIONER WILLIAM M. RUBENSTEIN: Correct.

REP. NICASTRO: Question, what about the workload that would be based on that? How -- how is your -- are you staffed for something like -- you're doubling the work overnight?

COMMISSIONER WILLIAM M. RUBENSTEIN: Well the worked for us? The -- the work for the Department, this is all electronically transmitted so we're -- we're not getting hard copy reports and then in -- inputting it ourselves into the system. This -- this information is -- is transmitted electronically from pharmacists right into our database system. So it doesn't provide us any -- anymore work.

REP. NICASTRO: It does not.

COMMISSIONER WILLIAM M. RUBENSTEIN: It does not.

REP. NICASTRO: Thank you.

REP. BARAM: Senator Witkos.

SENATOR WITKOS: Thank you.

Commissioner, just a question so I'm clear on the immigration services bill. If the bill was to move forward, the oversight from DCP will be on the actual contract not necessarily the -- the business that is providing that service? Is that -- I'm not very clear on -- on that. How does that work? Or would this require the businesses that provide these types of services to be licensed through your Department?

HB 6443

COMMISSIONER WILLIAM M. RUBENSTEIN: It's -- it's not a licensing statute. It's not a registration statute so -- so we're not proposing that (inaudible) providers of these services either be registered or licensed by

REP. BARAM: Representative Esposito.

REP. ESPOSITO: Thank you, Mr. Chairman.

Thank you, Commissioner, for being here also. Under 6406, what -- what are the reasons behind changing the requirement from twice monthly to weekly? I mean wouldn't that put a bigger burden on the pharmacist to take the time to report this on a weekly basis rather than bi-weekly?

COMMISSIONER WILLIAM M. RUBENSTEIN: We -- we don't think the burden is great. Now there -- there -- you know what we would like is real time information. That's the most benefit to physicians, the most bene -- benefit to -- to pharmacists.

We understand that real time would require actually capital investment by -- by pharmacies in order to -- to have the ability to -- to have their system sync up with our systems. That's -- that's what we'd love to get to.

REP. ESPOSITO: Right.

COMMISSIONER WILLIAM M. RUBENSTEIN: But we're sensitive to the fact that -- that -- that's -- that can be a burden on pharmacists. We don't think that the -- the extra burden going from -- from twice a week to -- to once a week imposes much of a burden to all under the current system the -- the way that they do it. It's no extra investment for them. It -- it -- it doesn't take a lot of time for them to do it. We haven't heard any opposition from the pharmacy community that this particular change would -- would overburden them given the benefits that they get out of the system and the benefits that physicians get out of the system.

So -- so we've -- we've taken a middle road here trying to improve the system, trying to make it better for pharmacies to be able to do their professional job. We think it's worth it to them and we think it's worth it to the public.

REP. ESPOSITO: But in -- in conjunction with that, you're -- you're also looking for the authority to add other items and products, even non-prescription drugs, to the reporting requirement.

COMMISSIONER WILLIAM M. RUBENSTEIN: Correct.

REP. ESPOSITO: Which would make it a little more onerous on them to have a larger basis that they have to report to or report on.

COMMISSIONER WILLIAM M. RUBENSTEIN: It -- it would if -- if what we said is every product you sell should be run through this. That doesn't do us any good. It doesn't do the pharmacist any good. What we're trying to do is -- is to be able to use this database as -- as a public health tool. And so there are -- are times, for example as I suggested, when we have a shortage of a particular product that -- that's neither (inaudible) on the marketplace whether it's an -- an antibiotic during times of -- of epidemics or -- or vaccines during -- during times of epidemics.

What's really important for everybody to know where this product is flowing and where the needs are and -- and for those temporary periods we would like to have the -- the authority, at our discretion, to say this is a public health benefit that we should -- we should have this reported.

We're not looking to overburden the system and we're not looking to -- to create a -- a database that -- that no one uses or needs.

REP. ESPOSITO: All right so what I'm hearing then, and correct me if I'm wrong, is that your requirements may change from month to month or period to period that you may not want the same items reported every time.

COMMISSIONER WILLIAM M. RUBENSTEIN: Well controlled substances will always be reported.

REP. ESPOSITO: Yeah controlled -- I mean other than controlled substances.

