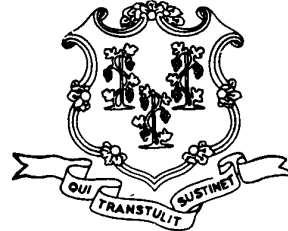


State of Connecticut

Department of Consumer Protection



Testimony of John Gadea, Jr.
Director of State Drug Control Division
Connecticut Department of Consumer Protection

U.S. Senate Committee on Veterans' Affairs

VA Opioid Prescription Policy, Practice and Procedures

Hearing Date: March 26, 2015

I am John Gadea, Jr., RPh, Director of State Drug Control Division, Department of Consumer Protection for the State of Connecticut. I am honored to appear before this committee.

The Drug Control Division oversees the entire pharmaceutical industry from manufacturer to patient and includes wholesalers, pharmacies, prescribers, dispensers and any location where drugs may be purchased, dispensed or stored. This involves performing compliance inspections. The Division also investigates the loss and diversion of all drugs, including controlled substances from the state's registrants and healthcare professionals. This is all accomplished with 12 agents, all of whom are pharmacists, and two of whom are supervisors.

In addition to the described responsibilities, the Division also is home to the Connecticut Prescription Monitoring Program, the Connecticut Medical Marijuana Program, and the Board Administrator to the Commission of Pharmacy.

The Connecticut Prescription Monitoring Program, also known as the Connecticut Prescription Monitoring and Reporting System (CPMRS), went live on July 1, 2008. Shortly after going live, pharmacies and hospital outpatient pharmacies began uploading data into the system. All these entities were afforded three months to modify their systems to be able to upload their controlled substance data into the CPMRS.

Soon after the upload process was completed by the pharmacies, access was afforded to prescribers, pharmacists and law enforcement under certain conditions. We followed the sequence of authorized access to the system by allowing prescribers access to the system first, followed by pharmacists. This was in keeping with the program's goal of providing better care to patients by enabling health care professionals to have access to their patients' controlled substance history. Law enforcement was the last of the major user groups to be given access to the system.

I would like to underscore that first and foremost this system can attain the most by encouraging the prescribers and pharmacists to use the system to provide better healthcare to their patients. Many patients being treated for a condition may, as part of the treatment, use controlled substances. Some patient profiles may display large quantities of medications or the use of several different prescribers or pharmacies; that alone may appear to be indicative of some type of fraudulent activity. Often, we find that these patients are categorized as drug abusers when, in reality they are misusers of the medications. Their misuse is either a result of their own actions or that of the prescribers, through lack of proper medication management or lack of total healthcare management.

The end result of this increase in the pool of 'drug abusers' is that it creates an increased workload on law enforcement and strains the criminal justice system, when in fact, many of these cases could have been handled as a healthcare event. Law enforcement should not have to use their valuable resources to manage the result of poor healthcare.

We believe the Connecticut Prescription Monitoring Program is at its best when combined with a robust education program. The education is directed at prescribers and pharmacists on the use of the system; and on prescribers, pharmacists and the public on prescription drug abuse. Collaborations with associations such as the Connecticut Medical Society and the Connecticut Pharmacists Association are critical to the program's educational completeness.

Knowing the type of disastrous situations that can arise from prescription drug abuse and misuse we believe that it is critical for the prescribers and pharmacists to have accurate, timely and complete information at their disposal that allows them to make those needed decisions affecting their patients' wellbeing. This is what we try to achieve with the CPMRS. There are times though, when we are not able to provide this program in the form that we believe it should be.

The problem of not providing a complete data set to both prescribers and pharmacists on their patients can be illustrated by the lack of data being uploaded into the CPMRS by the U.S. Veterans Administration ("VA"). The VA out-patient pharmacies and the VA mail-order pharmacies perform a valuable function in the care of our veterans. While a number of veterans receive the bulk of their healthcare from within the VA, many of these same veterans have physicians both in the VA system and in their communities. They also have some prescriptions dispensed from their local pharmacies. Only recently have the prescribers in the VA been allowed to access the CPMRS and, while this is a desirable situation, it is incomplete because it does not contain the uploaded controlled substance information from within the VA Healthcare system. That VA system prescription information would be extremely beneficial to the community prescribers and pharmacists. It should be further noted that any admittance to a non-VA hospital or emergency room without this information being included in the patient's controlled substance history could be detrimental to the health of the veteran.

In the past, physicians in the VA Healthcare system have resorted to gaining access to the CPMRS by using their own computers or performing the patient reviews from an off campus location. Being invited on to the VA campus to explain the CPMRS resulted in the program manager and me being instructed to leave the campus, not to discuss our system with VA practitioners and not to return. Although federal law was eventually changed allowing VA Healthcare system prescribers to access the system, it was not until in 2013 that we received a call from the VA in Connecticut indicating that practitioners were allowed to register in the CPMRS and the VA Central Office in Washington, D.C would perform the uploading of data. As of today, no uploads into the CPMRS have occurred. It is of great concern that the state of Connecticut can access the data from 17 other states in addition to the 684 in-state and 872 out-of-state pharmacies but it cannot access the data from two campuses located within the boundaries of the state.

To this point in this testimony I have described the system as a healthcare tool for both prescribers and pharmacists, but there are those individuals who go beyond what

healthcare care providers can correct or control and it becomes a law enforcement matter. The CPMRS is a valuable tool for certain members of local, state and federal law enforcement that have been specifically authorized by my agency to use the system. Many of the comments regarding prescription-monitoring programs revolve around the detection of “doctor shopping.” While this is a major problem, doctor shopping is only one form of diversion. Forgeries and false call-ins of controlled substance prescriptions can only be detected by the prescriber who supposedly prescribed the drugs; therefore we encourage prescribers to review their own prescribing history using this system. Prescription monitoring programs also offer an invaluable tool in the detection of economic fraud committed by prescribers, pharmacist, pharmacies and patients. As a result, agencies such as the Connecticut Department of Social Services and the U.S. Department of Health and Human Services have recouped fraudulent claims. Additionally, my agency along with the Connecticut Department of Public Health and the U.S. Drug Enforcement Administration have just completed a case against a midlevel practitioner that has resulted in the surrender of federal and state controlled substance registrations. The same practitioner was recently identified as one of the top ten prescribers of controlled substances in the country. Other agencies utilizing the system include the FBI, the Office of the Connecticut Chief State’s Attorney, the Connecticut State Police, and numerous local police departments.

Thank you for providing me this opportunity to present this information to you.

I would be happy to respond to any questions you have today.

Following that, please feel free to contact me or Commissioner Jonathan Harris if you have any additional questions or comments.

John Gadea, Jr. RPh. Director,
Drug Control Division
State of Connecticut
Department of Consumer Protection, Rm 145
165 Capitol Ave.
Hartford, CT 06106
w-860-713-6079
f-860-706-1243
john.gadea@ct.gov