

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-511

Title: AN ACT CONCERNING OPIOIDS.

Vote Date: 3/26/2018

Vote Action: Joint Favorable Substitute

PH Date: 3/20/2018

File No.: 410

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

SB-511 contains various provisions for the prevention and treatment of opioid drug abuse. This legislation requires DMHAS, in collaboration with the Chief Medical Examiner and Insurance commissioner, to convene a working group to evaluate ways to combat Connecticut's opioid epidemic. The working group shall reports its findings to DMHAS by January 1, 2019, and DMHAS shall report these findings and any recommended legislation to the Public Health Committee.

SB-511 requires pharmacists, before dispensing an opioid to a patient, to review the patient's record in the state's electronic prescription drug monitoring program. It also requires hospitals and EMS, mental health, and health care providers who treat someone for an opioid overdose to report the overdose to the local health department in the location where the overdose occurred, or, if that location is unknown, the location of the treatment. This legislation will prohibit these providers and entities from disclosing personally identifiable information. The bill specifies that information collected by local health departments is not subject to disclosure under FOIA or subject to subpoena or discovery or introduced into evidence in any judicial or administrative proceeding unless specifically provided by law. The bill also appropriates 25 million dollars from the General Fund to DMHAS in fiscal year 2019 to fund screening, early intervention, and treatment referrals for people with opioid use disorder.

RESPONSE FROM ADMINISTRATION/AGENCY:

Martin Looney, Connecticut State Senator, District 11:

Senator Looney supports SB-511 and thanks the committee for raising this important legislation. In 2017, Connecticut had more than 1,000 residents die from opioid related overdoses, which is more than car accidents, homicides, and suicide deaths combined. Senator Looney is confident the measures put forth in this legislation to address the opioid epidemic will have results similar to other policy efforts put forth by the Public Health Committee.

Raul Pino, Commissioner, Department of Public Health:

The Department of Public Health is committed to supporting efforts to combat the opioid epidemic. However, DPH believes it is currently unnecessary to implement SB-511. The proposal requires the convening of a working group to evaluate methods of combating the opioid epidemic in Connecticut, a task that is already being coordinated through the Alcohol and Drug Policy Council (ADPC). Additionally, DMHAS chairs ADPC and is designated as the lead state agency for the Opioid Treatment Authority through the Substance Abuse and Mental Health Administration. Another work group could undermine the work of ADPC as they would both be addressing the same issue.

The reporting requirements of SB-511 also negate the work that the Department is already undertaking. DPH works with the Department of Consumer Protection and Mental Health and Addiction Services, the Office of the Chief Medical Examiner, local authorities, and all 27 acute care hospitals in Connecticut in order to obtain data and prepare such information in a report that can be shared statewide. DPH uses an electronic syndromic surveillance (SyS) reporting system, and their Office of Injury Prevention is working to add case definitions for all suspected drug, opioid or heroin overdoses by July 2018. This information will be made available at the local and state level. These DPH undertakings offer a different solution but accomplish the same goal outlined in SB-511. The goal is to offer statewide data on the opioid epidemic, and allow access to a comparison of trend data that can inform the development of preventative initiatives at the local level. Additionally, the language does not comprehensively address the public health approach to combating the opioid epidemic because it omits prevention.

State of Connecticut, Insurance Department:

The Insurance Department expresses reservations with SB-511. The Department believes that ADPC, the interagency charged with devising statewide plans to address the opioid epidemic, should continue its work rather than charging a new work group to investigate similar items. Another concern includes the requirement of the work group to investigate the role of health carriers in reducing a person's stay at a treatment program for a person with a substance abuse disorder. The Department believes this is unnecessary because under current law substance use disorder treatment programs are required to be covered and subject to medical necessity.

Additionally, the Insurance Department Consumer Affairs division investigates and adjudicates policyholder complaints and the Market Conduct division reviews company practices to make certain that consumers receive the benefits to which they are entitled. If a

pattern of noncompliance is detected through complaints, the Consumer Affairs division will refer the complaint to the Market Conduct division for further investigation. The Market Conduct division regularly reviews carriers' practices to ensure compliance with all Connecticut laws and regulations.

In 2016, the Insurance Department held a Symposium on Opioids with major health carriers to learn more about their programs and strategies to curb opioid abuse and provide coverage for treatment addiction for their policyholders. In 2017, the Department produced a report titled "Ensuring Access and Coverage in Connecticut for Substance Abuse Treatment" and distributed it to the Governor, the Insurance and Real Estate Committee, and the Public Health Committee, in addition to posting it on their website. The report examined the extent to which coverage is provided, the types of treatments covered, requirements that policyholders must meet, and any cost sharing requirements for such services. The Department also produces an annual Consumer Report on Health Insurance Carriers in Connecticut and in the last two years the report has included quality measures for behavioral health and substance abuse coverage. Consumers can use this tool to compare health insurers.

