



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 25, 2019**

SB 1057, An Act Concerning Opioid Use Disorder

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 1057, An Act Concerning Opioid Use Disorder**. CHA has concerns with Section 5 of the bill.

Before commenting on the bill, it is important to point out that Connecticut hospitals and health systems provide high quality care for everyone, regardless of their ability to pay. By investing in the future of Connecticut's hospitals, we will strengthen our healthcare system and our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

Connecticut hospitals and health systems have been engaged for years in efforts to reduce inappropriate opioid use while ensuring patients have appropriate pain medication. The adoption of voluntary opioid prescribing guidelines in January of 2015 helped Emergency Department (ED) staff treat patients with chronic pain conditions. Developed by ED directors in collaboration with other prescribers and the Department of Public Health (DPH), these guidelines were updated in 2018 in light of new laws developed with input from hospitals and other healthcare providers.

For several years, CHA has collaborated with other professional societies and DPH to sponsor continuing education programs for prescribers on the topic of controlled substances. Representatives of Connecticut hospitals have served on a variety of task forces and working groups in furtherance of the state's efforts to reduce the potential for people to become addicted to opioid medications.

Other measures taken by hospitals and health systems to combat the opioid epidemic include:

- Deploying recovery coaches in EDs
- Hosting evening intensive outpatient programs for patients recovering from drug addiction
- Supplying naloxone kits to first responders, as well as to patients and their loved ones
- Incorporating opioid awareness into clinical integrated care programs

- Sponsoring community awareness and education programs
- Screening and enrolling patients in buprenorphine/naloxone treatment programs for opioid dependence
- Establishing a statewide collaborative to assess and treat babies born with neonatal abstinence syndrome (NAS)
- Initiating the NAS Comprehensive Education and Needs Training (NASCENT) project, which educates providers on best practices for opioid prescribing and NAS treatment, as well as identifying substance use disorders in women of childbearing age
- Partnering with the Connecticut Perinatal Quality Collaborative to improve the health, equity, and quality of care for mothers and infants, including those affected by opioid use disorder

We look forward to continuing to work with the state and with our continuum of care partners to resolve this crisis.

CHA has significant concerns about the new statutory language in Section 5 that would insert a standard of care into Section 19a-127q of the Connecticut General Statutes for patients who suffer an opioid overdose.

First, licensed healthcare providers are in the best position to determine the type of care, screening, and follow-up for each patient, based on the presenting circumstances, experience, as well as professional judgment and training. Legislating the specific steps of care or treatment that a licensed healthcare provider must give creates an environment of defensive medicine, and is not patient-centric.

Second, healthcare providers should not be forced to divide their loyalties between a one-size-fits-all regulatory mandate and their professional obligations to individual patients.

Third, the proposed new requirement set forth in Section 5 lacks any mention of patient consent, or what healthcare providers are expected to do in circumstances in which a patient chooses not to cooperate with the assessment.

Finally, it is also not evident that the proposed new requirement to provide the results of the mental health screening and assessment of the patient to third parties is consistent with other state laws, or with the federal regulatory scheme intended to protect the confidentiality of substance use disorder information, as set forth at 42 CFR part 2.

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