



**TESTIMONY OF THE CONNECTICUT STATE MEDICAL SOCIETY
IN SUPPORT OF SB 895
GENERAL LAW COMMITTEE
FEBRUARY 25, 2021**

Senator Maroney, Representative D'Agostino and distinguished members of the General Law Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide this testimony to you today in support of Senate Bill 895, specifically the changes to subsection (j) of Connecticut General Statutes §21a-254, beginning on line 441 of SB 895.

The Connecticut PDMP collects patient-specific data on various controlled prescription medications and enables physicians, prescribers, and pharmacists to access this information. The PDMP is a valuable tool to improve patient safety and health outcomes.

Currently, two kinds of prescription opioids are used to treat patients with opioid use disorders: methadone and buprenorphine. Methadone is dispensed at Opioid Treatment Programs (OTPs). All OTPs are required to obtain certification from the Substance Abuse and Mental Health Services Administration (SAMHSA) and therefore are federally assisted drug abuse programs.

Historically, federal law, specifically 42 CFR Part 2, stated that federally assisted drug abuse programs were not permitted to report methadone and buprenorphine dispensing to state PDMPs. SAMHSA's rationale was that this protection encouraged patients with substance use disorders to seek treatment without fear of prosecution or discrimination. In 2020, SAMHSA indicated that this regulatory scheme was no longer advisable in light of the current public health crisis arising from opioid use, misuse and abuse. In August 2020, SAMHSA enacted final rule changes to 42 CFR Part 2 (Specifically 42 CFR §2.36) that would permit federally assisted drug abuse programs (OTPs) to report methadone and buprenorphine dispensing into the state PDMP if required by state law. OTPs are required to obtain patient consent to a disclosure of records to a PDMP. Senate Bill 895 would modify Connecticut's law on mandated PDMP reporters and require OTPs to report methadone and buprenorphine dispensing to the Connecticut PDMP.

The omission of OTP dispensing data from a PDMP can lead to potentially dangerous adverse events for patients who may receive duplicate or potentially contraindicated prescriptions as a part of medical care outside of an OTP, thereby placing them at risk for adverse events, including possible overdose or fatal drug interactions. OTP dispensing information would allow for greater patient safety, better patient treatment and better care coordination among the patient's providers.

In its federal register commentary, SAMHSA indicated that allowing OTP reporting to PDMPs further enhances PDMPs as a tool to help prevent prescription drug misuse use and opioid abuse, while providing more complete and accurate data.

We acknowledge the privacy concerns with submitting OTP data to a PDMP. However, because the disclosure of dispensing data by OTPs would be contingent on patient consent, any negative impact on patient confidentiality seems to be small. While reporting of patient data to the PDMP by the OTP would make it possible for law enforcement to determine that a patient had received services as a specific OTP, law enforcement would still require a court order meeting the requirements of 42 CFR §2.65 to access the covered records of that patient or any other patient served by an OTP.

We ask for your support of Senate Bill 895. As physicians caring for patients in Connecticut, it is critical that we have access to the most robust patient information in the PDMP. The omission of OTP dispensing data in the PDMP prevents physicians from obtaining a complete picture of the controlled substances that have been prescribed or dispensed to our patients. This information is vital for care coordination and to reduce any negative drug interactions, including potential fatalities. Please support Senate Bill 895.