COMMISSIONER WILLIAM M. RUBENSTEIN: That's correct.

REP. ESPOSITO: All right so that will change. Getting away from that, the -- the other question I have is on the physicians reporting which they don't have to report now. The only concern I would have is how much more time will that take from the office staff or the physician himself that has to report this. Is this going to slow down the services to -- to the patients? You know will -- will it cause a backlog where the doctor has to input this or the staff has to input this?

COMMISSIONER WILLIAM M. RUBENSTEIN: Let -- let me be clear. The -- the statute doesn't require those doctors who are just giving out samples or a couple of pills to -- to their -- their patients that will tide them over until they go to a pharmacist.

What -- what this bill directs itself is to physicians who are taking on the additional business of -- of filling prescriptions. So -- so they're essentially acting as a pharmacy and when they -- when they're taking on for

themselves that additional task and that additional profit stream, then it's fair to ask them to report just the way other pharmacies report.

And it's important to the system that we know, you know, that other physicians and other pharmacists know who's getting what and how much is being prescribed because it's a really important drug abuse prevention tool and the better data that's in there and the more complete data the -- the better tool it's going to be.

REP. ESPOSITO: Thank you, Commissioner.

Thank you, Mr. Chairman.

REP. BARAM: Representative Carter.

REP. CARTER: Thank you very much, Mr. Chairman.

And thank you, Commissioner, for your testimony tonight and making the trip all the way out here. And along the lines of what we were speaking of with the Prescription Drug Monitoring Program, you were talking about these specific physicians who have licenses to dispense. Are they under a pharmacy license for themselves or how are they being able to dispense?

COMMISSIONER WILLIAM M. RUBENSTEIN: I -- I believe they're permitted to dispense under their -- their physician license.

REP. CARTER: Okay. Do we -- do we know how many of those are in the state that actually do that?

COMMISSIONER WILLIAM M. RUBENSTEIN: I -- I don't have -- I don't have that.

REP. CARTER: Okay and you're -- you're speaking in the Prescription Drug Monitoring Program about being able to monitor to antibiotics or other medicines and the flow of those. Would -- would we report -- if -- if we reported weekly, what -- what do you see on your end? I know that another office can tell where, you know, right now prescription drugs are being used or maybe somebody is seeking them. They can tell where people are filling them.

But in your office what -- how do you do that? Do you go in and just see where they're prescribing more antibiotics than somewhere else?

COMMISSIONER WILLIAM M. RUBENSTEIN: Well one could -- look the primary purpose, in my Department's view for the prescription monitoring program, is to allow physicians and pharmacists to do their job better. That -- that's our interest.

It also has a law enforcement function. If there's a specific investigation going on with regard to diversion and drug abuse, both law enforcement and our drug control agents can access the database in order to track a specific case to -- to put that case together.

But -- but the -- the most important interest from my view is -- is having appropriate and accurate data as real time as we can get it without, you know, undue burden to -- to help physicians and pharmacists better prescribe and better check whether or not their patients are getting the best healthcare that they can get.

REP. CARTER: Thank you and I -- I do agree. It's a -- it's a phenomenal program. I think the -- the fact that we do this in Connecticut sets ourselves apart from other states.

HB6443

SENATOR DOYLE: And then on House Bill 6406, the electronic prescription drug program, certainly Legislators have a bill that goes beyond your bill where they req -- they -- they -- the current language -- there was a public hearing earlier saying that there is a mandatory review of private -- to any issuance of prescription drugs.

Any thoughts on that because that's a step beyond? You're saying registration. The prior proposal says they have to review it before they write any prescriptions. Do you have any thoughts on that?

COMMISSIONER WILLIAM M. RUBENSTEIN: You know the -- the standards of practice issue about whether or not that's good practice phys -- for physicians is -- is beyond the jurisdiction let's say to speak of Department of Consumer Protection.

What we can do as a Department is to lead the horse to water.

SENATOR DOYLE: Okay.

COMMISSIONER WILLIAM M. RUBENSTEIN: All right and -- and so by requiring them to register we've led them to the water. We think it's a good thing for physicians to use the tool but we haven't taken a position on whether or not -- my -- my Department has taken a position of whether or not it's appropriate for us as a standards of practice issue to ask -- ask physicians to do that certainly within the General Assembly's bailiwick and certainly within the Department of Public Health.

