



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

Dannel P. Malloy
Governor

Miriam Delphin-Rittmon, Ph.D.
Acting Commissioner

Memorandum:

TO: Public Health Committee

FROM: Deputy Commissioner Miriam Delphin-Rittmon Ph.D, DMHAS

DATE: March 11, 2015

SUBJECT: Written Testimony on House Bill 5906

Good morning Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I am Deputy Commissioner Miriam Delphin-Rittmon of the Department of Mental Health and Addiction Services (DMHAS), and I am writing today to address proposed H.B. No. 5906 AN ACT CONCERNING ACCESS TO TREATMENT FOR OPIOID ADDICTION

The Department of Mental Health and Addiction Services strongly agrees that improving access to medication assisted treatment for opioid addiction is desirable. As the State Methadone Authority, we oversee over 20 methadone clinics with close to 15,000 individuals receiving these services statewide. Methadone maintenance treatment has been researched and endorsed by the federal Substance Abuse and Mental Health Administration (SAMHSA) as an “evidenced-based practice” and is highly effective for long term recovery from heroin addiction. Methadone clinic staff have extensive training and experience in providing this specialized form of treatment and must adhere to strict federal and state regulations. As a “controlled substance”, methadone must be managed meticulously for the patient’s safety and the safety of the community at large.

The Federal regulations in CFR 42, Section 8, allow only certified Opioid Treatment Programs to dispense methadone for the treatment of opioid addiction. This medication must be dispensed directly from the clinics on a daily basis to each patient who also receives counseling and other supportive services from trained substance abuse and medical professionals. The medication itself must be stored in a highly secure environment that is approved by the Drug Enforcement Agency (DEA). In order to be allowable by federal regulations, CT primary care providers must be willing to abide by these and other requirements set forth in the regulations.

Primary care providers trained and interested in providing medication assisted treatment to patients with opioid dependence might prefer to obtain the federal “waiver” necessary to prescribe buprenorphine, another highly effective medication used to treat opioid dependence. Although its use for this purpose is also regulated by CFR 42, Section 8, it can be administered via a written prescription.

DMHAS supports the proposal that other qualified health care practitioners be able to prescribe federally approved medications for opioid dependence. This change, however, would have to be first made at the federal level before CT practitioners would be allowed to do so.

Thank you for your time and attention to this matter.