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HB5063

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CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
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Calendar Number 246.

THE CLERK:

On page 36, Calendar 246, substitute for House Bill Number 5063, AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE. Favorable report by the Committee on the Judiciary.

DEPUTY SPEAKER RYAN:

The esteemed Chair and my neighboring Legislator who shares the town on Montville with me, Representative Elizabeth Ritter of the 38th District.

REP. ELIZABETH RITTER (38th):

Thank you for that introduction, Mr. Speaker. I move for acceptance of the Joint Committee's favorable report and passage of the Bill.

DEPUTY SPEAKER RYAN:

Question is acceptance of the Joint Committee's favorable report and passage of the Bill.

Representative Ritter, you have the --

REP. ELIZABETH RITTER (38th):

Thank you very much, Mr. Speaker. Mr. Speaker, this Bill allows licensed health care professionals who can prescribe an opioid

antagonist to prescribe, dispense or administer it to people other than the known opioid user. In order to treat or prevent a drug overdose without being civilly or criminally liable to anyone for such action or for the opioid antagonist's subsequent use.

Mr. Speaker, I urge my colleagues to support the Bill.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Perillo of the 113th.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker. If I may, through you, a few questions for the proponent of the Bill.

DEPUTY SPEAKER RYAN:

Please proceed, sir.

REP. PERILLO (113th):

Thank you, Mr. Speaker. Currently a physician is able to prescribe these things specifically to the patient. This would expand the scope of that. To whom could a physician prescribe those opioid antagonists in a case where there is a specific patient with a problem but

that prescription would be given to someone else? To whom could that be done?

DEPUTY SPEAKER RYAN:

Representative Ritter.

REP. ELIZABETH RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, under the terms of this Bill, it could be prescribed to a family member, a roommate or a partner, or similar person.

DEPUTY SPEAKER RYAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. Just a follow-up to that. Given that there are a number of different types of individuals to whom this could be prescribed, how many could actually be prescribed for a specific individual? Could it be multiple family members, could it be multiple friends, if there could be some clarity on that? Through you, sir.

REP. ELIZABETH RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker the Bill does not specifically set such a limit. What the Bill does do is clearly indicate that it is the

prescribing physician who already knows the opioid user who would be able to make that determination. Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. We did hear a little bit during the public hearing on this regarding cost. I'm wondering what the cost of these types of items are and who would be bearing that cost.

DEPUTY SPEAKER RYAN:

Representative Ritter.

REP. ELIZABETH RITTER (38th):

Through you, Mr. Speaker. In the hearing we learned the cost for a single dose is approximately $10. That cost could indeed be borne by a -- excuse me -- by an appropriate drug management program but most likely it would be by the individual for whom the prescription is given of if they have insurance it would be insurance. There are no additional state monies contemplated and indeed there is no fiscal note attached to this Bill.

DEPUTY SPEAKER RYAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. And a follow-up on that. Is there any sort of insurance mandate of coverage associated with this Bill?

DEPUTY SPEAKER RYAN:

Representative Ritter.

REP. ELIZABETH RITTER (38th):

Through you, Mr. Speaker. No.

DEPUTY SPEAKER RYAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. Just another question specifically a practical one. How are these types of opioid antagonists administered? It seems as though from what I understand it's relatively easy, you know, if someone is -- were to overdose, they fall off their bar stool, can the friend simply just sort of push that needle into the side of the legislative or push a plunger on the nasal administrator? Could that be done? Is it something that's relatively easy or does it take some sort of higher level of medical education? Through you, sir.

DEPUTY SPEAKER RYAN:

Representative Ritter.

REP. ELIZABETH RITTER (38th):

Through you, Mr. Speaker. These are relatively easy to prescribe in essentially the manner in which the Representative has described, either through a prepared injection or a nasal spray.

DEPUTY SPEAKER RYAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. Just in wrap up from my perspective, this is -- a Bill with which I struggled during committee. Part of me was concerned that this may be in some way, shape or form an enabler and put folks who have a drug problem in a position whereby they feel it might be okay to continue that drug habit because they have this failsafe, they have this way out and their life isn't quite in danger like they may have thought and might be the case without this opioid antagonist. However, it was proven to me during the public hearing from a number of different individuals that quite frankly this is

something that can save lives. Many of us have seen the terrible impact that drug abuse and drug addiction does have and in many cases, you know, when it grabs you it grabs you and it's very, very difficult to get away from that abuse, from that addiction. And this is something that indeed may help individuals along in that process. So I would urge my colleagues here to support the Bill that is before us. I do think it will go a long way towards saving lives and keeping people healthy and safe here in the State of Connecticut. Thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Srinivasan of the 31st, you have the floor, sir.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. I too rise in strong support of this Bill. This will definitely save lives. And through you, Mr. Speaker, if I can ask a question to the proponent of the Bill. Thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Please proceed, sir.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. It is my understanding that the people to whom it can be prescribed would be family, would be roommate, room partner, something like that. And I also heard, if I heard it clearly, you mentioned friends as well. So I just wanted to make sure that if the friend does not happen to be a roommate or room partner, would that person also be qualified to get such a prescription? Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Ritter.

REP. ELIZABETH RITTER (38th):

Thank you. Through you, Mr. Speaker, that is correct.

DEPUTY SPEAKER RYAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. And one more question, through you, Mr. Speaker. As you know, all these prescription medications do have an expiry date. And when hopefully the medicine does not have to be used and so would just have to be

thrown away. And do we have some system in place that will make sure that these are disposed of in the appropriate way. Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Ritter.

REP. ELIZABETH RITTER (38th):

Through you, Mr. Speaker. I heard a couple of questions in there. I would first like to explain that there is no other use for this particular drug other than to help a person in an overdose. There is a shelf life of approximately two to three years. The Representative I know was concerned that the drug might not be used in that time. I guess I would submit first that none of us hope this drug ever has to be used or administered, but if it should have to be administered, as I said, the shelf life would be two to three years. And also there's no other potential use for it.

He also asked a question -- the Representative asked a question about disposal and there is nothing different involved in the disposal of this drug than there are any other prescription drugs in the state. The Department

of Consumer Protection runs a series of programs for disposals of prescriptions and this drug would be disposed of in that same manner. Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. And I want to thank the proponent of the Bill for answering those questions. Thank you.

DEPUTY SPEAKER RYAN:

Thank you, sir.

Representative Carter of the 2nd.

REP. CARTER (2nd):

Thank you very much, Mr. Speaker. I rise in support of this Bill. I did want to add one comment because I wasn't always in support of this Bill. One of the -- one of the large issues that I had was if we are giving people something that could help them in a drug overdose situation are we creating a false sense of security where these individuals may go a little too far? Or are they going to feel like they could do drugs more often? And I was almost worried that we might increase

the bad behavior and the ability for people to get hurt and die.

After long conversations with colleagues on the Public Health Committee and nurses and physicians, I do support this Bill, because even if we can save one life, that's a very, very good thing. I would publically charge, however, that we in this Legislature and as a Public Health Committee, we make sure that in a couple years down the road we take a look at this again and make sure we're getting the desired effect that we're looking for and we're indeed helping these people in those situations.

So with that, I will urge my colleagues to support the Bill. Thank you, Mr. Chair -- Speaker.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Rebimbas of the 70th.

REP. REBIMBAS (70th):

Good afternoon, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Good afternoon.

REP. REBIMBAS (70th):

I also rise in strong support of this piece of legislation that's here before us and I do strongly encourage my colleagues also to support this piece of legislation. Because the reality of it is, in the State of Connecticut, the drug problem is a growing one and it's one that does not discriminate based on the sex of the person, the race, the age or the socio-economic status. And I think it's very important for us to realize that this is something that is statewide. One hundred and forty eight of the 169 towns in the State of Connecticut has had at least one opiate-related overdose death. That's some serious statistics that each one of us are responsible to have to look at and listen. There are more deaths in the State of Connecticut as related to drug overdoses and in motor vehicle accidents. We heard testimony to that effect.

I've had the pleasure of speaking to many of my colleagues and many others regarding their concerns initially regarding this piece of legislation. I want to let everyone know that this is something that had already been being prescribed to the drug user. Unfortunately we're

talking about a drug user. That already lets us know that this is something that unfortunately for many different factors is not making the conscientious decision to be -- do in these experiences with drugs or having a drug overdose experience. These people are not in the position to save themselves.

What this piece of legislation does is allow the reasonable care through a prescribing physician to have those loved ones who unfortunately the stories are real, it's parents walking into their children's room, seeing a child experiencing a drug overdose. It is siblings walking in on their -- obviously children whether it's in a home environment of their friends or at home. There is at least 80 percent of drug overdoses where there are other people there who care enough to take the time that if they had access to this it may save just one life in the State of Connecticut. And this is the important thing that we need to realize, it's not just that the drug user has this, it does not go far enough because they are not in a capable state of mind to be making the responsible decisions. This is not

encouraging the drug use in the State of Connecticut. What we're trying to do is save a life.

So I do encourage my colleagues to support this piece of legislation and I'd like to thank the Public Health Committee and the Judiciary Committee that took this Bill up and passed it out of committee for us to vote here today. So thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you.

Representative Hetherington of the 125th.

REP. HETHERINGTON (125th):

Thank you, Mr. Speaker. I also rise in strong support of this Bill. I wish to emphasize that the -- the opioid antagonist is a substance which does not have any other use in terms of itself being a drug. So making it available for remedial purposes or for emergency rescue purposes does not mean we're putting out into the community another drug which may have its own negative potential.

So it's important to realize this only has -- this has no value as a recreational drug or any

other kind of drug. It's solely -- its sole value and effectiveness is for the purpose of combating death from a drug overdose.

Also, with respect to the question of it being an enabler, I guess the line of thought on that is that if someone believes that a friend is nearby with a remedy that they won't hesitate to overdose. Well, you know, to the extent that that -- the extent that victims of drug addiction who may get to the point where they would overdose, to the extent that they still have any control over their own behavior, an ability to refrain from -- from further drug use, it seems to me it's as likely that experiencing a drug overdose and being rescued might be a sufficient event to get their attention and actually encourage them to try to engage in recovery and break the addiction. So this, I think, does have the potential to save lives, there is no downside to it, and I would urge adoption. Thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Phil Miller of the 36th.

