OFFICE OF FISCAL ANALYSIS
Legislative Office Building, Room 5200
Hartford, CT 06106 ◇ (860) 240-0200
http://www.cga.ct.gov/ofa

SB-7
AN ACT CONCERNING PROTECTIONS FOR ACCESS TO HEALTH CARE AND THE EQUITABLE DELIVERY OF HEALTH CARE SERVICES IN THE STATE.

AMENDMENT

LCO No.: 8908
File Copy No.: 604
Senate Calendar No.: 329

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 $	FY 27 $
Public Health, Dept.	GF - Cost	525,096	541,261
Governmental Accountability, Off.	GF - Cost	169,012	164,012
State Comptroller - Fringe Benefits[1]	GF - Cost	at least 109,333	at least 117,418
UConn; UConn Health Ctr.	GF - Potential Cost	See Below	See Below
Healthcare Advocate, Off.	IF - Cost	See Below	See Below
Social Services, Dept.	GF - Potential Cost/Savings	See Below	See Below
Mental Health & Addiction Serv., Dept.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund; IF=Insurance Fund

Municipal Impact:

Municipalities	Effect	FY 26 $	FY 27 $
Municipal Water Companies	Potential Cost/Savings	See Below	See Below
Various Municipalities	Potential Cost	See Below	See Below

[1]The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.71% of payroll in FY 26.

Primary Analyst: NB 5/22/25
Contributing Analyst(s): LD, EMG, TM, JP, BP, RP, ES ()
Reviewer: JSS

Explanation

The amendment strikes the underlying bill and its associated fiscal impacts.

The amendment contains various provisions regarding health and healthcare services, which result in the fiscal impacts described below.

Section 1 makes technical changes regarding water fluoridation standard levels and results in no state fiscal impact. However, this provision may result in a potential cost or savings to municipal water companies beginning in FY 26 to the extent that the amendment requires more or less fluoride to be added to the water.

Section 2, which allows DPH to create an advisory committee on matters related to federal Centers for Disease Control and Prevention and Food and Drug Administration recommendations, results in no fiscal impact. DPH has sufficient expertise to assist the committee in its work.

Section 3 incorporates into state law certain similar provisions as those in the federal Emergency Medical Treatment and Labor Act (EMTALA), requiring: (1) hospitals to adopt certain policies; and (2) DPH to exercise oversight responsibilities, including conducting investigations of violations. This results in expected General Fund costs totaling $64,600 in FY 26 and $60,600 in FY 27 (and annually thereafter), primarily to DPH. A half-time Staff Attorney 1, at an annual salary of $42,900 (plus $17,500 annual fringe benefits), will be required to support DPH's Facility Licensing and Investigations Section (FLIS) in associated disciplinary actions. The new position will require a one-time equipment cost of $4,200 in FY 26 for a laptop and office supplies, as well as an ongoing cost of $200 annually, starting in FY 27, for software and office supplies.

FLIS currently conducts federal investigations on behalf of the Centers for Medicare and Medicaid Services, assessing compliance with

EMTALA and federal regulations.[2] Any legal disputes concerning the EMTALA investigations are managed by federally funded attorneys employed by DPH. These staff cannot handle state investigations under their respective funding agreements.

Section 4 allows DPH to adopt regulations enforcing federal EMTALA provisions if they are to ever be: (1) revoked; (2) inadequately enforced; or (3) otherwise inapplicable. As the regulations would be based on existing documents, this provision has no fiscal impact to the department.

Section 5 establishes a safe harbor account as a separate, nonlapsing account of the Office of the State Treasurer. Any expenditures from the account, as directed by an associated board of trustees, would be contingent upon revenues being made available for such purpose. The amendment does not specify any related state or municipal revenue source, but authorizes the account to receive private funding. Should funding become available, administration of grants in accordance with the amendment's provisions is expected to be fulfilled within the current resources of the State Treasurer.

Sections 6 and 7, which declare opioid use disorder to be a public health crisis and require the Alcohol and Drug Policy Council to convene a working group to set goals to combat this disorder's prevalence, result in no fiscal impact.

Section 8 creates a public health urgent communication account as a separate, nonlapsing account. DPH must use the account's funds to give timely, effective communication to the public, health care providers, and other stakeholders during a governor-declared public health emergency.

Section 9 creates an emergency public health financial safeguard account as a separate, nonlapsing account. DPH must use the account's

[2] In calendar year 2023, FLIS conducted 1 EMTALA investigation. In calendar year 2024, 2 EMTALA investigations were conducted.

funds to: (1) address unexpected shortfalls in public health funding; and (2) ensure the department's ability to respond to the state's health care needs and provide essential public health services. Funds in this account cannot be expended for any of the purposes intended to be funded by the safe harbor account established by this amendment.

Section 10, which requires certain medical professionals who regularly treat patients with epilepsy to provide them information on sudden unexpected death in epilepsy, results in no state fiscal impact.

Section 11, which establishes requirements for nursing homes related to automated external defibrillators (AEDs), has no fiscal impact as the changes are not anticipated to alter state payments to such facilities.

Section 12 requires DPH to establish a pancreatic cancer screening and treatment referral program, resulting in a cost to the department of $477,996 in FY 26 and $498,161 in FY 27 (and annually thereafter) and a cost to the Office of State Comptroller – Fringe Benefits of $25,064 in FY 26 and $33,419 in FY 27. It is anticipated that DPH will start the program as soon as possible in FY 26, ahead of the amendment's deadline of January 1, 2026.

