

## Department of Planning and Budget

### 2023 Fiscal Impact Statement

**1. Bill Number:** SB1415

<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:** Pillion

**3. Committee:** Education and Health

**4. Title:** Opioid impact reduction.

**5. Summary:** Directs the Department of Health to create the Commonwealth Opioid Impact Reduction Registry consisting of nonprofit organizations that work to reduce the impact of opioids in the Commonwealth. The bill allows any person to possess and administer naloxone or other opioid antagonist used for overdose reversal other than naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, provided that certain other conditions enumerated in current law are met. The bill removes training requirements related to the possession and administration of naloxone and directs the Department of Health, the Department of Behavioral Health and Developmental Services, and the Department of Corrections to collaborate to develop and implement a plan for the distribution of naloxone throughout the Commonwealth. The bill also directs the Department of Corrections to amend its regulations to require that training in the administration of naloxone be provided to every inmate prior to release.

**6. Budget Amendment Necessary:** Yes, item 291.

**7. Fiscal Impact Estimates:** Preliminary, see item 8.

**8. Fiscal Implications:** The total fiscal impact the provisions of this legislation would have cannot be determined. The bill requires that the Virginia Department of Health (VDH), the Department of Behavioral Health and Developmental Services (DBHDS), and the Department of Corrections (DOC) shall collaborate to develop and implement a plan for the distribution of naloxone throughout the Commonwealth. These entities would need to develop a plan first before any estimates could be determined on how much it would cost to implement the plan. Additionally, it is also unknown which entity would be lead in the development and implementation of the plan, including but not limited to the components pertaining to the distribution of naloxone throughout the Commonwealth and provision of fentanyl test strips.

The bill states that the plan shall provide guidance to emergency medical services agencies on the distribution of naloxone in high-risk areas and shall ensure that every pharmacy that carries naloxone is provided with a supply of fentanyl test strips to include with every order of naloxone provided to consumers. It is unknown if naloxone and fentanyl test strips will be provided at no-cost to pharmacies, which agency shall provide naloxone and fentanyl test strips, and how much naloxone and fentanyl test strips should be provided to meet the intent of the bill. Due to these unknown variables, a fiscal impact cannot be determined.

The bill tasks VDH with the development and maintenance of the Commonwealth Opioid Impact Reduction Registry (the Registry). There would be a one-time cost of \$9,950 to establish the Opioid Impact Reduction Registry with a searchable web-based component. Ongoing maintenance costs would be \$10,500 annually.

VDH would also require an Opioid Impact Registry Coordinator to oversee the development and maintenance of the Registry and a Program Analyst to oversee the development and implementation of the Naloxone distribution plan. Total costs for these positions is \$236,776.

The bill states that the Department of Corrections shall amend its regulations to require that training in the administration of naloxone be provided to every inmate prior to release. DOC has stated this can be handled within existing resources.

This legislation would have an indeterminate fiscal impact on the Department of Behavioral Health and Developmental Services. There would potentially be added administrative costs for the development and implementation of the plan in the form of added staff, additional naloxone, and the acquisition and distribution of fentanyl strips. While the development of a plan may be able to be absorbed within existing resources, implementation costs are unknown and would need to be distributed between the three agencies.

Total costs for the provisions of this legislation are scalable depending on the size and scope of the plan that is to be developed.

- 9. Specific Agency or Political Subdivisions Affected:** The Virginia Department of Health, the Department of Corrections, and the Department of Behavioral Health and Developmental Services.

- 10. Technical Amendment Necessary:** No.

- 11. Other Comments:** None.