Connecticut Department of Public Health

Testimony Presented Before the General Law Committee

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House Bill #7159 – An Act Addressing Opioid Use.

The Department of Public Health (DPH) supports House Bill #7159, which would strengthen existing laws on prescribing and dispensing opioid medications, and further impact the prevention of overdose and opioid use disorder. Thank you for the opportunity to testify on this important issue.

DPH, along with other state agencies and drug overdose prevention advocates and experts, has been closely monitoring the opioid crisis over the last several years. The Department has been actively engaged with the Alcohol and Drug Policy Council (ADPC), a statewide council that shares prevention and treatment information along with surveillance data, and promotes and supports policies and intervention strategies that 1) aim to reduce the likelihood of misuse of prescription opioids, 2) strengthen oversight of prescriptions for opioids, 3) facilitate use of investigatory tools, 4) prohibit discrimination of individuals who use life-saving opioid antagonists, and 5) enhance communication between health care practitioners and patients regarding opioid use.

DPH is in support of Section 1(d) of the bill, which requires that a pharmacist dispensing an opioid medication offer to discuss the drug with the patient receiving the medication and counsel the patient on the usage of the drug. Additional education that includes not only requiring the pharmacist to counsel the patient on the "usage of the drug", but also safe storage and disposal of opioid drugs, the potential for addiction, and the dangers of opioid misuse may reduce the likelihood of misuse of prescription opioids. DPH is also in support of Section 1(e) of the bill, which requires the pharmacist offering counseling to keep a record of the counseling provided and whether the patient accepts or refuses the counseling being offered. Continued education of the patient about the potential for addiction and overdose is important for purposes of primary prevention.

Section 5 of this bill states that life insurance policies cannot exclude or alter coverage on the basis of prescriptions for naloxone, a life-saving medication that can reverse an opioid overdose.

DPH and other state agencies, along with the federal Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA), recommend that friends and family members of someone who uses and misuses opioid drugs, and others with an interest to reverse an opioid overdose if needed, carry a prescription for naloxone or have it accessible to save someone from dying from a drug overdose. Connecticut health officials are finding that naloxone is being used more frequently to reverse overdoses, especially after awareness and accessibility has increased and Good Samaritan Laws went into effect. DPH supports removing any barriers that may inhibit individuals from purchasing naloxone.

Section 6 requires prescribing practitioners to write the medical diagnosis on the opioid drug prescription sent to the pharmacy and uploaded to the Connecticut Prescription Monitoring and Reporting System. In this way, it will not only help other practitioners and pharmacists to be better informed about their patients and to offer needed care and counseling, but it will help health officials evaluate strategies for provider education and training. Over the past 2 years, DPH and the CT Department of Mental Health and Addiction Services have sponsored and coordinated primary care provider trainings to educate prescribers throughout the state on best practices for providing medication-assisted treatment (or MAT) for their patients addicted to opioids. Knowledge of the medical diagnosis would clear up misconceptions about the use of the prescribed drug and help to better assess if there has been an increase in office-based treatment for opioid use disorder as a result of the expanded availability of primary care provider training. A case in point, the CT Department of Consumer Protection currently does not report on buprenorphine and other MAT-related drug prescription rates due to the uncertainty about the purpose of the drug, making it difficult for DPH and others to evaluate prevention strategies. Thus, pairing a medical diagnosis with the prescription would better inform providers and those involved in surveillance of opioid prescriptions and prevention of opioid addiction and overdoses.

Finally, Section 7 includes a requirement for a provider-patient treatment agreement at 12 weeks from the start of a patient's opioid regimen for chronic pain. This is consistent with CDC guidelines that recommend that clinicians should evaluate the benefits and harms of continued therapy for chronic pain with patients at least every 3 months. The 2016 CDC Guidelines for Treatment of Chronic Pain recommend that clinicians should evaluate benefits and harms within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Experts noted that risks for opioid overdose are greatest during the first 3–7 days after opioid initiation or increase in dosage, particularly when methadone or transdermal fentanyl are prescribed or when total daily opioid dosage is ≥50 MME (milligram morphine equivalent). Frequent assessment, re-assessment and patient follow up may be necessary to provide the greatest opportunity to prevent the development of opioid use disorder.

Thank you for your consideration of this information.