

Judiciary Committee JOINT FAVORABLE REPORT

Bill No.: HB-7395

Title: AN ACT CONCERNING OPIOID ABUSE AND TREATMENT.

Vote Date: 4/10/2019

Vote Action: Joint Favorable Substitute

PH Date: 4/3/2019

File No.: 828

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SPONSORS OF BILL:

Judiciary Committee

REASONS FOR BILL:

To add opioid antagonists to drugs monitored as part of the electronic prescription drug monitoring program, to require counseling for inmates vulnerable to opioid use disorder counseling prior to release from a correctional facility and to establish a medication-assisted treatment program in correctional facilities for inmates with opioid use disorder.

SUBSTITUTE LANGUAGE: Establishes a date that the Department of Corrections, in consultation with the Departments of Public Health and Mental Health and Addiction Services, shall establish a medication-assisted treatment program in correctional facilities for inmates with opioid use disorder which include projected cost associated with expanding the program to additional correctional facilities for the following year.

RESPONSE FROM ADMINISTRATION/AGENCY:

NATURE AND SOURCES OF SUPPORT:

Albany New York County Sheriff's Office, Sheriff Craig D. Apple, Sr: Is *in favor* of this bill and urges Connecticut to pass it and implement comprehensive Medication Assisted Treatment (MAT) in all State correctional facilities. I respectfully believe my experience in implementing a MAT program in an Albany New York correctional facility is of value to you. In 2015, I started a program in Albany County Correction facility called the Sheriff's Heroin Addiction Recovery Program (SHARP). In the face of what he saw as a destructive pattern of incarceration, release, return and sometimes death, I knew my staff and I could play a key

role in helping people recover. I am proud to say that as a result of the program we have cut the rates of recidivism among participants and have some very moving success stories to tell. At that time, we began using Vivitrol for some people with Opioid Use Disorders (OUD) through the program and saw some limited success using it. I was strongly opposed to adding buprenorphine and methadone as treatment options at the time for various reasons. Since 2015, we continued to see people with OUD cycle in and out of our facility, mainly as a result of gaps in treatment both within the criminal justice system and in the community. However, on January 22 of this year, we began offering all three MAT options in our facility and have had over 50 people treated through the program. Our local harm reduction program works with the Credentialed Alcohol and Substance Abuse Counselors to provide discharge, case management and ongoing care to program participants.

City of New London, Office of the Mayor, Mayor Michael E. Passero: Writes in strong *support* of this bill and in particular the provision that requires counseling for inmates vulnerable to opioid use disorder counseling prior to release from a correctional facility and to establish a medication-assisted treatment program in correctional facilities for inmates with opioid use disorder. As a leader of New London, one of the communities most impacted by this public health crisis, I see the effects of each one of these tragedies ripple through my community and ALL of our communities. New London has two prisons in close proximity and every week, folks enter our community without having received adequate treatment. They are at enormous risk for overdose and there is a significant impact on our community. Public health experts tell us that we have tools to attack the crisis that we are not yet using to full effect. The most effective step we could take is to get people into treatment when they need it. In particular, medication-based treatment has been shown repeatedly to achieve the best outcomes for patients. While we understand all too well the severe budget constraints facing the state, this proposed budget is the kind of well-targeted, cost-effective investment that can help put us on a better fiscal path.

Connecticut State Medical Society: Written testimony in *support* of House Bill 7395. As many on this committee know, CSMS has been at the forefront of efforts to fight the current crisis of addiction gripping our state and country. Unfortunately, many of those suffering from addiction enter the penal system for various reasons and spend time within the State Department of Corrections. These sufferers are thrown into a situation in which there is little or no support or access to treatment, essentially forced to quit “cold turkey” despite the fact that many of these addicted inmates will qualify for Medicaid and addiction treatment programs under Medicaid once they are released. We can present facts and discuss the cost savings to the state and healthcare system through the passage of this bill.

State of Rhode Island Executive Office of Health and Human Services, Acting Secretary Lisa Vura-Weis: I want to share our positive experience and encourage your *favorable* consideration of this proposal. Last year, we announced a more than 60 percent reduction in post-incarceration overdose deaths in Rhode Island. If this trend continues, we will save 30-40 lives this year alone. In Connecticut, the equivalent would be 100 to 150 lives every year. This amazing reduction is due to the Medication-Assisted Treatment program at the Department of Corrections.

