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Connecticut State Medical Society Testimony
House Bill 5906 An Act Concerning Access To Treatment For Opioid Addiction
Public Health Committee
March 11, 2015

Senator Gerratana, Representative Ritter 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 in support of **House Bill 5906 An Act Concerning Access To Treatment For Opioid Addiction**.

CSMS understands and supports efforts to increase the availability of and access to treatment for addiction. Unfortunately, treatment options available in Connecticut for those suffering from addiction are woefully inadequate. Therefore, we understand the desire to increase options as the intent of House Bill 5906. However, without significant detail or language provided, we feel it is necessary to comment raising concerns and cautions regarding the proposed legislation.

First, storage, preparation and dispensing of methadone are highly regulated by the federal government. These regulations are complex and onerous, and, depending on potential language to be included in HB 5906, may preempt federal and state legislation. Per federal regulations, patients are categorized in one of five levels based on the severity and acuity of their addiction. Each requires differing frequency of treatment as well as required counseling. This would be difficult to manage in a primary care setting. Second, federal law prohibits Advanced Practice Registered Nurses (APRNs) from prescribing methadone or even buprenorphine although they may work with, or under the direction of, a physician who is federal qualified to prescribe methadone or buprenorphine.

Methadone is highly regulated by the federal government, in part because it is lethal. As a long acting drug it takes a long time to experience a high, creating a situation where when diversion occurs overdoses cause respiratory depression leading to death. It is a very difficult drug to work with. Physicians who work with methadone need a significant amount of training in addiction medicine as well as psychiatry. The ability to provide medication assisted treatment (MAT) is imperative. MAT extends far beyond simply prescribing methadone. We fear the unintended consequences should anyone but those highly trained in the treatment of opioid addiction be provided the ability to prescribe methadone.

We look forward working with members of this committee and the General Assembly to address issues of substance abuse that our society faces. We agree that first and foremost more treatment options and parity is needed. Anyone seeking treatment for this deadly disease should have access to services to assist them. However, we offer our resources and expertise to ensure that our actions are appropriate, in the best interest of our patients and do not place anyone currently suffering from opioid addiction at further risk.