

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5291  
AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
**Title:** RECOMMENDATIONS REGARDING IMPROVED OPIOID MONITORING.  
**Vote Date:** 3/11/2024  
**Vote Action:** Joint Favorable Substitute  
**PH Date:** 3/1/2024  
**File No.:** 105

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## **SPONSORS OF BILL:**

The Public Health Committee

## **REASONS FOR BILL:**

Connecticut is facing a public health crisis regarding the use of drugs that is afflicting many of our citizens. Although not all overdoses are fatal, it is important to understand not only the causes of this increase in drug use, but to understand and detect the many different synthetic and semi-synthetic opioids in circulation today also better. This bill requires hospitals to do a comprehensive toxicology test for certain drugs, with the patient's consent, on all non-fatal overdoses of people entering the emergency department (ED) for a period of 3.5 years from January 1, 2025 through August 1, 2028 and that these test results be submitted to the Department of Public Health (DPH). This timeframe conforms with the federal funding available to cover the cost of the screening. In addition, the bill requires the commissioner of DPH, by January 1, 2026, and annually thereafter, until January 1, 2029, to report to the Public Health Committee on the screening results. The report must identify and analyze any trends, determine if there is any benefit to patients when seeking care in an ED, and make recommendations on whether the screening and subsequent reporting should continue after August 1, 2028. Additionally, it is important to note that the screening results reported to DPH are confidential, not admissible in any court or agency proceeding, and used solely for medical and scientific research.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **Manisha Juthani, Commissioner, the Department of Public Health (DPH):**

DPH strongly supports this bill which will allow our state to better understand how non-fatal overdoses affect various populations. DPH is currently working with Hartford Hospital and Bristol Hospital on this testing platform. Passage of this legislation will allow the Department to identify statewide trends. This more comprehensive approach to monitoring trends will

allow public health officials to better focus their efforts and respond more effectively to this crisis leading to better outcomes and fewer overdose fatalities.

#### **NATURE AND SOURCES OF SUPPORT:**

##### **Eunice Park, PharmD, MPH Candidate, Health Policy and Administration, Yale School of Public Health:**

Ms. Park shared that not all opioid substance related overdoses are correctly identified when drugs are suspected. There are common signs and symptoms that can be identified in the hospital, but also many cases of self-reporting or lack thereof by the patient. This poses a problem not only of misdiagnosing an overdose, which could lead to death, but also misidentifying the legal or illegal drug that may have caused the overdose. Data from toxicology screening will help track both the number of non-fatal overdoses as well as the substance that may have caused them. This screening will improve surveillance of the ongoing crisis and can also save lives.

#### **NATURE AND SOURCES OF OPPOSITION:**

##### **Connecticut Hospital Association, (CHA):**

CHA opposes this bill as drafted and offers several recommendations for the Committee to consider. In recent years, hospital emergency departments (EDs) have dealt with significant challenges to delivering the high-quality care all patients deserve. In addition to patients presenting with more acute medical condition, our healthcare system is facing a severe shortage of medical staff. This situation has brought EDs to a crisis point in terms of their ability to meet the demand for care with available staff. This bill will add an additional reporting requirement increasing the administrative burden on our already stressed EDs. CHA points out that there already exists regular reporting on opioid overdoses. One of CHA's concerns is that there is no requirement for DPH to issue a report on their analysis of this information. If hospitals will be required to perform more work and submit more data, the bill should assure that DPH will be using this information, not just collecting it. Another concern is that the bill has confusing language regarding patient consent. Any final language should make clear that a hospital would be mandated to submit the patient's lab result to the DPH without their consent. Finally, this effort should not exist in perpetuity. Since this new reporting requirement is being funded by a five-year CDC funding opportunity, there should be a "sunset" provision to the legislation that mirrors the expiration of the funding.

**Reported by: Kathleen Panazza**

**Date: March 8, 2024**