REP. PHILIP MILLER (36th):

Thank you, Mr. Speaker. I also rise in strong support of this. And I would like to just say that many of us here, if not all, recognize that in our great state we have tens of thousands of people, if not more, who on a daily basis exhibit great courage in living a life of recovery from the disease of addiction which is progressive, incurable and fatal. Many people who have put together many days of sober and clean living will often tell you that there were times in their recovery, sometimes measuring in the years, where they felt they were in deep danger perhaps of a relapse. This would obviously help to protect people from such things that we know do happen on a regular basis. I also appreciate that our colleagues have acknowledged that in the Public Health Committee we had a very extensive and productive discussion on this and we did, as the good Representative from Shelton mentioned, had a long discussion on whether or not this might be perhaps an enabler and I think we were able to get a good understanding of this. And I just want to say in many ways this is not dissimilar to what an Epipen would do for a person with an allergy.

This gives them a second chance.

And finally I want to say that in addition to people who are in recovery and even those who are in recovery and even those who are in active addiction, this also helps people who suffer from such debilitating conditions as chronic pain syndrome due to trauma and things like that who must take opiates to get some relief to have their burden eased and this would also help these people too.

I want to thank the committee for bringing this Bill forward and for the Legislature for considering this. And thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, sir.

Representative wood of the 141st.

REP. WOOD (141st):

Thank you, Mr. Speaker. I also stand in strong support of this Bill and I have a question for the proponent of the Bill if I may.

DEPUTY SPEAKER RYAN:

Please proceed, ma'am.

REP. WOOD (141st):

Thank you. Currently paramedics are allowed

to prescribe this in an emergency, in an overdose situation? Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Ritter. Representative Wood, if you want to finish, I'm sorry.

REP. WOOD (141st):

I know we're talking about family members, but I'm just wondering what the situation is as far as other emergencies where a family member may not have this medication. Do EMTs, are they licensed to carry this medication and give it? Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Ritter.

REP. ELIZABETH RITTER (38th):

Through you, Mr. Speaker. It is my understanding that currently paramedics can administer this in a case of an overdose.

DEPUTY SPEAKER RYAN:

Representative Wood.

REP. WOOD (141st):

Thank you. Would it be in consideration in the future that possibly EMTs might be included in this, in being licensed for this as well? Through

you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Ritter.

REP. ELIZABETH RITTER (38th):

Through you, Mr. Speaker. That is not contemplated immediately in this Bill, but I certainly think that could be well good grounds for a future discussion and I thank the Representative.

DEPUTY SPEAKER RYAN:

Thank you, and thank you Representative Ritter. I appreciate that and I think this Bill is not something I'd seen in the committees I serve in and it has been -- I think most of us have been touched by people that we have known who have died from a drug overdose and know that it's a very important thing we need to address and I applaud those on the committee for coming up with this. And I stand in strong support and encourage everyone else to support this as well. Thank you very much.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

Representative Bacchiochi of the 52nd, you

have the floor, ma'am.

REP. BACCHIOCHI (52nd):

Thank you, Mr. Speaker. I also stand in support of this important Legislation and I want to thank my colleagues that were able to work this through the committee and bring it to the floor. Drug addiction is a terrible disease and a disease that I believe touches the lives of every family in Connecticut. And when we have an opportunity to offer compassionate assistance and to pass a law that will help people who are suffering, we need to do it. Thank you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, Representative.

The esteemed Deputy Speaker and Representative from Berlin, Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker. I also rise in strong support of this Bill here today. Many of the comments that were already said are absolutely true. Drug abuse is something that crosses racial lines, economic standing lines, and here today in this Chamber, party lines. It's

about saving a life, it's about the kids. One of the passions I've always had and many of you know is I've been involved in youth athletics and youth programs for the majority of my adult life. I've seen kids seemingly one minute the top of their class, the kid next door, do and say things that you would never expect. And all of us look around and try to struggle for answers and can't seem to find them until the end, it was the silent issue that none of us could see.

This Bill here today gives the family, the loved ones, the opportunity to save a life. To save a life of that very child, young adult that's been struggling with this issue that has transformed the person that they are into what they've become. Maybe it will be that opportunity for that second chance that we all talk about here so often about giving somebody a second chance. Because if not for this drug being administered in the correct time, there will be no second chance. The time it takes to transport the victim from where you find them to the hospital it may be too late. This is an immediate response issue. This is something we must do and I'm proud of this

Chamber for taking this up today and I hope we will all join together in voting for this. Thank you very much, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Thank you, sir.

Will you remark further on the Bill? Will you remark further on this Bill? If not, will staff and guests please come to the Well of the House, will the members please take your seats, the machine will be open.

THE CLERK:

The House of Representative is voting by roll call, members to the Chamber. The House is taking a roll call vote, members to the Chamber, please.

DEPUTY SPEAKER RYAN:

Have all members voted? Have all members voted? Will the members please check the board to determine if your vote is properly cast.

If all members have voted the machine will be locked and the Clerk will take a tally.

The Clerk will please announce the tally.

THE CLERK:

House Bill 5063,

Total Number voting 141

Necessary for passage 71

Those voting Yea 141

Those voting Nay 0

Those absent and not voting 10

DEPUTY SPEAKER RYAN:

The Bill passes.

Points of personal privilege, Representative Berger of the 73rd.

REP. BERGER (73rd):

Yes, thank you, Mr. Speaker. I rise for a point of personal privilege. If the members in the Chamber could please turn their attention to the gallery, it's our very fortunate time for us here. We have the Rotella Interdistrict Magnet School from Waterbury here visiting the hallowed House of the Chamber, the House Chamber. Also teachers Maryann Sullivan, Karen Reisinger, Lauri Casina and Diane McGraw[sic], the fourth grade class of Rotella Interdistrict Magnet School in Waterbury.

DEPUTY SPEAKER RYAN:

Thank you, Representative, and we welcome the school here today.

Any other announcements or points of

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sure that that's on the record.

ELLEN LACHANCE: I -- I hear that. The only other comment I would just say is to reiterate that the board's statutory mission will not be changed in this merger. But I hear you --

REP. RITTER: For which I am grateful. Thank you. And I might add that some of my nervousness is that we've all seen statutory missions and we've all seen actuality, and -- and I think that's just a concern maybe that's shared. And I appreciate, as I said, your efforts to help me. I might appreciate further conversation.

ELLEN LACHANCE: Understood.

REP. RITTER: Thank you.

SENATOR GERRATANA: Thank you. Are there any other questions? If not, thank you so much for coming and providing us with testimony today on the bill.

Next on our list is Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services. Welcome, Commissioner.

HB5243
HB5037

COMMISSIONER PATRICIA REHMER: Distinguished members of the Public Health Committee. I'm Commissioner Patricia Rehmer, from the Department of Mental Health and Addiction Services, and I'm here this morning to speak in favor of House Bill 5063, AN ACT CONCERNING TREATMENT FOR DRUG OVERDOSE, and House Bill 5064, AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES REPORTING REQUIREMENTS. And I want to thank the committee for your assistance in raising these proposals.

House Bill 5063 would allow a broader group of individuals to be prescribed a drug called Narcan or Naloxone, which is used to counteract drug

overdoses. The current statute allows the drug to be prescribed to individuals suffering from addiction. However, an individual who has overdosed becomes unable to self-administer in some circumstances. This proposal would allow family members, significant others, roommates, and the like to have Narcan on hand should the situation warrant it.

And I just want to -- in terms of the support for this, in a study done in Connecticut in 2009, drug overdose was a lead causing death of individuals among the ages of 18 to 25. And drug overdose -- induced overdose has now exceeded the common cause of accidental death in Connecticut every year for the past ten years. So we know that this ability of family members, significant others, roommates would assist in terms of decreasing those overdoses.

Just a few weeks ago a young woman, a mother, only 27 years-old died of an overdose in the presence of her family who, if this was available to them, could have intervened in that. And by the time the ambulance arrived, it was too late to save her.

My written testimony goes into how Narcan works. And again this -- the approval of this bill would really allow us to address the ongoing issue of accidental overdoses. And we certainly would support this and ask that you do, in allowing this proposal to allow family, friends, and others to administer Narcan because it will undoubtedly save lives. Do you want me to go on to the second bill, or would you like me to answer questions?

SENATOR GERRATANA: Yes, please.

COMMISSIONER PATRICIA REHMER: Okay. The second bill before you is House Bill 5064 which would combine

and eliminate some reporting requirements for our department. Retirements and hiring freezes, as you've heard, have made it difficult to attend to many of the tasks before us. We have to prioritize our resources, and in doing so looked at the multiple reporting requirements that we have. And we are asking that you combine three separate reports on substance abuse treatment and that you eliminate a general hospital reporting requirement to DMHAS that no longer has any value.

So, again, I appreciate your time and attention to these matters. I also just want to go on record; again, you have my written testimony, in terms of the government's -- the Governor's bill which you just heard in terms of changing the reporting relationship of the PSRB and merging the Psychiatric Security Review Board into the department. And, again, just to restate that the PSRB has functioned within DMHAS for administrative purposes since 1985, budgetarily they've already been involved with the department.

HB 5037

And so we -- we support this bill, and -- and, again, with the changes that have been suggested to you in terms of the way the Psychiatric Security Board will continue to maintain a separate autonomy in terms of their public safety role. We think that this bill is very manageable for the department.

Lastly, I just want to reference House Bill 5243, AN ACT CONCERNING THE USE OF MERCURY IN DENTISTRY, but our dentist from CDH is going to actually provide the testimony for this and he'll be able to answer any questions that you have.

SENATOR GERRATANA: Thank you so much, Commissioner Rehmer. I do have a question on House Bill 5063, AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE.

I understand that our committee has had this bill before us in the past, and it was seen to be appropriate. It certainly successfully gets out of the committee, but I also understand there's opposition in other places in this building, if you will. Would you care to comment on that? As I understand it, family members -- I'll elucidate a little bit, family members cannot be sued and -- or held, you know -- it's -- it's a liability issue actually. And I don't know if you're aware of that or want to comment on it?

COMMISSIONER PATRICIA REHMER: I'm actually going to ask my legislative liaison to comment on that. I am aware of it, but I don't want to mislead you. I believe that that issue has been resolved, but I'm not sure.

SENATOR GERRATANA: Miss Del Bianco.

DOREEN DEL BIANCO: Doreen Del Bianco for the record from the Department of Mental Health and Addiction Services. We've been in conversation with the trial lawyers about this issue. They do have some concerns. They have not submitted -- it's our understanding they have not submitted testimony to the committee. They're still looking at this issue.

I will say that I think our testimony notes this, but Narcan if it is given to an individual and the individual is not suffering from a drug overdose, there are no side effects, no -- no negative consequences as a result of that. And this -- this program has been used in Massachusetts, New York, and a number of other states and cities, and they have not run into any issues regarding this.

