March 4th, 2019

Appropriations Committee
Connecticut General Assembly
Legislative Office Building, Room 2700
300 Capitol Avenue
Hartford, CT 06106

RE: HB 7148 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIAL ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR.

Dear Senator Osten, Representative Walker, and Distinguished Members of the Appropriations Committee,

My name is Dr. Falisha Gilman and I am a psychiatrist training at Yale School of Medicine. I am writing in support of Governor Lamont’s budget proposal to expand medication assisted treatment in correctional facilities. Medication assisted treatment, also called MAT, includes methadone, buprenorphine, and naltrexone. MAT is the gold standard treatment for opioid use disorder.

As a psychiatrist, I see the devastating effects of addiction nearly every day. One of my patients, Ms. R., is a 54-year-old woman with opioid use disorder who had years of abstinence from heroin because she was taking buprenorphine. During this remission, she was able to get a job at a local supermarket and rebuild relationships with her children. Last year she was incarcerated after a domestic violence incident. The buprenorphine she was prescribed by her physician was abruptly stopped when she entered the correctional system and she was not released on any treatment for opioid use disorder. This led to Ms. R having to endure uncomfortable withdrawal symptoms while incarcerated and placed her at high risk for unintentional lethal overdose upon release due to diminished tolerance. We know that in the week after release, inmates are 40 times more likely to die than members of the general population, and more than 90% of those deaths are drug related.1 Ms. R did have an unintentional overdose, but fortunately was treated by EMTs with naloxone (Narcan) and survived. Since that time, she has continued to struggle with re-engaging in treatment for opioid use disorder. I believe that her accidental overdose could have been prevented and she could have had a more successful re-entry if she had been treated for her opioid use disorder while she was incarcerated.

In addition to saving lives, this treatment is a cost-effective way to combat the opioid epidemic in the following ways:

- MAT has been shown to be cost-effective for decreasing the incidence of infectious diseases, such as HIV and hepatitis C.2
- Those with MAT had significantly lower overall annual health plan costs compared to those without MAT due to lower utilization of costly emergency room visits and inpatient hospitalizations.3
- The cost effectiveness of MAT being given on release from prison to people with a history of opioid dependence is cost effective in reducing mortality in the first 6 months of release.4

I believe that the expansion of medication assisted treatment in correctional facilities should include efforts to address the rates of retention in MAT upon release from incarceration. These rates of
retention can be low due to barriers to treatment, such as access and affordability. When planning for release, it is crucial that an individual receiving MAT has an intake appointment with a MAT provider in the community they plan to reenter. Also, I encourage legislators to consider supporting other bills this session that are trying to address the paucity of physicians which limits access to MAT. These bills include, but are not limited to:

- **SB 96** AN ACT ESTABLISHING A WORKING GROUP TO ENHANCE PHYSICIAN RECRUITMENT IN THE STATE.
- **HB 7125** AN ACT CONCERNING PARITY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS, NONQUANTITATIVE TREATMENT LIMITATIONS, DRUGS PRESCRIBED FOR THE TREATMENT OF SUBSTANCE USE DISORDERS, AND SUBSTANCE ABUSE SERVICES.

Thank you for the opportunity to testify in support of the budget proposal to expand medication assisted treatment in correctional facilities. I am happy to answer any questions or provide additional information.

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