

**Connecticut State Medical Society Testimony on
Senate Bill 1057 An Act Concerning Opioid Use Disorder
Public Health Committee
March 25, 2019**

Senator Abrams, Representative Steinberg and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) thank you for the opportunity to provide this testimony on Senate Bill 1057 An Act concerning Opioid Use disorder.

Everyday more than one hundred thirty people die from overdose related to the use of opioids. In addition to loss of life and family wellbeing, it affects public health, and social and economic welfare at large. Fifty million suffer from chronic pain with more than two million addicted to opioids. The economic burden is estimated to be almost eighty billion dollars including the cost of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

This epidemic, which started in 1990s, was initially unrecognized. Poorly understood pain syndromes coupled with corporate greed and prescribing practitioners' eagerness to address what is called the fifth vital sign caused the epidemic to grow in severity. For example:

- In 2017 47,000 Americans died of overdoses including prescription opioid, heroin, powerful synthetic opioids including illicitly manufactured Fentanyl.
- In 2017 1.7 million people in US suffered from substance use disorders.
- 21-29% of them patients prescribed medication for chronic pain misuse them. 8-12% develop opioid disorder while 4-6 % transition to heroin.
- 80% of people who used heroin, first misused prescription opioids.
- Opioid overdoses increased 30% between July 2016 through Sept 2017 in 52 areas of 45 States.

We applaud the proactive approach and efforts by the legislative body towards further prevention of opioid overdoses in Connecticut and improving screening for co-occurring disorders (depression, chronic pain and other medical and mental health conditions) by strengthening multidisciplinary teams (drug treatment programs, home healthcare agencies, EDs , involving institutions of higher learning, Pharmacists, EMTs) through improved training, education, certification, collaboration and improved access to opioid antagonists (Naloxone), and Medication Assisted Therapy (MAT)(Buprenorphine/Naloxone, Methadone, Naltrexone etc..)

We believe that MAT is lagging in many drug recovery/rehab programs and this bill will strengthen that approach. Qualified prescribing practitioner's involvement is less than optimum in many of these programs and none in some. We invite DPH, DMHAS involvement in ascertaining the adequacy of medical staffing to meet MAT standards.

We welcome collaborative strategies with pharmacists to improve education, training, use and access of opioid antagonists like naloxone to individuals with opioid use disorder and those at risk for overdose. However, we caution that provision of opioid antagonists is in fact compassionate dispensing and not true prescribing, which ethically, technically, and legally requires the presence of a patient-physician relationship, including detailed knowledge of the patient and the patient's health status. We urge the committee to amend the language of the bill to reflect this important legal distinction.

The requested distinction in no way lessens our support for expansive access to opioid antagonists. Many addicts are assisted by their concerned friends who take the time and make the commitment to learn the safe use of such medications. Those in distress are brought to medical attention in the ED or immediate/urgent care center as naloxone is short acting, and the individual may need repeat doses. Also, naloxone may not work if the individual combined opioids with other substances like benzodiazepines, alcohol and other sedatives in their overdoses. Statewide naloxone protocols are available from several states including Massachusetts, RI, among the total of 48 States and D.C with varying legislative and regulatory approaches. The opioid committee and addiction medicine committees of CSMS and leadership are ready to assist in formulating appropriate naloxone protocols in collaboration with pharmacies/pharmacists and other interested parties for statewide dissemination.

Finally, reimbursement by insurers will be a perennial issue as a barrier for the vulnerable population to access timely and adequate care. We caution the legislature to be mindful of this fact (even though this bill targets the Medicaid population primarily) as policies are developed.