TESTIMONY ON RAISED BILL NO. 5301
AN ACT CONCERNING OPIOID ANALGESIC PRESCRIPTIONS FOR MINORS

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Thank you for providing the **Center for Children's Advocacy** with an opportunity to submit testimony to the Children's Committee. I submit this testimony as the Deputy Director of the Center for Children's Advocacy and as an attorney who has worked for over 16 years on issues involving children's health and child welfare. The Center for Children's Advocacy ("CCA") is the largest non-profit legal organization in New England devoted exclusively to protecting for and advocating on behalf of the legal rights of children. CCA is affiliated with the University of Connecticut School of Law and provides holistic legal services for poor children in Connecticut. CCA submits this testimony through its *Medical-Legal Partnership*, a collaboration that seeks to improve children's health outcomes through interdisciplinary interventions in Connecticut.

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We oppose the passage of Raised Bill No. 5013, *An Act Concerning Opioid Analgesic Prescriptions Issued to Minors*, as it is presently written

First – our office recognizes and acknowledges the significant public health crisis that has arisen in Connecticut and across the nation regarding the abuse of opioid medication and heroin. As a result, both CCA and our MLPP fully support thoughtful and productive measures that are aimed to stem the tide against the growing scourge that is affecting so many young adults.[1] Having noted the issue and the importance of the underlying problem, CCA believes that Raised Bill 5013, as presently written, is not optimal because it unduly burdens the ability of a licensed clinician to prescribe vitally important medication. It also unnecessarily overreaches in scope by pinpointing minors, rather than viewing the opioid addiction crisis in a broader light and working toward evidence based model of substance abuse prevention that does not unduly burden a minor's potential right to treatment.

The existing legal landscape does not provide a minor with an independent right to obtain a prescription for an opioid analgesic absent extraordinary circumstances, but the proposed legislation may impact a practitioner's ability to prescribe medications when necessary.

The statutory and constitutional framework surrounding an adolescent's right to receive confidential healthcare is too lengthy and complex to outline in this testimony. However, minors[2] in Connecticut have an explicit right to confidential care in specifically defined

[1] See e.g. *America's Opioid Crisis*, the Hazelton Betty Ford Foundation, at http://www.hazeldenbettyford.org/articles/opioid-crisis-priorities. For example, on its website, Hazelton Betty Ford provides access to a White Paper which offers nine pages of comprehensive suggestions and interventions, without restricting or limiting interventions to prescriptions provided to minors. See file:///C:/Users/jsicklic/Downloads/Opioid%20White%20Paper.pdf

[2] "Minor" is defined in general as an individual under the age of 18. See Conn. Gen. Stat. §1-1d.

areas, such as a) reproductive healthcare, b) mental healthcare and treatment, c) substance abuse care and treatment, and d) HIV/AIDS testing (and potential treatment).[3] While it is unlikely that a minor would be prescribed an opioid analgesic during any of the confidential encounters listed herein, there may be a scenario where a licensed practitioner, utilizing the best practice methodology of her profession, may in her professional judgment believe an opioid analgesic is a medically appropriate treatment intervention under the circumstances. It would be a violation of a minor's inherent right to privacy and confidentiality if the minor patient sought protected and confidential treatment from a licensed practitioner and the practitioner was required to engage in parental consent for the prescription of a medically appropriate limited use opioid analgesic. The essence of the statute, while certainly well-intentioned, may limit a practitioner's ability to provide medically appropriate care in those limited but important patient interactions. In addition, requiring the practitioner to discuss the potential prescription with a parent or legal guardian and obtain written consent from that parent or guardian runs counter to the legally inviolate protections afforded minors who seek access to confidential healthcare in Connecticut.[4]

Legislation designed to protect against opioid abuse should be targeted to all patients in a comprehensive framework, not exclusively to minors

Furthermore, codifying appropriate and standard medical care – and limiting it exclusively to minors appears to be overly restrictive in light of the data which indicates that the population over 18 (that of 18-25) is statistically the most at-risk for opioid addiction and abuse. According to the Center for Disease, Control and Prevention, young adults ages 18-25 are the biggest abusers of prescription opioid pain relievers, ADHD stimulants and anti-anxiety drugs.[5] If the legislature is considering a broad-based plan to address the opioid abuse crisis in Connecticut, then an individual piece of legislation such as this bill would not be the most effective means of addressing the crisis. While well intentioned, addressing the opioid crisis requires a comprehensive, thoughtful plan that does not potentially infringe on the statutory and Constitutional rights of minors to receive healthcare, and one that is based on evidence based criteria that has been researched and designed by professionals trained in the field of substance abuse and chemical dependency.

In conclusion, while the proposed bill seeks to address a critically important issue, the means by which it seeks to address the crisis are not appropriately tailored to tackle the most significantly affected population, and the means inadvertently create an unnecessary interference into the practitioner-patient relationship.

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[3] For specific citations to statutory and Constitutional provisions (as well as federal case law supporting the Constitutional claims), see Adolescent Health Care: The Legal Rights of Teens. Center for Children's Advocacy (4th ed. 2010)

[4] This type of legal infringement would most likely occur in the reproductive health arena, where a minor may request legally appropriate health care from trusted practitioners who have an ethical and legal duty to keep the patient interaction confidential.

[5] See CDC website: "Prescription Opioid Analgesic Use Among Adults: United States, 1999–2012," at http://www.cdc.gov/nchs/data/databriefs/db189.htm last accessed on March 3, 2016.