

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: Health, Welfare and Institutions

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

5. Summary: The substitute legislation requires prescribers licensed in the Commonwealth to register with the Prescription Monitoring Program (PMP) upon filing an application for licensure or renewal of licensure. Prescribers registered with the Prescription Monitoring Program must, prior to prescribing benzodiazepine or an opiate to a human patient as a new course of treatment lasting more than 90 days, excluding patients in hospice programs, request information from the Director for the purpose of determining, what, if any, other benzodiazepine or opiates are concurrently prescribed to the patient. The bill requires the Secretary of Health and Human Resources to publish a list of medical specialties that have a low potential for abuse by patients. Prescribers practicing in such identified specialties shall not be required to meet bill's provisions related to prescribing benzodiazepine and other opiates. The legislation also contains an enactment clause that makes its provisions effective on 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.

7. Fiscal Impact Estimates: Preliminary

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: 1/28/14