



**Connecticut Department of Public Health**

**Testimony Presented Before the Public Health Committee**

**March 20, 2018**

**Commissioner Raul Pino, M.D., M.P.H.  
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**Senate Bill 511 - An Act Concerning Opioids**

The Department of Public Health (DPH) provides the following information regarding Senate Bill 511, which establishes a working group to evaluate methods of combating the opioid epidemic in the state, requires a pharmacist to review a patient's record prior to dispensing an opioid drug and mandates certain health care institutions and health care professionals who treat a patient for an overdose of an opioid drug to report such overdose to the local health department or district where the event occurred. Thank you for the opportunity to testify on this important issue.

While DPH is committed to supporting improved capacity for acquiring and disseminating drug overdose data at the local level, the Department does not feel that this bill is necessary at this time.

First, this bill proposes that the Department of Mental Health and Addiction Services (DMHAS), in collaboration with the Chief Medical Examiner and the Insurance Commissioner, convene a working group to evaluate methods of combating the opioid epidemic in the state. This is already being coordinated through the Alcohol and Drug Policy Council (ADPC). Additionally, DMHAS is the chair of the ADPC and has been designated the lead state agency for the State Opioid Treatment Authority through the Substance Abuse and Mental Health Services Administration. The ADPC has been tasked with developing and coordinating policies and practices of state agencies concerning substance use treatment programs and substance use prevention services. The need for another workgroup to address these issues could undermine the work of the current ADPC and its subcommittees. Additionally, instead of creating a new roadmap to address opioid overdose issues, the recommendations of the [Connecticut Opioid RResponse \(CORE\)](#) Initiative could be taken into consideration.

Second, the reporting mechanism requirements in this bill would negate the work that DPH is already undertaking, through our federal grants, regarding opioid overdosing. This may create confusion around the reporting requirements we currently have in place. The Department works with the Departments of Consumer Protection and Mental Health and Addiction Services, along with the Office of the Chief Medical Examiner, local authorities and all 27 acute

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care hospitals in the state to obtain data and prepare such information in a report that can be shared statewide. The DPH Office of Injury Prevention has been conducting ongoing statewide surveillance of the opioid crisis, and due to the alarming increase in fatal and non-fatal overdoses from prescription drugs and opioids, has partnered with local health agencies to address this epidemic.

DPH uses an electronic syndromic surveillance (SyS) reporting system, “EpiCenter”, which does not collect identifiable health information. EpiCenter is the Commissioner’s approved format for the reporting of emergency illnesses and health conditions. SyS data may be used to monitor a number of syndromes, including drug and alcohol use as well as drug, opioid and heroin overdoses. Currently, all 27 acute care hospitals are able to report SyS data into EpiCenter on a daily basis. Use of this system helps facilitate reporting and maintains the confidentiality of data at the same time.

As part of the Centers for Disease Control and Prevention (CDC) Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality grant, the DPH Office of Injury Prevention is currently working to add case definitions for all suspected drug, opioid or heroin overdoses to EpiCenter in order to make these data available to local health departments and districts by July 2018. The data will be made available at the local-level in three ways:

- 1) One of the benefits of the EpiCenter system is that it will allow local health staff to access line-level de-identified reports for residents of their jurisdiction, as well as aggregate statewide and regional data. Opioid-related emergency department visit data will be available at DPH and will be accessible within three to six months.
- 2) Local health specific drug overdose reports are provided to the communities involved in the CDC Prescription Drug Overdose Prevention for States grant on a quarterly basis, and will be expanded statewide over the next three to six months. The SyS data will also be added to these reports within the same timeframe.
- 3) Based on examining region-specific trends over time, an expected threshold for each region will be statistically calculated. If a spike, or greater than expected number, of overdoses occurs in a region over a short period of time, the local health authorities will be alerted via the EpiCenter system.

The activities described above offer a different solution aimed at accomplishing the same goal outlined in this bill, with the added benefit of offering statewide data. This will allow access to a comparison of trend data that can inform the development of preventative initiatives at the local level.

The Department’s final comments are on Section 1 of the bill. As stated, the primary intent of the proposed working group is to evaluate methods of combating the opioid epidemic in the state. Other key partners would be valuable contributors, including DPH. The language does not comprehensively address the public health approach to combating this epidemic, which

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includes primary prevention, and tracking and surveillance of overdose trends to better understand and facilitate more rapid responses to overdose spikes.

Thank you for your consideration of this information.

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