



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
INSURANCE AND REAL ESTATE COMMITTEE
Tuesday, February 27, 2024**

**HB 5249, An Act Concerning Personal Opioid Drug Deactivation And Disposal
Systems And The Opioid Settlement Fund**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5249, An Act Concerning Personal Opioid Drug Deactivation And Disposal Systems And The Opioid Settlement Fund**. CHA opposes the bill as drafted.

Connecticut hospitals are critical to their communities. They are confronting the challenges posed by a post-pandemic healthcare system with an exemplary healthcare workforce that continues to provide outstanding care. But challenges remain. Hospitals are treating sicker patients, it continues to be challenging to hire and retain staff, and the financial headwinds are grave. Through it all, hospitals are steadfast, providing high-quality 24-hour care for everyone who walks through their doors, focusing on making Connecticut's healthcare system more equitable, and driving world-class innovation right here in Connecticut.

CHA remains committed to collaborating with the state to combat the opioid epidemic. Hospitals and health systems support continuing education programs for prescribers; deploying recovery coaches in emergency departments (EDs); supplying naloxone kits to first responders, as well as to patients and their loved ones; incorporating opioid awareness into clinical integrated-care programs; sponsoring community awareness and education programs; screening and enrolling patients in treatment programs for opioid dependence; partnering with the CHA Connecticut Perinatal Quality Collaborative to improve the health, equity, and quality of care for mothers and infants, including those affected by opioid-use disorder; and providing to providers and other clinical staff educational services related to the causes of opioid use disorder and associated therapeutics pursuant to the Parents Recovering from Opioid Use Disorder (PROUD) grant.

Although CHA supports the goal of the bill, which is to deploy available resources to make opioid drug deactivation and disposal kits more broadly available and financed through Opioid Settlement Funds, CHA opposes the bill as written because it imposes an overbroad and unwieldy administrative burden on pharmacists, pharmacies, and hospitals and includes a potentially unsustainable funding source.

CHA supports an “all of the above” approach to fighting the opioid crisis. But we caution against unnecessary burdens to the healthcare system, healthcare workforce, and patients.

The following needs to be revised:

- First, hospitals and hospital pharmacies should be exempt from the obligation to provide patients with opioid drug deactivation kits. HB 5249 applies to all pharmacies, including pharmacies located in hospitals, which is untenable. The requirements set forth in the bill as drafted would apply to patients receiving medications in inpatient settings. These requirements would also apply to a patient being treated in an ED who may be waiting for an inpatient admission. Patients leaving an ED with an opioid medication will have very few tablets, making the provision of the opioid drug deactivation kit of little value. For these reasons, it makes sense to exempt hospitals and hospital pharmacies from this requirement.
- Second, HB 5249 contemplates that an opioid drug disposal kit will be provided to every patient who receives a prescription for an opioid medication. The bill as drafted is not sufficiently targeted to achieve this goal. Such kits are not required in every situation involving the dispensation of an opioid medication. It would be more reasonable to have a threshold or trigger for when a disposal system should be offered or provided. There are many situations where a patient doesn’t benefit from having the kit: for example, a patient who receives two tablets post-surgery for acute pain control; a nursing home patient who never self-administers; an inpatient surgery patient, resident, or home care patient who does not self-administer; or a patient who receives a formulation that does not lend itself to kit disposal (such as a drug with a large liquid component). More precision is needed to avoid wasting kits through unnecessary deployments that do not help combat the opioid crisis.
- Third, no provider, pharmacy, or pharmacist should be required to distribute the kits unless the kits are prepaid or physically supplied by the state. As drafted, the reimbursement mechanism in HB 5249 is unfair to providers and unworkable. Line 32 of the bill says that a pharmacy is relieved of the obligation to give out the kits if there are insufficient funds in the Opioid Settlement Fund, but a provider is only paid after the fact (if at all) with no way to know (or control) whether the state fund has sufficient resources or funds. This funding mechanism is unsustainable and will create an additional financial burden on hospitals, pharmacists, and other providers. The bill stands as another potential unfunded mandate that will increase the cost of healthcare

CHA urges the Committee to revise HB 5249 in line with the above comments. The bill should not move forward unless these issues are addressed.

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