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**Testimony on Senate Bill 352**  
**An Act Concerning Prescriptions for And the Dispensing Of Opioid Antagonists**  
**Public Health Committee**  
**March 7, 2016**

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 present this testimony to you today on **Senate Bill 352 An Act Concerning Prescriptions for And the Dispensing Of Opioid Antagonists** . This legislation would make certain changes to the statutes regarding the ability of pharmacists to dispense an opioid antagonist in the nasal form.

As this committee and the entire General Assembly is aware, CSMS has been at the forefront of supporting efforts to expand the availability of opioid antagonists to those suffering from addiction as well as their friends and loved ones who can assist in a time of crisis. Our support includes efforts to provide immunity for any person administering an opioid antagonist, the requirement that municipalities provide the antagonist to its first responders, and coverage by insurers for antagonist prescriptions. In addition, during the 2015 session of the General Assembly, CSMS did not oppose the ability of pharmacists to prescribe certain forms of opioid antagonists; prescribe in the narrowest sense of the word since a true prescription is the result of a process that begins with taking a history and proceeds through examination, diagnosis and the formulation of a treatment plan. However, we did insist, and appreciate the willingness of Commissioner Harris and others at the Department of Consumer Protection to work with CSMS experts in Addiction Medicine to develop appropriate training modules for pharmacists wishing to dispense this life saving medication.

As drafted, it appears that SB 352 appropriately acknowledges a difference between injectable antagonists and those administered through the nasal passage. As drafted, a pharmacist would continue to have the ability to prescribe and dispense injectable forms of an opioid antagonist, but would only be able to dispense the nasal form under the standing order of a professional licensed to prescribe. There is no ability conferred upon the pharmacist to independently prescribe the nasal form.

Although CSMS strongly supports the availability of all opioid antagonists, there are complexities in uptake of the drug depending upon the site. The nasal form, though likely more attractive to untrained users, has associated risks that may warrant further scrutiny. We are concerned that a standing order issued by a prescribing practitioner may not suffice to provide the level of safety that is assured by a patient-specific prescription. As an alternative, it might be reasonable to allow for pharmacists to dispense the nasal form under a standing order in conjunction with the injectable form so that patients have the option of using the injectable form as a back up to the nasal spray, should it fail.

As we have pointed out in testimony on other proposed legislation related to opioids, it is all too easy to treat the symptom and not the disease. We fully believe that SB 352 should be part of the entire discussion regarding the use of opioid pain medications, including proper prescribing and monitoring, the prevention of illicit use and diversion, the prevention and treatment of overdoses, and ultimately the

recognition that addiction is a disease worthy of treatment and our compassion. With that said we do ask that this committee support our suggestion that all stakeholders be involved in developing a single comprehensive piece of legislation that includes education, prevention and an increased commitment of resources for treatment in addition to simply focusing on end-stage salvation options.