OFFICE OF FISCAL ANALYSIS

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HB-5514
AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

AMENDMENT

LCO No.: 4812
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OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 $	FY 28 $
Public Health, Dept.	GF - Cost	Up to 230,000	Up to 35,000
Public Health, Dept.	GF - Potential Cost	Minimal	Minimal
Public Health, Dept.	GF - Revenue Gain	Potential Minimal	Potential Minimal
Public Health, Dept.	GF - Revenue Loss	See Below	See Below
Legislative Mgmt.	GF - Potential Cost	Minimal	Minimal
UConn Health Ctr.	OF - See Below	See Below	See Below
UConn Health Ctr.	GF - Cost	See Below	See Below
Department of Emergency Services and Public Protection	GF - Potential Cost	See Below	See Below
Resources of the General Fund	GF - Potential Revenue Gain	See Below	See Below
Department of Emergency Services and Public Protection	Applicant Fingerprint Card Submission Account - Potential Revenue Gain	See Below	See Below
Mental Health & Addiction Serv., Dept.; Department of Developmental Services; Social Services, Dept.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund; OF=Operating Fund

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Reviewer: JS

Municipal Impact:

Municipalities	Effect	FY 27 $	FY 28 $
Various Municipal Police Departments	Potential Revenue Gain	See Below	See Below
Local and Regional School Districts	STATE MANDATE[1] - Potential Cost	None	Potential Minimal

Explanation

The amendment strikes the underlying bill and its associated fiscal impact, resulting in the impacts described below.

Section 13 results in both a potential revenue loss and a potential savings, annually beginning in FY 27, to the UConn Health Center (UCHC). It allows hospital emergency departments to administer certain drugs to patients presenting with symptoms of substance use disorder without requiring in-patient admission. Any impacts will be half-year in FY 27 as the requirements take effect 1/1/27.

The amendment may reduce the number of in-patient admissions to UCHC, to the extent that patients may have otherwise been admitted for this treatment. If a reduction in in-patient admissions occurs, the net impact will depend on the payer mix of those patients. A reduction in privately insured admissions would result in a revenue loss to UCHC, while a reduction in uninsured or underinsured admissions would result in a savings.

The amendment additionally results in a potential cost to UCHC annually beginning in FY 27 by allowing UCHC to offer an opioid antagonist, or a prescription for an opioid antagonist, to patients presenting to the emergency department with symptoms of substance

[1] State mandate is defined in Sec. 2-32b(2) of the Connecticut General Statutes, "state mandate" means any state initiated constitutional, statutory or executive action that requires a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

use disorder. To the extent that this increases the number of opioid antagonists provided without payment from patients or insurance, there is a cost to UCHC of $35 to $50 per unit.[2]

The annualized ongoing fiscal impact would continue into the future subject to the number changes in UCHC inpatient admissions, the payer mix of those patients, and the number of opioid antagonists UCHC provides, if any.

Section 14 creates an endometriosis working group and allows members to be reimbursed for any necessary expenses incurred in the performance of their duties. This results in a potential minimal cost to the Office of Legislative Management beginning in FY 27 to the extent reimbursements are requested.

Section 15 establishes an advisory council on chimeric antigen receptor (CAR) T-cell therapy and other gene therapies within the Department of Public Health (DPH) for administrative purposes only. This results in a potential minimal cost to DPH beginning in FY 27, as council members may be reimbursed for necessary expenses incurred in performing their duties.

Additionally, the council may: (1) procure certain grants, gifts, bequests, sponsorships and in-kind donations for the purpose of carrying out its responsibilities; and (2) enter into any contracts or agreements necessary for the distribution or use of any received funds, services or property.

Sections 16 and 17 require high school student athletes to complete an athletics health assessment and local and regional boards of education (BOEs) to pay for the assessment for certain students, resulting in a potentially minimal cost to BOEs beginning in FY 28. The cost is dependent on the number of students for whom the BOE must pay for the assessment and the cost of the assessment. It is anticipated the cost of the assessment will be minimal and may be covered by

[2] A box of Narcan costs about $35 to $50 and contains two doses.

insurance for some students.

Section 19 requires the DPH to develop a menopause toolkit, resulting in a General Fund cost of up to $140,000 to the Other Expenses account in FY 27 and $25,000 annually thereafter.

DPH currently lacks staff with the necessary subject matter expertise, requiring the services of a healthcare consultant for approximately $110,000 in FY 27 to create the toolkit and continuing education video content. The agency would also contract graphic design services, costing up to $20,000 in FY 27, to aid in the design of the toolkit materials and an associated webpage. An additional one-time cost of up to $10,000 is anticipated to produce the continuing education video training modules with interactive components.

