



Senate

General Assembly

File No. 327

February Session, 2002

Substitute Senate Bill No. 415

Senate, April 4, 2002

The Committee on Public Health reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING PREVENTING DEATHS FROM DRUG OVERDOSE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2002*) For purposes of this
2 section and section 3 of this act:

3 (1) "Opioid antagonist" means naloxone hydrochloride or any other
4 similarly acting and equally safe drug approved by the federal Food
5 and Drug Administration for the treatment of drug overdose;

6 (2) "Department" means the Department of Public Health; and

7 (3) "Commissioner" means the Commissioner of Public Health.

8 Sec. 2. (NEW) (*Effective October 1, 2002*) The Commissioner of Public
9 Health shall publish an annual report on drug overdose trends state-
10 wide that reviews state death rates from available data to ascertain
11 changes in the causes or rates of fatal and nonfatal drug overdose for

12 the preceding period of not less than five years. The report shall also
13 provide information on interventions that would be effective in
14 reducing the rate of fatal or nonfatal drug overdose. The report shall
15 include: (1) Trends in drug overdose death rates; (2) trends in
16 emergency room utilization related to drug overdoses and the cost
17 impact of emergency room utilization; (3) trends in utilization of
18 prehospital and emergency services and the cost impact of emergency
19 services utilization; (4) suggested improvements in data collection; and
20 (5) a description of other interventions effective in reducing the rate of
21 fatal or nonfatal drug overdoses. The commissioner shall submit such
22 report, in accordance with section 11-4a of the general statutes, on or
23 before July 1, 2003, and annually thereafter, to the Governor and the
24 joint standing committee of the General Assembly having cognizance
25 of matters relating to public health.

26 Sec. 3. (NEW) (*Effective October 1, 2002*) (a) As used in this section,
27 "emergency medical technician" means (1) any class of emergency
28 medical technician certified under regulations adopted pursuant to
29 section 19a-179 of the general statutes, as amended, including, but not
30 limited to, any emergency medical technician-intermediate, and (2)
31 any paramedic licensed pursuant to section 20-206ll of the general
32 statutes.

33 (b) Any emergency medical technician who has been trained, in
34 accordance with national standards recognized by the Commissioner
35 of Public Health, in the administration of opioid antagonist using
36 automatic prefilled cartridge injectors or similar automatic injectable
37 equipment and who functions in accordance with written protocols
38 and the standing orders of a licensed physician serving as an
39 emergency department director may administer opioid antagonist
40 using such injectors or equipment. All emergency medical technicians
41 shall receive such training. All licensed or certified ambulances shall be
42 equipped with opioid antagonist in such injectors or equipment which
43 may be administered in accordance with written protocols and
44 standing orders of a licensed physician serving as an emergency
45 department director.

This act shall take effect as follows:	
Section 1	<i>October 1, 2002</i>
Sec. 2	<i>October 1, 2002</i>
Sec. 3	<i>October 1, 2002</i>

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Fund-Type	Agency Affected	FY 03 \$	FY 04 \$
General Fund - Cost	Department of Public Health	398,000	173,000
General Fund - Cost	University of Connecticut Health Center	None	None

Municipal Impact:

Effect	Municipalities	FY 03 \$	FY 04 \$
STATE MANDATE - Cost	Various Municipalities	Yes	Yes

Explanation

The bill requires the use of opioid antagonists by persons certified or licensed as emergency medical services (EMS) professionals, requires EMS vehicles to carry opioid antagonists in certain injectors or similar specified equipment, and establishes an annual reporting requirement for the Department of Public Health (DPH) related to drug overdose trends. Fiscal impacts are as follows:

Use of Opioid Antagonists

The bill requires all EMTs, EMT-I's, medical response technicians (MRTs) and paramedics in Connecticut to be trained in the use of opioid antagonists. It also requires ambulance companies to carry these drugs in automatic pre-filled cartridge injectors or similar automatic equipment.

