Public Health Committee
JOINT FAVORABLE REPORT

Bill No:	SB-365 / Bill Status / Public Hearing Testimony
Title:	AN ACT ESTABLISHING A BRIDGE PROGRAM FOR EMERGENCY TREATMENT AND RECOVERY NAVIGATION FOR PERSONS WITH AN OPIOID USE DISORDER.
Vote Date:	3/9/2026
Vote Action:	Joint Favorable Substitute
PH Date:	3/4/2026
File No.:	157

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

Opioid use disorder and overdose remain a prevalent issue in Connecticut affecting various groups of people. In 2023, Connecticut had an unintentional drug overdose rate of 33.0 per 100,000 people, which was higher than the national average. Additionally, in 2024 there were 990 unintentional drug overdoses; most involved the accidental or deliberate use of opioids. Synthetic opiates such as buprenorphine are used to treat opioid use disorder by reducing cravings and withdrawal symptoms. Buprenorphine is administered through sublingual films/tablets, injections, and patches. Similarly, opioid antagonists such as naloxone hydrochloride (Narcan) reverse opioid overdoses by blocking opioid receptors. This bill requires hospitals licensed under chapter 368v of the General Statutes to administer buprenorphine, a synthetic opiate, and provide a supply of opioid antagonists to patients at the time of discharge. In addition, hospitals shall refer patients to approved treatment programs for treatment of the physical and psychological effects of drug dependency, or the detoxification of a drug-dependent person.

SUBSTITUTE LANGUAGE (IF APPLICABLE):

The substitute language includes the following:

1. Adds methadone as a treatment option.
2. Requires hospitals to provide a bridging prescription to patients given buprenorphine and a last-dose letter to patients given methadone.
3. Creates an exception to the bill's requirements for professional judgement.
4. Adds community providers as a potential referral source for these patients.

RESPONSE FROM ADMINISTRATION/AGENCY:

None expressed.

NATURE AND SOURCES OF SUPPORT:

Rebecca Allen, Director, Connecticut Community for Addiction Recovery (CCAR):

In 2025 Connecticut Community for Addiction Recovery (CCAR) coaches responded to more than 5,400 calls from hospitals across the state. Emergency departments are frequently visited by individuals experiencing substance use crisis, an overdose, or health complications due to substance use. These individuals often encounter a healthcare system that discharges them without meaningful engagement in recovery. By the time recovery services are provided, patients have become frustrated with the system or disengaged. CCAR recovery coaches support patients by connecting them to treatment programs, medication, housing, or other recovery supports. This model has helped thousands of individuals begin or re-engage in recovery. Ms. Allen supports S.B. 365 and the importance of timely patient identification and connection to recovery services as early as possible.

Carlos Holden, President, Connecticut College of Emergency Physicians (CCEP):

Mr. Holden wrote in support of S.B. 365 and stated that opioid overdoses are at a crisis level in Connecticut. Statewide health surveillance systems such as the Connecticut Statewide Opioid Reporting Directive consistently emphasize the scale of both fatal and non-fatal overdoses. Due to this crisis, individuals experiencing opioid use disorder and overdose often turn to emergency departments seeking help.

Carson Ferrera, Hospital Liaison, Liberation Programs:

Mr. Ferrera states that connecting people to follow-up care in the emergency department may increase recovery engagement and decrease mortality. During his time as a graduate student, Mr. Ferrera worked on a trial involving emergency department-initiated buprenorphine, enrolling nearly two thousand adults with untreated opioid use disorder across 29 emergency departments nationwide. The trial found that the administration of buprenorphine led to higher rates of engagement in treatment. Mr. Ferrera has encountered individuals who cycle repeatedly through the emergency departments and are discharged without being started on synthetic opiates or naloxone. Buprenorphine and methadone are the two gold-standard medications for opioid use disorder and improve treatment retention. This bill allows hospitals to discharge patients with a supply of buprenorphine and methadone to bridge their way to treatment and ultimately recovery. Mr. Ferrera urges hospitals to provide adequate training and clinical support so that emergency department staff are comfortable identifying opioid use disorder, initiating medications, managing withdrawal risks, and arranging follow-up care.

Atique Azam Mirza, MD, Hartford County Medical Association (HCMA):

Dr. Mirza writes on behalf of the Hartford County Medical Association and expresses that despite the overall decline in fatal overdoses, opioid-related harm continues to be a pressing public health crisis in Connecticut. Annually, Connecticut experiences hundreds of unintentional drug overdose deaths, and opioids are involved in a vast majority of these deaths. Connecticut's opioid overdose death rate has been consistently above the national

average. Additionally, nonfatal opioid overdoses and emergency department visits remain alarmingly high. Dr. Mirza states that many people who survive an overdose are not connected to treatment services leading to a significantly higher risk of future overdose and death. Medications such as buprenorphine paired with follow-up care are proven to reduce mortality and improve engagement in long-term treatment. The bridge model this bill suggests aims to reduce barriers to initiating treatment in the emergency department by requiring the administration of buprenorphine and naloxone.

12 additional testimonies were submitted in support of this bill.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Hospital Association(CHA):

CHA wrote in appreciation of the intent of this bill; however, as written, this bill creates care mandates which may interfere with clinical judgement and imposes an unfunded mandate around discharge planning. CHA states decisions regarding treatment, including the use of buprenorphine, should remain within the expertise of clinicians and established hospital protocols. Furthermore, emergency departments are not designed to function as substance use treatment centers, expanding their role may cause challenges which can impact care for all patients. CHA opposes the language in subsection (b) of S.B. 365 and provides alternative language to move forward with a solution that can foster the goals of the bill. The suggested language allows hospitals that have staffing, pharmacy resources, capacity, and space, the ability to participate in this form of community care. Please refer to testimony for substitute language in full.

Reported by: Abbygail Shaw **Date: March 16, 2026**