

# OFFICE OF FISCAL ANALYSIS

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sSB-1057

AN ACT CONCERNING OPIOID USE DISORDER.

## **OFA Fiscal Note**

### **State Impact:**

Agency Affected	Fund-Effect	FY 20 \$	FY 21 \$
Mental Health & Addiction Serv., Dept.; Social Services, Dept.	GF - Potential Cost	See Below	See Below
Board of Regents for Higher Education	Various - Potential Cost	See Below	See Below
UConn; UConn Health Ctr.	Various - Potential Cost	See Below	See Below

Note: Various=Various; GF=General Fund

**Municipal Impact:** None

### **Explanation**

**Section 1** results in a potential cost to the Board of Regents for Higher Education, the University of Connecticut (UConn), and UConn Health Center associated with making naloxone accessible to students and employees. To make naloxone accessible, the constituent units will need to train students and employees on how to administer the drug. If the constituent units choose to distribute instructions via email and a link to Internet-available training, there will be no cost.

If, however, the constituent units determine in-person training is necessary, the FY 20 cost of the initial training may total approximately \$116,700 to \$311,100 collectively at UConn and UConn Health Center, which will need to train approximately 32,000 students and 10,000 employees using 1.2 FTE to 3.1 FTE staff (depending on the length and frequency of training) at an estimated cost of \$100,000 each (including salary and fringe benefits). The in-person training cost in FY 20 at the Board of Regents may total approximately \$243,500 to \$653,300 for 2.4

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FTE to 6.5 FTE staff to train approximately 75,500 students and 12,750 employees across the community colleges and state universities. In FY 21, the training may be included in new employee and new student trainings. If in-person refresher training is necessary in FY 22 or beyond, annual costs will be incurred.

The bill's provision requiring each higher education institution to maintain a supply of naloxone is not anticipated to result in an additional cost to the state because each constituent unit campus already makes naloxone available, during its open hours, either through campus police officers or the Dean of Students' office. If the constituent units are required to have naloxone at a central location, there will be a cost of between \$20 and \$40 for each additional naloxone dose the constituent unit needs to purchase. The Board of Regents encompasses 19 community college and state university locations, including eight at which police officers carry naloxone. Therefore, additional kits for a central location may need to be purchased in FY 20 at a cost of \$320 to \$640 if two doses are purchased per site. UConn consists of seven locations including the Health Center, and equipping each with two doses would cost \$280 to \$560 in FY 20. These costs will recur every 18 months to restock per current manufacturer guidelines.

**Section 2** requires the Department of Mental Health and Addiction Services (DMHAS) to collaborate with the Department of Social Services (DSS) to study the efficacy of using home health agencies to provide medication-assisted treatment to certain Medicaid recipients who present in emergency departments due to opioid use. The fiscal impact of this depends on the scope of the study. If DMHAS and DSS can meet the provisions of the bill by reviewing existing, relevant research and submitting a report by January 1, 2020, there will not be a cost. If the agencies are required to conduct a study that is more clinical in nature, they will incur related contract costs.

Lastly, under the bill, when EMS personnel apply for licensure or certification after 1/1/20, they must provide documentation to the

Department of Public Health (DPH) that they have completed a DPH-approved mental health first aid training course. These programs are provided statewide. DPH has six months to determine which, if any at all, they will accept documentation from. The agency can do so using its existing expertise.

***The Out Years***

The annualized ongoing fiscal impact identified above will continue into the future subject to required training, naloxone supplies, and the scope of the study.