



**Substitute House Bill No. 5291**

**Public Act No. 24-120**

**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:

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 Section 19a-127q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

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

(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 20-14o, shall administer a mental health screening or assessment of the patient if medically appropriate, and provide the results 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.

(c) On or before January 1, 2020, the Department of Public Health

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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.

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

(2) On or before January 1, 2026, and annually thereafter, until January 1, 2029, the commissioner shall report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding toxicology screening results obtained pursuant to the provisions of this subsection. 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 obtained pursuant to this subsection, and (C) a recommendation regarding whether toxicology screening reporting performed pursuant

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to this subsection should continue after August 31, 2028.

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