



**Testimony on  
Senate Bill 511 An Act Concerning Opioids  
Presented to the Public Health Committee  
March 20, 2018**

Senator Gerratana, Senator Bond-Somers, Representative Steinberg and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the CT Chapter of the American College of Surgeons (CT ACS), thank you for the opportunity to provide this testimony on **Senate Bill 511 An Act Concerning Opioids**. Senate Bill 511 seeks to build on efforts over the past several years to tackle the crisis of addiction gripping our state.

Many actions taken by the General Assembly over the past several sessions have focused on limiting the number of opioids prescribed or available. While these efforts, combined with the education and work of CSMS, providers, and the healthcare system, have successfully led to a significant decrease in the number of prescriptions and quantity of opioids prescribed, a side effect has been the increase in illicit use of opiates and other illegal narcotics. The unknown strength and quality of these drugs by addicts, continues to lead to an increase in deaths from accidental overdose.

While our organizations have loudly argued for the need in increased resources, access to treatment, and early intervention programs, enough has not been done. For that reason, we support language included in Section 1 of SB 511 and the establishment of a work group to evaluate methods of combating the opioid epidemic in the state. We offer the resources of our physicians working tirelessly to address this program in the development of parameters for investigation and to participate with the work group to accomplish our mutual goal.

In Section 2, we support the requirement for pharmacists to access the State's Prescription Monitoring Program (PMP) in the same manner as prescribers PRIOR to dispensing a controlled substance. It is important to note, that one weakness of the PMP is the fact it cannot capture data at the time a script is written, but only when it is filled. Many things can happen during the time in which a prescription is written and filled at the pharmacy, including patients seeking similar care at another provider and obtaining multiple prescription prior to fill. Section 2 may prevent such occurrences.

Finally, we support the appropriation of twenty-five million dollars to the Department of Mental Health and Addiction Services for screening, early intervention, and referral to treatment of persons with opioid disorders. However, we offer that this is only a fraction of the resources we should be dedicating to fight this deadly disease.

We welcome the opportunity to continue working with this committee and the administration to address this public health crisis.