Katal Center for Health, Equity, and Justice, Director of Health and Human Reduction Keith Brown: Writes *in support* of this bill because people struggling with addiction deserve treatment and care. However, due to stigma, criminalization, and the failed war on drugs, people are being prevented from accessing the care and support they need to live healthy lives. The evidence is clear: We know it is effective to provide the full scope of medication therapy options (Methadone, buprenorphine, and naltrexone) to individuals in jail and prison. Yet the State of Connecticut is still stuck in the framework of the failed war on drugs and has thus been unwilling to implement such interventions in a widespread, coordinated way. The Katal Center for Health, Equity, and Justice is committed to advancing efforts to move our state toward a health oriented drug policy, and this is an area that urgently needs reform. It is past time that we deploy all available options to preserve life, protect public safety, and help individuals and families recover. Connecticut must end a drug war approached to addiction, and instead implement evidence based solutions that save lives.

O'Neill Institute for National and Global Health Law, Director of Addiction and Public Policy Initiative at Georgetown University Law Center, Regina M. LaBelle: Writes *in support*, specifically the provision establishing a medication-assisted treatment program in correctional facilities in the State of Connecticut. Criminal justice settings provide an important intervention point for individuals with opioid use disorder, reaching communities often overlooked in other parts of society. However, access to evidence-based treatment is often limited in correctional institutions. Rhode Island's medication assisted treatment program in its correctional system is an example of how such a program can bring down rates of overdose death.

State of Rhode Island and Providence Plantations, Department of Corrections, Director Patricia Coyne-Fague, Esq: Rhode Island began an MAT program within its Department of Corrections in 2016 when we received a budgetary allocation of \$2 million; part of an effort spearheaded by Governor Raimondo to reduce opioid related deaths in our state. As the Director of Rhode Island Department of Corrections, I wanted to share our experience as you consider the proposal. The MAT program has been very successful thus far in Rhode Island. The numbers are impressive: a 60% reduction in post-incarceration overdose deaths, leading to a 12% reduction in total opioid overdose deaths over the first six months of 2017.

Yale School of Nursing, Professor of Nursing David Vlahov, R.N., Ph.D.: From my observations and experience, the absence of treatment in a correctional population that includes a high proportion with drug use and dependence has negative consequences in immediately placing an inmate in withdrawal, in their seeking drugs during incarceration, in disruptions between inmates and staff, and most important in failing to prepare men and women to return stronger as people to their communities. As a nurse and citizen, I am disappointed to see situations where we do not provide proven strategies, and here I'm talking about medication assisted treatment in correctional settings. I feel a deep loss for the people I have cared for, have known, good people, whose lives were turning around, who felt that sense of hope, and then perished with preventable deaths. Not everybody turns around,

but more would with the availability and opportunity for medication assisted therapy. For these reasons, I urge you to join me *in supporting* HB-7395.

Asadullah Awan, Addiction and Recovery Clinic at Yale New Haven Hospital Physician:

Writes to express *strong support* for HB 7395, not only because he is a physician but because he is a concerned Connecticut resident. As both an inpatient and outpatient provider, I have seen the spectrum of opioid use disorder and the extent to which it can devastate lives. I am still haunted by the scene of a young patient who had overdosed, being rolled down to have their organs harvested. Behind them, two parents were crying uncontrollably and thanking the doctors for doing all they could. On the other hand I am constantly humbled by the patients in my clinic who have overcome their opioid use disorder and have reconnected with their families and their communities. This is all possible because of medication-assisted therapy, the national standard of treatment for opioid use disorder. It is with my medical expertise as a physician and my concern as a Connecticut resident that I urge the committee to approve HB 7395 out of the committee.

Connecticut Community for Addiction Recovery (CCAR), Michael Askew, Director of Recovery Advocacy: I am writing to share my strong support with HB7395. Although I have never used medication assistant treatment (MAT), I have seen many people utilize MAT as a pathway to recovery and reclaim their lives. I have been arrested 11 times, convicted 9 times, and served 7 prison terms. I had a drug habit for 17 years. I was never given any support for my drug use, just prison time. Research shows that 44% of fatal overdoses in Connecticut occurred among individuals who had a history of having been detained by the Department of Correction. It is easy to see that effective treatment in correctional facilities for alcohol and drug addiction and especially opioid use disorder, can have a dramatic effect on reducing these overdoses and saving lives. Progressive treatment for opioid use disorder is a good fiscal policy. Returning citizens would have a better opportunity to sustain and maintain recovery by having a recovery coach 45 days before release and that coach will continue to support their recovery once they are in the community for as long as they wish. At CCAR, we have also seen the impact with supporting those that overdose and find support with a recovery coach in 15 emergency rooms through our EDRC program at CCAR.

