



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
GENERAL LAW COMMITTEE
Tuesday, March 12, 2019**

HB 7159, An Act Addressing Opioid Use

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 7159, An Act Addressing Opioid Use**. CHA supports the bill as a component of an ongoing comprehensive statewide strategy to combat the opioid epidemic in Connecticut. We have concerns about certain sections of the bill, specifically Sections 1, 2, 6, and 7.

Before commenting on the bill, it is important to point out that Connecticut hospitals and health systems provide high quality care for everyone, regardless of their ability to pay. They do more than treat illness and injury. They build a healthier Connecticut by improving community health, managing chronic illness, expanding access to primary care, preparing for emergencies, and addressing social determinants of health. By investing in the future of Connecticut's hospitals, we will strengthen our healthcare system and our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

Connecticut hospitals and health systems have been engaged for years in efforts to reduce inappropriate opioid use while ensuring patients have appropriate pain medication. The adoption of voluntary opioid prescribing guidelines in January of 2015 helped Emergency Department (ED) staff treat patients with chronic pain conditions. Developed by ED directors in collaboration with other prescribers and the Department of Public Health (DPH), these guidelines were updated in 2018 in light of new laws developed with input from hospitals and other healthcare providers.

For several years, CHA has collaborated with other professional societies and DPH to sponsor continuing education programs for prescribers on the topic of controlled substances. Representatives of Connecticut hospitals have served on a variety of task forces and working groups in furtherance of the state's efforts to reduce the potential for people to become addicted to opioid medications.

Other measures taken by hospitals and health systems to combat the opioid epidemic include:

- Deploying recovery coaches in EDs
- Hosting evening intensive outpatient programs for patients recovering from drug addiction
- Supplying naloxone kits to first responders, as well as to patients and their loved ones

- Incorporating opioid awareness into clinical integrated care programs
- Sponsoring community awareness and education programs
- Screening and enrolling patients in buprenorphine/naloxone treatment programs for opioid dependence
- Establishing a statewide collaborative to assess and treat babies born with neonatal abstinence syndrome (NAS)
- Initiating the NAS Comprehensive Education and Needs Training (NASCENT) project, which educates providers on best practices for opioid prescribing and NAS treatment, as well as identifying substance use disorders in women of childbearing age
- Partnering with the Connecticut Perinatal Quality Collaborative to improve the health, equity, and quality of care for mothers and infants, including those affected by opioid use disorder

We look forward to continuing to work with the state and with our continuum of care partners to resolve this crisis.

HB 7159 proposes to strengthen oversight of prescriptions for opioids, facilitate the use of the state's Prescription Drug Monitoring Program (PDMP), prohibit discrimination against individuals who use life-saving opioid antagonists, and enhance communication between healthcare practitioners and patients regarding opioid use. As mentioned above, CHA has concerns about the following four sections of the bill.

Sections 1 and 2 propose to expand the current statutory requirement that pharmacists offer counseling to patients regarding their prescriptions. CHA asks that you amend this section of the bill to allow telepharmacy in addition to in-person counseling. Such a change would acknowledge situations in which a patient may be bedridden. A telepharmacy option would better accommodate both patient and prescriber in these situations.

Section 6 of the bill would require a prescriber to include ICD codes for every "prescription" of opioid drugs. We have two concerns about Section 6. First, it will take some time for all prescribers to adapt their e-prescribing systems, understand the new rule, and ensure that they are able to comply. To reduce the risk of impeding patient care, we ask you to change the effective date of this section from October 1, 2019 to January 1, 2020.

Second, it is unclear whether this section will apply to hospital orders that are for drugs administered to patients at a hospital. It would appear from the phrase "who was issued the prescription" (lines 349-350) that the section would apply only to prescriptions given to patients or sent to community and retail pharmacies for patients' self-use. We recommend that you clarify the language of this section by adding the following sentence: "This Section 6 shall not apply to opioid drugs ordered for a patient that are to be administered to the patient at a hospital."

Section 7 requires a pain contract between a prescriber and a patient for prescriptions with a duration greater than twelve weeks. As drafted, the bill implies that each pain contract must include, at a minimum, a discussion of treatment goals, risks of using opioids, urine drug screens, discontinuation of opioids, and expectations for continued treatment of pain with opioids.

We argue that each of these listed elements will not always be appropriate to include in every pain contract, and will depend on the particular circumstances of the patient, (e.g., a cancer patient with four months to live does not need urine drug screens). We must rely on each prescriber to incorporate the appropriate elements into a pain contract, using their medical judgment as applied to the particular circumstance of the patient.

CHA asks the Committee to substitute the word “address” for the word “include” at line 359 of the bill.

CHA and Connecticut hospitals are proud to renew our pledge to continue working with the state to address this epidemic. We thank you for considering our proposed revisions to **HB 7159**.

For additional information, contact CHA Government Relations at (203) 294-7310.