CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Tuesday, March 20, 2018

SB 511, An Act Concerning Opioids

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 511, An Act Concerning Opioids**. CHA will address by section our concerns about the bill.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of their ability to pay. Connecticut hospitals are dynamic, complex organizations that are continually working to find innovative ways to better serve patients and communities and build a healthier Connecticut. 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 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 has helped Emergency Department (ED) staff treat patients with chronic pain conditions. Formulated by ED directors in collaboration with other prescribers and the Department of Public Health (DPH), these guidelines are now undergoing an update and revision in light of the adoption Public Act 16-43 and Public Act 17-131, which feature an array of measures intended to address the opioid epidemic.

CHA continues to partner with other professional societies and DPH to sponsor continuing education programs for prescribers on the topic of controlled substances. Representatives of Connecticut hospitals serve on an array of task forces and work groups that are addressing the issue. CHA and Connecticut hospitals are proud to engage in these and other activities in furtherance of the state's efforts to reduce the potential for people to become addicted to opioid medications. We look forward to continuing to work with the state and with providers across the continuum of care to resolve this crisis.

CHA supports the establishment of a working group to evaluate methods of combating the opioid epidemic in the state as set forth in Section 1. In Section 4, we applaud the proposed appropriation of $25 million to the Department of Mental Health and Addiction Services (DMHAS) for screening, early intervention, and referral to treatment for persons with opioid use disorders. We ask DMHAS to reserve a portion of these funds to establish screening, early intervention, and referral programs in Connecticut hospitals, which are often the first stop for patients struggling with a substance use disorder.

In Section 2, the bill seeks to require a pharmacist to check the patient's record in the prescription drug monitoring system prior to dispensing any opioid. CHA opposes this language as written because there is no provider consensus that this step is properly targeted to reduce opioid addiction, and it will create more confusion in the current oversight system. Specifically, the bill is unclear as to which medical professional would control decision-making for medications, and it fails to identify the actions pharmacists would be expected to take after checking the system, which would lead to confusion for practitioners and reduce access to timely care for patients. Additionally, the proposed new process would add substantial delay in the ordering, dispensing, and delivery of medications, particularly for inpatients and residents of hospitals, skilled nursing facilities, and hospice, where multiple prescriptions are filled at similar times, either on-site or at a contracted pharmacy. This will delay important treatment, often for patients who are in substantial pain. CHA urges that any change in the oversight system ensure that patient care needs remain a high priority, and that there is consensus about the right steps to take before they are implemented.

CHA asks the state to focus its attention on monitoring compliance with the existing law requiring prescribers to check the prescription drug monitoring system before prescribing. Since the system tracks which controlled substances were prescribed and when a prescriber checked the system, we believe that efforts should be undertaken to expose episodes of noncompliance, contact prescribers who fail to comply, and implement measures to enforce the requirements of the law.

CHA is concerned about the new reporting requirement in Section 3. While we support efforts to gather information on the incidence of opioid drug overdoses, we believe that the requirement to report overdose incidence and location included in the bill will prove an onerous undertaking for EDs. We believe that the burden imposed on staff in Connecticut's already-overtaxed EDs will outweigh the benefit. We also question whether EDs will have ready access to information on overdose locations to inform adequately municipal health officials interested in developing localized preventive measures. It is impossible to predict the degree to which a new reporting requirement will impact our EDs, especially those located in areas plagued by heavier opioid use, increasing demand for behavioral health services, and the constant need to provide emergency medicine services to patients.

Hospitals that sponsor medication-assisted treatment programs have been struggling mightily with the issue of how best to track patients who experience an opioid overdose. We learn about such episodes in a variety of ways: from the patients themselves, from other patients, from family members, from other healthcare providers, from obituaries, and other sources. We often learn about these episodes months after they occur or often not at all.

Tracking individuals who overdose upon discharge from the hospital has also proven to be a difficult proposition. Potentially, Connecticut could develop a system to track a patient discharged from one program in the state and then readmitted into another state-based program. At present, however, there is no way to account for individuals who do not seek treatment immediately or those who avoid treatment altogether.

Based on our concerns about the impact of a new reporting requirement on EDs, and our belief that overdose tracking and data collection efforts should be patient-focused rather than location-focused, CHA respectfully asks the Committee to delete the reporting requirement from the bill and consider adding the issue of tracking and data collection of patients who experience overdoses to the list of tasks assigned to the working group proposed in Section 1 of the bill.

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