

Testimony for Carolyn J. Cramer,  
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11-4-09 before the Legislative Committee on Health Care

The starting point for a legal discussion regarding controlled substances and practitioner responsibility is the federal law. 21 CFR 1306.04 states the basic rule:

- (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violation of the provisions of law relating to controlled substances.

All practitioners and pharmacists in Nevada are held to this standard. The duty lies with both professionals. Recent events have shown that misuse and abuse of prescription controlled substances is rampant in Nevada and our nation. Unfortunately, practitioners and pharmacists are in the center of this issue because they are the gatekeepers for these controlled substances. Some intentionally abuse the authority

given to them by this Legislature for their own personal gain. Many more are unwitting participants who might be part of the solution if they were provided with the right tools. The Board of Pharmacy Staff have four concrete suggestions to help ensure that controlled substance prescriptions are issued for only legitimate medical purposes and to help address some of the conditions that have led to present misuse and abuse of controlled substances. These are only suggestions but they may help structure future discussions:

1. Make it mandatory for all pharmacies to have internet access. This has been suggested by Staff in the prior sessions. This simple change would make it easier to communicate information to all pharmacies, pharmacists and pharmacy technicians. E-Mails are instantaneous communication targeted specifically at the professional who could stop the problem. Additionally, pharmacists would have direct access to patient profiles through the Task Force. Faxes get thrown away all too easily.
2. Strengthen NRS 639.23507 to require a doctor to review the patients profile before any controlled substance prescription is written or dispensed for new patients or new prescriptions for controlled substances. Require practitioners to tell patients they are required to look at the patient profile. Current law requires a practitioner to look only when he or she has a reasonable belief that a patient may be seeking drugs. Practitioners are tricked every day into giving controlled substance prescriptions to patients who are seeking drugs. Give the doctor the tool to stop this behavior. If doctors are required to look, Doctor Shoppers will know that their records will be review because it's the law.

Don't put doctors in the position where they have to worry about patient's suing them for looking at the patient's prescription profile. Give the Doctors the tool to say, "It's the law I must look." The present standard of practice is not strong enough. Also requiring practitioners to tell patient's they are looking at their patient profile will help get the doctor shoppers out of his office as a deterrent.

3. All practitioners who dispense controlled substances are required to report to the Task Force, but presently only 6 % of the dispensing practitioners report to the Substance Abuse Task Force. This is a huge hole in the reporting community. There have been recent cases where people have died from controlled substance overdoses but no one can identify where the controlled substances came from. Under reporting of dispensing practitioners does not give us or fellow practitioners a complete and accurate picture of a patient's prescribing history. We either need legislation to prevent dispensing practitioners from dispensing controlled substances or an offer of legislative support to the Nevada Board of Pharmacy to amend its present regulations to remove controlled substances from dispensing practitioners. We have to recognize that with the examples of Dr. Bass and other high profile matters, there are dispensing practitioners who have turned their moral compass off and have prescribed controlled substances to patients making them addicts and then making additional profit by selling the drugs to the patient as well. The ability to prescribe controlled substances to patients to get them hooked and then sell them the drugs thereby reaping to profit of the office visit and drug sale with no intent or

hope of that patient ever getting the treatment they need to get off the drugs has got to end. Doctors do not need to dispense controlled substances to practice medicine; they do it because it increases their profits. And with the proliferation of companies who set up mini pharmacies in doctors office promising increased profits for doctors of 30% and a slogan of “every prescription you write, you lose money.” The practitioner will find the offer of these companies hard to resist, but it puts his or her bottom line in direct conflict with the patient’s health. Because the temptation will be to prescribe what is on the doctor’s shelf and get the profit not what will be the best drug in the pharmacy to treat the patient. With the present environment of a retail pharmacy practically on every corner, there is no patient centered-reason for letting dispensing practitioners dispense controlled substances. Look at recent celebrity cases to illustrate that power and money create pressure on doctors to give them the drugs they want. Patients will still get their controlled substances by getting prescriptions from pharmacies. In so doing, two benefits occur: (1) all controlled substance prescription will be tracked through the Task Force, and (2) a second professional will be involved.

4. Require mandatory continuing education for all controlled substance registrants on controlled substances. Basic drug education for all practitioners who prescribe controlled substances is a must. Practitioners who don’t know that Amoxicillin is a dangerous drug and not a controlled substance or that HCG is a controlled substance is not acceptable. Additionally, Practitioners may receive education to help them prescribe lower

level opiate instead of hydrocodone the most prescribed controlled substance in Nevada.