

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-172

AN ACT CONCERNING ACCESS TO TREATMENT FOR OPIOID USE

Title: DISORDER IN CORRECTIONAL FACILITIES.

Vote Date: 3/23/2018

Vote Action: Joint Favorable

PH Date: 3/16/2018

File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

This bill requires the Department of Correction (DOC) working with The Department of Public Health (DPH) and The Department of Mental Health and Addiction Services (DMHAS) to establish a medication-assisted treatment (MAT) program in correctional facilities for inmates with opioid use disorder. The program must be completed by January 1, 2019 and include the following objectives:

- 1) At least five correctional facilities must participate in the first year
- 2) In the second year, at least 30% of all inmates must have access to the program.
- 3) In the third year, at least 60% of all inmates must have access to the program
- 4) In the fourth year, all inmates must have access to the program

Additionally, the bill requires the Commissioner of DOC to report annually to the governor and the Public Health and Judiciary committees on the program.

RESPONSE FROM ADMINISTRATION/AGENCY:

Raul Pino, MD, MPH, Commissioner of the Department of Public Health (DPH): In his testimony, the Commissioner cited statistics regarding correctional inmates and drug use. An estimated one-half to two-thirds of all inmates have some form of substance abuse disorder and the period of abstinence during incarceration reduces tolerance to drugs. The potential for a fatal overdose once a prisoner is released and returns to using drugs is a major concern in treating opioid disorder. Untreated opioid disorders increase recidivism, re-incarceration and risky behavior contributing to the spread of HIV and hepatitis infections. There have

been a number of clinical studies addressing prevention of relapse and overdose deaths in former inmates. In one study, inmates given extended-release naltrexone, a form of medication-assisted treatment (MAT), showed that relapse was significantly lower in a group given naltrexone over those receiving just counseling. In addition, studies also show that inmates who start methadone in prison are more likely to continue treatment upon release. In Connecticut, of the 733 people with a fatal drug overdose in 2015, 150 of them had been a part of the CT correctional population within the past 30 months. The majority of them (66%) died within the first year of release which points to the need to start MAT prior to release and connect them to MAT services immediately upon release.

Section 114 of PA 13-234 allowed the creation of a pilot treatment program for drug therapy programs at correctional facilities that included methadone maintenance. A pilot program was created at the New Haven Community Correctional Center. DPH assisted in licensing the substance use services, i.e., MAT, in New Haven, as well as, Bridgeport, Enfield, Niantic and Hartford. Services are provided by a contracted community entity which is licensed by DPH. DPH provided technical assistance to the community provider and to the Department of Corrections. The program model provides, but is not limited to, assessment of the inmate, medication and counseling. It is important to note that the success of the pilot program is ensured through the continuity of care in collaboration with the inmate's community provider. Making sure that a MAT program is put in place before an inmate is released, reduces the risk of unsafe and potentially fatal behaviors once the inmate returns to the community.

The Department requests that if SB 172 moves forward, the bill is amended to include what has been learned from the pilot program. Continuity of care upon release is critical to the success of a MAT program.

Senator Martin Looney, 11th District, President ProTempore: Sen. Looney supports SB 172. Many inmates are incarcerated due to opioid use or criminal behavior associated with its use. Providing treatment in prison increases the chances for successful re-entry into society while reducing future health care costs, preventing unnecessary deaths and reducing crime in the state.

The Following Mayors submitted testimony in support of SB 172:

Michael Passero, City of New London; Toni N. Harp, City of New Haven; Harry W. Rilling, City of Norwalk; Ellen Zoppo-Sassu, City of Bristol; Neal M. O'Leary, City of Waterbury; Luke Bronin, City of Hartford

The mayors submitted joint testimony in strong support of SB 172 and urge that the bill move forward. The opioid overdose has become a major public health crisis impacting all their communities. Getting people into treatment when they need it is the most effective way to address this growing epidemic.

Medication-assisted treatment programs (MAT) have been shown to achieve the best results for patients. Few inmates in our state have access to MAT even though it has been proven to be an effective form of treatment. Even more concerning is that people already taking part in a MAT program are discontinued from treatment if they should become incarcerated forcing them to endure withdrawal. An inmate who would like to begin MAT has no opportunity to do so while in the custody of the Department of Corrections (DOC).

