



Senate

General Assembly

File No. 157

February Session, 2026

Substitute Senate Bill No. 365

Senate, March 24, 2026

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT ESTABLISHING A BRIDGE PROGRAM FOR EMERGENCY TREATMENT AND RECOVERY NAVIGATION FOR PERSONS WITH AN OPIOID USE DISORDER.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective October 1, 2026*) (a) As used in this section:
- 2 (1) "Bridging prescription" means a temporary, short-term
3 prescription issued to ensure continuity of medication while a patient
4 awaits specialized care;
- 5 (2) "Buprenorphine" means a synthetic opiate with partial agonist
6 actions used in the treatment of opioid use disorder;
- 7 (3) "Community provider" means a health care provider that is
8 licensed and equipped to administer buprenorphine or methadone;
- 9 (4) "Last-dose letter" means a formal, sealed document provided by a
10 hospital to a patient that confirms the exact date, time and amount of
11 the last dose of methadone administered to the patient;

12 (5) "Methadone" means a controlled, long-acting full opioid agonist
13 medication used in the treatment of opioid use disorder;

14 (6) "Opioid antagonist" means naloxone hydrochloride or any other
15 similarly acting and equally safe drug approved by the federal Food and
16 Drug Administration for the treatment of a drug overdose;

17 (7) "Opioid use disorder" means a medical condition characterized by
18 a problematic pattern of opioid use and misuse leading to clinically
19 significant impairment or distress; and

20 (8) "Treatment program" means a program operated by the
21 Department of Mental Health and Addiction Services or approved by
22 the Commissioner of Mental Health and Addiction Services for
23 treatment of the physical and psychological effects of drug dependency
24 or for the detoxification of a drug-dependent person, as defined in
25 section 17a-680 of the general statutes.

26 (b) On and after January 1, 2027, each hospital licensed pursuant to
27 chapter 368v of the general statutes shall (1) administer buprenorphine
28 or methadone to each patient presenting to the hospital's emergency
29 department with symptoms of opioid use disorder without requiring
30 the admission of the patient to the hospital for the sole purpose of such
31 administration, provided (A) the administration of buprenorphine or
32 methadone is clinically indicated, and (B) the patient consents to such
33 administration, (2) offer the patient a prescription for or a supply of an
34 opioid antagonist at the time of such patient's discharge from the
35 emergency department and, if the patient accepts the offer, provide the
36 patient with such prescription or dispense an opioid antagonist to the
37 patient, and (3) refer the patient to one or more local treatment programs
38 or community providers, provided the hospital shall refer a patient to
39 whom the hospital administered methadone to a treatment program or
40 community provider that administers methadone. If a hospital
41 administers buprenorphine to a patient under this subsection, the
42 hospital shall provide the patient with a bridging prescription for
43 buprenorphine for the time period during which the patient will be
44 awaiting treatment from the local treatment program or community

45 provider to which the hospital refers the patient. If a hospital
 46 administers methadone to a patient under this subsection, the hospital
 47 shall provide the patient with a last-dose letter to provide to the local
 48 treatment program or community provider to which the hospital refers
 49 the patient.

50 (c) Nothing in this section shall be construed to (1) require the
 51 provision of any medication when clinically contraindicated, (2) limit
 52 the exercise of professional judgment by a treating clinician, or (3)
 53 preclude the use of any medication other than buprenorphine or
 54 methadone for opioid use disorder when such medication is clinically
 55 indicated and the patient consents to the administration of such
 56 medication.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2026	New section

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do 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.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
UConn Health Ctr.	GF - Potential Revenue Loss/Savings	See Below	See Below
UConn Health Ctr.	GF - Cost	See Below	See Below

Note: OF=Other Funds

Municipal Impact: None

Explanation

The bill results in both a potential revenue loss and a potential savings, annually beginning in FY 27, to the UConn Health Center (UCHC). It requires 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 bill 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 bill additionally results in a potential cost to UCHC annually beginning in FY 27 by requiring UCHC to offer an opioid antagonist, or a prescription for an opioid antagonist, to patients presenting to the emergency department with symptoms of substance 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.¹

The Out Years

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

¹ A box of Narcan costs about \$35 to \$50 and contains two doses.

OLR Bill Analysis**sSB 365*****AN ACT ESTABLISHING A BRIDGE PROGRAM FOR EMERGENCY TREATMENT AND RECOVERY NAVIGATION FOR PERSONS WITH AN OPIOID USE DISORDER.*****SUMMARY**

Starting January 1, 2027, this bill requires hospitals to administer buprenorphine or methadone to a patient who presents to the emergency department with symptoms of opioid use disorder without requiring the patient to be admitted solely to do so. Under the bill, hospitals must do this only if administering the medication is medically indicated and the patient consents to it.

Additionally, the bill requires hospitals to (1) offer these patients a prescription for or a supply of an opioid antagonist (e.g., Narcan) when they are discharged from the emergency department (and provide it if they accept the offer) and (2) refer them to local community providers licensed and equipped to administer these medications or Department of Mental Health and Addiction Services-operated or -approved treatment programs. For the latter, hospitals must refer patients administered methadone to a treatment program or community provider that administers the medication.

Under the bill, hospitals must give patients administered buprenorphine a bridging prescription for the medication to cover the time during which they are waiting to be seen by their referred community provider or treatment program. For patients administered methadone, hospitals must give them a last-dose letter to give to their referred program or provider. (A "last-dose letter" is a formal, sealed document that confirms the exact date, time, and amount of the patient's last methadone dose.)

The bill expressly provides that it does not (1) require providers to give these medications when medically contraindicated, (2) limit a treating clinician’s ability to exercise professional judgement, or (3) prevent the use of other medications to treat opioid use disorder when it is clinically appropriate and the patient consents to it.

EFFECTIVE DATE: October 1, 2026

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 20 Nay 11 (03/09/2026)