



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

February 16, 2016

Commissioner Raul Pino, M.D., M.P.H.
860-509-7101

House Bill # 5053 AAC Increasing Access to Overdose Reversal Drugs

The Department of Public Health (DPH) supports the Governor's Bill No. 5053 regarding access to opioid overdose reversal drugs, such as naloxone. This bill will mandate each municipality to amend their local emergency medical services plan to ensure that the municipality's primary emergency medical responder is equipped with an opioid antagonist and be properly trained in the administration of the medication.

Such drugs can be life-saving if they are administered in a timely manner. Though they are not a substitute for addiction treatment, they may be the first step for an individual toward treatment and recovery.

DPH EMS data indicate that naloxone was administered by paramedic personnel across the state more than 2,000 times per year during the period of 2012-2014. In recent sessions, statutory authority was given to non-medical personnel to administer naloxone. CT State Troopers, especially in rural areas, have successfully administered naloxone on multiple occasions. Because different responders may be the first on scene in different parts of our state, particularly urban vs. rural areas, DPH supports the Governor's proposal to require each municipality to amend its local EMS plan by designating which local response entity will carry naloxone and be trained in its administration. This proposal allows CT communities to efficiently ensure a quick response, without duplicating a drug whose shelf life is only 18 months.

The bill will also prohibit commercial health insurers from requiring prior authorization for coverage for naloxone.

The Department also respectfully requests the inclusion of substitute language that would close a "gap" in current liability language to related to a health professional who administers an opioid antagonist as follows:

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Section 1. Section 17a-714a of the 2016 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.

(b) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe[,] or dispense [or administer] an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing[,] or dispensing [or administering] such opioid antagonist or for any subsequent use of such opioid antagonist. A licensed health care professional who prescribes[,] or dispenses [or administers] an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

(c) A licensed health care professional may administer an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for administering such opioid antagonist. A licensed health care professional who administers an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

[[c)] (d) Any person, who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

(e) Not later than January 1, 2017, each municipality shall amend its local emergency medical services plan, as described in section 19a-181b, to ensure that the municipality's primary emergency medical services provider is equipped with an opioid antagonist and its personnel has received training, approved by the Commissioner of Public Health, in the administration of opioid antagonists.

Thank you for the opportunity to provide testimony in support of this important bill.