

# OFFICE OF FISCAL ANALYSIS

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sHB-5291

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

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## **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.

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<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)

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***The Out Years***

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