

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
MONDAY, MARCH 7, 2016**

**SB 352, An Act Concerning Prescriptions For And The
Dispensing Of Opioid Antagonists
SB 353, An Act Concerning Opioid Abuse**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 352, An Act Concerning Prescriptions For And The Dispensing Of Opioid Antagonists**, and **SB 353, An Act Concerning Opioid Abuse**. CHA supports these bills as components of a comprehensive statewide strategy to reduce the misuse and abuse of opioids and other prescription drugs in Connecticut.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide core healthcare services to all of the people in Connecticut, 24 hours a day, regardless of ability to pay. Connecticut hospitals offer safe, accessible, equitable, affordable, patient-centered care that protects and improves peoples' lives.

Opioids are narcotic drugs that reduce pain signals to the brain. Opioids and other types of controlled substances can be a safe and effective tool to manage pain, but they may be misused or abused by people seeking their euphoric effect. Opioid abuse can lead to addiction, chronic illness, or death.

Connecticut hospitals are already engaged in efforts to reduce inappropriate opioid use. The recent development of voluntary opioid prescribing guidelines to help ED staff treat patients with chronic pain conditions is one such example. Formulated by hospital ED directors in collaboration with other prescribers and the Department of Public Health, the guidelines will help reduce the inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions. CHA has partnered with other professional societies and the Department of Public Health to sponsor continuing education programs for prescribers on the topic of controlled substances.

On November 7, 2014, CHA hosted a program for opioid prescribers entitled *Extended Release & Long-Acting Opioid Analgesics: Risk Evaluation and Mitigation Strategies (REMS)*. This program addressed the use of opioid analgesics, which are abuse-deterrent drugs that are manufactured with physical, chemical, or other barriers that make abuse more difficult or less attractive to patients. These drugs are emerging as another important tool for addressing prescription opioid abuse. Programs such as these enable professionals to update and sharpen their skills, further their education, and continue their professional development.

The development of the prescribing guidelines and the presentation of programs on the use of abuse-deterrent drugs are part of a broader statewide strategy to reduce the impact of opioid addiction, as well as demonstrate the willingness of hospitals and physicians to engage in multi-sector collaboration with the state to address this problem.

Connecticut hospitals support a comprehensive statewide strategy featuring multi-sector collaboration among physicians, hospitals, and the state to expand availability of opioid antagonists, enhance prescription monitoring to assist prescribers, increase prescriber education, and support evidence-based prevention programming to reduce the misuse and abuse of opioids and other prescription drugs in Connecticut.

Opioid antagonists, such as naloxone hydrochloride (naloxone or Narcan), are drugs that neutralize or counteract the potentially fatal effects of an overdose. SB 352 will expand the availability of these drugs as a way to address the critical issue of opioid abuse.

SB 353 includes an array of measures intended to achieve the multi-sector collaboration described above, which will positively impact access to care by adding another referral route, in addition to the existing substance abuse program and provider resources and tools, to help patients in this at risk population.

CHA is concerned about Section 3, subsection (b) (2) of the bill. A strict reading of the language of the bill may lead one to conclude that a primary care provider, defined in the bill as a licensed physician, advanced practice registered nurse, or physician assistant, may **ONLY** prescribe an opioid if the patient agrees to a referral to a licensed alcohol and drug counselor. We are concerned about the possible misinterpretation of this language to mean that a primary care provider **MAY NOT PRESCRIBE** an opioid without a substance abuse referral. We do not believe that the bill is intended to be prescriptive in this fashion. We respectfully ask the committee to develop clarifying language in order to avoid misinterpretation.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.