Sarah Baker, MD, MA and Robert Blake Werner, Jr, DM; Fellows in the Department of Psychiatry at Yale School of Medicine: We have graduated from medical school and completed four years of residency training in psychiatry, where we often treated patients suffering from opioid use disorders. We are now pursuing advanced training in forensic psychiatry (Dr Baker) and addiction psychiatry (Dr Werner), where we both frequently come into contact with individuals suffering from opioid use disorders. We have seen the devastating effects that this disease has on our patients and are here to discuss why medication-assisted treatment is so important for the citizens of Connecticut. We support MAT programs because: Deaths from overdose have nearly tripled since 2012, today more people die from overdose than from firearms and motor vehicle accidents and Connecticut is among the ten states with the highest rates of opioid-related overdose deaths. Also, drug

overdose is the leading cause of death for individuals released from prison, and yet incarcerated people in Connecticut do not have access to MAT.

Nina Bernick, Yale Class of 2021: Writes: I support proposed bill 7395 that gives inmates in correctional facilities access to medication assisted treatment. As the opioid crisis continues to rage in this country, medication assisted treatment including methadone and buprenorphine is the most effective way to treat opioid use disorder, yet few prisons give inmates access to this treatment despite the high rates of drug related incarceration. Abstinence from drugs in prison is not effective treatment for drug use disorders. Instead, inmate's tolerances drop so low that when released, they go to use again at their previous level and overdose at rates more than 130 times that of the general population. This is unacceptable. On the other hand, prisoners who are given medication assisted treatment before their release are more likely to continue treatment after release and less likely to overdose. This is a public health issue, and deserves attention from the legislature.

Jessica Chafkin, MD, Yale New Haven Hospital psychiatrist, resident: I am writing today to express strong support for HB 7395. Unfortunately, the overdose rate in Connecticut has been steadily increasing in past years and since 2012 has been outpacing the rate of opioid related deaths in the United States as a whole. As a psychiatrist, I frequently treat individuals struggling with an opioid use disorder. I have seen the way this disorder can ruin people's lives and at the same time how treatment can save lives. MAT is the standard of care for opioid used disorder and such should be provided as a component of essential healthcare. By establishing a MAT program within DOC, CT will be providing essential healthcare, improve the use of societal resources and saving lives.

Jeff Deeney, Hamden, CT: Writes in support of this bill; I am a social worker and recent transplant to Connecticut from Philadelphia; widely known as the epicenter of the overdose death epidemic with 1200 people in the city alone having died of opioid overdose in 2017. As a frontline professional that has worked with people who use opioids in the criminal justice system and in outpatient treatment settings, I along with colleagues across disciplines – legal experts, medical and public health experts, community advocates – scrambled against a rising tide of mortality to enact policies that could stem it. I am proud to say that as I departed the city for the New Haven area in the summer of 2018 the City of Philadelphia rolled out a buprenorphine treatment program inside Philadelphia's prison system. This program not only maintains people who are prescribed buprenorphine on arrival at the jail so they do not have to suffer a needless discontinuation of their prescribed medication, but also inducts opioid users who are not in treatment on arrival at the jail so they do not needlessly suffer painful withdrawal symptoms that have in numerous documented instances across the county lead to the death of prisoners, many of whom were being held pretrial and not convicted of any crime. Additionally, it is long established that detoxified opioid users who begin using drugs after desistance are at an elevated risk of death, and this death risk is a known factor especially among opioid users leaving jails. Opioid use after release from jail has been a substantial and ongoing contributor to Philadelphia's unprecedented overdose death rate.

I urge you to follow the lead of Philadelphia and other locales that have taken these actions; reaching out to jails and prisons with established programs can help in designing Connecticut's program, guided by best practices as they emerge in this new and vital area of prison medicine.

North Central Regional Mental Health Board, Marcia DuFore, Executive Director, Suffield, CT and member of the Connecticut Prevention Coalition (CPN) and Keep Promise Coalition (KTP) and Senator Kissel's designee on the Governor's Alcohol and Drug Policy Council: As Regional Behavior Health Action Organization (RBHAO) for North Central Connecticut, one of our responsibilities is to provide education in our communities about substance misuse, Connecticut's efforts to combat the opioid epidemic, and the use of NARCAN to reverse an opiate overdose. Given the number of people who are dying of opiate overdose it is critical to get this life saving drug into the hands of everyday citizens who may have the opportunity to save a life of a loved one, neighbor or stranger in their community.

AmeriCorps Prevention Corps, Anthony J. Miller, MPH: A researcher and volunteer at an addiction treatment center in New Haven: Writes in strong support of this bill. After years of working in this field within New Haven and heavily influenced by a current research project, I am involved in examining the experiences of those with Substance Use Disorder (SUD) and their time in corrections. Three reasons come to mind as to why this bill should be supported. One, treatment works. Two, it can save money, and three, it can save lives.

