



*A District Branch of the
American Psychiatric Association*

Connecticut Psychiatric Society

Good Day. My name is Dr. Steven Madonick. I am a psychiatrist and President-Elect of the Connecticut Psychiatric Society, an organization representing over 800 psychiatrists in Connecticut. We support H.B 5250 to improve the safety and possibly save the lives of some of our most vulnerable patients. I also serve as Medical Director of Community Health Resources (CHR).

Suicide rates have been rising in the United States for the past 20 years. Some suicides are planned. Other suicides occur impulsively, using whatever means are available at the time. An important strategy to prevent these impulsive suicides is to limit access to the means of self-harm. When a clinician performs a risk assessment and finds an elevated risk for suicide, we know it is unwise for that patient to have access to a loaded gun. It is equally unwise to provide such a patient with a potentially lethal quantity, a 90 day supply, of prescribed medication. When suicide risk is lower, these precautions are not needed.

Psychotropic medications have greatly improved our ability to treat mood disorders, psychotic disorders, anxiety disorders and substance use disorders but this has been accompanied by risk. Hence, they must be prescribed by a trained professional. Safety, even more than efficacy, has characterized newer classes of antidepressants, sedatives, mood stabilizers

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and antipsychotics. It is much harder to commit suicide with modern psychotropics. With these medications, the greatest danger is quantity. There are enormous differences between ingesting a 90-day supply of medication, a 30-day supply of medication and a 7-day supply of medication. Some medications, or combinations of medications, are far more dangerous than others. Respiratory suppression, neuroleptic malignant syndrome, serotonin syndrome, seizures, cardiovascular effects and other life-threatening consequences of overdose require high quantities of medication.

These higher quantities of medication, such as 90-day supplies of medication, should never be mandated, provided or incentivized by pharmacies and insurance companies when patients are at elevated risk of suicide. Psychiatrists have first-hand knowledge of these patients, access to medical records and other clinicians. Therefore, psychiatrists must make the decisions about dispensing potentially lethal doses of medication. A good rule is that if a patient shouldn't have a loaded gun, they shouldn't have a 90-day supply of medication.

We are all for convenience and economy and are happy to work with insurers and pharmacists. We have no objection to 90-day supplies of medication in most circumstances. We do object to insurance companies assessing financial penalties such as higher co-payments for patients who heed their doctor's advice and obtain shorter, safer prescriptions in times of elevated suicide risk. This is unneeded interference in the doctor patient

relationship. However, in the area of suicide assessment and prevention as well as other areas where large quantities of medication pose a risk, we professionals need to determine both risk and quantity of medication dispensed. In this era of rising suicide rates, this is a medical concern and a matter of life and death.

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