SENATOR GERRATANA: Thank you so much. It's good to hear that you're in discussion with the trial lawyers. That's appropriate. Very good. Are

there any other questions?

Representative Perillo.

REP. PERILLO: Madame Chair, thank you. Some brief questions, are there any other drugs here in the state of Connecticut that we allow to be prescribed to someone other than the patient for whom the drug is intended?

COMMISSIONER PATRICIA REHMER: No, I don't believe so. I think probably the closest in terms of administration would be -- that I can think of would be pediatric medications, but obviously are prescribed for the child, but the family administers them which is a little bit different.

And that is one thing that we've thought about in terms of this bill, you can prescribe for the individual that's using, but they may not then share that or the family member may be unaware of it or unaware that they're using again, and so the time factor in terms of being able to ask if this is really critical. If the family member, roommate, whoever, is aware of this medication being available when they're with the client.

REP. PERILLO: And that was going to be my next question. What is stopping patients right now from -- from giving their Narcan over to a family member, so I guess that is a practical challenge I would imagine.

COMMISSIONER PATRICIA REHMER: Yeah.

REP. PERILLO: One other question, so if it were to be prescribed to a family member, friend, roommate, whatever, how would the prescribing physician verify that indeed the patient had an addiction? What would be the -- what would be the nexus there?

COMMISSIONER PATRICIA REHMER: I think there are several ways to do that. Obviously, one would be the patient self-report. The other way that you can do that in the state right now is there's a prescription monitoring program so that prescribers can go online and look at what medications individuals are prescribed. So if it was a prescribed substance, they would know about it. Obviously, if they're buying pills or substances off the street, then it's possible that they may not know about it, but the family member may know about it and request that they're prescribed this medication.

Because I think part of what you're asking is an important piece of this, which is how are we going to educate the public, family members and others about the availability and how to use it. So I think that's going to be one of the issues that we'll have to address should this bill be implemented.

REP. PERILLO: Well, and the other part of the reason why I ask is I'm wondering if in the situation where we could be prescribing something for someone who doesn't need it and -- and I think that's just a practical question as well.

COMMISSIONER PATRICIA REHMER: And I think as Doreen said, that could happen. But again if you administer this medication and if someone is not using opiates, there would be no significant side effects. There would be no significant response to it. So if somebody, for example, was unconscious and a family member administered this drug and they weren't using opiates, there would be no --

REP. PERILLO: Right, there's -- there's no down-side risk, I understand that. I guess my final question would be could there be a situation whereby a family member were able to obtain the

prescription, but the patient actually didn't want that to happen? Typically you can't prescribe something to someone if they don't really want it. This would provide a situation where, perhaps, it could be provided.

COMMISSIONER PATRICIA REHMER: That's a very good question.

REP. PERILLO: Thank you.

COMMISSIONER PATRICIA REHMER: I think that that could happen. Again, if you look at the group that is most at risk for this, it is 18 to 25 year-olds. It is young adults. And, certainly, in that age group there would be some controversy about that. I would expect that the physician who is prescribing would be in conversation with the family members about that, and that again we may have to think about how to -- from an implementation point of view, how to address that issue.

But I guess I weigh the cost of an overdose against the fact that a family member may not want that in another moment. And if I looked at those two issues, I think that the majority of individuals would want their life saved from an overdose. Not everybody, but the majority.

REP. PERILLO: Well, and -- and -- precisely, but not everybody --

COMMISSIONER PATRICIA REHMER: Yes.

REP. PERILLO: -- is -- is a challenge. And we don't -- we don't force patients to go to the hospital if indeed they don't want to go to the hospital. So it's a conundrum, but it's at least good to hear that we're discussing it. Thanks.

SENATOR GERRATANA: Thank you, Representative.

Representative Lyddy.

REP. LYDDY: Thank you, Madame Chair. Thank you, Commissioner, for your great work on this. I commend the department on getting this done. Unfortunately, I have a number of past experiences with situations like this. A handful of friends who have passed away as a result of prescription drug overdoses. And so to see the department and the state moving in this direction, I wish we had this ten years ago, but we don't -- or we didn't. With that said, how can one identify if somebody is actually overdosing?

COMMISSIONER PATRICIA REHMER: Well, I think that in many instances, this medication in particular is intended, you know, for somebody who says to you that they've taken too much of a substance. But really, it usually is utilized, for example, in the emergency room if somebody comes in unconscious and there is a suspicion of overdose.

So that if you're a family member and you -- you come upon a person, a family member, who is in a room that's unconscious, I think that often that is the first assumption that you make. So if they're in early withdrawal or trouble early, I think that many individuals would call an ambulance -- an ambulance and get them to the emergency room, I would hope, before administering it. But I think that really it's primarily intended for individuals who are pretty far along in that process.

REP. LYDDY: Sure. And I guess my -- the reason for my questioning is that whole education piece of family members or friends or whoever may be administering this particular drug, and making sure that they're educated in a way that's effective. Now if a family member or a friend or

whoever is prescribed the drug, is that tracked anywhere in the prescription monitoring program?

COMMISSIONER PATRICIA REHMER: I believe that all medications are tracked, but I'm not positive about that. It's possible that it is -- no, I believe all medications are tracked for everyone so that you would be able to track that. I -- I really need to double-check that though.

REP. LYDDY: I appreciate that. Okay. I think -- I think my questions have been answered. Thank you so much.

COMMISSIONER PATRICIA REHMER: Thank you.

SENATOR GERRATANA: Thank you, Representative.

Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madame Chair. Thank you, Commissioner, for your testimony and for all the work you've been doing on this. A couple of questions for you, when you say that you're going to be giving this to family, friends and people so that the, you know, if the situation arises, there is help. Do you have an idea as to how many people we would be thinking of giving the medications to so that in the unlikely event, or in the unfortunate event, that overdoses occur, you have the necessary help? Any idea as to what you have in mind?

COMMISSIONER PATRICIA REHMER: What I can tell you is that, and again this is in my testimony, during a three-year period from 2006 to 2008, there were 1,256 overdose-related deaths. And we believe that that number is rising because of the increased use of opioid substances. But beyond that, I don't know how many family members would actually request -- or significant others would actually request to have this medication. Again

it all gets back to, I think, our responsibility in terms of education to the public and to the individuals and the families that we serve so that they know that this is available to them.

REP. SRINIVASAN: So, if -- if I heard you right, we don't -- we do not know what the -- what the requirement would be until -- per-person, how many people are we going to say we're going to be giving it to friends and family. There's such a -- such a loose term in that sense, because any number of friends, any number of family members, obviously, may not be present at that particular unfortunate occasion. So I would like to get a feel are we looking per-person, are you going to give it to five people, ten people, do you have any such sense at all in that direction?

COMMISSIONER PATRICIA REHMER: Oh, you mean per individual?

REP. SRINIVASAN: Correct. Right, that's what I -- that's what I meant. Per individual, how many of their friends, family are we going to be giving this Narcan to in the event it needed to be used?

COMMISSIONER PATRICIA REHMER: I believe that we think at this point that the highest requests for this will come from family members of young adults. Because again that's where we're seeing the rise in the use of the opioid substances and those are the individuals that often live with family members. Many individuals further along in -- in their abuse history are not -- no longer living with families. They may be homeless, they may be in our treatment programs, but they don't have the kind of support system where you would expect this to necessarily be used often. So I think if you think of it from that perspective, I would anticipate that there would be one, maybe two, prescriptions per individual just to primarily have it in the home.

REP. SRINIVASAN: Thank you, Commissioner. In terms -- you -- you said that educating the family members and friends is very important for them to be aware, A, of the service being available, and, B, what to do in the event of an emergency. Could you elaborate as to what this education would be so these people are prepared in the event that they need to use the antidote?

COMMISSIONER PATRICIA REHMER: I think that we would first look to other states and how they've implemented this and educated the public on the use of this medication. The other forms that I believe we would use would probably be some of our advocacy agencies -- agencies, for example, Connecticut Citizens for Addiction Recovery, who are often involved with families and individuals who do have substance abuse disorders and I think would be more than willing to help us work on that education process.

REP. SRINIVASAN: Thank you, Commissioner. Final question to you is when Narcan is going to be distributed to friends and family, as you said not too many people per individual, could you give us an idea as to who is going to cover the cost of the medication and who is going to be footing that bill?

COMMISSIONER PATRICIA REHMER: I had a feeling you were going to go there. That's a good question, and I'm not sure whether it's on the formulary, I'm trying to think about whether it's on the Medicaid formulary or not.

REP. SRINIVASAN: I'm sorry -- I'm sorry, I didn't hear you.

COMMISSIONER PATRICIA REHMER: I'm trying to remember whether it's on the Medicaid formulary, and I think we would have to also probably get for you

the cost so that if it's not on the formulary what would the implications be for the individuals that are requesting it if they have to, for example, pay for it out-of-pocket. So I can get that for you.

REP. SRINIVASAN: Right. We would appreciate it if you could get the committee that information, would appreciate that. Thank you very much, Commissioner. Thank you, Madame Chair.

SENATOR GERRATANA: Thank you, Representative. Are there any other questions?

Representative Betts.

REP. BETTS: Thank you, Madame Chair. Thank you for -- for your testimony, Commissioner. I have a couple of questions, for this prescription, how many -- are these pills or is this --

COMMISSIONER PATRICIA REHMER: It comes in both an injectable form and a nasal spray. So, no, it's not -- it's not an oral medication.

REP. BETTS: Okay. Do you envision, I'm trying to think if, you know, if you were on a college campus or a university, is this something that is going to be accessible for students or administrators or how would you envision this at all (inaudible) campus where this a lot of times happens by accident?

COMMISSIONER PATRICIA REHMER: In most instances right now I think what occurs is -- usually a friend or somebody in the dorm, if you think about it from that perspective, is usually going to dial 9-1-1, and obviously the ambulance would be able to administer the medication.

I don't know whether, for example, having it in a college infirmary would be something that we've

thought about or investigated in terms of whether they already have it. It should be something that we look at. I -- I'm not sure about the possibility, for example, of having it prescribed for somebody's roommate. I think that that's probably unlikely.

REP. BETTS: Well, what I -- my concern is, and I'm not opposed to it, but my concern is that somebody will say, well, I don't want them to get caught but I have this Narcan available. Maybe we'll take care of the situation ourselves rather than call 9-1-1. Is that a possibility or is that -- am I completely mistaken in understanding how it would be used?