Miriam Delphin-Rittmon, Commissioner, Department of Mental Health and Addiction Services:

DMHAS serves as the Single State Agency for Substance Abuse and as the State Opioid Treatment Authority, as well as the co-chair of the Alcohol and Drug Policy Council (ADPC). ADPC reviews policies and practices of state agencies and the Judicial Department concerning substance abuse treatment programs, substance abuse prevention services, as well as developing and coordinating a state-wide, interagency, integrated plan for such programs and services. Rather than creating an additional work group, DMHAS can work with members of ADPC to address information in this bill not already available.

The Department of Public Health Reportable Diseases Advisory Committee has recommended that drug and alcohol be included as part of the list of "reportable diseases, emergency illnesses and health conditions," maintained in the Hospital Emergency Department Syndromic Surveillance System (HEDSS). This data is confidential and can only be used by DPH and local health directors for disease prevention and control, and medical or scientific research.

DMHAS supports the DPH Reportable Diseases Advisory Committee recommendations. The recommendation would provide the data this bill seeks to collect while removing the burden of reporting to municipal health department or district departments of health.

Adam Rinko, Director of Emergency Management, City of Waterbury Fire Department:

The City of Waterbury supports SB-511. Waterbury has had relative success in reducing opioid overdose and death. When comparing 2017 to 2016, Waterbury saw a decrease of 4.5% in all opioid overdoses, and a decrease of 5.7% in fatal overdoses. In contrast, Connecticut had an increase of 15.9% in fatal overdoses, and there was a nationwide increase of 14.4% during the same time period. Waterbury has been able to obtain overdose data informally through the relationship between its fire, police, health and hospital partners. The City currently operates on overdose data that is reported by the State Medical Examiner's Office. This data is, in essence, "death" data as these people cannot be saved.

However, the reporting of data proposed in this bill can guide Waterbury towards saving the lives of those who have overdosed but survived. Identifying this group of overdose survivors can help the City focus its resources on them and realize a meaningful reduction in the fatal overdose rate. Additionally, this data will measure the extent of the problem that each part of the state faces, and will allow municipal government and emergency responders with local jurisdictions to accurately measure the demographics and extent of the problem that they need to combat locally. Most importantly, data will provide a framework for an early warning network in local jurisdictions, which will allow them to handle outbreaks of overdose in an efficient manner.

NATURE AND SOURCES OF SUPPORT:

John McDougall, MD:

Mr. McDougall supports this legislation but asks the Public Health Committee to consider *amending Section 3 of the bill to include the development of a statewide data reporting system to capture the demographics of prehospital naloxone use and opioid reversal outcomes*. Since 2012, Connecticut has seen opioid related overdose increase by over 400%. Recent legislative efforts have been made to combat opioid related fatalities by increasing the availability of opioid reversal agents. A lifesaving dose of an opioid reversal agent is only the beginning of a long and challenging road to recovery. Early reports by Connecticut first responders suggest many people accept naloxone reversal kits, however because Connecticut lacks a unified emergency medical response reporting system, there is no way to assess first responder naloxone reversal use. This means currently there is no way to see how many patients receive reversal treatment but refuse emergency room transport. Understanding where and when prehospital opioid overdose reversals occur is a necessary step toward providing effective, community based treatment for opioid use disorder.

Connecticut State Medical Society & Connecticut Chapter of the American College of Surgeons:

CSMS and CTACS have advocated for the need in increased resources, access to treatment, and early intervention programs for opiate related illnesses. CSMS and CTACS support the establishment of a work group to evaluate methods of combating the opioid epidemic, and offer the resources of their physicians to address this program in the development of parameters for investigation and to participate with the work group to accomplish a mutual goal. The organizations also support the requirements for pharmacists to access Connecticut's Prescription Monitoring Program (PMP), and the appropriation of 25 million dollars to DMHAS for screening, early intervention, and referral to treatment of persons with opioid disorders.