The costs to DPH include one new Health Program Associate (HPA) 2 position with a salary of $61,568 in FY 26 and $82,091 in FY 27, and annually thereafter. Fringe benefits for this position are $25,064 in FY 26 and $33,419 in FY 27 to the Office of State Comptroller – Fringe Benefits. The FY 26 HPA salary and fringe benefits are adjusted to reflect a three-quarter year's pay, anticipating a start date of October 1st, 2025. The HPA will be responsible for coordinating pancreatic cancer outreach, education, screening, quality assurance compliance, and data collection.

Additional costs to DPH are anticipated to include ongoing other annual expenses totaling $416,428 in FY 26[3] (with a one-time laptop equipment cost of $4,000), and $416,070 in FY 27 continuing into for: (1)

[3] Other expense items such as mileage reimbursement, fleet costs, and general office supplies are reduced in FY 26 to reflect a three-quarter year need, also anticipating HPA start date of October 1, 2025.

an electronic data entry system ($59,000) for 21 hospitals in five different health systems to access, (2) additional staff time for Community Health Navigators in each of the five health systems ($62,400 each for a total of $312,000) responsible for entering patient screening data, (3) a community outreach program ($30,500) to educate the public, (4) mileage reimbursement ($9,700) for HPA monthly hospital visits, (5) standard fleet costs ($4,620), and (6) general office supplies ($250).

These costs are similar to those for an existing DPH lung cancer screening program.

Section 13 results in a potential cost to (1) the University of Connecticut, (2) UConn Health, and (3) various municipalities, by allowing emergency medical services (EMS) personnel to acquire and administer glucagon nasal powder should its use be deemed necessary. Glucagon nasal powder has an approximate per unit cost of $300.

The amendment results in an additional potential cost, by requiring all EMS personnel[4] to receive training in the administration of glucagon nasal powder. The potential cost depends on the extent that the current EMS training curriculums can incorporate such training without increasing training hours and costs.

The annualized ongoing fiscal impact of this section would continue into the future subject to the usage rate of glucagon nasal powder and inflation.

Section 14 results in a one-time cost to the Office of the Healthcare Advocate (OHA) of at least $50,000 to the Insurance Fund as it requires OHA to contract with a vendor to develop an online hospital financial assistance portal for patients and family members. The contract cost will depend on the features and functionality included in the portal. There may also be ongoing costs for portal maintenance. The amendment does not specify a deadline regarding an operational portal so it is unclear in

[4] Under the amendment, "EMS personnel" are (1) certified emergency medical responders, (2) any class of certified emergency medical technicians (EMTs), including advanced EMTs, and (3) licensed paramedics.

which fiscal year the initial cost will be incurred. The amendment additionally requires hospitals maintaining a financial assistance program to submit certain information to OHA, which has no fiscal impact.

The annualized ongoing fiscal impact of this section would continue into the future subject to the timing of OHA's contract with a vendor and the need for ongoing portal maintenance costs.

Section 15 makes procedural changes related to adopting the U.S. Food and Drug Administration model food code, resulting in no state fiscal impact.

Sections 16 – 18 implement various provisions regarding staff safety at home health care and home health aide agencies. This may result in savings to the Department of Social Services (DSS) to the extent that hospice organizations do not submit evidence of adoption and implementation of health and safety training curriculum required by the amendment. Such evidence is a condition of receiving payment for services provided under Medicaid and HUSKY B. The amendment may also result in increased costs to DSS to the extent the agency provides enhanced rates to hospice organizations for timely reporting of any workplace violence incidents.

Section 19 requires the Office of the Corrections Ombudsman (OCO) to evaluate the health care services available to those incarcerated by DOC, which results in a cost to OCO of $169,012 in FY 26 and $164,012 in FY 27, with an associated fringe cost of $66,769 in both FY 26 and FY 27. This cost is associated with two additional staff members, an Assistant Correction Ombudsman and a Medical Investigator. These positions are needed to provide the expertise and resources necessary to implement the provisions of this section.

Section 20 requires the Probate Court Administration and the Commissioner of Social Services to evaluate the feasibility of establishing an expedited process for appointing a conservator in certain circumstances, which is not anticipated to result in a fiscal impact to the state as both parties have the expertise and capacity necessary to meet the requirements of the amendment.

Section 21 expands the list of entities to which hospitals must report annual findings following analysis of their emergency department data. This results in no fiscal impact.

Section 22 requires the Healthcare Advocate to conduct a feasibility study concerning the establishment of a dedicated division within the Office of Health Strategy to address emergency department boarding and crowding. It is anticipated that the agency has sufficient expertise to complete the study and report results by July 15, 2026.

Sections 23 and 24 may result in a cost to the Department of Mental Health and Addiction Services (DMHAS) associated with an overdose prevention center pilot program. The amendment allows, but does not require, DMHAS to establish the pilot in four municipalities and prohibits the use of state funds to implement or operate the pilot program.

DMHAS will incur staffing and contract costs to the extent the agency establishes the pilot and has non-state funds necessary to operate the overdose prevention centers. At a minimum, DMHAS would experience costs of approximately $265,500 annually (with associated fringe of approximately $108,100) to support agency staff to oversee the pilot, with additional contract costs to operate each of the four centers.

While the operational costs depend on the scope of the pilot in each location, program staff (ranging in cost from $50,000 to $140,000 annually depending on the position) are anticipated to include outreach and prevention specialists, harm reduction case managers, program managers and site directors. Additional professional medical staff may be required in each location or shared across the pilot, depending on the provider(s) utilized to operate the program. Other costs may include facility modifications, drug testing and medical supplies, computer software and hardware, and training. For context, overdose prevention centers provide a community-based facility where individuals with substance use disorder can receive counseling, educational, and referral services, access basic support services, and may test and safely consume controlled substances under the observation of licensed health care providers.