COMMISSIONER PATRICIA REHMER: Again, I think that a physician would want to have an understanding of the relationship with the individual who's asking for it and the person who they may be using it for. And I think we're going to have to work with physicians and look to them to make these decisions wisely so that hopefully if somebody on a college campus came and said I want to have this medication just in case, either the college or the physician would try and get a little more information so that hopefully we could help that individual get treatment if needed before it got to that point.

REP. BETTS: Of course. And I'm assuming, and I just want to make sure I'm assuming this correctly, you're not talking about alcohol overdose or are you?

COMMISSIONER PATRICIA REHMER: No.

REP. BETTS: Okay.

COMMISSIONER PATRICIA REHMER: Because it's an opioid overdose.

REP. BETTS: Great. Thank you very much, Madame Chair.

SENATOR GERRATANA: Thank you, Representative.

Senator Stillman.

SENATOR STILLMAN: Thank you, Madame Chair. Good morning, Commissioner. If -- if we could just jump to the other Bill, 5064, for a moment where we talk about -- the bill talks about changing requirements of reports to every three years and eliminating a hospital reporting requirement regarding protocols, et cetera, which it's claiming to be unnecessary.

Could you explain to us why three years is appropriate as opposed to a shorter length of time, and also, there was another -- that you're -- you're looking for maintaining -- commissioner shall include a summary of data maintained in the central repository in the State Substance Abuse Plan, but it's a summary. Could you explain the -- the change -- why three years is appropriate and also what a summary might -- might look like as opposed to something that might have a little more detail in terms of substance abuse plans.

COMMISSIONER PATRICIA REHMER: We collect an enormous amount of data regarding especially substance abuse because we need to report it at the national level. And as you may know, there's a bill that allows us to do that for all individuals with substance abuse disorders throughout the state not just those individuals that we serve. So, again, we have an enormous amount of data.

We have reporting requirements that go back 10, 15 years that we've been -- some -- not this specific one, but some that were even, for example, boards that no longer existed. So I

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PUBLIC
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PART 2
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2012

Bonhomme, Penny

From: Auralia Perrica [auralia perrica@uconn edu]
Sent: Tuesday, March 06, 2012 8.35 PM
To: PHC Testimony
Subject: Testimony Regarding H.B. No 5063/

Testimony of Auralia Perrica
Public Health Committee
March 6, 2012

Senator Gerratana, Representative Ritter, members of the committee;

My name is Auralia Perrica; I am a resident of Manchester, CT and the Treasurer of the Windham Harm Reduction Coalition Inc. in Willimantic, CT. We work to empower and make a difference in the lives of individuals struggling with drug addiction in Windham County by offering comprehensive harm reduction services, education, and training

I am unable to be present before the committee this morning, but I am writing to express my support for H.B. No. 5063, An Act Concerning Treatment For A Drug Overdose With An Opioid Antagonist. H.B. No. 5063 clarifies when prescribers are immune from liability if prescribing the opioid antagonist Naloxone.

In 2011, the CDC reported the number of deaths from opioid pain relievers had reached epidemic proportions in the United States. In Connecticut drug overdose is the leading cause of accidental death in adults. It accounts for more fatalities than motor vehicle and firearm accidents combined.

Naloxone is an unscheduled drug with no abuse potential and a very favorable safety profile. It is comparable to an epi-pen which many people use to prevent anaphylactic shock, or a glucagon injection for diabetics experiencing severe insulin reaction. Naloxone's only use is to bring someone out of an opiod overdose. In such an emergency the efficacy of Naloxone is fundamentally time dependent. Naloxone provides a 30 – 90 minute window of opportunity to call 911 and get someone to the emergency room. This action can sometimes make the difference for getting someone into treatment and getting their lives back on track.There is a brief window for this lifesaving intervention. That window often closes before EMS is able to respond. H.B. No. 5063 will provide those who are best positioned to respond rapidly to a drug overdose with the needed tool to save their own lives.

Some policy makers have expressed concern that supporting this bill might be construed as supporting drug use. Available data suggests that these concerns are not valid, and even if they were, they would not outweigh the potential benefits of increasing access to this emergency intervention. Naloxone induces the same unpleasant symptoms that opioid dependent individuals are trying to stave off with their opioid use. However, with Naloxone the symptoms are more intense. An preventable death is never an acceptable outcome. Every life is worth saving.

I think that we are a society committed to both saving lives and giving people second chances. Frankly, once someone is dead, that second chance is no longer an option.

Please support HB 5063. Make Connecticut a national leader in averting drug overdose, fighting this epidemic and saving lives. Thank you.

Kind Regards,

Auralia Perrica

3/6/2012

A BETTER WAY
CONNECTICUT

A Better Way Foundation is a Connecticut non-profit organization that is dedicated to a [illegible] and public health

Drug Overdose Prevention
Fact Sheet

<u>This year we are trying to make overdose prevention available to people who can assist if they believe some is experiencing an overdose.</u>

According to a 2004, Connecticut Department of Public Health report on fatal and non-fatal drug overdoses between:

2000 – 2002

- About 73% of unintentional opiate overdose decedents were white and 8% were black. Almost 18% of decedents were Hispanic (of any race).
- About 41% of unintentional opiate and related narcotics poisoning deaths took place in the decedent's home.

A more recent study by the Yale School of Public Health released in 2009 found between:

1998 - 2009

- 61% of the overdoses involved heroin, the remaining cases involved prescription opioid analgesics such as hydrocodone, oxycodone and methadone, or a lethal combination of the opioids.
- Most of the deaths were among people 35-44 years old
- There was an increasing trend of overdoses in older individuals, including some in their 50s and 60s
- Only 22 of Connecticut's 169 towns did not report an overdose death during from 1998 – 2009
- There was a surprisingly high prevalence of overdose deaths in parts of Litchfield, Middlesex, and Windham counties, as well as in the state's major urban centers and their surrounding communities.

<u>The 2004 report suggested, "naloxone appears to be the most promising current intervention strategy to reduce overdose mortality".</u>

In 2011 the Connecticut General Assembly enacted Good Samaritan legislation to protect people who report an overdose and may be in possession of drugs at the time of reporting. This year Connecticut wants to take the responsible next step and allow health care professionals to prescribe opioid antagonists (**naloxone**) to a broader group of persons for the prevention of drug overdoses.

<u>In short this will allow a licensed healthcare professional to prescribe naloxone to people who may be present when a person is experiencing an overdose.</u>

For more information please contact:

Lorenzo Jones
A Better Way Foundation
860-712-1246
abwf1991@gmail.com

LaResse Harvey
Civic Trust
860-777-7814
civictrustlobbying@gmail.com

In Support of Treatment for Overdose

Hello,

My name is Joey Adamaitis and I am a concerned citizen, I am well educated I have a BA in Computer Graphics and I study drug policy in my spare time. I work for LEAP (law enforcement against prohibition) a group of police officers dedicated to ending drug prohibition.

I am familiar with Narcan I have read numerous documents & articles about it and I believe that the people should be able to have it in their possession, just in case an overdose does happen. In my mind it is no contest that people should be able to posses this drug Narcan.

Put yourself in their shoes say you're a mother aged 45 and your son who is 16 gets involved with the wrong people and ends up addicted to heroin. The mother doesn't know about it because the child is too scared to tell his mother about his addiction. (But she did have suspicions) One day the son did too much heroin in his room and starts overdosing on his bed, the mother comes into check on him 2 minutes later and she immediately calls 911. The ambulance arrives with the Narcan but it is too late the son has already died and the mother has now lost her son.

Situations like this happen all the time in our state & country one of my friends I played football with in high school overdosed and died. If the mother had the Narcan her son's life could have been saved and through that near death experience the son decides to check himself into rehab and beats his addiction.

Beacon Falls

Testimony of Christopher Heneghan
Public Health Committee
07 February 2012

Senator Gerratana, Representative Ritter, members of the committee; I'm Christopher Heneghan, Director of the Windham Harm Reduction Coalition Inc in Willimantic, CT. We work to empower and make a difference in the lives of individuals struggling with drug addiction in Windham County by offering comprehensive harm reduction services, education, and training.

I am unable to be present before the committee this morning but am writing to lend my support for H.B. No. 5063, An Act Concerning Treatment For A Drug Overdose With An Opiod Antagonist. H.B. No. 5063 clarifies when prescribers are immune from liability if prescribing the opiod antagonist Naloxone.

In 2011 the CDC reported the number of deaths from opioid pain relievers to have reached epidemic proportions in the United States In Connecticut drug overdose is the leading cause of accidental death in adults. It accounts for more fatalities than unintentional deaths due to motor vehicle accidents and firearms combined

Naloxone is an unscheduled drug with no abuse potential and a very favorable safety profile. It is similar to an epi-pen which many people use to prevent anaphylactic shock, or a glucagon injection for diabetics experiencing severe insulin reaction. Naloxone's only use is to bring someone out of an opiod overdose. In such an emergency the efficacy of Naloxone is fundamentally time dependent. There is a brief window for this lifesaving intervention. The window often closes before EMS is able to respond. H.B. No. 5063 will provide those who are best positioned to respond rapidly to a drug overdose with the needed tool to save their own lives.

Some policy makers have expressed concern that supporting this bill might be construed as supporting drug use. Available data suggests that these concerns are not valid, nor if they were would they outweigh the potential benefits of increasing access to this emergency intervention Naloxone induces the same unpleasant symptoms that opioid dependent individuals are trying to stave off with their opioid use. However, with Naloxone the symptoms are more intense.

Naloxone provides a 30 – 90 minute window of opportunity to call 911 and get someone to the emergency room This action can sometimes make the difference for getting someone into treatment and getting their lives back on track.

Many of us have family members with alcohol or drug problems I know that if there was anything I could do to help them, I'd do it This bill is the vehicle for that to happen.

Please support HB 5063. Make Connecticut a national leader in averting drug overdose, fighting this epidemic and saving lives. Thank you

Yale University
School of Medicine
Yale-New Haven Hospital

AIDS PROGRAM
Mary R Walton, MHS, PA-C
Clinical Coordinator
135 College Street, Suite 323
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Telephone (203) 494-5005 Fax· (203) 737-4051
E-mail address mary walton@yale edu

March 6, 2012

Senator Gerratana, Representative Ritter, members of the committee:

I very much appreciate the opportunity to testify in favor of Bill 5063, An Act Concerning Immunity for Treatment of Drug Overdose with Opioid Antagonist.

