



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
WEDNESDAY, MARCH 18, 2015**

**HB 6856, An Act Concerning Substance Abuse And Opioid Overdose Prevention**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6856, An Act Concerning Substance Abuse And Opioid Overdose Prevention**. CHA supports the bill as one component of a comprehensive statewide strategy to reduce the misuse and abuse of opioids and other prescription drugs in Connecticut.

Before commenting on the bill, it's important to point out that Connecticut hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay.

This is a time of unprecedented change in healthcare, and Connecticut hospitals are leading the charge to transform the way care is provided. They are focused on providing safe, accessible, equitable, affordable, patient-centered care for all, and they are finding innovative solutions to integrate and coordinate care to better serve their patients and communities.

Opioids are narcotic drugs that reduce pain signals to the brain. Opioids and other types of controlled substances can be a safe and effective tool to manage pain, but they may be misused or abused by people seeking their euphoric effect. Opioid abuse can lead to addiction, chronic illness, or death. Over the past four years, Emergency Departments (EDs) have seen a 50 percent increase in opioid overdoses. In 2014, there were nearly 1,900 Connecticut hospital ED visits related to opioid overdoses.

Connecticut hospitals are already engaged in efforts to reduce inappropriate opioid use. The recent development of voluntary opioid prescribing guidelines to help ED staff treat patients with chronic pain conditions is one such example. Formulated by hospital ED directors in collaboration with other prescribers and the Department of Public Health, the guidelines will help reduce the inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions.

CHA has partnered with other professional societies and the Department of Public Health to sponsor continuing education programs for prescribers on the topic of controlled substances. On November 7, 2014, CHA hosted a program for opioid prescribers entitled *Extended Release & Long-Acting Opioid Analgesics: Risk Evaluation and Mitigation Strategies (REMS)*. This program addressed the use of opioid analgesics, which are abuse-deterrent drugs that are manufactured with physical, chemical, or other barriers that make abuse more difficult or less attractive to patients. These drugs are emerging as another important tool for addressing prescription opioid abuse. Programs such as these enable professionals to update and sharpen their skills, further their education, and continue their professional development.

The development of the prescribing guidelines and the presentation of programs on the use of abuse-deterrent drugs are part of a broader statewide strategy to reduce the impact of opioid addiction, and demonstrate the willingness of hospitals and physicians to engage in multi-sector collaboration with the state to address this problem.

In 2014, CHA convened a Subcommittee on Mental Health, comprising hospital behavioral health directors, emergency medicine physicians, chief executives, chief financial officers, and government affairs experts, charged with developing recommendations to improve health outcomes, relieve the burden on EDs, and improve the adequacy of funding for key mental health safety net services. Attached for your reference is a [summary](#) of CHA's Mental Health Recommendations.

One recommendation adopted by the Subcommittee on Mental Health is to reduce inappropriate opioid use. Connecticut hospitals support a comprehensive statewide strategy featuring multi-sector collaboration among physicians, hospitals, and the state to expand availability of opioid antagonists, enhance prescription monitoring to assist prescribers, increase prescriber education, and support evidence-based prevention programming to reduce the misuse and abuse of opioids and other prescription drugs in Connecticut. Several of these recommendations are included in HB 6856.

The bill will require each healthcare provider who is authorized to prescribe narcotic drugs to complete one hour of continuing education during each license registration period on the topic of controlled substances and pain management. Given the breadth and scope of the problem, requiring a prescriber to attend a one-hour continuing education program concerning the prescription of narcotics is a reasonable way to further inform, educate, and fortify prescribers in the fight against drug abuse. CHA believes that a comprehensive statewide strategy to combat the abuse of opioids and other controlled substances should include this measure.

CHA is prepared to support real-time reporting of certain controlled substance prescriptions to the state's Prescription Monitoring Program (PMP), as well as an obligation that prescribers check the PMP before prescribing a controlled substance, provided the state completes a substantial upgrade of the current PMP; the system cannot accommodate real-time reporting effectively at this time.

CHA encourages the Department of Consumer Protection (DCP) to engage representatives of every type of prescriber in the planning stages and throughout the process of implementing improvements to the PMP, and to consider certain operational/procedural aspects, system features, and system capabilities in the process. Operational aspects should include an ability to auto-populate usernames, and system access rules that are not unwieldy for prescribers. System features worthy of consideration should include search-by-patient capability, and prescriber alerts to enable DCP to advise prescribers of unusual prescribing activity. A system capability worthy of consideration is cross-border searchability, given that prescription drug abuse is a national problem.

CHA also recommends that DCP consider the consequences for prescribers and patients in the event the PMP system fails for a period of time. A legal requirement to check the PMP before prescribing should be suspended when the system is down, so that prescribers will not be at risk of noncompliance with the law due to circumstances beyond their control.

