

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
WEDNESDAY, MARCH 4, 2015**

**HB 6279, An Act Concerning Prescription Drug Monitoring, Continuing Education
And The Return Of Unused Prescription Drugs**

HB 6265, An Act Concerning Prescription Drug Monitoring

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6279, An Act Concerning Prescription Drug Monitoring, Continuing Education And The Return Of Unused Prescription Drugs**, and **HB 6265, An Act Concerning Prescription Drug Monitoring**. CHA supports the goal of these bills, which is to monitor better the prescribing of controlled substances and ultimately reduce overuse by patients and unnecessary prescribing by practitioners.

Before commenting on these bills, it's important to point out that Connecticut hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay.

This is a time of unprecedented change in healthcare, and Connecticut hospitals are leading the charge to transform the way care is provided. They are focused on providing safe, accessible, equitable, affordable, patient-centered care for all, and they are finding innovative solutions to integrate and coordinate care to better serve their patients and communities.

The Department of Consumer Protection (DCP) Drug Control Division is dedicated to creating, fostering, and improving the electronic prescription drug monitoring program. Public Act 13-172 requires practitioners who distribute, administer, or dispense controlled substances, or those who seek to do so, to register for access to the monitoring program, in addition to meeting the existing requirement that such practitioners register with DCP. HB 6265 seeks to increase monitoring of prescription drugs to prevent individuals from obtaining multiple prescriptions for the same drug from different healthcare providers. HB 6279 will make licensing and license renewal for such practitioners contingent on registration in the program, and will require each practitioner to complete continuing education courses in prescription drugs and pain management.

Connecticut hospitals are engaged already in efforts to reduce inappropriate use of opioids and other controlled substances. The recent development of voluntary opioid prescribing guidelines to help Emergency Department (ED) staff treat patients with chronic pain conditions is one such example. Formulated by hospital ED directors, in collaboration with other prescribers and the Department of Public Health (DPH), the guidelines will help reduce the inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions.

CHA has partnered with other professional societies and DPH to sponsor continuing education programs for prescribers on the topic of controlled substances. On November 7, 2014, CHA hosted a program for opioid prescribers entitled *Extended Release & Long-Acting Opioid Analgesics: Risk Evaluation and Mitigation Strategies (REMS)*. This program addressed the use of opioid analgesics, which are abuse-deterrent drugs that are manufactured with physical, chemical, or other barriers that make abuse more difficult or less attractive to patients. These drugs are emerging as another important tool for addressing prescription opioid abuse. Programs such as these enable professionals to update and sharpen their skills, further their education, and continue their professional development.

The development of the prescribing guidelines and the presentation of programs on the use of abuse-deterrent drugs are part of a broader statewide strategy to reduce the impact of opioid addiction, and they demonstrate the willingness of hospitals and physicians to engage in multi-sector collaboration with the state to address this problem.

CHA believes that a comprehensive statewide strategy to combat the abuse of opioids and other controlled substances may include the registration and continuing education requirements proposed in these bills. Given the breadth and scope of the problem, requiring a prescriber to register for the electronic prescription drug monitoring program as a condition of licensure or license renewal, coupled with continuing education courses, are reasonable ways to incent use of the program as a tool to assist prescribers in the fight against drug abuse.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.