My name is Mary Walton. I am a Physician Assistant and have worked at the Yale AIDS Program for over 10 years. In addition, I worked in an HIV clinic in Florida in the 1980's. During my time at Yale, I ran a mobile health care clinic (the Community Health Care Van) that provided free care to the most marginalized populations in New Haven. Currently, I work at two drug treatment centers in New Haven.

More than 2,200 people have died in Connecticut from opioid overdoses in the past 11 years—an average of more than one every other day, according to a survey of state medical records by the Yale School of Public Health. These study results show that this is a widespread problem not limited to inner cities as only 22 of Connecticut's 169 towns did not report overdose death as of 2009. Most overdose deaths in the United States are now attributed to prescription opioid painkillers such as oxycodone. Many people who initially become addicted to oxycodone cannot afford it, and then switch to heroin.

I have worked to train drug users in overdose prevention using Narcan. During these trainings, I heard many stories of how individuals have watched friends and loved ones die of overdose when the ambulance came too late. I also heard uplifting stories of how Narcan in overdose prevention kits has saved lives as well. IT WORKS!

Whether you agree with Narcan as a means of overdose prevention, or whether you find it difficult to understand addiction, I want to point out an important statement: the American Society of Addiction Medicine issued a new definition of Addiction in 2011, defining it as a primary, **chronic** disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. Like other chronic diseases, addiction often involves cycles of relapse and remission.

The problem of addiction is not something that will go away overnight or easily—especially with the continued prescription of oxycodone, particularly by prescribers who are uneducated in dependence and addiction, and irresponsibly prescribing it. Until we as healthcare and mental health care providers, drug treatment and social care workers, and those who care, can help reduce drug addiction, Narcan can save lives!

Please support Bill 5063 so that we can save more lives. Thank you–

Mary Walton, PA-C

Testimony of Melanie Alvarez
Public Health Committee
7 March 2012

Members of the Public Health Committee, Senator Gerratana, and Representative Ritter, I appreciate your willingness to hear my testimony regarding Bill H.B. No 5063 (RAISED) An Act Concerning Treatment for a Drug Overdose. My name is Melanie Alvarez I am a Medical Case Manager working with the HIV Population and a citizen in the City of New Britain living in Senator Gerratana's district I will speak to you today from two perspectives, both personal and professional.

If I can impress just one point on the committee today, I hope that it will be this. Accidental overdose is not just a problem in our cities, or in injection drug users; it is a problem for anyone who has or has had an opiate dependence, including prescription drugs and it is EVERYONE'S problem since us tax payers are bearing the financial burden of unnecessary hospitalizations. It affects all sectors of our communities from the youth to the elderly, the rich to the poor, and every race, color and nationality.

The Connecticut Department of Public Health Reports 980 drug induced deaths from 1999-2011 Many of these deaths could have been avoided if there were proper access to overdose prevention medication such as Narcan. In September of 2011, The National Institutes of Health published a study that found that nationwide there was a 122% increase in poisoning due to opioid pain and related medications in youth aged 18-24. In the 18 and older population, there were 1.6 million hospitalizations for accidental overdose, for an overall cost of $15.5 billion. Compelling evidence for prevention would be a reduction in these costs for the State of Connecticut I was unable to find Connecticut specific statistics but it would be an interesting point for this committee to consider if these numbers are available.

From a professional perspective, I have lost many clients to substance abuse overdose, mainly heroin but also a number to prescription drug overdose We do everything possible to offer these individuals treatment from counseling to in patient detox program referrals, to methadone or suboxone replacement therapy. One thing is clear to me through my more than ten years of experience. you cannot stop people from doing drugs if they want to use! Introducing this bill would not "encourage" people to use drugs as many people who are misguided or uneducated in addiction and treatment modalities may think. What we can do is save lives and save money for our state by giving people an alternative to death and hospitalization The problem with the drugs on the street is that they are not regulated and have varying degrees of purity, in addition to the fact that everyone metabolizes drugs differently People have been known to overdose from a very small amount of drug

From personal experience, I have lost many friends and even a parent to opiate overdose I grew up in a "nice" gated community in the suburbs, both of my parents drove "nice" cars, and I went to a "nice" school. My parents were successful small business owners My father was a person who was clean and in recovery for many years and then one relapse resulted in his death. What was found in the blood was a very unsubstantial amount; maybe less than a Percocet to give you an idea. Afterward, the police stated, "He was not a typical junkie like we see in the streets." In retrospect though, he is just as dead as

any one of those so-called "junkies" that overdoses without medical intervention. I believe if there were access to this medication, Narcan, at the time of his death, he may still be alive today

I urge you to please support this bill and again thank you for your time.

VSAAC
Greater Valley Substance Abuse Action Council
A program of BH[illegible]
[illegible]

March 6, 2012

Public Health Committee
Room 3000, Legislative Office Building
Hartford, CT 06106

Attn: Senator Gerratana, Representative Ritter and Members of the Public Health Committee

Re: Testimony in **Support of HB 5063** – An Act Concerning Treatment for a Drug Overdose

My name is Pamela Mautte, and I am the Director of the Greater Valley Substance Abuse Action Council. I am writing this testimony in support of HB 5063 in which the legislation provides crucial clarification to clinical and public health programs that want to implement or expand naloxone prescribing to prevent overdose deaths. This bill seeks to:

- Permit prescription of naloxone to **anyone**—not just those who consider themselves "drug users" --at risk of opioid overdose or who may respond to a witnessed overdose. This would allow chronic pain patients who may be at risk of opioid overdose due to their health condition as well as parents, caregivers, law enforcement, other first responders, and drug treatment staff to be prescribed naloxone for reversing opioid overdose. Permitting broader access to naloxone could prevent these events from becoming fatal

- Clarify for prescribers that they will not be held liable for the administration of naloxone to an overdose victim This addition is critical to support the prescribing of naloxone by clinicians. After more than 15 years of prescribing naloxone in the United States, there are **no known cases of malpractice or disciplinary action against health professionals associated with the prescription of naloxone**. This stands in contrast to the unprecedented deluge of malpractice lawsuits, licensing restrictions, and unnecessary deaths associated with overprescribing of prescription opioid medications to patients.

My Regional Action Council (RAC) oversees alcohol, tobacco, and other drug use prevention efforts within the 11 towns including Ansonia, Bethany, Derby, Orange, Oxford, Milford, New Haven, Seymour, Shelton, West Haven, and Woodbridge In my role as Director, I have heard from many parents, grandparents, spouses, children, and residents who have lost loved ones from opioid overdose deaths. These deaths could have been prevented had family members been aware of their loved ones "secret addiction" to opoiods like heroin and oxycodone

This past year, VSAAC was instrumental in the support of a study funded by the Centers for Disease Control (CDC) with principal investigator Traci Green, PhD, MSc, Assistant Professor of Medicine and Epidemiology, the Warren Alpert School of Medicine at Brown University. Based on the premise that **drug overdoses in CT are the leading cause of adult injury and death (out-numbering the combined deaths resulting from motor vehicle accidents, fire and firearms)** the study sought to identify issues that surround these overdose injuries and deaths. Two communities in CT were selected to be part of the study which aimed to determine and understand why high rates of prescription opioid abuse and overdose is occurring in these communities. These communities include Ansonia and Wallingford Some of the studies findings included:

- These deaths occur among 35-54 age range, primarily non-Hispanic Whites, (more than half female) (Ages 24-58 (primarily >35)
- Nearly all involved opioid medication prescribed to them
- Died at home, often with others in the house

By passing this legislation, Connecticut can reduce accidental overdoses and prevent overdose deaths in our state. HB 5063 encourages "safe opioid prescribing" by providers, and puts naloxone within safety's reach for those at the highest risk of overdose death. Please support HB 5063 and prevent these unnecessary and untimely deaths in your community.

Respectfully Submitted,

Pamela A Mautte

Pamela A. Mautte
Director, VSAAC

Senator Terry Gerratana, Representative Betsy Ritter, and members of the committee·

I have worked with substance users for over 15 years, and am writing to support H.B. No. 5063 (RAISED) AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE.

About 10 years ago, one of our clients overdosed in the parking lot. The staff performed CPR, but he quit breathing, turned blue, and coded. Gratefully, the ambulance arrived, and they used narcan and a defibrillator. He went to the hospital, and was back in our office that afternoon.

I will never forget that day. Narcan saved his life. However, there are many other people who died from overdoses, and another one of my clients died last May. I used to keep a list of them, but quit because there seemed to be nothing that I could do. That time has changed, and you have the chance to make a huge difference.

Please support this bill and stop these senseless deaths. Thank you.

Sincerely,

Robin Clark-Smith

Bonhomme, Penny

From: Windham Harm Reduction Coalition [windhamharmreductioncoalition@gmail com]

Sent: Tuesday, March 06, 2012 9 37 PM

To: PHC Testimony

Subject: Written Testimony of Thomas J, McNally, Jr Concerning H B. NO 5063

Senator Gerratana, Representative Ritter, members of the committee, I am the co-founder of the Windham Harm Reduction Coalition of Willimantic and I have been involved with the opiod user for several years. I am sorry that I cannot appear before you today but I would like to give you some reasons that I support this bill. I have lost some friends and clients who could have been saved with the simple injection of Naloxone. In a recent article in the Hartford Courant a young man from Storrs CT overdosed and his girl friend was arrested for hiding the paraphernalia. I am sure that with a 10 minute training and the availability of Naloxone, this young man would be with us today and his girlfriend's life would not be in ruins. Naloxone is not a drug that is subject to abuse and I doubt that the availability of Naloxone would open the door for new abuse. I have several persons who have informed me that Naloxone saved their life.

I am requesting your support for H.B. NO. 5063 so that we do not lose anymore of our citizens.

Thank you for your time

Thomas J. McNally, Jr
36 Patriot Rd
Windham CT 06226
860 428 1114

In Support of House Bill (HB) 5063 An Act Concerning Treatment for Drug Overdose

My name is Mary Marcuccio, I live in Southington, and I'm a parent of a 22 yr old son with an extensive drug history – iv heroin has been his drug of choice since 15 yrs old. I'm writing to admonish you to support HB 5063 An Act Concerning Treatment for Drug Overdose, because this is yet another life saving measure, and as I've mentioned in previous testimonies, the current laws around substance abuse/treatment/criminality ARE BROKEN. This bill is an attempt at correcting one of these breaks, which I fully support.