Legislative Advocacy Clinic Yale Law School student, Sean Foley: Provides testimony in support of this bill. Despite the fact that MAT is "the gold standard for treating people who have opioid use disorder," Connecticut has an across-the-board policy denying access to MAT to all incarcerated individuals, except those in a small pilot program. The consequences of this policy are severe. In 2017, more than half of opioid overdose deaths in Connecticut were among formerly incarcerated individuals. Connecticut's policy of withholding treatment in prisons is dangerous and counterproductive.

Yale School of Medicine student, Isaac G. Freeman, BPhil, MPH, MD: Writes in support of this bill. I have seen the devastating effects of opioid use disorder on my patients and I am submitting testimony to discuss why medication-assisted treatment is vital to the public health and safety of the citizens of Connecticut. Most individuals with opioid use disorder in the United States and in Connecticut who have contact with the correctional system do not have access to adequate, evidence-based medication-assisted treatment. Giving these individuals access to this central tool in the contemporary management of opioid use disorder allows these individuals to begin their recovery and rehabilitation, has been shown to reduce illness and death, reduce recidivism, and is projected to save taxpayers' money. Enacting HB 7395 will help thousands of Connecticut citizens move towards a brighter future and will save lives.

Yale School of Medicine psychiatrist, Dr. Falisha Gilman: I am writing in support of this bill. 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 these deaths are drug related. Ms. R. did have an unintentional overdose; but fortunately she 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 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.

Yale University School of Public Health Professor of Epidemiology and Pharmacology, Robert Heimer: In my capacity as a researcher with nearly three decades of experience in the field of substance use disorders and their negative consequence, I have led two studies pertinent to the proposed legislation. Both involve pilot programs that provided treatment with methadone for individuals with opioid use disorder in correctional settings. The earlier of the two studies was conducted in Puerto Rico in 2003. Las Malvinas, the largest prison on the island was rife with contraband heroin -- three in five prisoners reported access while incarcerated, two in five within the last month. A small pilot program was established to provide daily methadone up to 24 inmate volunteers -- all of whom reported using heroin, validated by urine testing. Contraband heroin use among these inmates during their participation in the pilot was reduced by 95%, measured both by urine testing and self-reporting. Although the pilot population was subsequently doubled, the successful pilot was terminated when the next election resulted in a change in the Commonwealth's ruling party. Similarly, contraband opioids are rife in CT correctional facilities -- but here the major contraband item is suboxone, a wafer-thin formulation of buprenorphine. For better part of five years, pilot programs provide medication for some inmates suffering from opioid use disorder have been operating in the correctional centers in New Haven and Bridgeport. The programs provide continuing treatment with methadone to newly incarcerated men who had been receiving methadone in the community prior to being jailed. Unlike Puerto Rico, here in CT we have an opportunity to scale up rather than eliminate effective programs to treat opioid use disorder in the correction system and thereby reduce the negative consequences for individuals once released back into the community.

Yale School of Medicine, Nadine Horton; but more importantly I am a sibling of a loved one in long-term recovery of a substance use disorder. I am writing to express my strong support for HB-7395. My sister served several jail terms at the York Correctional Institution in Niantic, Connecticut, all stemming from her substance use disorder. My family did not have access to

the treatment programs and facilities that wealthier, white families had access to and were at the mercy of whatever low-cost or state-funded options were available. While most of these programs were mediocre at best, my sister was finally able to get into a program that she could connect with and give her the help she so desperately needed. I am proud to say that my sister now has twelve years of recovery. However, this help came only after she cycled in and out of the criminal justice system for years and never received by treatment for her disorder. Honored members of the Committee, I submit that it is within your power to help by passing HB-7395 which I hope you will do.

West Haven VA primary care physician and research fellow at the Yale School of Medicine, Benjamin A. Howell; comments focus on the health effects of incarceration. These views are my own as a concerned citizen and physician and do not represent those of the Veteran's Health Administration of the Yale School of Medicine. I am here to testify in support of HB 7395 and its mandate to implement a program for medications for addiction treatment (MAT) in our state's prisons and jails. My support comes with one caveat: I believe the bill's language should be revised so that the program be implemented over 2 years, not 4 years. This is in line with funding provided by Governor Lamont's budget. Our state has already taken too long to take this action; we should not delay it any further.

