

**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
GENERAL LAW COMMITTEE  
Tuesday, February 21, 2017**

**HB 7052, An Act Preventing Prescription Opioid Diversion And Abuse**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 7052, An Act Preventing Prescription Opioid Diversion And Abuse**. CHA supports several of the proposals included in this bill as components of an ongoing comprehensive statewide strategy to reduce the misuse and abuse of opioids and other prescription drugs in Connecticut.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of ability to pay. Connecticut hospitals are finding innovative solutions to integrate and coordinate care to better serve patients and communities, as well as achieve health equity. These dynamic, complex organizations are working to build a healthier Connecticut. That means building a healthy economy, community, and healthcare system. By investing in the future of Connecticut's healthcare and hospitals, rather than continuing to cut away at them, we will strengthen our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

Connecticut hospitals have been engaged for years in efforts to reduce inappropriate opioid use while ensuring patients have appropriate pain medication. The adoption of voluntary opioid prescribing guidelines in January of 2015 has helped Emergency Department (ED) staff treat patients with chronic pain conditions. Formulated by ED directors in collaboration with other prescribers and the Department of Public Health (DPH), these guidelines are now undergoing an update and revision in light of the adoption last year of Public Act 16-43, which, among other measures, limits the prescribing of opioid drugs to seven days (with certain exceptions), and requires municipalities to update their medical service plans to ensure that first responders are equipped with Narcan to treat patients who experience a drug overdose.

CHA continues to partner with other professional societies and the DPH to sponsor continuing education programs for prescribers on the topic of controlled substances. Representatives of Connecticut hospitals serve on an array of task forces and working groups, among them the group convened under Section 11 of Public Act 16-43 addressing the narrow question of whether it is a best practice to limit prescriptions to not more than a three-day supply of opioid drugs for the purpose of treating a minor patient's acute medical condition. CHA and

Connecticut hospitals are proud to engage in these and other activities in furtherance of the state's efforts to reduce the potential for people to become addicted to opioid medications. We look forward to continuing to work with the state and with our continuum of care partners to resolve this crisis.

HB 7502 includes an array of measures impacting prescribers, patients, and agencies. CHA urges the Committee to ensure that the specific reforms included in the bill are accompanied by the commitment of sufficient funds and human resources to ensure the successful development and deployment of any new measures, including prescriber and patient education programs. We also urge the Committee to afford prescribers sufficient time and technological support to enable them to evolve their systems, policies, and practices of prescribing opioid medications from a paper or electronic format to an exclusively electronic format to reduce the potential for unintended adverse consequences for prescribers and, more importantly, for patients seeking treatment for chronic pain conditions.

Hospitals and other community providers struggle to care for patients in need of substance use treatment services, and the very real negative impacts of ever-diminishing funding for these vital services. And while funding levels keep shrinking, the number of patients coming to hospitals for these services keeps growing. Because of the lack of resources in the substance use treatment system, patients don't always receive the appropriate care in the appropriate setting at the appropriate time. Often their only recourse is to go to the ED. But an ED is not the optimal environment to receive substance use treatment, especially for children and adolescents.

CHA and Connecticut hospitals renew our pledge to continue working with the state to address these epidemics. We ask that the state maintain state-operated treatment facilities, fund substance use treatment programs, and work with hospitals to match bed availability with patient need.

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