SENATOR DOYLE: Okay and then House Bill 6443, the immigration services fraud, just to clarify Representative Carter's comments, this isn't

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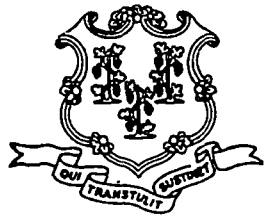

Testimony of William M. Rubenstein
Commissioner of Consumer Protection

General Law Committee Public Hearing
March 5, 2013

HB 6403, "AA Making Minor and Technical changes to Department of Consumer Protection Statutes"

HB 6406, "AAC the Electronic Prescription Drug Monitoring Program"

HB 6443, "AAC Immigration Services Fraud"

Senator Doyle, Representative Baram, Senator Witkos, Representative Carter and distinguished members of the General Law Committee, I am William Rubenstein, Commissioner of Consumer Protection. Your agenda this evening includes three bills that were introduced by my Department, so let me begin by thanking you for agreeing to raise these bills for the consideration of the committee, and for providing me with the opportunity to testify in support of these three important proposals.

The first bill I will comment on is House Bill 6443, "An Act Concerning Immigration Services Fraud." The Department is proposing this bill to address the issue of immigration services fraud. This type of fraud is often referred to as notario fraud since it is often perpetrated in Latino community by providers seeking to deceive people into believing they are lawyers. In many Spanish-speaking countries, a notario is an

disclosure that the provider is not an attorney. Additionally, the contracts may be cancelled by the consumer at any time, and the provider is prohibited from making guarantees, misrepresentations of influence over government decision makers and representation of "secret immigration programs." A private right of action is included in the proposed language, and a violation of the bill would be a per se violation of the Connecticut Unfair Trade Practices Act, Sec. 42-110d et seq.

We feel the time is right to put these important protections into law. President Obama recently signed an executive order easing enforcement rules for immigrants that came to the United States as children and Congress is likely to address significant immigration reform this term. As the immigration rules change, more immigrants will seek out help in navigating the new rules. There will be a natural opportunity for those who would commit immigration services fraud to do so. This bill will arm consumers, and the agency, with tools to thwart those efforts. I ask for your favorable consideration of this bill.

The next proposal I'd like to comment on his House Bill 6406, "An Act Concerning the Electronic Prescription Drug Monitoring Program." As you may know, the Department of Consumer Protection administers this program, which is an invaluable tool in our fight to reduce prescription drug abuse. The prescription drug monitoring program is a computer web-based application used to help prescribers and pharmacists provide better patient care and to reduce controlled substance misuse, diversion and abuse. The proposal before you is offered to strengthen and improve the system by proposing five separate changes:

1) Under current law, physicians that write and ***fill prescriptions for controlled substances in their own offices*** have not been required to report that information. This proposal closes that loophole.

2) Under current law, every pharmacy that dispenses controlled substances must report data to the Department at least "twice monthly." This bill proposes to acquire prescription information more frequently by requiring reporting on a weekly basis.

3) This proposal gives the Commissioner of Consumer Protection the authority to include other products or drugs in the monitoring program. An example would be to allow the collection of data concerning certain types of antibiotics (which are not on the schedule of controlled drugs) in times of epidemic.

4) We propose to make it impermissible for any person or employer to prohibit, discourage or impede the use of the program. The Department has been made aware of allegations of employers pressuring pharmacists not to use the program, presumably as it takes additional time from the employee's work of filling prescriptions. This change would ensure that pharmacists are allowed to use the program as their professional discretion dictates.

5) Finally, under present law there is no requirement that ***prescribers*** utilize this program. The Department seeks to make prescribers more aware of the existence and benefits of the program and therefore we have include a proposal to require holders of a DCP "controlled substance practitioner" registration to also register with the prescription drug monitoring program. This modest requirement would serve the purpose of introducing prescribers to its benefits. It is a one-time step, with no fiscal impact to the registrant or to the Department.

The misuse and abuse of prescription drugs continues to take an enormous toll on our society. Connecticut's Prescription Drug Monitoring Program is an important tool in fighting this scourge, and we believe these proposed changes will provide a meaningful impact in this battle.

The Department's third bill, House Bill 6403 is our proposal to make numerous "minor and technical" changes within Department of Consumer Protection statutes.

