



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Friday, March 1, 2024**

**HB 5291, An Act Concerning The Department Of Public Health's  
Recommendations Regarding Improved Opioid Monitoring**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5291, An Act Concerning The Department Of Public Health's Recommendations Regarding Improved Opioid Monitoring**. CHA opposes the bill as drafted and offers several recommendations for the Committee's consideration.

Hospital emergency departments (EDs) have endured an unprecedented array of challenges in recent years. As the number of acute COVID-19 cases plateaued and then abated, many patients presented with higher-acuity medical conditions, requiring more care for longer periods of time. Further compounding the problem, there is a severe shortage of staff throughout the healthcare system.

These circumstances have brought EDs to a crisis point in terms of their ability to meet the demand for patient care with available staff. Connecticut's healthcare safety net has been on the verge of breaking as EDs often become gridlocked with patients waiting to be seen by an emergency medicine clinician or specialist, waiting for admission to an inpatient bed in a hospital, or waiting to be transferred to a psychiatric, skilled nursing, or other facility.

Last year, the Connecticut General Assembly acknowledged this crisis and enacted **Public Act 23-97, An Act Concerning Health And Wellness For Connecticut Residents**. This comprehensive healthcare legislation included a requirement that the commissioner of the Department of Public Health (DPH) convene a working group to advise the department on ways to ease ED crowding. DPH has assembled an impressive array of experts to address this crisis and report their recommendations to this Committee on or before January 31, 2025.

HB 5291 would impose a new reporting requirement on hospital emergency departments during this most challenging time. CHA objects to any proposal to increase the administrative burden on EDs given the challenges of meeting current demand for emergency medical services.

CHA has supported the Connecticut State Public Health Laboratory's efforts to conduct toxicology testing for an expanded set of synthetic narcotics in urine specimens of overdose patients presenting in EDs since 2021. CHA has circulated DPH Blast Faxes to hospitals and repeatedly highlighted the state laboratory's enhanced toxicology testing capacity for hospital ED directors.

In May of 2023, CHA submitted a letter supporting the Department's application for a Centers for Disease Control and Prevention (CDC) five-year funding opportunity to support toxicology testing work by DPH and the state lab.

CHA will continue to work with DPH to promote the voluntary reporting of toxicology tests to assist the Department in fulfilling its obligations under the CDC grant. However, CHA opposes the imposition of the new reporting requirements set forth in HB 5291, especially when the collection of such information will have no immediate and discernible impact on the delivery of emergency medical care to a patient who has experienced a nonfatal opioid overdose.

As this Committee is aware, there already exists robust and regular reporting on opioid overdoses. Some examples include the Monthly Report of Drug Overdose Deaths and Statewide Opioid Reporting (SWORD) Newsletters.

Another troubling aspect of HB 5291 as drafted is that there is no requirement imposed upon DPH to issue reports on their analysis of the information derived from this new reporting requirement. If enacted, and hospitals are required to perform more work and submit more data to the state, the bill should assure that DPH will be using the information (not just collecting it).

Additionally, the bill has confusing language regarding patient consent. Any final bill language should make clear that a hospital would be mandated to submit the patient's lab result information to DPH without patient consent.

In addition, the new reporting requirement in HB 5291 should not exist in perpetuity. Since this new reporting requirement was prompted by a five-year CDC funding opportunity, CHA proposes that the Committee, as an alternative to opposing or taking no action on this bill, consider inserting an expiration or "sunset" date into the bill that mirrors the expiration of the CDC funding opportunity. This sunset provision should also include a requirement that DPH report to the Public Health Committee on the results of their work, including any benefit to patients seeking care for a nonfatal overdose in an ED. Such a report may include a recommendation to the General Assembly regarding the potential extension of this reporting requirement. We reiterate our preference that the Committee either take no action or oppose this bill.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.