

HB 5291 -- Redline

File No. 105 to Chaptered -- AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING IMPROVED OPIOID MONITORING.

Deletions ~~struck~~ · Insertions underlined

~~Substitute House of Bill~~ Representatives General Assembly File No.

~~1055291 February Public Session, Act 2024~~ Substitute House Bill No.

~~529124-120 House~~ AN of ACT Representatives, CONCERNING March THE 25, DEPARTMENT 2024 ~~OF The PUBLIC Committee~~ HEALTH'S on RECOMMENDATIONS Public REGARDING Health IMPROVED reported OPIOID through MONITORING. 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.~~

(b) On and after January 1, 2020, any hospital licensed pursuant to chapter 368v that treats a patient for a nonfatal overdose of an opioid drug, as defined in section 20-140, shall administer a mental health screening or assessment of the patient if medically appropriate, and ~~sHB5291~~ provide ~~the~~ File results No. of such screening or assessment to the patient if medically appropriate, or to the patient's parent, guardian or legal representative, as applicable, if medically appropriate.

~~105(c) 1~~ On sHB5291 or File before January 1, 2020, the Department of Public Health Substitute House Bill No.

~~1055291 shall provide the results data reported pursuant to subsection (a) of such this screening section to the municipal health department or assessment district to department of health that has jurisdiction over the patient location in which such overdose occurred, or, if medically such appropriate, location or is to unknown, the patient's location parent, in guardian which the hospital or legal emergency representative, medical services personnel treated the patient, as applicable, the if department, medically in appropriate. its discretion, deems necessary to develop preventive initiatives.~~

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

Such report shall include, but need not be limited to, (A) the identification and analysis of any trends identified as a result of toxicology screening results obtained pursuant to the provisions of this subsection, (B) the identification of any benefits experienced by patients seeking emergency department care for nonfatal overdoses as a result of the toxicology screening results ~~sHB5291~~ obtained ~~pursuant File to this subsection, and (C) a recommendation regarding whether toxicology screening reporting performed pursuant Public Act~~ No.

~~10524-120 2 sHB5291 of File 3~~ Substitute House Bill No.

~~1055291 obtained pursuant to this subsection, and (C) a recommendation regarding whether toxicology screening reporting performed pursuant to this subsection should continue after August 31, 2028.~~

~~This Approved act June shall 5, take 2024 effect Public as Act follows No. and shall amend the following sections:~~

~~Section 24-120 13 October of 1, 3 2024 19a-127q PH Joint Favorable Subst. sHB5291 / File No.~~

~~105 3 sHB5291 File No.~~

~~105 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.~~

~~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 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 SHB5291 / File No.~~

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~~105 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.~~

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~~105 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 SHB5291 / File No.~~

~~105 6 SHB5291 File No.~~

~~105 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 Sec. 19a-127q).~~

~~COMMITTEE ACTION Public Health Committee Joint Favorable Substitute Yea 37 Nay 0 (03/11/2024) SHB5291 / File No.~~

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