Connecticut began a small MAT pilot program in four correctional facilities in 2013. It has delivered impressive results. At the time, Connecticut was a leader in adopting this type of program. However, due to a lack of funds, the DOC has been unable to expand the program to include more of the incarcerated population. Consequently, our state has fallen behind other states who have implemented MAT programs across their correction systems. These states have reported immense success in reducing overdose deaths in persons following their release from prison.

While the mayors understand the significant budget constraints facing our state, this bill represents a cost-effective investment that can help put the state on a better fiscal path. When being treated, people use fewer medical services, are less likely to contract HIV and Hepatitis C, experience fewer run-ins with law enforcement, are better able to parent their children, and more likely to be employed. This represents a real cost savings to Connecticut.

NATURE AND SOURCES OF SUPPORT:

Connecticut State Medical Society, CMS:

CSMS supports SB 172 and any effort to fight the current crisis of addiction plaguing our state and country. Many who enter our penal system suffer from addiction and while in prison find little or no support or access to treatment and are forced to quit “cold turkey”. Many will qualify for Medicaid and addiction treatment programs once they are released. However, the lapse in access to treatment while in prison, in addition to the required waiting period for coverage upon release, results in recidivism and a greater chance of dying from an overdose. CSMS offers to present facts and discuss the cost savings to the state and our healthcare system possible with the passage of SB 172.

Patricia A. Coyne-Pague, Acting Director of Rhode Island Department of Corrections,

(RIDOC): As part of an effort by Governor Raimondo to reduce opioid related deaths in our state, the RIDOC received a budgetary allocation of \$2 million in 2016 to begin a MAT program. The MAT program has been very successful reducing by 60% the number of post-incarceration overdose deaths, and an overall 12% reduction in total opioid overdose deaths in the first six months of 2017. These numbers are impressive but there is still much work to be done. Among my responsibilities is the safety and security of the correctional system as well as the rehabilitation of our inmates. Research has shown that individuals in treatment are up to 20% less likely to re-offend. In Rhode Island –as in Connecticut, there is significant pressure on the state budget to reduce spending. One of the best ways to achieve savings in a state’s correctional facilities is to provide treatment to the inmate population that will improve rehabilitation and reduce recidivism. These challenges include the education and cooperation of the correctional staff to support and believe in the benefits of the MAT program. The staff must also be vigilant to any diversion of medications. I believe the benefits of MAT program outweigh any potential difficulties. I am strongly in favor of MAT programs and I am available to further discuss our experience.

Danielle Morgan, MSN,CNS,Family PMHNP, APRN-BC: In her practice, Ms. Morgan has served on teams providing psychiatric care to post-incarcerated individuals. Many of the individuals I have treated serious and persistent mental illness, as well as substance abuse disorders which are often untreated or undertreated while incarcerated. As a result of being untreated, the outcomes at the end of a sentence are often worse, resulting in high rates of

relapse once back in the community. In a recent Brown University study, the Rhode Island Department of Corrections (RIDOC) was able to provide their state with an overall “12%” reduction in overdose death rate and “61%” decrease in post –incarceration deaths. (Green, et. Al 2018). The RIDOC was able to achieve this result by instituting a MAT program that involved high risk inmates and followed their care through community health centers upon release. One of the prime factors in the success of the RIDOC program is the swift enrollment in health insurance following release. This is not the case in Connecticut where there is no smooth transition to Medicaid and access to treatment. Ms. Morgan asks that the bill incorporate language to ensure community based treatment is available for this population to continue treatment once they are back in the community.

Dr. Jonathan Craig Allen, MD: Supports SB 172 and the expansion of medication and addiction treatment (MAT) services, especially opioid use disorders. MAT is an effective treatment for someone with an opioid use disorder. 80% of individuals in prison have a substance abuse disorder and it is critical that treatment be available during incarceration. Abstinence while incarcerated contributes to the risk for relapse, overdose and death once an inmate is released. While in prison, inmates are accessible and available for treatment that allows for monitoring, behavioral counseling and the opportunity to develop skills to prevent relapse. Incarceration offers a valuable opportunity to provide care to this population. Expanding this program would be extremely beneficial to our communities and the state.