Sections 1-6 of this proposal are offered primarily as cost savings measures by eliminating the requirement to publish brochures and reports when alternatives are readily available Section 1 makes it permissible to satisfy the requirements of Section 30-7 by having the agency's Liquor Control regulations posted on the agency's website, as we currently do. Similarly, Section 2 makes it permissible to comply with the requirements of the printing of pamphlets for DCP's Gaming Division by posting our regulations on-line. Section 3 allows for the posting of minutes and a roster of licensees

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State of Connecticut

TESTIMONY OF
ATTORNEY GENERAL GEORGE JEPSEN
BEFORE THE GENERAL LAW COMMITTEE
MARCH 5, 2013

Senator Doyle, Representative Baram, distinguished members of the General Law Committee, thank you for the opportunity to offer testimony in support of House Bill 6406, *An Act Concerning the Electronic Prescription Drug Monitoring Program.*

Prescription drug abuse is a problem of epidemic proportions in our country. Emergency room visits involving misuse or abuse of prescription drugs more than doubled between 2004 and 2010, and prescription medications are now the most commonly abused drugs among 12 and 13 year olds.

Connecticut is not immune. Substance abuse admissions to state funded and operated facilities, where clients have indicated primary usage of prescription drugs, have nearly doubled in Connecticut over the past four years.

In 2009 and 2011, a Connecticut high school survey showed that nearly 10 percent of all high school students reported using prescription drugs to get high at least once during their lifetime. The White House Office of National Drug Control Policy indicated that, in 2010, Connecticut had the 11th highest rate in the country of practitioner oxycodone purchasing, which is considered an indicator of so-called "pill mill" presence.

Connecticut has taken steps to combat prescription drug abuse, but if we are to truly address what is a growing problem in our state, we must do more.

Implementation of the Connecticut Prescription Drug Monitoring Program (PDMP), administered by the state Department of Consumer Protection, was a major step forward in the efforts to curb prescription drug abuse in our state. To the credit of the Commissioner and his agency, Connecticut has a very high-functioning PDMP.

However, with improved content, reporting and utilization, the PMDP has the potential to become an even more effective means of curbing prescription drug abuse.

Currently, six states – Delaware, Kentucky, New York, Massachusetts, Ohio and Tennessee – require prescribers to check a PDMP database prior to prescribing a controlled substance Other states – including Louisiana, Nevada, Oklahoma, Vermont and West Virginia – require use of their PDMP in particular circumstances.

Under Connecticut's current law, however, health practitioners are not required to register for access to the PDMP, let alone to check it prior to prescribing, which means that a significant number of prescribers have no way of knowing whether a patient has visited multiple doctors to obtain prescriptions for controlled substances or if a patient is refilling their prescription more often than medically necessary.

Additionally, some pharmacies have policies in place that prohibit their pharmacists from accessing the PDMP at their workplace – which prevents those authorized to dispense controlled substances from verifying that the drug is being used properly – and those that dispense drugs are only required to report prescription information to the PDMP twice a month.

House Bill 6406 would require practitioners to register for PDMP access, would prohibit employers from preventing a practitioner or pharmacist from accessing the PDMP at the workplace and would require weekly reporting of controlled substance prescription information from both in-state and out-of-state dispensaries.

While broader treatment options and greater public awareness are surely part of the solution to the prescription drug abuse problem in our state, I believe that expansion of our PDMP would be a prudent and effective means of curbing access to prescription medications and, in turn, reducing cases of prescription drug abuse in our state. I would urge the committee's support of House Bill 6406.

Testimony for General Law Committee on the Electronic Prescription Monitoring Program, H.B. 6406, an Act Concerning the Electronic Prescription Drug Monitoring Program.

Submitted by Robert Brex, Executive Director, Northeast Communities Against Substance Abuse on behalf of the Connecticut Prevention Network.

March 5, 2013

Senator Doyle, Representative Baram and members of the General Law Committee, I submit this testimony for your review on behalf of the Connecticut Prevention Network, the Association of Regional Substance Abuse Action Councils.

My name is Bob Brex and as the Executive Director of Northeast Communities Against Substance Abuse in Dayville, Connecticut, I have seen prescription drug use and abuse intensify in our society and our state.

