

Prescription Pain Medication Management & Education Program  
Patient & Community Education Work Group

April 9, 2008

Minutes

Department of Human Services

Craig PoVey—Prevention Administrator

Ken Benson—Police Officer with Division of Insurance Fraud

Kevin Wyatt—19 yrs Law Enforcement, Division of Insurance Fraud

Sandra Kresser—parent who lost son to prescription drugs (18 months ago)

Julia Robertson—Pregnancy Risk Line, UDOH

Erin Johnson—Project Manager

Charlotte Vincent—Division of Aging and Adult Services

Marty Malheiro—Outreach Education for Poison Control Center

Linda Player—parent who lost son

Nancy Cheeney—Medicaid restriction program

Leigh Ann Turner—Work Force Services

Carla Cook—Molina Health Care

Kathy Hoenig—Molina Health Care

Dee Dee Lobato—Aging

**Agenda item: Presentation from Kevin Wyatt on Division of Insurance Fraud**

**Full presentation will be available on [www.health.utah.gov/prescription](http://www.health.utah.gov/prescription) under the Education Work Group other resources.**

- 68% of DIF workload is medical insurance fraud
- 90% of Kevin's workload is doing medical insurance fraud
- There are only 3 officers in Utah working these cases
- The laws are all in place
- 6.5% of Utahans abuse prescriptions (HHS)
- People often thank the officers for arresting them—they recognize they are on a dead-end road and that they wouldn't have gotten help without being caught.
- Don't want to put people in prison—want to help them get cleaned up. Some people will only get help if forced.
- They will only get treatment if the court orders it.
- \$125,000 funding could create a task force that could take rx cases
- Nobody wants to be addicted
- Identifying overdose is not taught in police academy
- Kevin does 300 hrs of training a year (only required to do 40)
- Channel 5 does a good job at covering the issues
- Ken Benson has over 200 cases on his desk to investigate
- New website to be published where people can turn in cases as well as see the "most wanted"

**Discussion:**

Marty—This is a different problem—diversion/abuse rather than physician ed and patient safety

We need to put money into enforcement

Has Rep Daw heard this proposal?

Kevin—if we charge fees to offenders, we would be able to be self-funded within a couple of years

Julia—pregnant women are so fearful of police action or needing to go to treatment  
For those of us who do prevention, we are trying to prevent this before it gets to DIF.  
What is most needed for the task force?

Treatment Programs

Utah County drug court programs are overloaded right now.

Salt Lake drug court does a great job

Usually keep people for 3 years

Need to increase capacity simultaneously with new task force (with more agents we need more treatment capacity)

Mandatory Reporting bill—require reporting insurance fraud by law  
Caseload will increase 10-fold

Improved hiring of 9 investigators—but didn't give \$. The 9 won't necessarily do medical fraud cases

Police department loans the officers and will pay the salary of those officers—the \$125,000 would pay overhead and equipment

Send letter out to all officers “please send an officer to investigate cases in your area”

Federal funding for HDDA (high density drug trafficking) not available for pills

Sandra—in Florida they are facing 2000 deaths. One doc calls it “the new opium trade”  
Son switched to heroin after 4-5 months of oxycontin—often the case because it is cheaper and accessible.