

**Statement Before
Public Health
Wednesday, March 18, 2015**

Governor's Bill 6856 An Act Concerning Substance Abuse and Opioid Overdose Prevention

Good Afternoon Senator Gerratana, Representative Ritter and members of the Public Health Committee. My name is Marghie Giuliano and I am both a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 800 pharmacists in the State of Connecticut. I am here today to speak on the Governor's Bill 6856 *An Act Concerning Substance Abuse and Opioid Overdose Prevention*

This legislation addresses a very critical public health issue in our communities: the availability of prescription drugs in a medicine cabinet that become easily accessible to family members, young people, and others. In the last few years, the statistics concerning prescription drug abuse, especially among teens, has escalated. And when access to opioids becomes limited or too expensive, these same individuals may turn to heroin instead.

First, we strongly support the requirement that prescribing practitioners that are allowed to prescribe controlled substances for the management of pain be required to complete educational activities that provide best practices on the appropriate prescribing of controlled substances and pain management.

We do have some concerns with the language in Section 5 (j)(4) that would change the requirements for pharmacies to report information into the Prescription Monitoring Program (PMP) from "at least weekly" to "immediately" or real time. The mandate to report real time into the PMP will come at additional costs to the pharmacies without any defined value. We would alternately suggest that pharmacies be required to submit information at least every 24 hours except on weekends or holidays that would allow the reporting to occur within 72 hours. This is certainly a more reasonable turnaround than the current weekly requirement without an undue burden to the pharmacies. The PMP is a valuable tool for pharmacists and prescribers to have access to. Our pharmacists use it frequently and we do believe that daily reporting is sufficient.

Section 6 is a new section that would allow a pharmacist that has been trained and certified through the Department of Consumer Protection to prescribe an opioid antagonist. As you know, there are a staggering number of opiate-related deaths in our country today. News reports of deaths due to heroin/fentanyl combination have dominated the airwaves. With easy access to heroin and opiate prescription medications it becomes critical that we remove barriers to the availability of naloxone, an opioid antagonist, for people at risk for overdose. Pharmacists are in a perfect position to be able to not only identify persons at risk, but to be able to provide the medication and the education to patients or caregivers as to how to administer naloxone when needed. Pharmacists routinely see patients with legitimate medical reasons being prescribed large doses of opioids that might unintentionally result in an overdose.

Naloxone is a safe medication. It has no action of its own so it does not impact patients that receive it even if they have not taken an opioid. It is not addictive so it does not have a street value. I know there has been questions as to if this becomes a fall back to people overdosing all the time. Naloxone saves lives. The hope is that it provides the person with an opportunity to seek help and start the recovery process.

Passing this legislation is a solution to breaking down the barriers to naloxone availability so that we can move forward with a strong naloxone program in this state to save persons at risk. We fully support these efforts and are enthusiastic about the role pharmacists will play in this public health initiative.