The Connecticut Prevention Network (CPN) supports H. B. 6406 as it strengthens the Electronic Prescription Drug Monitoring Program in several ways. It will require the registration of any person that prescribes medications and it also requires chain pharmacies to allow computer access by their personnel to the program. We need as many tools as possible to reduce prescription drug abuse and this bill increases the likelihood that this monitoring system will be used to a greater extent.

We have seen prescription drug abuse continue to increase in both the youth and adult age groups. In Northeast Connecticut alone, 14% of 11th graders have used prescription pain medication in a manner not for its intended use (NECASA Student Surveys, 2007-2012). We find the older the student the more the use rises.

In prevention, many different strategies must be undertaken to address the issue and limiting access is one of those strategies. This bill can help reduce individuals receiving multiple prescriptions and then selling surplus medications as "street drugs "

In closing, CPN supports H. B. 6406 as it strengthens the Electronic Prescription Drug Monitoring Program and it will help strengthen prevention efforts throughout Connecticut.

Statement Before
The General Law Committee
Thursday, February 7, 2013

Re: HB 6406: An Act Concerning the Electronic Prescription Drug Monitoring Program

Good Afternoon Senator Doyle, Representative Baram and members of the General Law Committee. My name is Marghie Giuliano. I am a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 1,000 pharmacists in the state of Connecticut. I am submitting written testimony ***in support of*** **HB 6406: AAC the Electronic Prescription Drug Monitoring Program**

This legislation would expand the current Prescription Drug Monitoring Program (PMP) to include non-resident pharmacies and other dispensers of controlled prescription medications. It also increases the frequency of reporting from twice monthly to weekly. Furthermore, this legislation allows the commissioner to identify additional products or substances to be included in the reporting requirements to the PMP. Additionally this legislation prohibits any person or employer from discouraging or prohibiting a prescribing practitioner or pharmacist from accessing the PMP for controlled substance information. And finally this legislation requires a registration process developed by the commissioner to access the PMP.

The Prescription Monitoring Program (PMP) is a tool used to help curb prescription drug abuse in our State. Currently many pharmacists access the PMP on a regular basis to resolve any questions that might arise regarding the veracity of a prescription. The PMP is also a great tool to ensure that the pharmacist understands what the patient is being treated for and ensure best practices are being followed. CPA supports the intent of this legislation to require all entities that are dispensing controlled substance to report into the PMP. The tool is only as good as the information gathered. The more complete the information the better pharmacists and practitioners can evaluate a situation. Weekly reporting makes the data more current and again assists in evaluating prescription medication use.

Not all pharmacists have the ability to access the PMP at work due to restrictions by their employer. This legislation would prohibit employers from denying pharmacists access to this valuable tool.

Both pharmacists and prescribers can benefit from accessing this program. Ensuring patients are getting the medications they need is critical. We also have a responsibility to help a patient that may suffer from an addiction, or identify avenues for diversion if suspected.

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TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
GENERAL LAW COMMITTEE
Tuesday, March 5, 2013

HB 6406, An Act Concerning The Electronic Prescription Drug Monitoring Program

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony regarding **HB 6406, An Act Concerning The Electronic Prescription Drug Monitoring Program**. CHA supports the goal of HB 6406, which is to better monitor the prescribing of controlled substances, and to ultimately reduce overuse by patients and unnecessary prescribing by practitioners.

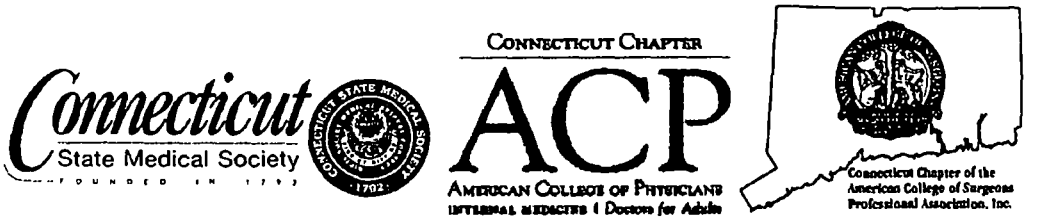
The Department of Consumer Protection Drug Control Division has done an outstanding job of creating, fostering, and improving the current monitoring system. CHA believes that those efforts should continue in a planned and deliberate fashion, and CHA welcomes the opportunity to work with this Committee, the Department of Consumer Protection, and other stakeholders to ensure that the monitoring system is expanded and improved in the most efficient and reasonable manner possible, while being mindful of the need to avoid creating unwarranted barriers to patient access to appropriate treatment and care.

