



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 15, 2013**

HB 6522, An Act Concerning The Availability And Use Of Certain Devices To Administer Antiepileptic Medication

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6522, An Act Concerning The Availability And Use Of Certain Devices To Administer Antiepileptic Medication**. CHA is opposed to the bill.

The bill seeks to require hospitals, outpatient surgical facilities, and outpatient clinics, as well as ambulances and rescue vehicles, to maintain one diazepam antiepileptic delivery device in a location known to employees. The language, while well-meaning, would have unintended consequences that would negatively impact the quality of care provided to patients.

There is only one commercially available, FDA-approved drug and device of the type required by the statutory language: diazepam antiepileptic delivery device (DIASTAT). DIASTAT is limited to a particular drug—diazepam (the generic drug for Valium), in a gel form that uses a very specific rectal insertion delivery method. It is our understanding that this particular device is designed as a pre-filled delivery device, similar to an EpiPen, which contains a medication dose unique to each patient. DIASTAT is specifically designed for home use, with the dosing already set by the pharmacy for the particular patient involved. According to its FDA-approved use, it is not manufactured for the purpose of being administered in a healthcare setting.

Epilepsy may be successfully treated with a variety of medications. Valium is just one of the many benzodiazepines that are commonly used via a number of delivery routes, with rectal insertion being a highly unlikely (and unnecessary) route of administration in a hospital, surgery center, or ambulance. It is important for licensed healthcare providers to evaluate patient presentation and use their skill and knowledge to determine the best medication and delivery route for any patient. CHA does not believe it is safe or appropriate for hospital staff to be statutorily required to administer this specific medication and by this delivery system when various protocols, evidence-based practices, and manufacturer instructions indicate otherwise.

Additionally, it is not clear what is intended by the use of the language defining employees “who provide direct health care services.” If interpreted broadly, the bill would require hospitals to train numerous employees in how to rectally administer this specific controlled substance. We do not believe that comports with appropriate practice standards of care or drug safety.

We urge you to oppose this bill.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.