

## Department of Planning and Budget 2013 Fiscal Impact Statement

**1. Bill Number:** HB1672

<b>House of Origin</b>	<input checked="" type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
<b>Second House</b>	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input type="checkbox"/> Enrolled

**2. Patron:** O'Bannon

**3. Committee:** Health, Welfare and Institutions

**4. Title:** Naloxone; administration in cases of opiate overdose

**5. Summary:** Provides that nothing shall prohibit an unlicensed individual from administering naloxone to a person who is experiencing or is about to experience a life-threatening opiate overdose, provided the unlicensed individual has completed a training program approved by the Board of Health. The bill also requires the Board of Health and the Board of Pharmacy to work together with law-enforcement agencies to develop a pilot program for the training of law-enforcement personnel and provision of nasally administered naloxone to law-enforcement personnel for the purpose of enabling law-enforcement personnel to administer naloxone to persons experiencing opiate overdose and to work together with recovery support organizations and other stakeholders to develop a pilot program for the training of members of the public and provision of nasally administered naloxone to members of the public for the purpose of enabling members of the public who have received such training to administer naloxone to persons experiencing opiate overdose.

**6. Budget Amendment Necessary:** No.

**7. Fiscal Impact Estimates:** Preliminary. See item #8.

**8. Fiscal Implications:** The fiscal impacts of this bill are unknown at this time; however, the legislation is expected to have a minimal fiscal impact for the Virginia Department of Health (VDH). VDH does not have staff with the expertise in or existing resources for the delivery of substance abuse prevention and intervention services, including opiate overdose prevention. Because the expertise and resources in opiate overdose prevention exist within the Department of Behavioral Health and Developmental Services (DBHDS) and the community services boards, they would have to serve a much greater role in developing and administering the pilot program. Another potential cost of this legislation is related to the purchase of the naloxone drug kits. The cost of one drug kit (includes two doses of naloxone, two syringes, and two mucosal atomizer devices) is estimated to be over \$30. However, because the number of pilot sites and program participants are unknown, the costs to purchase the drug kits are unknown at this time.

VDH would also have to work with the subject matter experts at DBHDS and Department of

Health Professions to develop the pilot program and identify additional funding sources for implementing the pilot program.

This bill would also require VDH to coordinate with one or more community service boards to:

- Identify local clinical prescribers with knowledge of substance abuse care delivery to establish a prescriber relationship for the individual at risk of overdose, family member(s) and lay providers;
- Identify existing community roles and relationships necessary for project implementation (prescribers of opioid pain medications, substance abuse treatment providers, recovery support community, emergency responders, law enforcement, commonwealth attorneys, civic leaders);
- Establish purchasing relationships with local pharmacies;
- Assemble kits (repacking available injectable formulation for nasal administration) and provide storage and accountability;
- Develop the training (protocol development, curriculum development, qualifications and training of trainers, certification and registration of nonmedical administrators);
- Coordinate with one or more community services boards and/or community organizations serving individuals abusing opiates and their family members to develop and disseminate public education; and
- Establish the communication, data collection, storage and management, and program evaluation to ensure the pilot's quality and accountability.

The Board of Pharmacy expects to serve in a supporting role by providing VDH with expertise in the area of pharmaceuticals under such time as the pilots are implemented. Based on this assumption, the fiscal impact on the Board would be one-time and minimal. However, should the Board be expected to have a greater responsibility in the implementation of the pilots then it would require addition resources as the Board does not have sufficient staff and/or funding to perform on-going duties associated with this legislation. The Board of Pharmacy is entirely supported with regulatory fee revenue; therefore it is assumed that any costs incurred by the Board would be supported with these funds.

**9. Specific Agency or Political Subdivisions Affected:** Virginia Department of Health, Department of Health Professions, Department of Behavioral Health and Developmental Services, and law enforcement agencies

**10. Technical Amendment Necessary:** No.

**11. Other Comments:** No.

**Date:** 1/25/2013

**Document:** G:\VDH\GA\Legislation\FIS\FY 2013\HB1672.doc

c: Secretary of Health and Human Resources