Connecticut Hospital Association:

Connecticut hospitals have been engaged in efforts to reduce inappropriate opioid prescriptions while ensuring patients have appropriate pain medication. CHA continues to partner with DPH to sponsor continuing education programs for prescribers on the topic of controlled substances. Concerns of CHA include the requirement of pharmacists to check a patient's record in PMP prior to dispensing any opioid. CHA opposes this language as written

because there is no provider consensus that this step is properly targeted to reduce opioid addiction. Specifically, the language is unclear as to which medical professional would control decision making for medications, and it fails to identify the actions pharmacists would be expected to take after checking the system.

Another concern of CHA is the new reporting requirements in Section 3 of the bill. The requirement to report overdose incidence and location included in the bill will prove an onerous undertaking for Emergency Departments (ED). It is impossible to predict the degree to which a new reporting requirement will impact our EDs, especially those located in areas plagued by heavier opioid use.

CHA recommends that the state focus its attention on monitoring compliance with the existing law which requires prescribers to check the prescription drug monitoring system before prescribing. Since the system tracks which controlled substances were prescribed and when a prescriber checked the system, CHA believes that efforts should be undertaken to expose episodes of noncompliance, contact prescribers who fail to comply, and implement measures to enforce the requirements of the law. *CHA respectfully asks the Public Health Committee to delete the reporting requirement and consider adding the issue of tracking and data collection of patients who experience overdoses to the list of tasks assigned to the working group proposed in Section 1 of the bill.*

Richard Duenas, President, Connecticut Chiropractic Association:

The Connecticut Chiropractic Association (CTChiro) supports SB-511 and commends the Public Health Committee for remaining diligent on the opioid. CTChiro recommends it is necessary to look at non-pharmacologic methods of care, specifically chiropractic, for combating the opioid crisis. CTChiro has submitted a list of organizations that support this suggestion, including Centers for Disease Control and Prevention, Joint Commission for the Accreditation of Healthcare Organizations, Food and Drug Administration Guidelines, and the National Association of Attorney Generals. These organizations recommend non-opioid pharmacologic therapy such as acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy. They also encourage doctors to explore and prescribe effective non-opioid alternatives such as NSAIDs.

CTChiro recommends SB-511 include the addition of a chiropractic representative on the working group described in Section 1 to evaluate methods of combating the opioid epidemic. Please see testimony provided by CTChiro for specific language.

Ingrid Gillespie, Executive Director, Communities 4 Action; Member, Connecticut Prevention Network:

The Connecticut Prevention Network (CPN) and Communities 4 Action support SB-511. This legislation addresses an important data gap needed to strengthen Connecticut's multi-prong approach to address the opioid crisis. CPN members share with the community data that reflects the different perspectives of this crisis which includes prevention, intervention, harm reduction, and treatment and recovery. CPN is unable to provide to the community data on the number of Narcans administered and the survival rate of the patients. The collection of data SB-511 supports could be used to more accurately identify the scope of the problem at the local level. Having this data allows health departments, CPN members and others to

more accurately report on the scope of the issue which will help us be more productive in our efforts to address this crisis and save lives.

Keith Overland:

Mr. Overland supports the bill, and suggests an amendment relating to prevention of opioid abuse. SB-511 and other opioid combatting proposals must add prevention to its list of priorities, and also add health care providers who are experts in non-opioid medical pain management and non-pharmacologic pain management to the proposed work group. Studies by Rhode Island and New Hampshire found that when patients with chronic pain were referred for non-pharmacologic care, emergency visits were reduced by 13 to 42 percent. Total prescriptions were reduced by 21 to 60 percent, opioid prescriptions by 33 to 77 percent, and costs of care were reduced by 12 to 30 percent. According to the National Association of Attorneys General (NAAG), the opioid epidemic costs the United States economy 78.5 billion dollars annually. With preventative care, the economic toll can be reduced and lives can be saved. There is evidence from the FDA, the CDC, the Joint Commission and the President's Commission on the opioid crises which in unison encourage and suggest that doctors should always explore effective non-opioid alternatives for non-cancer patients with chronic pain. It is time Connecticut looks at the first line of treatment in a different perspective.

Jason Prevelige, Physician Assistant, Connecticut Academy of Physician Assistants:

The Connecticut Academy of Physician Assistants supports SB-511 and applauds the Public Health Committee for their efforts to improve the health and safety of the community. They have only one suggestion for modification of the bill, which is to include methadone in the Prescription Monitoring and Reporting Program (PMRP). Currently there is no communication between PMRP and the DMHAS database for methadone clients, which could lead to fatal results if a provider is unaware and prescribes opioids to a recovering patient.

NATURE AND SOURCES OF OPPOSITION:

None provided.

Reported by: Valentina Mehmeti

Date: 4/17/2018