

Testimony of Mark Buchanan, MD
Director of Medical Services, Correctional Managed Health Care
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Judiciary Committee
Raised Bill No. 1182, AN ACT CONCERNING INMATE MEDICATIONS

My name is Mark Buchanan, and I am Medical Director for Correctional Managed Health Care (CMHC), at the University of Connecticut Health Center that provides medical, mental health, pharmacy and dental services at 17 Department of Correction (DOC) facilities and 42 DOC contracted halfway houses and at the John Dempsey Hospital inpatient unit. I appear before this body to oppose adoption of **Raised Bill No. 1182, AN ACT CONCERNING INMATE MEDICATIONS**. The bill as drafted would impose inappropriate requirements on health care providers in Connecticut's prisons and jails without improving inmate quality of care, and in some cases lowering the quality of that care. I speak not just for myself, but on behalf of the 55 physicians, physician assistants, and nurse practitioners who care for inmates in our state.

CMHC employs Physicians and Advanced Nurse Practitioners (APRN's) who have been licensed by the Connecticut Department of Public Health and given authority to prescribe medications. CMHC professionals must demonstrate the same qualifications as those practicing in any other healthcare setting. In any setting, physicians are responsible to use their professional judgment to prescribe the appropriate medication for the conditions presented to them at that time. Neither CMHC nor the DOC should attempt to coerce medical professionals to practice in ways that violate their judgment; this bill would require the DOC to do just that. This is far from a theoretical objection. Newly-incarcerated inmates frequently present to our prescribers with inappropriate medication regimens; professional ethics oblige our prescribers to revise such treatment plans in accordance with their own professional judgment.

As a physician, and as the medical director for CMHC, I agree with the authors of this bill that continuity of treatment is important, and that such continuity should not be broken without good reason. Raised Bill 1182 outlines a number of processes that are already in place within the DOC. All new inmates are screened by a nurse on the first day of their incarceration. The nurse collects any medicines the inmate may have brought to the facility, and documents all medicines taken, their dosage, and the purpose of the medicine. In many cases (generally with drugs of potential abuse or when the inmate reports medications that don't match the diagnosis or are given at unusual dosage, or in all cases of mental health medications) the nurse will verify the accuracy of the prescription with the community pharmacy or sometimes with the outside clinic or physician office. The nurse can consult at once with either an on-site prescriber (if one is present) or with an on-call physician. Depending on the type of drug and why it is being taken, this consultation takes place either the night of admission or the next morning. If the prescriber determines that the community medications are appropriate, the nurse will begin dispensing them either from the inmate's supply (which is examined carefully to assure that the pills in the bottle match the label) or from a contingency supply kept at the intake facilities. CMHC's contingency stock offers more than 200 medications, including virtually

all HIV and psychotropic agents. Items which are ordered by the prescriber but not available in contingency are supplied by courier from the central CMHC pharmacy.

CMHC already tends to give the benefit of the doubt to community prescribing, especially in the mental health arena. When a regimen appears to be suboptimal, but is not clearly inappropriate, we often maintain that regimen for a few weeks, allowing communication with the community prescriber if appropriate, and repeated observation of the inmate who in many instances is finally separated from illicit drugs, and whose underlying psychiatric condition is seen much more clearly than is possible in the community.

For these reasons, I urge the committee to reject this bill. CMHC is more than willing to discuss any concerns regarding our current practices. Thank you for your attention.