The current system contains various reporting mandates for when a prescription for controlled substances is dispensed by a retail pharmacy. For appropriate reasons, the monitoring system does not currently include or involve medication orders for patients receiving care at a hospital or at other facilities, such as a surgery center. CHA respectfully requests the minor technical change at the end of Section 1, which will bring further clarity to the language around its inapplicability to hospital patients:

> "(9) The collection and reporting of prescription information in accordance with subdivisions (1) and (3) of this subsection shall not apply to controlled substance prescriptions dispensed to a patient for administration at a hospital."

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.



Testimony in Support of
House Bill 6406 An Act Concerning The Electronic Prescription Monitoring Program
General Law Committee
March 5, 2013

Senator Doyle, Representative Baram and members of the General Law Committee, on behalf of the 8,500 physicians and physicians in training of the Connecticut State Medical Society (CSMS), American College of Surgeons Connecticut Chapter (ACS) and the American College of Physicians Connecticut Chapter (ACP) thank you for the opportunity to present this testimony to you today in support of House Bill 6406 An Act Concerning The Electronic Prescription Monitoring Program.. The proposal before you today makes critical changes to the state's Prescription Monitoring and Reporting System (PMRP).

The legislation requires nonresident pharmacies to provide the same information to the PMRP as pharmacies located within the state. Nonresident pharmacies are pharmacies located outside Connecticut that ship, mail or deliver in any manner prescription drugs into the state. With the proliferation of access points to controlled substances through electronic and non-traditional means of filling prescriptions, capturing information from these entities is critical in our joint efforts to identify and prevent the misuse of controlled substances. In addition, language allows the Commissioner to identify other products or substances for inclusion in the program.

Language has also been added to clearly state that "no person or employer shall prohibit, discourage or impede a prescribing practitioner or pharmacist from requesting controlled substance prescription information pursuant to this subsection." On the contrary, we believe prescribers should be encouraged to use the system in situations when concern over misuse of controlled substances arises. At the very least, no constraints should be placed on appropriate use by individuals registered for the PMRP.

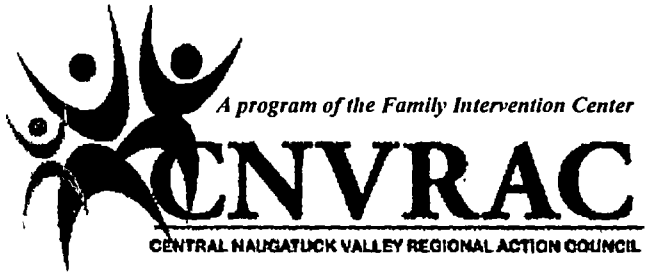
Finally, and critical to this legislation, CSMS supports the requirement that physicians register for the program when obtaining or renewing their Connecticut license to dispense controlled substances. This would provide a system in which all physicians receive important educational information and updates about the system and its intended use.

CSMS strongly supported the establishment of the State's Prescription Monitoring and Reporting System (PMRP). Furthermore, in addition to working closely with the Department of Consumer Protection (DCP) during its development and implementation, CSMS has continued to work with and communicate regularly with DCP to promote PMRP use. In addition, CSMS has had for decades a committee that develops information, education, and tools and resources for physicians associated with controlled substances and their use and abuse. However, mandating the PMRP for every prescription of a controlled substance prescribed by a physician would be administratively burdensome, cost- and time-prohibitive, and have a chilling effect on necessary and appropriate pain management.

Physicians, in particular those who provide regular care for the management and treatment of pain, are trained to identify situations in which patients may be misusing prescriptions or simply "doctor shopping." CSMS has had long standing committees that focus on patient use and abuse. Additionally, CSMS has worked with various local and national medical specialty societies, engaging in continuing medical educational (CME) sessions and programs to further educate and inform physicians about the use and misuse of controlled substances. These programs have included local and national experts, as well as federal and state officials. In addition, physicians are trained in responsible prescribing as part of established standards of care within their respective specializations.

