



# House of Representatives

General Assembly

**File No. 105**

February Session, 2024

Substitute House Bill No. 5291

*House of Representatives, March 25, 2024*

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING IMPROVED OPIOID MONITORING.***

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

1 Section 1. Section 19a-127q of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2024*):

3 (a) On and after January 1, 2019, any hospital licensed pursuant to  
4 chapter 368v or emergency medical services personnel, as defined in  
5 section 20-206jj, that treats a patient for an overdose of an opioid drug,  
6 as defined in section 20-14o, shall report such overdose to the  
7 Department of Public Health in a form and manner prescribed by the  
8 Commissioner of Public Health.

9 (b) On and after January 1, 2020, any hospital licensed pursuant to  
10 chapter 368v that treats a patient for a nonfatal overdose of an opioid  
11 drug, as defined in section 20-14o, shall administer a mental health  
12 screening or assessment of the patient if medically appropriate, and

13 provide the results of such screening or assessment to the patient if  
14 medically appropriate, or to the patient's parent, guardian or legal  
15 representative, as applicable, if medically appropriate.

16 (c) On or before January 1, 2020, the Department of Public Health  
17 shall provide the data reported pursuant to subsection (a) of this section  
18 to the municipal health department or district department of health that  
19 has jurisdiction over the location in which such overdose occurred, or,  
20 if such location is unknown, the location in which the hospital or  
21 emergency medical services personnel treated the patient, as the  
22 department, in its discretion, deems necessary to develop preventive  
23 initiatives.

24 (d) (1) From January 1, 2025, until August 31, 2028, any hospital  
25 licensed pursuant to chapter 368v that treats a patient for a nonfatal  
26 overdose of an opioid drug, as defined in section 20-14o, shall  
27 administer, with the patient's consent, a toxicology screening of the  
28 patient, if medically appropriate. Such screening shall include, but need  
29 not be limited to, screening for opiates, opioids, benzodiazepines,  
30 cannabinoids, methadone, cocaine, gabapentin, xylazine and any other  
31 substance deemed appropriate by the commissioner. Any hospital that  
32 administers a toxicology screening pursuant to the provisions of this  
33 subsection shall report the screening results to the Department of Public  
34 Health in a form and manner prescribed by the commissioner.

35 (2) On or before January 1, 2026, and annually thereafter, until  
36 January 1, 2029, the commissioner shall report, in accordance with the  
37 provisions of section 11-4a, to the joint standing committee of the  
38 General Assembly having cognizance of matters relating to public  
39 health regarding toxicology screening results obtained pursuant to the  
40 provisions of this subsection. Such report shall include, but need not be  
41 limited to, (A) the identification and analysis of any trends identified as  
42 a result of toxicology screening results obtained pursuant to the  
43 provisions of this subsection, (B) the identification of any benefits  
44 experienced by patients seeking emergency department care for  
45 nonfatal overdoses as a result of the toxicology screening results

46 obtained pursuant to this subsection, and (C) a recommendation  
47 regarding whether toxicology screening reporting performed pursuant  
48 to this subsection should continue after August 31, 2028.

49 [(d)] (e) Data reported to the Department of Public Health by a  
50 hospital or emergency medical services personnel pursuant to the  
51 provisions of this section shall at all times remain confidential pursuant  
52 to section 19a-25.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2024	19a-127q

**PH**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 25 \$	FY 26 \$
UConn Health Ctr.	GF - Cost	Minimal	Minimal

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill, which requires hospitals that treat a patient for a nonfatal opioid drug overdose to administer a toxicology screening in certain circumstances, could result in minimal costs to the University of Connecticut Health Center (UHC), with half-year costs beginning in FY 25, as the effective date of the provision is January 1, 2025.

It is estimated that there are approximately 6,600 nonfatal overdose visits to emergency departments across Connecticut, annually.<sup>1</sup> The per unit cost of a toxicology screening at UHC is approximately \$12.26. It is unknown how many nonfatal overdoses UHC would screen annually, and what portion of screenings would be covered by insurance, but the additional costs to UHC will be minimal. Each 1,000 eligible screenings could result in a cost of up to \$12,260.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue through August 31, 2028 (a few months into FY 29), subject to

<sup>1</sup> Connecticut Department of Public Health, [https://portal.ct.gov/-/media/DPH/Injury-and-Violence-Prevention/Opioid-Overdose-Data/CT\\_DOSE-Syndromic-Annual-Report-2022.pdf](https://portal.ct.gov/-/media/DPH/Injury-and-Violence-Prevention/Opioid-Overdose-Data/CT_DOSE-Syndromic-Annual-Report-2022.pdf)

the number of toxicology screenings and the cost of each screening. Hospitals are required to complete screenings through August 31, 2028, so there will not be costs incurred past that date.

**OLR Bill Analysis****sHB 5291*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING IMPROVED OPIOID MONITORING.*****SUMMARY**

This bill requires hospitals that treat a patient for a nonfatal opioid drug overdose to administer a toxicology screening if it is medically appropriate and the patient consents to it. At a minimum, the screening must test for opiates, opioids, benzodiazepines, cannabinoids, methadone, cocaine, gabapentin, xylazine, and other substances the Department of Public Health (DPH) commissioner deems appropriate. Hospitals must perform the toxicology screenings for a three-and-a-half-year period, from January 1, 2025, to August 1, 2028, and report the screening results to DPH as the commissioner prescribes.

Additionally, the bill requires the DPH commissioner, by January 1, 2026, and annually afterwards until January 1, 2029, to report to the Public Health Committee on the toxicology screening results they receive. The report must (1) identify and analyze any trends, (2) identify any benefits patients experienced when seeking emergency department care for their overdose, and (3) recommend whether hospitals should continue toxicology screening reporting after August 31, 2028.

Under the bill, the toxicology screening results hospitals report to DPH generally (1) are confidential and not subject to disclosure, (2) are not admissible as evidence in any court or agency proceeding, and (3) must be used solely for medical or scientific research or disease control or prevention purposes.

EFFECTIVE DATE: October 1, 2024

**BACKGROUND**

***Reporting Opioid Drug Overdoses***

By law, any hospital or emergency medical services (EMS) personnel that treat a patient for an opioid overdose must report the overdose to DPH. The department must then provide the data to the municipal or district health department that has jurisdiction over the overdose location, or, if that location is unknown, the location in which the hospital or EMS personnel treated the patient, as DPH in its discretion deems necessary to develop preventive initiatives.

In addition, the law requires hospitals that treat patients for nonfatal opioid drug overdoses to administer mental health screenings or patient assessments if it is medically appropriate to do so (CGS § 19a-127q).

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 37 Nay 0 (03/11/2024)