



Senate

General Assembly

File No. 19

February Session, 2024

Substitute Senate Bill No. 181

Senate, March 13, 2024

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 CONCERNING EMERGENCY DEPARTMENT CROWDING.

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

1 Section 1. (NEW) (*Effective from passage*) Not later than January 1,
2 2025, and annually thereafter, the Commissioner of Public Health, in
3 collaboration with the chairpersons of the working group established
4 pursuant to section 27 of public act 23-97, until January 1, 2025, and a
5 representative of an association of hospitals in the state, shall (1)
6 evaluate data concerning each hospital emergency department in the
7 state from the previous year, including, but not limited to, (A) bed
8 capacity, (B) the number of patients who received treatment in the
9 emergency department, (C) the number of emergency department
10 patients who were admitted to the hospital, (D) for emergency
11 department patients admitted to the hospital, the average length of time
12 from the patient's first presentation to the emergency department until
13 the patient's admission to the hospital, and (E) the number of patients
14 who were required to wait in the emergency department for an available
15 bed in the appropriate unit of the hospital after being admitted to the

16 hospital and the length of time each such patient waited in the
17 emergency department for such available bed, and (2) post such data for
18 each hospital emergency department on the Department of Public
19 Health's Internet web site.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	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 25 \$	FY 26 \$
Public Health, Dept.	GF - Cost	320,992	299,172
State Comptroller - Fringe Benefits ¹	GF - Cost	123,408	123,408
TOTAL	GF - Cost	444,400	422,580

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill, which requires the Department of Public Health (DPH), in collaboration with the chairpersons of the Emergency Department (ED) Crowding Work Group and a representative of an association of hospitals in the state, to annually evaluate various hospital ED data² and post certain hospital ED data on DPH's website, is anticipated to result in a cost to DPH of \$320,992 in FY 25 and \$299,172 in FY 26, as well as an annual cost to the Office of the State Comptroller (OSC) - Fringe Benefits of \$123,408. This estimate includes staff in FY 25 and FY 26³ as well as some one-time other expenses in FY 25.⁴

The Out Years

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

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 41.25% of payroll in FY 25.

²There are 32 EDs in Connecticut.

³Salary costs include: 1.0 IT Analyst II - \$129,935; 1.0 Health Care Analyst - \$81,460; 0.5 Research Analyst Supervisor - \$53,923; and 0.25 Nurse Consultant - \$33,854.

⁴Other expenses include syndromic surveillance software, hardware, software, and office supplies totaling approximately \$22,000.

OLR Bill Analysis**sSB 181*****AN ACT CONCERNING EMERGENCY DEPARTMENT CROWDING.*****SUMMARY**

This bill requires the Department of Public Health (DPH) commissioner, starting by January 1, 2025, to annually evaluate data about each in-state emergency department (ED) and post the data on DPH's website. The commissioner must conduct the evaluations in collaboration with a representative of an in-state hospital association and, until January 1, 2025, the Emergency Department Crowding Working Group chairpersons (see BACKGROUND).

For each emergency department, the data must include, for the prior year, the bed capacity and the number of patients:

1. treated in the department;
2. admitted, with their average time from first presentation to the ED until admission; and
3. who had to wait in the ED for an available bed in the appropriate hospital unit after being admitted, and how long each patient waited in the ED for that bed.

EFFECTIVE DATE: Upon passage

BACKGROUND***Emergency Department Crowding Working Group***

PA 23-97, § 27, required the DPH commissioner to convene a working group to advise her on ways to ease ED crowding and the lack of available ED beds in the state. The group's final report is due January 1, 2025.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 37 Nay 0 (03/04/2024)