Physicians are at the front of the line when it comes to concerns about the increasing problem of misuse of controlled substances in our society. However, in many cases the complexities of pain management and the prescription of controlled substances may cause some patients experiencing pain to suffer without treatment.

CSMS and our members offer our continued assistance to ensure the successful use of the PMRP, and to identify and reduce the misuse of controlled substance through aggressive education and information. Please support House Bill 6406 An Act Concerning The Electronic Prescription Drug Monitoring Program.



Testimony for General Law Committee
On the Electronic Prescription Drug Monitoring Program
H.B. 6406, An Act Concerning the Electronic Prescription Drug Monitoring Program

By Jennifer DeWitt, Executive Director
Central Naugatuck Valley Regional Action Council
March 5, 2013

Good evening, Senator Doyle, Representative Baram, Senator Fonfara, Representative Kiner and distinguished members of the General Law Committee. My name is Jennifer DeWitt and I am the Executive Director of the Central Naugatuck Valley Regional Action Council. Our Regional Action Council focuses on the prevention of substance abuse, problem gambling, and suicide. Through a strong network of Local Prevention Councils and partnering community stakeholders, we work collaboratively to build the capacity of our coalition and the towns that it serves to deliver evidence-based prevention strategies, a positive youth development framework, and a network of support & connection to our direct service providers.

I am here today to ask for your support in strengthening the Electronic Prescription Drug Monitoring Program (PMP) to help reduce the availability of prescription drugs to Connecticut's youth. The CNVRAC has worked collaboratively with the DCP for many years to prevent youth substance abuse, and we strongly support this proposal to improve and expand the requirements of the PMP, which will increase the ability to determine misuse or diversion of controlled substances.

Connecticut experts have been tracking the growing problem of prescription drug abuse for several years. Substance abuse admissions to State facilities have nearly doubled in Connecticut over the past four years, with clients indicating primary usage of prescription drugs. One in three drug-related deaths in Connecticut were related to the use of opiates (heroin and/or prescription drugs) from the State Medical Examiner's Office's most recent report. Prescription drug abuse has become the leading cause of death for those aged 15-34 in Connecticut, according to 2010 data from the Housatonic Valley Coalition Against Substance Abuse and Western Connecticut State University. The abuse of such drugs by that age group is now statistically more deadly than car accidents.

Prescription drug abuse rates among youth have significantly risen statewide. Teens illegally use prescription drugs at rates higher than that of cocaine and heroin combined. For the past four years Connecticut high school surveys have shown that nearly 10% of students report having using prescription drugs to get high at least once.
The majority of those who abuse prescription painkillers get drugs from a friend or relative. Fewer than 20% get them from a doctor, according to a 2010 report by the Substance Abuse and Mental Health Services Administration, yet in the war against drug abuse, a key strategy is to reduce this availability.

There are many strategies currently underway in our communities to prevent prescription drug abuse, including prescription drug take-back efforts, raising awareness and education programs. However, **one of the best prevention strategies is to reduce the supply by tracking and monitoring controlled substances that are dispensed.** Reducing the diversion and illicit use of prescription medications is a top priority of the Office of National Drug Control Policy (ONDCP), the Drug Enforcement Administration (DEA), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Bureau of Justice Assistance in the Department of Justice (DOJ) as well as Connecticut law enforcement agencies. Among the most promising resources recognized and supported by these agencies are prescription drug monitoring programs.

PMP data can help identify questionable patterns of prescribing that are often involved in drug diversion, such as a patient receiving multiple prescriptions from different doctors, or "doctor shopping." This data reduces time spent on drug diversion investigations, saving taxpayers money and keeping more drugs off the street, as stated by a recent federal report. There are many examples of the success of this program and in Wyoming, PMP reports that patients who were possible "doctor shoppers" reduced the number of medically unnecessary prescriptions written by doctors for some of the patients in question.

The experts at the DCP who support the Prescription Drug Monitoring Program are moving technically in the right direction to upgrade the system and **the end result will be to get more people who abuse prescription drugs into treatment and to ultimately reduce the supply of drugs that could be misused**.

In closing, a strengthened Prescription Drug Monitoring Program enhances ongoing and future prevention efforts to protect communities and our youth from the availability of prescription drugs and the dangers of its abuse.

Thank you for your support.