As I understand it, this bill seeks to expand the AVAILABILITY of Narcan. My hope is that this bill, probably with some revisions, will allow doctors to prescribe Narcan to people other than just the drug user HIMSELF, for example – ME, the mom, so that I could administer the medication to him in case of overdose .... And the reasoning behind this is because **A DRUG ADDICT ISN'T GOING TO ADMINISTER NARCAN TO HIMSELF DURING AN OVERDOSE – *SOMEONE ELSE IS*!** So if it's both available and legal for ME to do, then I could help to save his life in a crisis. Of course, 911 is still called for more medical help.

The reason for my admonition is because right now, the law says that only drug user Johnny can get the prescription, fill it, use it ; as I've explained, it's frighteningly unreasonable to expect that to happen – someone that's overdosing can't self administer in any way – *someone else* must do that.

Which leads me to another point, and that is that I believe this bill is currently missing a key component – and that's the protection to ME, should I give my son the Narcan shot------- currently, if I *were* to, I'm subject to arrest and prosecution for administering a medication without a license (and I can tell you that I know of parents that have gone through JUST that scenario!).... so I would ask for an addendum that covers MY liability and protects me from prosecution.

Essentially what we're asking for is that Narcan be viewed, both practically and legally, in a vein similar to, for example, an **Epipen**, where society understands the overall importance of the medication for its life saving quality and is more broadly prescribed and *available for use* than with many other medications.

Once again, I'm asking you to support an option for greater health and safety... an opportunity to save a life, where that opportunity is CLEARLY available. This is a personal issue for me, having gone through numerous overdoses with my son, and a personal issue for many of the parents that I work with in my support group, whose interests I'm representing here.

Please -- support this legislation and any necessary changes to it, in order to help ME save the life of someone I love.

THANK YOU, MARY MARCUCCIO
45 Woodruff St., Southington CT 06489

Yale University
School of Medicine
Yale-New Haven Hospital

AIDS PROGRAM
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March 6, 2012

Senator Gerratana, Representative Ritter, members of the committee:

I very much appreciate the opportunity to testify in favor of Bill 5063, An Act Concerning Immunity for Treatment of Drug Overdose with an Opioid Antagonist.

My name is Mary Walton. I am a Physician Assistant and have worked at the Yale AIDS Program for over 10 years. In addition, I worked in an HIV clinic in Florida in the 1980's. During my time at Yale for seven years, I ran the Community Health Care Van, a mobile health care clinic that provided free care to the most marginalized populations in New Haven. Currently, I work at two drug treatment centers in New Haven, therefore, I am very familiar with the drug using populations in the New Haven area.

More than 2,200 people have died in Connecticut from opioid overdoses in the past 11 years—an average of more than one every other day, according to a survey of state medical records by the Yale School of Public Health. These study results show that this is a widespread problem not limited to inner cities, as only 22 of Connecticut's 169 towns did not report overdose death as of 2009. Most overdose deaths in the United States are now attributed to prescription opioid painkillers such as oxycodone. Many people who initially become addicted to oxycodone cannot afford it, and then switch to heroin.

I have worked to train drug users in overdose prevention using Narcan. During these trainings, I heard many stories of how individuals have watched friends and loved ones die of overdose when the ambulance came too late. I also heard uplifting stories of how Narcan in overdose prevention kits has saved lives as well. IT WORKS!

Whether you agree with Narcan as a means of overdose prevention, or whether you find it difficult to understand addiction, I want to point out an important statement: the American Society of Addiction Medicine issued a new definition of Addiction in 2011, defining it as a primary, ***chronic*** disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. Like other chronic diseases, addiction often involves cycles of relapse and remission.

The problem of addiction is not something that will go away overnight or easily—especially with the continued prescription of oxycodone, particularly by prescribers who are un- or under-educated in dependence and addiction, and irresponsibly prescribing it. Until we as healthcare and mental health care providers, drug treatment and social care workers, and those who care, can help reduce drug addiction, Narcan can save lives!

Please support Bill 5063 so that we may save more lives. Thank you–

Mary Walton, MHS, PA-C

CARC Connecticut's Statewide AIDS Coalition

Testimony of Shawn M. Lang
Public Health Committee
7 March 2012
HB 5063

Senator Gerratana, Representative Ritter, members of the committee; I appreciate the opportunity to testify before you today. I'm Shawn M. Lang, the Director of Public Policy with the CT AIDS Resource Coalition, Connecticut's only statewide HIV/AIDS organization. We work to ensure that the more than 10,000 people living with HIV/AIDS in our state have the housing, care and supportive services they need in order to live their lives in dignity.

I'm here to lend our support to HB 5063 AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE.

Narcan saves lives; it's that simple. Similar to the epi-pen that people use to prevent an anaphylactic shock, Narcan's only use is to bring someone out of an opioid overdose. Opioids include heroin, morphine, fentanyl and, oxycodone.

Between 1997 – 2007, Connecticut experienced 2,231 opioid involved deaths. And nationwide, more 18 – 24 year olds die of drug overdoses than from motor vehicle accidents. You might recall, that just last month, a UCONN student overdosed on heroin while his girlfriend opted to hide the drugs and syringes before calling for help. Had she known about Narcan, and the Good Samaritan law that passed last session, that young man's death might have been avoided.

People sometimes express concern that supporting this bill might be construed as supporting drug use. First, this legislation is already on the books. We're just clarifying some language to make it more workable. Second, I can't think of anyone who supports drug use. But the sad fact is that people do use drugs, and many people who use become addicted. And drug addictions can sometimes lead to an overdose. Narcan simply prevents the loss of those lives and has no street value, no other use, no side effects, and no harmful effects if the person isn't overdosing on an opiate.

Narcan provides a 30 – 90 minutes window of opportunity to call 911 and get someone to the emergency room. This action can often make the difference for getting someone into treatment and back on track with their lives.

Remember the story I referenced earlier about the UCONN student who overdosed? Had he and his girlfriend had access to Narcan, he would still be alive. Many of us have family members with alcohol or drug problems. I know that if there was anything I could do to help them, I'd do it. This bill is the vehicle for that to happen.

Please support HB5063 so that lives can be saved. Thank you.

Yale School of Public Health

Testimony for HB 5063
March 5, 2012

Thank you for the opportunity to contribute written testimony in support of CT H.B. No. 5063.

Increasing overdose death is a national problem: Overdose deaths nationwide have quadrupled since 1980.[i] Across the US, more overdose deaths are caused by prescription drugs than all illegal drugs combined.[ii] Opioid drugs are important medications for the treatment of pain, opioid dependence, and terminal illness. But, this class of drugs also has the potential to produce physical dependence, abuse, and addiction. Opioid drugs include heroin as well as medications available by prescription such as oxycodone and methadone. Opioids act on the respiratory center and can depress breathing, leading to increased risk of death and complications.

Every year, 16,000 people die of accidental opioid overdose.[iii] This major health concern affects a diverse group of individuals, across all categories of race, class and geography.[iv]

This public health problem deserves particular attention in Connecticut:

- Drug poisoning – "overdose" – is the leading cause of accidental death among adults in CT.[v]
- CT is one of 20 states in which mortality from overdose is now **more prevalent** than deaths from motor vehicle crashes
- Drug-related deaths claimed the lives of one CT resident each day in 2009, with the most common drugs involved in the deaths being opioids like heroin and oxycodone.
- 148 of the 169 CT towns experienced at least one opioid-related overdose death during the period of 1997-2007, with many of the small town and suburban areas seeing increases in prescription opioid-involved overdose deaths.

Over the past 6 years, our research groups at the Yale School of Public Health and Brown Medical School have been working with the CT Office of the Chief Medical Examiner (OCME) to review records of drug-involved accidental deaths. During 1997-2007, we found that among **2900 drug intoxication deaths, 77% involved an opioid**, that is, heroin or a prescription opioid[1].

Most overdose deaths are preventable: Perhaps surprisingly, **up to 85% of opioid overdoses occur in the presence of others** [2]. Since overdose episodes generally unfold over several hours, overdoses can often be reversed through professional or lay intervention [3-4] The standard medical response to an opioid overdose is rescue breathing and the administration of the short-acting opioid antagonist naloxone (trade name Narcan) [3]. Recognizing the increasing opioid overdose mortality, many health promotion advocates have been encouraged to develop interventions to reduce overdose incidence.

One approach being adopted across the nation is to train those at risk in overdose prevention and response and to provide them with a prescription of naloxone. We conducted a study that evaluated drug users trained in such programs in six US cities and found that they could identify overdose symptoms and recognize when to intervene with naloxone **as well as medical professionals** [5].

Community-based naloxone programs have also been associated with **reductions in opioid overdose mortality** when they are implemented on a wide-scale basis [6-7], **without increasing drug use** among opioid users [8].

In a state-wide community-based naloxone program that trained over 10,000 Massachusetts residents, more than 1200 lay-person overdose reversals using naloxone were enumerated over a three-year period, with **no serious adverse events reported[7]**. Similar impressive results have been obtained following more localized efforts in Chicago and New York City [9-10].

The clear public health imperative for supporting this approach to injury and death prevention was previously recognized in 2007 by the CT State Assembly, in Conn. Gen. Stat. Ann.§ 17a-714a (2007). The H.B. No. 5063 amendment under consideration serves as a crucial clarification to clinical and public health programs that want to expand naloxone prescribing to prevent overdose deaths. Most importantly, the amendment:

- Permits prescription of naloxone to anyone—not just those who consider themselves "drug users" --at risk of opioid overdose or who may respond to a witnessed overdose. This would allow chronic pain patients who may be at risk of opioid overdose due to their health condition as well as parents, caregivers, law enforcement, other first responders, and drug treatment staff to be prescribed naloxone for reversing opioid overdose. **In our research in Connecticut, most overdose victims die at home, in the presence of others.** Permitting broader access to naloxone could prevent these events from becoming fatal.
- Clarifies for prescribers that they will not be held liable for the administration of naloxone to an overdose victim. This addition is critical to support the prescribing of naloxone by clinicians. After more than 15 years of prescribing naloxone in the United States, there are **no known cases of malpractice or disciplinary action against health professionals associated with the prescription of naloxone**. This stands in contrast to the unprecedented deluge of malpractice lawsuits, licensing restrictions, and unnecessary deaths associated with overprescribing of prescription opioid medications to patients.

HB 5063 encourages "safe opioid prescribing" by providers, and puts naloxone within safety's reach for those at highest risk of overdose death. Please support H.B. No. 5063 and prevent these unnecessary and untimely deaths in your community.

