

Department of Planning and Budget 2021 Fiscal Impact Statement

1. Bill Number: HB2300H1

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

2. Patron: Delaney

3. Committee: Health, Welfare and Institutions

4. Title: State Board of Health; hospitals; emergency treatment for substance use-related emergencies.

5. Summary: Requires each hospital with an emergency department that is currently required by the State Board of Health (the Board) to establish a protocol for treatment of individuals experiencing a substance use-related emergency to include in such protocol the following requirements: (i) appropriate screening and assessment of individuals experiencing substance use-related emergencies to identify medical interventions necessary for the treatment of the individual in the emergency department (ii) for patients who have been treated for an opioid-related overdose, the emergency department shall provide the patient with take-home naloxone or other opioid antagonist used for overdose reversal; and (iii) for any individual experiencing a substance use-related emergency, the hospital shall provide written information on appropriate community-based providers of behavioral health services upon discharge. That hospitals in the Commonwealth may enter into agreements with Department of Health for the provision to uninsured patients of naloxone or other opioid antagonist used for overdose reversal.

6. Budget Amendment Necessary: Yes, item 299.

7. Fiscal Impact Estimates:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2021			
2022	\$106,903	1.0	GF
2023	\$106,903	1.0	GF
2024	\$106,903	1.0	GF
2025	\$106,903	1.0	GF
2026	\$106,903	1.0	GF
2027	\$106,903	1.0	GF

8. Fiscal Implications: The provisions of the bill state that, “hospitals in the Commonwealth may enter into agreements with Department of Health for the provision to uninsured patients of naloxone or other opioid antagonist used for overdose reversal.” It is unknown how many hospitals would enter into agreements with the Virginia Department of Health (VDH) or to provide naloxone to the uninsured.

Currently, VDH receives funding for naloxone through two sources; approximately \$2.0 million per year in federal funds received through the State Opioid Response (SOR) grants and \$1.3 million annually from the general fund. Both are provided through the Department of Behavioral Health and Developmental Services and an amendment in the introduced budget will permanently transfer the \$1.3 million in general fund from DBHDS to VDH.

Since the federal SOR grant funding is a variable amount, it is unknown if the federal SOR grant will continue to be provided at its current amount. However, if the federal SOR funding were to be eliminated or drastically reduced, the remaining \$1.3 million in GF might not be sufficient for VDH to continue to its current practice of providing naloxone to local health departments, community service boards, comprehensive harm reduction sites, other VDH community providers, as well as meet the provisions of the bill to provide funding for hospitals who choose to contract with VDH to provide naloxone for their emergency departments.

The bill states that, “the Department of Health shall, together with the Department of Health Professions, convene a work group to develop recommendations for best practices for the treatment and discharging of patients in emergency departments experiencing opioid-related emergencies, including overdose, which shall include recommendations for best practices.” VDH would require personnel time to staff the workgroup described in the bill and to oversee agreements entered into with hospitals regarding the provision of naloxone. This would require 1 FTE with a salary of \$65,000, with fringe benefits, VITA and phone costs, totaling \$106,903 annually.

This would not have a fiscal impact on the Department of Health Professions.

9. Specific Agency or Political Subdivisions Affected: The Virginia Department of Health and the Department of Health Professions.

10. Technical Amendment Necessary: No.

11. Other Comments: None.