



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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Governor

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Testimony by Patricia Rehmer, MSN, Commissioner
Department of Mental Health and Addiction Services
Before the Judiciary Committee
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Good afternoon Senator Coleman, Representative Fox, and distinguished members of the Judiciary Committee I am Patricia Rehmer, Commissioner of the Department of Mental Health and Addiction Services (DMHAS) and I am here this afternoon to speak in support of **HB 5487 AN ACT PROVIDING IMMUNITY TO A PERSON WHO ADMINISTERS AN OPIOID ANTAGONIST TO ANOTHER PERSON EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE**. I want to thank the committee for your assistance in raising what I consider to be one of the most important pieces of legislation that is before you this session.

In 2012, the Connecticut legislature responded to the state's alarming opioid overdose death rate by enacting a law (PA 12-159) to increase access to naloxone, a medication which reverses an opioid overdose. This law provides protection to the medication's prescriber in terms of civil liability and criminal prosecution, but provides no protection to the person receiving the prescription - the family member or friend invested in saving the life of someone that they know uses opioids. In addition, a 2011 Connecticut law (PA 11-210), designed to encourage overdose witnesses to call 911, only provides the caller with protection from arrest for possession of drugs and/or drug paraphernalia, and does not address protection for any charges related to administration of naloxone. Connecticut's Good Samaritan Law also (CGS 52-557b) does not address witnesses or bystanders.

The public remains fearful of the implications of involvement in an overdose situation. Studies show that 911 is called in overdose situations only half of the time at best. People still stand by while a companion dies from an overdose when timely intervention could have saved them. In Connecticut, we continue to lose a life to overdose, on average, every day. It is the leading cause of death for males between the ages of 18 and 25. People's fears - everything from old warrants to the possibility that the overdose victim's family might sue them if they are not able to revive the person successfully - persist.

Naloxone, commonly known under the trademark “Narcan”, is a safe, prescription medication with no abuse potential. Awareness of the role of naloxone has been steadily increasing in the last several months as evidenced by stories on NPR, CNN, and locally on channel 8. DMHAS was involved in the story of a mother who administered Narcan to her own son and saved his life. All sorts of organizations are calling for broader access to Narcan – the American Medical Association, the Centers for Disease Control and Prevention, the World Health Organization, and the United States Office of National Drug Control Policy.

But more needs to be done in terms of awareness, access, and education for us to be able to demonstrate an impact on this overdose epidemic. Multiple initiatives are underway in these areas, such as providing naloxone to ALL first responders (including EMTs) and collaborative practice agreements with pharmacies to make access to naloxone as easy as going to Walgreens and getting a flu shot.

We want to remove every potential barrier to naloxone use. This legislation may encourage someone to act to save a life who otherwise might have decided against it. It may keep an overdose witness from carrying the burden of guilt for failing to have acted because of fear. It may save the parent of a young person who has died of an overdose from having to wonder why that witness failed to save the life of their child.

Thank you for the opportunity to give my testimony. I would be happy to answer any questions you may have.