Yale Law School student, Patrick Hulin: Given the budget situation in Connecticut, cost-effectiveness is key. The Governor's budget contemplates a two-year phase-in, with \$2 million allocated in FY 2020 and \$6 million in FY 2021. HB 7395 phases in the program more slowly; over four years. There is budgetary space to begin this program's lifesaving work even earlier. Further, a MAT program would create significant cost savings for the state, making this program one of the best investments we can make in public health.

MD MPH Yale School of Medicine, Paul Joudrey: I am a primary care physician at the West Haven VA Connecticut Healthcare System and a health services researcher at Yale School of Medicine. My research seeks to inform and support access to effective addiction treatment among high risk communities. I completed my internal medicine residency training in 2017 where I provided primary health care and addiction treatment services for patients transitioning out of the criminal justice system. This testimony represents my personal opinion and concerns as a physician and private citizen and do not represent the views of the Veterans Health Administration of Yale School of Medicine. The committee should strongly consider An Act Concerning Opioid Abuse and Treatment in support of reducing the cost of opioid related emergency department visits and hospital admissions.

Sam Marullo: Connecticut has responded aggressively to the crisis, but there is more to be done. Nearly half of opioid overdose deaths occur among previously incarcerated individuals. Medication assisted treatment, combined with other supports, is the standard of care for opioid treatment in the community. Despite this, most inmates have no access to opioid treatment services. Many are taken off treatment when they enter prison. As currently written, this bill would phase in comprehensive treatment program over four years. To match the Governor's budget, this bill should be amended to require 100% access to treatment within two years.

Yale New Haven Hospital, Nazeela Sabir Awan, physician. I also work at the Addiction Recovery Clinic and have the privilege of providing care to individuals seeking medication-assisted treatment for opioid use disorder. I am writing to express strong support for HB 7395. I have personally cared for individuals suffering from opioid use disorder. I have witnessed the use of MAT changing my patient's lives. I personally remember a young patient whom I will address as Ms. X. She is currently on MAT for opioid use disorder and MAT has changed her life. She is now applying for jobs and improving her relationships with her family. She is resilient, committed and comes to the clinic regularly. The doctors have been very impressed by her significant progress. Ms. X. is one of many patients who have improved because of the use of MAT.

Yale Physician, Will Rutland, MD, JD, MPH; an attorney, a public health scholar, and a member of the Connecticut State Medical Society's Opioid Committee; but more importantly, I write to you as a father, a husband, a New Haven resident, and the brother of a brilliant, loving sibling who lost his life to a heroin overdose. I trust that my fellow HB 7395 supporters have amply covered the overwhelming biostatistician, political and medical justifications for supporting HB 7395. Accordingly, I would like to focus my testimony on a story that captures the very real suffering that HB7395 has the power to prevent. When I met Abigail, like too many of my young psychiatric patients, had lived far more than her 12 years might suggest. Early abuse, neglect and violence had overtaxed her fragile psyche, leading to a daily struggle against overwhelming hopelessness. She sought relief by cutting her arms in neat razor-bladed rows of self-mutilation, and repeatedly contemplated suicide. She came to me just a few days removed from an emergency hospitalization for drinking bleach. As Abby relayed her story to me, in a soft voice made softer by the caustic burns around her lips, I heard the same themes that I often hear in these cases: She lived depression and on this backdrop a new injury had pushed her beyond her 12 year old limits. Abby explained that her suicide attempt and hospital admission coincided with the 1 year anniversary of her mother's passing. She explained that her mom had been in and out of Abby's life, nearly since birth, often landing in jail for property crimes committed to sustain her substance use disorder. Following her release from Niantic, Abby's mother was picked up in the prison parking lot by an old boyfriend and the two began a celebration that ended her life. Time in prison deconditioned her system such that was no longer tolerant to the drugs that her body still craved. And so inevitably, the same pattern of use that prompted her incarceration proved too much for her body to withstand. Just as hundreds of her fellow former inmates do, every year, Abby's mother succumbed to an opioid overdose. The sorrow of Abby's story does not have to be the rule. A vote in favor of HB 7395, would provide Connecticut's incarcerated population with the opportunity for a happier ending.

NATURE AND SOURCES OF OPPOSITION:

Charles Adkins, MD, Chief Medical Officer, CMHA: Writes in opposition to any bill that would make opioid antagonist treatment reportable through the state's prescription monitoring program. Neither naloxone (Narcan) nor the longer-acting naltrexone (Vivitrol) has any abuse potential. Requiring they be added to the PMP would add an unnecessary barrier to both prescribers and consumers. Moreover, any limitation on the life-saving overdose-reversal medication naloxone/Narcan needs to be avoided. This medication should be freely dispensed, including anonymous distribution.

Reported by: rJo Winch

Date: May 22, 2019