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**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 PDMP 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.