



127 Washington Avenue, East Building, 3rd Floor, North Haven, CT 06473
Phone (203) 865-0587 Fax (203) 865-4997 www.csms.org

Testimony on Senate Bill 353 An Act Concerning Opioid Abuse
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 353 An Act Concerning Opioid Abuse**. This legislation would make certain changes to the Alcohol and Drug Policy Council (ADPC) and also appears intended to increase access to the services of licensed alcohol and drug counselors.

While CSMS supports the inclusion of the specific categories of additions in Section 1 and believes that they play a key role in combating the current crisis gripping our state. We also support the inclusion of statutory language adding more specificity regarding what must be included in the plan mandated to be developed by the ADPC. However, we must raise some concerns that we would like to work with the committee to address. First, with this legislation, the APCD would increase to a total of 12 members. While all are important, we feel that that more reflection on appropriate membership should be further discussed. Even with the potential new membership, only two of the twelve members would be licensed physicians with only one, an addiction medicine physician, potentially practicing outside the hospital or facility setting, and none of the members are pain medicine specialists. We fear that the knowledge and input of physicians who treat patients for pain and the physicians, who care for addicts and their families in their practices daily, will be missing as members of the committee.

Regarding the ADPC plan, as mentioned, we support the inclusion of language delineating what must be included in the plan. However, we do suggest that in Section 1(c) (3) be amended. The prevention methods for safer drug prescribing and dispensing strategies, and the training and education should be expanded to include all prescribers, not only those in pain management and prescribing opioids. All physicians have the ability to prescribe opioids whether they do so or not. In addition, the section should be expanded to include patient education about addiction, concomitant use of other medications, and importance of appropriate disposal.

We also question the meaning and intent behind Section 3(b). If the intent is to allow physicians the ability to refer patients to alcohol and drug counselors, we are aware of no provision in state statute that prevents this from happening. We also are unaware of anything that would prevent a physician from refusing to prescribe to a patient unless the patient agrees to a referral to a counselor.

However, while we do not believe the intent of Section 3(b)(2) is to require physicians to refer every patient receiving a prescription for opioids to an alcohol and drug counselor. We do ask that this be clarified.

Finally, we acknowledge that there are many proposals have been introduced this session seeking to address the issue of opioid and drug abuse. Some of these proposals appear to be contradicting or lacking in key provisions to treat the disease of addiction and not just the symptoms. We ask that this committee and others currently discussing such legislation worked in a coordinated effort and with key stakeholders such as the physicians of the CSMS to develop one comprehensive and effective proposal moving forward.