Sincerely,
Traci C. Green, PhD, MSc
Alpert Medical School of Brown University
Rhode Island Hospital

Robert Heimer, PhD
Yale School of Public Health

References and Footnotes

1. Green TC, Grau LE, Carver HW, Kinzly M, Heimer R. Epidemiologic trends and geographic patterns of fatal opioid intoxications in Connecticut, USA· 1997-2007. *Drug Alcohol Depend* 2011,**115**:221-228.
2. Sporer KA. Strategies for preventing heroin overdose. *BMJ* 2003,**326**:442-444.
3. Sporer KA. Acute heroin overdose. *Ann Intern Med* 1999,**130**:584-590.
4. Sporer KA, Kral AH. Prescription naloxone: a novel approach to heroin overdose prevention. *Ann Emerg Med* 2007,**49**:172-177.
5. Green TC, Heimer R, Grau LE. Distinguishing signs of opioid overdose and indication for naloxone: an evaluation of six overdose training and naloxone distribution programs in the United States. *Addiction* 2008,**103**:979-989.
6. Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: bystander-administered intranasal naloxone hydrochloride for opioid overdose. *Am J Public Health* 2009,**99**:788-791.
7. Walley AY. Implementation and evaluation of Massachusetts' overdose education and naloxone distribution program. In: *American Public Health Association Annual Conference*. Washington, DC; 2011.
8. Walley AY, Xuan Z, Hackman H, Ozonoff A, Quinn E, Pierce C, *et al* Is implementation of bystander overdose education and naloxone distribution associated with lower opioid-related overdose rates in Massachusetts? In: *Association of Medical Education and Research on Substance Abuse*. Arlington, VA; 2011.
9. Community-based opioid overdose prevention programs providing naloxone - United States, 2010. *MMWR Morb Mortal Wkly Rep* 2012,**61**:101-105.
10. Maxwell S, Bigg D, Stanczykiewicz K, Carlberg-Racich S. Prescribing naloxone to actively injecting heroin users: a program to reduce heroin overdose deaths. *J Addict Dis* 2006,**25**:89-96.

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[i] CDC WONDER Compressed Mortality File, ICD-9 Groups: E850-E858

[ii] Paulozzi, LJ, Budnitz, DS, Xi, Y. Increasing deaths from opiod analgesics in the United States. Pharmacoepidemiol Drug Safety 2006; 15: 618-627.

[iii] Beletsky L, Burris S, Kral A. Closing Death's Door: Action Steps to Facilitate Emergency Opioid Drug Overdose Reversal in the United States. *2008 Summit on Opioid Overdose.* Vol 1. Temple University: Temple University; 2008:39.

[iv] Paulozzi LJ, Xi Y. Recent changes in drug poisoning mortality in the United States by urban-rural status and by drug type. *Pharmacoepidemiol Drug Saf.* Oct 2008;17(10):997-1005.

[v] United States Centers for Disease Control and Prevention (CDC). National Center for Health Statistics Homepage. http://www.cdc.gov/NCHS/. Accessed 1/29/2010.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 7, 2012

Christian D Andresen, Section Chief
860-509-7828

House Bill – Bill 5063 – An Act Concerning Treatment for Drug Overdose

The Department of Public Health supports House Bill No. 5063, An Act Concerning Treatment for Drug Overdose.

Drug overdose rates have never been higher. According to the Centers for Disease Control and Prevention, overdose deaths were second only to motor vehicle crash deaths among leading causes of unintentional injury deaths in the United States (2007). In Connecticut, the 2007 age-adjusted drug overdose death rate in Connecticut was 11.1 per 100,000.

Two of the most common drug categories attributed to overdose deaths are heroin and prescription drugs called opioid painkillers that include oxycodone and hydrocodone. The increase in drug overdose death rates is largely because of prescription opioid painkillers which account for more overdoses than heroin and cocaine combined.

Naloxone is standard treatment for preventing an opioid overdose. According to a 2009 study published by the American Medical Association, the peers or family members of overdose victims are most often the actual first responders to a drug overdose, and are best positioned to intervene quickly at the onset of overdose symptoms. Data cited in the study demonstrate that lay persons are consistently successful in safely administering naloxone and reversing opioid overdose.

This bill clarifies that people other than drug users can be prescribed naloxone to prevent drug overdose deaths. For example, a health care professional could prescribe naloxone to a family member of a drug user to administer in the event of an overdose. Access to naloxone in this instance may increase the likelihood of survival for the person who overdosed.

The DPH is committed to improving health outcomes of Connecticut residents and therefore supports this bill.

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STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

DANNEL P. MALLOY
GOVERNOR

PATRICIA A REHMER, MSN
COMMISSIONER

Testimony by Patricia Rehmer, MSN, Commissioner Department of Mental Health and Addiction Services Before the Public Health Committee March 7, 2012

Good morning Sen. Gerratana, Rep. Ritter, and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here this morning to speak in favor of **HB 5063, AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE**. I want to thank the Committee for your assistance in raising this proposal.

HB 5063 would allow a broader group of individuals to be prescribed a drug called Narcan or Naloxone which is used to counteract drug overdoses. The current statute allows the drug to be prescribed to individuals suffering from addiction. However, an individual who has overdosed could become unable to self- administer. This proposal would allow family members, significant others, roommates and the like to have Narcan on hand should the situation warrant it.

In a study done in Connecticut in 2009, drug overdose was the leading cause of death among 18 to 25 year olds. Drug-induced overdose has been the most common cause of accidental death in Connecticut every year for the past 10 years. During a 3 year period from 2006 to 2008 there were 1256 overdose related deaths (832 males and 424 females) in Connecticut. On average, there is at least one person a day who dies from an opioid overdose in Connecticut. Most deaths occur at home often with other individuals in the house. Most overdoses can be easily reversed if treated promptly.

In 2007, nearly 100 persons per day died of drug overdoses in the United States. Nationwide, drug overdoses kill more individuals between the ages of 18 and 25 than automobile accidents. New Mexico, Illinois and Washington State allow the prescribing of Narcan to family members, friends or other persons in a position to assist an individual experiencing, or likely to experience, an opiate-related overdose. After implementing a similar program in Massachusetts, there were 513 overdose reversals documented between December 2007 and November 2009. Since this was implemented in New York in 2006, 63 sites enrolled to become Opioid Overdose Prevention Centers across the state, where family members and friends of addicted individuals can receive brief instructions and prescription for Narcan.

Just a few weeks ago in Connecticut, a young mother, a woman only 27 years old, died of an overdose in the presence of her family who could only stand by helplessly. By the time the ambulance arrived it was too late to save her.

Narcan works for an opiod overdose like an epipen does when used for an individual with life threatening allergies. It can be administered very simply as a nasal spray. Narcan can be carried with you in your purse or your pocket or in your nightstand. Narcan has no street value or addictive potential. It cannot give you a "high" and, if given to someone who is not suffering from an overdose, may make the individual a little uncomfortable but have no other effect. If it is administered to someone who is using painkillers, methadone or heroin, it can precipitate discomfort due to withdrawal.

Connecticut has a growing addiction problem among all age and socioeconomic groups partially due to easy access to prescription drugs and heroin. Each of us knows of someone among our family, friends or colleagues who are afflicted with addiction. We support those that face the challenging and lengthy process of achieving sustained recovery. As part of this effort, we ask you to consider this proposal to allow family, friends, and others to administer Narcan because it will save lives.

I appreciate the time and attention you have given to this matter, and would be happy to answer any questions you may have.

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CONNECTICUT
GENERAL ASSEMBLY
SENATE

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Jenna is leaving to go to work for the Department of Construction Services. So as of twelve o'clock midnight tonight, she's no longer working for the Legislature and we want to thank her for all of her help in the work she's done over the past seven years.

Jenna, congratulations, and wish you the very best.

THE CHAIR:

Jenna, welcome to the Executive Branch.

Will you remark?

Mr. Clerk.

THE CLERK:

On page 10, Calendar 418, Substitute for House Bill Number 5063, AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE, favorable report of the Committee on Public Health and Judiciary.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, I move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Motion is acceptance and passage.

Will you remark, ma'am?

SENATOR GERRATANA:

Thank you, Madam President.

The bill before us will allow licensed healthcare practitioners who prescribe an opiate antagonist, to

prescribe, dispense or administer it to anyone to treat or prevent a drug overdose.

Currently, in our state, of course, and around the nation, there may be individuals who overdose on such drugs as heroin or Percocet, prescripted drugs Naloxone, also known by the brand name Narcon, is an antidote to that situation.

The person who is overdosing very often is not aware, of course, and cognizant that they are really in a life-threatening situation. So this bill would allow a loved one, a partner, someone who cares for that person and may, in some way, be a person who wants to make sure that if the person is overdosing, that they have, on-hand, this opiate antagonist.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

And I thank Senator Gerratana for her (inaudible).

I think this is a good bill, as one that I will be supporting, and I encourage my members to support the same.

Thank you.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Kane.

SENATOR KANE:

Thank you, Madam Chair.

I have a few questions for the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Madam President, I apologize. Thank you. I was thinking of the chair of the Public Health Committee.

THE CHAIR:

It's okay, sir.

SENATOR KANE:

A couple questions, if I may, through you, Madam President.

THE CHAIR:

Please proceed.

SENATOR KANE:

Thank you.

What is an opioid antagonist?

Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

An opiate antagonist puts -- acts as a damper on the opiate receptors in the brain, as I understand it. So immediately when it is administered, it can be injected, in this case, probably more appropriate, a nasal spray, it immediately counteracts the effect of the opiate -- the

opiate that might have been used.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And does this drug -- well, first may I classify it as a drug?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

I did some research. It's classified as an antidote.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Great. Thank you, Madam President.

This antidote, does it have any other benefits?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

As I said, it is classified as an antidote. And I believe, from my understanding, of this use that it is specifically that, an opiate antagonist. I have heard it used, for instance, in the case of an infant that may receive -- being born, may have too much anesthesia, and that it is used and administered to the infant to counteract the anesthesia.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I guess where I'm going with this is, as an antidote, can it be used for anything else?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

I am not aware. I have actually before me on the screen a website that does talk about Naloxone. I haven't seen, so far anyway in looking at it, any other use for the medicine.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

So if it were prescribed, it's not something of value or something that, you know -- listen, we all hear of kids, teenagers, what have you, going into their parents medicine cabinet and taking -- just the other day, actually, I heard a news report about hand sanitizer and that teenagers were using hand sanitizer to get high.