David Vlahov, R.N. Ph.D, Yale School of Nursing: He shares his observations from experiences with the incarcerated population. He has witnessed the negative consequences of immediately placing an inmate in withdrawal. Inmates seek drugs during incarceration, create disruptions between inmates and staff, and most important are not being prepared to return to society as stronger people.

Robert Heimer, Ph.D.: Supports this legislation and believes the costs associated with such a program will quickly be offset through savings that accrue when individuals are released and remain in treatment rather than resuming illicit opioid use.

Katherine Hawk, Assistant Professor of Emergency Medicine at Yale University:
Alice Miller, Assistant Clinical Professor, Yale School of Public Health: Submitted testimony in strong support of SB 172.

Dr. Benjamin Howell, MD, MPH: As a primary care physician at the West Haven VA and a health services researcher at Yale School of Medicine, he supports this legislation.

Dr. Stephen Holt: An addiction Medicine Specialist practicing in Greater New Haven supports this legislation.

Dr. Curtis Bone: As a family medicine and addiction physician at the West Haven Veterans Hospital, he believes that this legislation is an essential first step to curbing the opioid epidemic and improving the overall public health system in our state as well as an opportunity to implement life-saving legislation.

Pauline Syrnik, Yale Law School; Shatona Harrison and Alyssa Kassimis, students at Southern Connecticut State University; Shanai Chambers, inter for the Connecticut Department of Corrections: All share personal

experiences with former inmates and support this legislation that would give former inmates a second chance to become contributing members of society.

Jeff Grant, Executive Director of Family ReEntry: As a non-profit that contracts with the Connecticut Department of Correction and Court Support Services Division providing services in and out of prison, our organization has seen more individuals addicted to, and incarcerated for crimes related to opioid addiction. Our organization supports SB 172. Research has shown that effective treatment in correctional facilities for alcohol and drug addiction and specifically opioid use disorder, can have a dramatic effect on reducing these overdoses. This type of treatment is also good fiscal policy for potentially preventing re-incarceration of inmates. In a 2006 national opinion survey, it was found that the general public favors rehabilitative services for offenders as opposed to a punishment-only approach.

The following individuals representing non-profits support SB 172:

Maureen Price- Boreland, J.D., Executive Director of Community Partners in Action; Julia Wilcox, Manager of Advocacy and Public Policy, the Alliance Voice of Community Nonprofits; Alice Miller, Co-Director of the Yale Law School and School of Public Health; Lynn Madden, PhD, MPA, President and CEO of the APT Foundation, Inc., Dieter Tejada Treatment Chair for Alcoholics Anonymous.

Bradford McLane, J.D., Chief of Operations for Administration, NaphCare:

NaphCare is a privately held correctional healthcare company based in Birmingham, Alabama. While NaphCare does not take a position regarding any particular legislation, we commend and support any efforts to expand MAT programs in correctional facilities. Today, NaphCare operates in 27 states and is currently working at multiple jails across the country to connect inmates to MAT treatment upon discharge. NaphCare has developed a superior protocol for safely managing patients through the process of opioid withdrawal. MAT treatment alone will not work without sufficient funding to support all aspects of a MAT program, including the costs of counseling and behavioral therapy, medications and teams that include correctional and healthcare providers in the community working together to allow for a smooth transition upon release. Attached to his testimony, Mr. McLane includes their current client list.

Ada Haines: As the parent of an opioid- addicted son who was incarcerated as a result of his addiction, I support SB 172. The withdrawal and other symptoms associated with stopping opioids while in prison is a deterrent to having a real chance of ending their addiction when they are released. A MAT program in prison would clearly save lives, money and a benefit to the state of Connecticut.

NATURE AND SOURCES OF OPPOSITION:

None Submitted.

Reported by: Kathleen A. Panazza

Date: 4/6/2018