Ongoing expenses include approximately $22,000 in FY 28 and annually thereafter for a healthcare consultant to continually update the toolkit, as well as approximately $3,000 to host the virtual education training modules into

Sections 25 and 26 expand DPH authority to take disciplinary action against nurse's aides and Rural Health Transformation (RHT) practitioners that commit specified misconduct, resulting in a potential minimal revenue gain[3] to the General Fund beginning in FY 27.

Section 27 makes procedural changes that allow tribes to receive RHT Program funding without taking employment rights-related steps.

Section 29 enters Connecticut into the Emergency Medical Services (EMS) compact, resulting in a General Fund annual revenue loss[4] of up to an estimated $31,000 due to the loss of paramedic licensure renewal

[3] CGS Sec. 19a-17 gives DPH the authority to assess a civil penalty of up to $25,000 to professionals under its jurisdiction as part of its disciplinary practices.
[4] It is anticipated that DPH will receive up to 199 fewer paramedic renewals in the first year of joining the compact based on current DPH licenses held by paramedics in compact and neighboring states, assuming all neighbor states join the compact.

fees[5] ($155 each[6]) associated with individuals who are also licensed within other participating compact states. Of this total, $1,000 is a revenue loss to the professional assistance program account that supports the Health Assistance InterVention Education Network (HAVEN). The revenue loss would begin one year after Massachusetts, New York, or Rhode Island enacts the EMS compact, and continue annually thereafter, as this triggers Connecticut's adoption of the compact.

The revenue loss may be partially offset to the extent Connecticut DPH charges a fee to out-of-state paramedics for granting compact privilege. Currently, the state does not directly charge a separate fee for privileges granted by any similar interstate occupational compacts.

Additionally, the EMS compact allows the United States EMS Compact Commission to levy an annual assessment on member states to cover the cost of its operations; however, such authority has never imposed any state assessments or fees. The Compact Commission is presently funded through a multi-year grant provided by the National Registry of EMTs.

Section 30 requires, beginning one year after a neighboring state enacts the EMS compact, applicants for EMS licensure and certification to submit to a state and national fingerprint-based criminal history records check, resulting in: (1) a potential cost to the Department of Emergency Services and Public Protection (DESPP), (2) a potential revenue gain to the General Fund,[7] and (3) a potential revenue gain to the Applicant Fingerprint Card Submission Account and various

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[5] Paramedics are the only EMS provider license or certification covered by the compact with any associated fees in Connecticut. A conflict of provisions in PA 25-198 and PA 25-174 reconciled pursuant to CGS Sec. 2-30b eliminated the initial application fee, but not the renewal fee.

[6] Of each $155 renewal fee, $150 is directly deposited into the General Fund. The remaining $5 fee is deposited into the professional assistance program account which supports the Health Assistance InterVention Education Network (HAVEN).

[7] DESPP conducts state criminal history records checks for a fee of $75. The revenue that is collected from this fee is deposited into the General Fund.

municipal police departments.[8] These fiscal impacts would further depend on the volume of license and certification applications subject to this requirement, which is unknown.[9]

The fiscal impacts identified above will continue in the future subject to the timing of a neighboring state joining the EMS compact and the number of criminal history records checks subsequently performed by DESPP and various municipal police departments for EMS applicants.

Section 33 requires DPH to establish and maintain an EMS response time dashboard, resulting in an anticipated cost to DPH of $90,000 in FY 27 and up to $10,000 annually thereafter.

This includes a one-time cost of $80,000 in FY 27 to support the work of a Data Engineering Consultant to develop the EMS data pull from the source system into the existing DPH system. The agency may choose to either hire a part-time Research Analyst or additional consultant to create and maintain the dashboard, resulting in an ongoing cost of up to $10,000 starting in FY 27 and annually thereafter, depending on the scope of data included.

Section 39 may result in a cost to the state beginning in FY 27 associated with removing salary cost caps for purposes of contracting with certain providers.

Currently, when determining state payments to any organization or facility providing employment opportunities or day services, or services in a residential facility to persons referred there by the state, state statute limits the total cost allowance for the associated director's salary. The same limitation applies when determining the amount of any Department of Mental Health and Addiction Services grant to provide services to mentally ill persons. The amendment could therefore result

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[8] DESPP conducts fingerprinting for a fee of $15 per person paid to the Applicant Fingerprint Card Submission Account. Municipal police departments may also conduct the required fingerprinting for state criminal history records checks and typically charge a fee of $10 to $15.

[9] For context, DPH issued 2,375 new EMS licenses and certifications in FY 25.

in a cost to the state to the extent agencies consider higher salary costs when contracting for relevant services.

The preceding Fiscal Impact statement is prepared for the benefit of the members of the General Assembly, solely for the purposes of information, summarization and explanation and does 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.