So it's amazing -- different thing. So I just want to make sure this has no other intoxicants, or no other effect, that makes it of value that someone would want this antidote other than what is prescribed for.

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

I understand your concern. No, this is not known to be -- as I said it is an antidote -- a medicine that is abused or used in any other way that would be inappropriate.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. Thank you. I appreciate that answer.

A couple more questions, if I may? Right now, in -- in the bill, it talks about a, if I may, Madam President, it says current law allows practitioners -- or no -- let me take a step back.

The bill allows healthcare practitioners who can prescribe an opioid antagonist to prescribe, dispense or administer to anyone to treat or prevent a drug overdose without being

civilly or criminally liable to anyone for such action that for the opiate antagonist subsequent use.

So my question is, these healthcare practitioners, if they prescribe something to someone other than the patient, can they be civilly or criminally held responsible?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

My understanding is no.

THE CHAIR:

Senator Kane.

SENATOR KANE:

So -- but -- but current law says that they may, though. Am I correct? This is changing current law. Whereas, current law says that if -- if person A is a drug user and person B, which may be their hurt spouse or family member, current law says that they cannot prescribe without a criminal or civil penalty. Is that correct? And is this changing current law?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

If you would read the underlying bill -- this is Section 17(a)-714(a) of our general statutes. And it does say in existing language, to prescribe, dispense or administer an opiate antagonist. Originally, it said to

a drug user in need of such intervention, and we're, of course, changing that. We established that to treat or prevent a drug overdose without being liable for damages. That was existing language.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President. I appreciate that.

And then it also says for a subsequent use as well. So we're covered under subsequent use as well.

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Yes. That is correct.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Actually, now, actually, you brought a little confusion to me then. Because what you're saying is, current law says that they would not be liable. And if that's the case, why the need for the bill?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Through you.

As I understand that medicine -- I'm sorry, that sentence, it says "or for any subsequent use of such opiate antagonist." My understanding is that if the opiate antagonist is used for an overdose of drugs and is administered incorrectly, the doctor is not responsible or liable.

Through you.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Yes. But I guess, maybe, if I'm not phrasing my question properly, I apologize. My question is, currently, can these healthcare practitioners prescribe this antidote to anyone other than the patient that we are speaking of, the drug user, I guess, if you will?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

Under current law, no. We are deleting that to a drug user. We are saying that it is okay for the healthcare professional to prescribe it so someone else may use it to counteract a drug overdose in another person.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

And this is where I'm -- what I'm getting to. So currently, they cannot prescribe it to anyone other than the patient, if you will -- rather than say drug user we'll say the patient -- and this would change that current law to allow it to a family member.

Here's where I have a problem with the bill. Is there -- and I'm not done with my questions. I'm sorry. Is there -- is there any other time that healthcare practitioners prescribe antidotes or drugs, prescriptions, medication, whatever the phraseology we can use, to anyone other than the patient?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

I am aware of another statute, and I'm going to refer you to 20-14(e). Last year we did say that a prescribing practitioner who diagnoses a chlamydia or gonorrhea infection in a patient may prescribe and dispense oral antibiotic drugs to such patient and the commissioner's partner or partners in order to prevent further infection without a physical examination of such partner or partners. And it goes on and talks about the situation.

Through you, Madam President.

So there is precedent.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

The -- any other type of drugs that can possibly be prescribed, are they, too, allowed to prescribe to another family member or is it just in the case you mentioned, and in this case typically an antidote for something specific?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

Hopefully, I understand the question correctly. We have, what I had just talked about, under Section 20-14(e), and then, of course, in this legislation that we're debating right now.

Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I guess what I'm saying is, if you give me a precedent of a situation where I'm assuming the instances that you mentioned cannot be used for any other use but for that specific use, and in this case that is the same.

So just bear with me and try to understand my concerns, senator. My concern is prescribing a medication, a drug, or in this case an antidote -- and we've -- we've established that -- to someone other than the patient. And I just want to make sure that, A, we don't do this anywhere else. And if we do do this -- well, I don't think we do -- are we setting a new precedent, a dangerous precedent, something where we are now, you know -- we use this term up here in the capitol about "the nose under the tent," where we're looking for things.

And I don't want to get into a situation where we are now prescribing drugs to someone other than individual. So you, as the public health chairman -- and I respect your knowledge and abilities in this -- in this role -- I just want to make sure, just put my mind at ease that this is not what we're doing.

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

I am not aware of any other place in statute where we do this. This is very narrowly drawn. As you can see, there was existing language to address the situation. We know from other states in the data that has come forward, that many cases -- in many cases, the situation is so life threatening and the person who has overdosed may not be aware that they have done so.
That this is appropriate public policy, in my opinion.

And as I said, just to assuage your concerns, I'm not aware that there are other cases other than the one that I talked about in statute where we allow this.

Thank you, Madam President.

THE CHAIR:

Thank you.

I'm going to break for one second, sir, and I'll give it back. I'm going to ask that Senator Looney (inaudible).

SENATOR LOONEY:

Yes. Thank you, Madam President.

If we might pass this bill temporarily for just a moment. Expect to get back to it shortly and ask for a point of personal privilege.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Yes. Thank you, Madam President.

Madam President, during this session have had a wonderful and extraordinary and gifted intern from -- from Trinity College, Christen Doucette, who is here with us this evening. She has done great work and responding to constituent requests for information, researching bills.

She has been a terrific help in the -- in the office in dealing with all that matters and supporting and screening and so many other things, and has really taken an interest and taken hold here, and has performed so well that I think it has, perhaps, inspired her to look for further opportunities in government and maybe even to make a career of it.

And she is a gifted, young woman and is here with us today, and would hope that we would give her a warm welcome.

THE CHAIR:

I also want to thank you so much for all the work you've done. I hope we will see you back here as, maybe, an elected official.

I'm going to come back to the same bill.

Senator Kane, I will now put it back -- give it back to you, sir.

SENATOR KANE:

Thank you, Madam President.

And thank you to Senator Gerratana for alleviating my concerns. And, basically, I've had numerous conversations about this bill with the department and with many others. And I've tried to portray my concerns that I don't like us going down the road of prescribing any medication to anyone other than the patient. I think that

sets a dangerous precedent.

But Senator Gerratana has alleviated my concerns, has told me that it's narrowly drafted, and that this is not for any other reason but as an antidote to save someone who may not be able to save themselves, I guess.

So I appreciate Senator Gerratana for answering my questions, and I will vote in favor of the bill.

Thank you.

THE CHAIR:

Thank you, Senator Kane.

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

Madam President, I also share some of Senator Kane's concerns simply because -- not of the particular medicine that's being prescribed and distributed, but more the open-ended -- that this medication would fall into the hands of just about anyone if they were to say that they were going to be providing it to someone that was having an overdose.

And as for the explanation that it would not have any effect on others should -- and I believe that that was part of the testimony of this particular bill, because even in the explanation of the -- and summary of the bill, it did state that it would not have an effect on individual should they just ingest it and they were not the person that was addicted to an opiate product. And so it should not give them a problem.

However, in the research that's readily available it does say, however, that certain ones of these type of medications if taken by an opiate addict, such as a product Clonidine, it could have, as a disadvantage, of worsening respiratory depression in patients who have overdosed on nonopiate sedatives, such as alcohol or barbiturates.

And oftentimes, someone that is addicted has multiple

things that they are taking. And I wondered, through you, Madam President, if there discussion took place surrounding this bill? And should there be some concern about worsening the condition for someone -- they possibly -- in the hands of anyone, in other words, a nonmedical person, a friend, even an adult child of a family member that is happening to -- whether that could possibly lead that particular patient, you know, into a more negative situation than previous?

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Through you.

Senator Boucher, are you asking whether this might exacerbate an existing condition due to other abuse or something. Through you, Madam President, not that I'm aware of.

I did have discussions with the Department of Mental Health and Addiction Services and others in the community. I am not aware. It is specific to be used as an opiate antagonist, as I said, and I described what that does.

As far as I know and from my discussions, it would not, you know, cause a problem, if you will, with someone with an underlying addiction, if you will, to other medicines or alcohol or drugs.

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

And I understand that the research is all there and the experience is there for someone that is addicted to an opiate product. However, there's counter information that does say that it could have a worsening situation, particularly a respiratory -- and very serious respiratory problem for those individuals that are overdosing on alcohol or barbiturates.

And if this individual had access to this product, it was in the home and another overdose was occurring, either to the same person or to another individual in that household, and the only thing they had at hand -- and they're not medical professionals -- you really distributing this to anyone -- and why Senator Kane's concerns, I think, it has some foundation -- that possibly by -- in an emergency situation, this is what they have on hand and they automatically dispense it. Would then the providers of that medication be absolved of any liability should that individual have a fatal respiratory situation occur?

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Madam President.

Not under this legislation. But I do want to, again, address your concerns, Senator Boucher. Don't forget that it is a practitioner, and we do define who a practitioner is in this legislation. And that practitioner would be familiar with the situation, as I understand it, and would be aware of the person who may need to have the Naloxone administered to him or her.

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Madam President.

So, I would assume then, that the doctor would have to be

proactively prescribe -- and could not be required to provide it to someone he wasn't or she wasn't comfortable with the medication under the circumstances.

Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Oh, through you, Madam President, not at all. There's no obligation to prescribe it. Again, there would be a protocol. There is a medical protocol.

Through you, Madam President.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Again, Madam President, not to belabor this all. I thank the chairwoman for answers. I think she did answer fully some of the concerns of both Senator Kane and I had on this bill.

Thank you very much.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

If not, Mr. Clerk will you call for a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Senator. Senator Prague. Thank you.

If all members have voted -- if all members voted, the machine will be closed.

Mr. Clerk, will you call the tally, please.

THE CLERK:

House Bill 5063.

Total Number Voting	36
Necessary for Adoption	19
Those Voting Yea	36
Those Voting Nay	0
Those Absent and Not Voting	0

THE CHAIR:

The bill passes.

Mr. Clerk -- I'm sorry, Mr. Clerk.

Go ahead, sir.

THE CLERK:

On page 11, Calendar 428, Substitute for House Bill Number 5035, AN ACT CONCERNING PROPERTY TAX ASSESSMENTS BY MUNICIPALITIES, favorable report of the Committees on Public -- on Planning and Development and Finance, Revenue and Bonding.

THE CHAIR:

Senator Cassano.

SENATOR CASSANO:

Thank you, Madam Chair.

I'd like to move acceptance of the joint committee's favorable report and passage of the bill, waive it's reading, and I'd like to summarize.

THE CHAIR: