



Date: March 10, 2015

To: Senator Terry Gerratana, Co-Chair, Public Health Committee
Representative Matthew Ritter, Co-Chair, Public Health Committee
Representative Kevin Ryan , Bill Sponsor
Distinguished Members of the Public Health Committee

From: Christopher M. Magistri Sr.
CT Association for Addiction Professionals (CAAP)
46 Union Dr.
Ashford Ct, 06278

Subj: Friendly Amendment to HB 5906 - An Act Concerning Access To Treatment For Opioid
Addiction

I strongly endorse HB 5906's primary goal to improve access to treatment for opiate/opioid addiction to CT residents. However, I have concerns that prescribing medications only (in a primary care setting), without the additional mandatory UDS (urine drug screens) and therapeutic counseling for this disorder. The original mandate for medical assisted therapies for opiate use disorders have always included the medication (methadone or suboxone) in conjunction with UDS (urine drug screens) and therapeutic counseling. Medication alone has shown to have poor outcomes and high risk for abuse of the medication or return to opiate use. Therefore I'd like to suggest a Friendly Amendment to HB 5806 (see attached).

I have seen firsthand the devastation that comes in the wake of an opiate addiction, as both an addiction counselor and brother of two siblings struggling with opioid addiction; I speak from a place of understanding on this matter. I know that our current system of treatment is not bringing the positive results we all hope for, but allowing primary care providers to just prescribe the medication without the accompanying UDS or therapeutic counseling (by an appropriately credentialed addiction professional) is like giving insulin to a diabetic without the complementary nutritional and lifestyle skills training. Most successful lifestyle changes must be accompanied by a change in mindset through counseling and hard work. My concern with the current proposal is that additional privatization of methadone and suboxone treatment will lead to less favorable outcome and an increase in dependence rather than a decrease.

I agree with CAAP's recommendations that the therapeutic treatment of opiate addiction requires addiction specialists to assess, monitor, intervene and manage the patient's treatment plan in association with the prescribing providers dispensing of the agonist medication.

Addiction specialist's primary concern is for the person who has an addiction problem. Treatment for this disorder, as with any chronic, potentially fatal illness, should include those that are trained and educated in their specialty. The APRN/PA will hopefully possess the expertise in prescribing the proper amount of the opiate agonist; the addiction specialist would help with the behavioral/psychological aspects and treatment of the client's disorder.

I hope that this factor, specialized counseling/therapy by an appropriately addiction credentialed professional, could or would be added to this bill as the treatment and use of these medications for opiate dependence were originally intended – for the benefit of the client.

Christopher M. Magistri Sr
CT Association for Addiction Professionals

Attachment 1—Friendly Amendment

Intent and Purpose: To provide opiate dependent consumers best practice Standards of Care in the use of agonist medication for opiate use disorders through Medication- Assisted Treatment by MDs and APRNs for the purpose enhancing the process of recovery management and tapering of medications towards a possible goal of abstinence from opiate/opioids.

Proposed Bill No. 5906

January Session, 2015

LCO No. 1859



* 0 1 8 5 9 *

Referred to Committee on PUBLIC HEALTH

Introduced by:

REP. RYAN, 139th Dist.

AN ACT CONCERNING ACCESS TO TREATMENT FOR OPIOID ADDICTION.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

That the general statutes be amended to allow (1) primary health care providers to provide methadone treatment to patients in office settings, **provided these practitioners have competency with SBIRT* (Screening, Brief Intervention and Referral to Treatment) along with knowledge of the mandatory standards of practice when prescribing an opiate agonist which include prescribing the medication along with UDS (urine drug screens) and therapeutic counseling by an appropriately credentialed addiction professional, and** (2) qualified nurse practitioners to prescribe drugs other than methadone to treat **opiate/opioid addiction provided these practitioners have competency with SBIRT* (Screening, Brief Intervention and Referral to Treatment) along with knowledge of the mandatory standards of practice when prescribing an opiate agonist which include**

prescribing the medication along with UDS (urine drug screens) and therapeutic counseling by an appropriately credentialed addiction professional.

*SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening and referral to the appropriate credentialed behavioral health care specialist (mental health and substance abuse) for health risk behaviors including substance use.

Statement of Purpose:To improve access to treatment for opioid addiction.