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## The Connecticut Prescription Monitoring and Reporting System

Many states have established, or are in the process of establishing, online databases reporting practitioner prescribing patterns and patient prescription histories. These databases have become an important tool for law enforcement in the fight against prescription fraud and the illegal trafficking and use of controlled substances. Often, states tout these databases for their ability to save law enforcement time in detecting suspicious activity. This Advisory discusses Connecticut's prescription database and a new law related to the database that has implications for all health care practitioners who prescribe controlled substances in Connecticut.

### CPMRS: CONNECTICUT'S TOOL IN THE FIGHT AGAINST PRESCRIPTION FRAUD

Since 2008, Connecticut has maintained a prescription monitoring database called the Connecticut Prescription Monitoring and Reporting System (the "**CPMRS**"). The CPMRS is a web-based system that collects prescription data for controlled substances on Schedules II–V as described in the Federal Controlled Substances Act. At a minimum, every week, Connecticut-licensed pharmacies (including out-of-state pharmacies licensed in Connecticut) that dispense controlled substances are required to input the prescriptions they have filled into the CPMRS. This results in a maximum one-week lag time between a prescription being filled and its entry into the CPMRS.<sup>[1]</sup> The pharmacy enters:

- (i) patient name, date of birth and address;

- (ii) physician name and DEA number;
- (iii) the type of medication prescribed along with the dose, number of pills prescribed, whether any refills were prescribed, and whether the prescription is new or a refill;
- (iv) the date the prescription was issued and the date the pharmacy filled the prescription; and
- (v) the type of payment.

Pharmacies dispensing medication to inpatients in hospitals, nursing homes or hospices are exempt from reporting prescriptions to the CPMRS. These same pharmacies, however, must provide information to the CPMRS for medication dispensed to outpatients. In addition, they must report to the CPMRS any controlled substances dispensed to patients in assisted living facilities, or to hospice patients residing at home or in assisted living. There are also special reporting requirements for prescriptions compounded by pharmacists. Drug samples dispensed and drugs administered directly to a patient by a prescriber are exempt from the reporting requirements.

Prescribing practitioners, pharmacists and law enforcement may access the CPMRS to obtain information for purposes related to treating a patient, including the monitoring of a patient's controlled substance use. In many ways, the CPMRS can be a useful tool for practitioners, providing them with a fuller picture of a patient's current prescriptions to prevent adverse pharmaceutical interactions or to identify other concerns that a patient may have neglected to

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mention, including addiction concerns. The CPMRS also helps practitioners identify patients who may be attempting to "doctor shop" for controlled substances.

#### NEW CONNECTICUT LAW REQUIRES REGISTRATION TO ACCESS CPMRS: PRACTICAL EFFECTS

In 2013, the Connecticut General Assembly enacted Public Act 13-172 (the "**Act**"), which requires all practitioners who distribute, administer or prescribe controlled substances to register for access to the CPMRS. The Act took effect on June 21, 2013.

Now that all practitioners authorized to distribute, administer or prescribe controlled substances are required to register for access to the CPMRS, it is possible that state and federal regulators and law enforcement will expect practitioners to review their patients' prescription histories, to the extent available in the program, and to use the history in making judgments about whether to prescribe or refill certain controlled substances, particularly when prescribing to a new patient or when that practitioner suspects abuse or diversion. From a practical standpoint, the registration requirement and expectation that prescribing practitioners will use the database could result in heightened scrutiny of practitioners' prescription practices and documentation efforts.

#### RECOMMENDATIONS

- All Connecticut prescribing practitioners should make sure that they are registered for access to CPMRS.

- Given the new law, individual practitioners may wish to take this opportunity to review and strengthen their policies and practices surrounding prescriptions to ensure compliance with state and federal prescription and documentation requirements. [2] Specifically, they should consider adopting the practice of reviewing the CPMRS before prescribing controlled substances to new patients and when the practitioner has concerns for abuse or diversion.

- The new law does not require prescribers to document that they have reviewed the CPMRS prior to writing or refilling a prescription, but documentation of such a review could be helpful to track current patient medications and also to demonstrate that the prescribing practitioner used the CPMRS prior to prescribing. Documentation could consist of printing out the report generated by the CPMRS or making a notation in the patient chart.

- Practitioners should also consider the effect of the new law in potential investigations and litigation targeting the practitioner. Maintaining a copy of a patient's prescription history report from the CPMRS in the chart may be valuable in defending against a criminal or civil complaint. Information from the CPMRS may be obtained by prescribing practitioners for purposes related to the treatment of the patient, including the monitoring of controlled substances obtained by the patient. It is unclear, however, whether a prescriber may

legally obtain information from the CPMRS after the fact to defend against criminal or civil litigation; the statutes and regulations governing the CPMRS do not address this question, and it has not yet come before Connecticut courts. If, however, a CPMRS report was obtained for the purpose of treating a patient and was therefore part of the patient record, it is more likely that the prescribing practitioner would be able to use the information defensively because it was originally obtained to treat the patient and not exclusively for defensive purposes. As a result, maintaining that documentation as a routine practice could enhance the ability of practitioners to defend future claims involving prescription practices.

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*[1] Lag times differ among states. Some states require real-time entry of controlled substance prescriptions. For example, Oklahoma requires pharmacies to upload prescription information into their system within five minutes of dispensing the medication.*

*[2] For a review of the federal and state requirements surrounding prescriptions for controlled substances, please see our Advisory, "Proper Prescription and Controlled Substance Practices: A Review of Federal and State Requirements."*