CHA is concerned about the requirement in Section 5 of HB 6856 to check the PMP before prescribing a 72-hour supply of a controlled substance. A 72-hour requirement is being proposed to allow EDs and others prescribing very short-term prescriptions the expediency they need while working to prevent potential abuse for longer-term prescriptions. While we understand, appreciate, and support the rationale for this provision, we recommend that the requirement be expanded to 96 hours to accommodate the real and practical obstacles a patient may face when attempting to schedule an appointment with his or her primary physician or specialist, especially in situations involving holiday weekends.

Opioid antagonists are drugs that neutralize or counteract the potentially fatal effects of an overdose. Section 6 of HB 6856 will allow licensed pharmacists to dispense or administer opioid antagonists such as naloxone hydrochloride (naloxone or Narcan) to reverse the respiratory depression caused by opioid overdose. Emergency medical personnel, healthcare professionals, and patients increasingly are being trained in the use of opioid antagonists. Expanding the availability of these drugs by allowing licensed pharmacists to dispense or administer them is a safe and effective way to enlist allies in the battle against opioid abuse.

Section 9 of HB 6856 proposes to add up to six new appointments to the Alcohol and Drug Abuse Council. CHA urges the Committee to include a representative of Connecticut hospitals such as an emergency medicine physician working in a Connecticut hospital. In this way, we may ensure that the collaboration between Connecticut hospitals and the state to combat prescription drug abuse will remain intact, and that hospitals will be engaged in discussions of future policy changes and the development of public awareness strategies necessary to combat addiction.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.

# CHA Mental Health Recommendations

The Connecticut Hospital Association (CHA) supports short- and long-term solutions to improve Connecticut's mental health system. These recommendations are intended to improve health outcomes, reduce unnecessary use of emergency department (ED) services, and ensure adequate funding for key safety net services.

## 1. Redesign the Medicaid Program to Support Mental Health Services.

- A. **Establish Shared Savings:** Establish a Medicaid shared savings model for behavioral health services for children and adults, fostering improved care coordination and achieving state savings.
- B. **Achieve Equitable Medicaid Reimbursement:** Raise reimbursement rates for behavioral health services to levels comparable to Medicare. Ensure that reimbursement for hospital-based outpatient clinics is comparable to that for community-based clinics.
- C. **Expand the Behavioral Health Home Model:** Allow hospitals, federally qualified healthcare centers, and other safety net organizations to implement behavioral health homes.

## 2. Improve Access to State Resources by Requiring Transparent Health Outcomes and Quality Measures.

Increase transparency when accessing state funded or operated services/providers, and establish measures for meeting evidence-based standards and improving health outcomes.

## 3. Support Community Care Teams and Related Care Coordination Services.

Fund community care efforts in hospitals to enhance patient screening, ensure timely release of information, establish patient-centered community case management plans, and engage patients in housing and social wraparound support services. Funding options may include grant support based on ED volumes, case rates for identified high-risk utilizers, and similar support for community care team clinicians, administrators, navigators, and/or intensive case managers.

## 4. Assess and Accommodate Short- and Long-term Bed Needs.

It is difficult to discharge patients no longer in need of hospitalization to the appropriate level of care, and to admit people who need acute inpatient psychiatric care, due to insufficient numbers of acute, intermediate length-of-stay, and long-term inpatient units.

- A. **Expand Availability of Intermediate Stay Inpatient Beds:** Expand beds in each region of the state to address the need for inpatient care for intermediate stays.
- B. **Increase the Number of Long-term Beds for Behavioral Health Patients:** Assess inpatient bed capacity for children and adults with longer-term, serious, and persistent behavioral health disorders.
- C. **Determine Short- and Long-term Bed Needs:** Study and recommend the number and type of short- and longer-term inpatient beds needed, whether they should be operated by the public or private sector, and how they will be funded.

## 5. Develop Crisis Stabilization and Emergency Services for Children in Consultation With Hospitals.

Support plans to improve Emergency Mobile Psychiatric Services (EMPS) including minimum criteria for facilitating effective diversions and achieving appropriate placements for children in crisis, increase crisis stabilization resources for DCF and non-DCF children, and implement a psychiatric assessment center.

## 6. Reduce Inappropriate Opioid Use.

Support a comprehensive statewide strategy featuring multi-sector collaboration among physicians, hospitals, and the state by expanding availability of opioid antagonists, enhancing prescription monitoring to assist prescribers, increasing prescriber education, and supporting evidence-based prevention programming to reduce the misuse and abuse of opioids and other prescription drugs in Connecticut.