

Connecticut Department of Public Health



Testimony Presented Before the Public Health Committee

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**Commissioner Raul Pino, M.D., M.P.H.
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Senate Bill #1057 – An Act Concerning Opioid Use Disorder

The Department of Public Health (DPH) provides the following information regarding Senate Bill #1057, which is intended to help combat the opioid crisis in Connecticut by strengthening existing laws to ensure the availability and use of opioid antagonists, such as naloxone, and help prevent opioid overdose deaths. Thank you for the opportunity to testify on this important issue.

DPH, along with our sister 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, 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 against individuals who use life-saving opioid antagonists, and 5) enhance communication between health care practitioners and patients regarding opioid use.

The Department is in support of concepts raised in Sections 1, 3, 7 and 8, all of which expand the availability of or clarify prescribing practitioners' and pharmacists' roles in delivering an opioid antagonist to a person at risk of experiencing an opioid overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid overdose. Opioid antagonists, such as naloxone (often referred to by a common brand name, Narcan), are life-saving medications that can reverse an opioid overdose. DPH and our sister 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 an opioid overdose. Connecticut health officials are finding that naloxone is being used more frequently to reverse overdoses, especially after awareness and accessibility has increased and the CT Good Samaritan Laws

went into effect. DPH supports removing any barriers to individuals that may inhibit them from purchasing naloxone.

Section 2 provides for a collaboration between the Departments of Mental Health and Addiction Services and Social Services to study the efficacy of establishing a community based opioid use treatment program that uses one or more home health agencies. DPH, as the licensing authority for home health agencies, would be interested in participating in such a study to offer technical guidance regarding the scope and provision of services that home health agencies may provide. It is important to note that it is suggested that the study explore the provision of medication assisted treatment by home health agencies. Currently providers of medication assisted treatment are licensed as “private freestanding facilities for the care or the treatment of substance abusive or dependent persons”. These facilities are governed by state statutes and regulations and may also be subject to Federal drug policies, depending upon the medications being provided to the patient. Since DPH has expertise regarding the home health agency regulations and behavioral health facilities, the Department believes our participation may be valuable to the process.

The Department would also like to clarify the definition proposed in Section 3 for “opioid use disorder”. Currently, the statute states: “(2) "Opioid use disorder" means a problematic pattern of opioid use leading to clinically significant impairment or distress;”. Since stigma is of major concern in health providers’ responses to patients with opioid use disorder, it is less stigmatizing to define opioid use disorder as a medical condition. An alternative definition is: “(2) "Opioid use disorder" means a medical condition characterized by a problematic pattern of opioid use and misuse leading to clinically significant impairment or distress;”.

DPH has concerns with provisions in Section 4 that require emergency medical services (EMS) personnel to complete a mental health first aid training as approved by the Department. While the DPH does not oppose this additional training requirement, the Department is not the appropriate agency to approve mental health first aid training. The Department is unaware of a mental health first aid curriculum that has been adopted by the EMS community on a national level. However, the current National EMS Education Standards include training in emergency care for mental health or behavioral emergencies. Each level of EMS provider, EMR, EMT, AEMT and paramedic receives initial training and is offered ongoing education in the care of behavioral emergencies. It is important to note that the passage of Senate Bill #1005, *AAC the Department of Public Health’s Recommendations Regarding Revisions to Emergency Medical Services Definitions, Certification and Continuing Education Requirements*, will ensure that all EMS personnel are in compliance with these national standards. Additionally, DPH could not accomplish this mandate within current resources, as it would involve determining the curriculum, approving instructors and training programs, tracking the educational experience of the 24,000 licensed and certified EMS professionals in Connecticut, and enforcing compliance with the law.

Lastly, Subsection (b) of Section 5 requires any hospital treating a patient for a nonfatal opioid overdose to administer a mental health screening or assessment. DPH recognizes the importance of mental health screening, in particular to assess for the patient's risk of self-harm. The Department encourages the Committee to consider whether this requirement should also apply in the event of other drug-overdose related emergency department visits or hospitalizations. Additionally, the Department notes that the bill does not include specific guidance regarding the provision of information to such patients about behavioral health resources that may be available to assist them.

Thank you for your consideration of this information.