

OFFICE OF FISCAL ANALYSIS

Legislative Office Building, Room 5200
Hartford, CT 06106 ◊ (860) 240-0200
<http://www.cga.ct.gov/ofa>

sHB-5244

AN ACT CONCERNING THE PROVISION OF OPIOID ANTAGONISTS IN SCHOOLS.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 23 \$	FY 24 \$
Education, Dept.;	GF - Cost	90,000	90,000
Education, Dept.	GF - Cost	See Below	See Below
State Comptroller - Fringe Benefits ¹	GF - Cost	36,477	36,477
Children & Families, Dept.	GF - Cost	160,000	160,000

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 23 \$	FY 24 \$
Local and Regional School Districts	STATE MANDATE ² - Cost/Revenue Gain	See Below	See Below
Various Municipalities	STATE MANDATE - Cost	See Below	See Below

Explanation

Section 1 requires the State Department of Education (SDE) by July

¹The 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 40.53% of payroll in FY 23.

² 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.

1, 2022, to develop guidelines for boards of education (local and regional) to use to store and administer opioid antagonists (e.g., Narcan). This results in an additional cost to SDE of approximately \$90,000 annually beginning in FY 23, associated with one additional full-time position, as the agency does not have the staff or expertise necessary to complete the requirements contained within the bill. Corresponding fringe benefits of \$36,477 would also be incurred annually.

Additionally, **Section 1** authorizes a school nurse, or in the absence of a school nurse, a qualified school employee, to maintain opioid antagonists to administer emergency first aid to a student who is experiencing an opioid-related drug overdose. The bill requires a school nurse or principal to select multiple qualified school employees to administer an opioid antagonist, and at least one such employee must be on school grounds during regular school hours when the school nurse is not there. This could result in additional costs to local and regional school districts if a school must pay an employee to stay additional hours outside of their normally scheduled hours, to cover the requirements of the bill. The cost to a district would be dependent on the number of hours a school nurse is away during normal school hours and those hours are outside the normal schedule of the qualified employees.

Section 2 requires SDE to provide grants to local and regional boards of education for the purchase and maintenance of opioid antagonists, beginning in FY 23. This results in an additional cost to SDE as the agency does not have funding available to establish this grant program. The cost depends on the extent of the grant program. If grants are offered to most districts that apply and many districts do, then the cost will be significant. If, however, grant funds are limited or few districts apply, the cost will be lower. It is estimated that on average a single dose opioid rescue kit ranges from \$22 - \$60 per kit³. If a district were to

³<https://bjatta.bja.ojp.gov/naloxone/what-are-typical-costs-law-enforcement-overdose-response-program>

purchase 100 kits, the cost would range from \$2,220 to \$6,000. The cost to SDE would result in a corresponding revenue gain to municipalities to cover these expenses.

Section 3 requires boards of education to include information on administering opioid antagonists in the in-service training provided to staff. This could result in an additional cost to local and regional school districts associated with printing and disseminating this information; it is anticipated that these costs would be minimal.

Section 4 requires the Department of Children and Families (DCF) to provide training on adolescent screening, brief intervention, and referral to treatment for various municipal employees, effective from passage. DCF is required to hold this training at least four times throughout the year. This is anticipated to result in an annual cost to DCF of \$160,000. Based on similarly structured training, it is anticipated that DCF would conduct two trainings for approximately 30 individuals each, every quarter. It is estimated that the costs associated with training approximately 60 individuals per quarter would be \$40,000.

Additionally, **Section 4** requires each local health department to provide the training to its employees and to members of the public, free of charge. This training must be provided by an employee that has attended the DCF training program. Local health departments may incur additional costs to compensate employees for time of attendance at such training and to cover their shifts while at the training. Any costs would vary with the number of trainings offered.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.