Connecticut's 1,434 licensed paramedics are currently educated in

the use of narcotic antagonists. But MRTs, EMTs and EMT-Is are not, and are currently prohibited from performing this skill. Since training in the use of opioid antagonists is not in the current MRT/EMT curriculum at the state or national level, in-state educational resources will likely have to be developed to accommodate the training mandate. As the majority of persons to be trained are affiliated with volunteer EMS organizations it is assumed that the state would incur the costs of providing the training.

A total of 15,808 MRTs, EMTs and EMT-Is and 124 hospital EMS coordinators and medical directors will require training. First year costs of approximately \$350,000 would be anticipated. This would fall to \$125,000 in the second year as only newly certified EMS professionals would require initial training. It is expected that refresher courses would be required at least every two years. Potential offsetting revenues would be anticipated should a user fee be implemented, however a fee is not mandated in the bill. Assessment of any fees may result in corresponding local costs for those communities with municipally-affiliated ambulance companies should they assume the training costs for their ambulance personnel. Additional local costs may ensue to the extent that paid replacement workers or employees on overtime are retained to fill in for persons while away at training.

An aggregate local cost of \$97,200 will be incurred to equip ambulances with pre-filled automatic injectors, assuming that 540 municipal EMS vehicles would each be stocked with six injectors at a cost of \$30 each. It is anticipated that these costs would double should the bill's provisions be interpreted to extend to currently available benzodiazepine antagonists.

Since each of the sixteen currently employed paramedics at the University of Connecticut Health Center has been educated in the use of opioid antagonists and is currently authorized to administer the same, no fiscal impact is anticipated to result for the Health Center.

No funding for this purpose has been included within sHB 5019 (the

Revised FY 03 Appropriations Act, as favorably reported by the Appropriations Committee).

Annual Report

The Department of Public Health will incur an annual cost of approximately \$48,000 to retain consultant services needed to assist in the compilation of data for inclusion in the required annual report on drug overdose trends and other related data as specified in the bill.

No funding for this purpose has been included within sHB 5019 (the Revised FY 03 Appropriations Act, as favorably reported by the Appropriations Committee).

OLR Bill Analysis

sSB 415

AN ACT CONCERNING PREVENTING DEATHS FROM DRUG OVERDOSE**SUMMARY:**

This bill requires all certified emergency medical technicians (EMT) and licensed paramedics to receive special training to administer "opioid antagonists" and allows those who have been trained to administer such drugs in automatic prefilled cartridge injectors or similar automatic equipment. An opioid antagonist, under the bill, is naloxone hydrochloride or any other similar drug approved by the Food and Drug Administration for the treatment of a drug overdose. The bill also requires all certified and licensed ambulances to contain such injectors or equipment.

The bill requires the public health commissioner to publish an annual report on statewide fatal and nonfatal drug overdose trends and interventions that would reduce them. He must submit the first report to the governor and Public Health Committee by July 1, 2003.

EFFECTIVE DATE: October 1, 2002

OPIOID ANTAGONIST TRAINING AND ADMINISTRATION

This bill requires all certified EMTs and licensed paramedics to receive special training in administering opioid antagonists in automatic prefilled cartridge injectors or similar automatic equipment. The training must follow national standards the public health commissioner recognizes. The bill allows those who (1) have been trained to administer such drugs and (2) operate under written protocols and standing orders from a hospital emergency department director to administer the drugs using these devices.

DRUG OVERDOSE REPORT

The bill requires the public health commissioner to report annually on statewide fatal and nonfatal drug overdose trends over at least a five-year period and interventions that would reduce them. The report

must look for changes in the causes or rates of overdoses over that period. It must cover:

1. trends in drug overdose death rates,
2. trends in overdose-related emergency room utilization and the cost of that use,
3. trends in prehospital and emergency services use (e.g., ambulances) and the cost of emergency service use,
4. ways to improve data collection, and
5. other interventions that could be effective in reducing fatal and nonfatal overdoses.

BACKGROUND

Opioid Antagonist Treatment

Opiate antagonists “sit” on the brain’s opioid receptor sites, displacing any opioids (such as heroin), reducing cravings for opiates, and blocking their euphoric and other effects. Some opiate antagonists, like naloxone, when injected after a narcotic overdose rapidly reverse the symptoms of overdose.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 0