

Department of Planning and Budget 2014 Fiscal Impact Statement

1. Bill Number: SB 294

House of Origin ☐ Introduced ☐ Substitute ☐ Engrossed
Second House ☐ In Committee ☐ Substitute ☒ Enrolled

2. Patron: Puckett, Phillip P.

3. Committee: Passed Both Houses

4. Title: Prescription Monitoring Program; requirements of prescriber, effective date

5. Summary: The enrolled bill requires prescribers to be registered with the Prescription Monitoring Program by the Department of Health Professions upon filing an application for licensure or renewal of a license, if the prescriber has not already registered. The bill requires prescribers to request information from the Director to determine what, if any, other covered substances are currently being prescribed to any patient for whom the prescriber is initiating a new course of treatment that includes prescribing of benzodiazepine or an opiate, when such course of treatment is anticipated to last more than 90 days and for which a treatment agreement is entered into, except when the prescriber's course of treatment arises from pain management relating to dialysis or cancer treatment. The bill also authorizes the Secretary of Health and Human Resources to identify and publish a list of benzodiazepines or opiates that have a low potential for abuse by human patients, the prescription of which shall not require the prescriber to request and obtain information from the Prescription Monitoring Program. This bill has a delayed effective date of July 1, 2015.

6. Budget Amendment Necessary: Yes. While the agency has sufficient nongeneral fund appropriation to cover the anticipated expenditure increase; it does not have any undedicated positions. Therefore, the budget amendment is primarily associated with increasing the agency's maximum level of employment by one. The Senate budget (SB 30) includes an amendment that appropriates the necessary dollars and position.

7. Fiscal Impact Estimates: Final

Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2014	-	-	-
2015	-	-	-
2016	\$55,000	1.0	Nongeneral Funds
2017	\$55,000	1.0	Nongeneral Funds
2018	\$55,000	1.0	Nongeneral Funds
2019	\$55,000	1.0	Nongeneral Funds
2020	\$55,000	1.0	Nongeneral Funds

- 8. Fiscal Implications:** Access to the PMP is automated via online system and currently available around the clock. Therefore, any additional system utilization should not have an impact on agency workload. However, DHP must also register and provide service to PMP users. Since it is unknown as to how many additional PMP users would need to be registered and what kind of support those individuals might require; a specific fiscal impact on the agency cannot be determined. It is assumed that requiring all prescribers in the Commonwealth to register with the PMP could add 20,000 existing prescribers to the PMP as licenses are renewed. The additional annual registrations and system support would necessitate the addition of at least one full-time position. The estimated cost of an additional position is \$55,000 each year. The PMP is funded with federal and endowment funds without any support from regulatory fee revenue. It is estimated that there are sufficient funds to cover any increased costs associated with this bill.

It is assumed that the agency can assist the Secretary of Health and Human Resources meet the provisions of the enactment clause without a fiscal impact.

- 9. Specific Agency or Political Subdivisions Affected:**
Department of Health Professions
Office of the Secretary of Health and Human Resources

- 10. Technical Amendment Necessary:** No

- 11. Other Comments:** None

Date: 2/24/14