

Department of Planning and Budget

2017 Fiscal Impact Statement

1. **Bill Number:** HB 2317ER

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

2. **Patron:** O'Bannon

3. **Committee:** Passed Both Houses

4. **Title:** Comprehensive harm reduction program; public health emergency.

5. **Summary:** Authorizes the Commissioner of Health (Commissioner) to establish and operate local or regional comprehensive harm reduction programs during a declared public health emergency that include the provision of sterile, and disposal of used hypodermic needles, and syringes. The objectives of the programs are to reduce the spread of HIV, viral hepatitis, and other blood-borne diseases in Virginia, to reduce the transmission of blood-borne diseases through needle-stick injuries to law-enforcement and other emergency personnel, and to provide information to individuals who inject drugs regarding addiction recovery treatment services. The programs will be located in at-risk communities, in accordance with criteria established by the Department of Health.

6. **Budget Amendment Necessary:** See item 8.

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

8. **Fiscal Implications:** The Department of Health indicates that this bill would not result in any general fund cost. There are multiple federal and private funds available for all aspects of syringe service programs and as a result this bill would have a nongeneral fund impact on the Commonwealth. This estimate is preliminary, as the fiscal impact would be affected by several variables, including the size and location of the affected community. Recurring annual costs to the Department of Health will also depend on the duration of the current public health emergency related to opioid overdoses and increases in blood-borne infections. The estimated cost for providing syringe services, based on the cost of supplies, for each 100 people who inject drugs would be approximately \$76,296 for six months of the first year and \$152,593 for a full year.

The agency has stated that existing staff and service provision contractors would be redirected to implement this emergency intervention as needed. Existing service delivery sites, such as local health departments' sexually transmitted disease clinics and community-based HIV testing and prevention programs are already funded and serving the prevention needs of people who inject drugs. Adding a provision for sterile and disposal of used needles

and syringes to these existing programs would add only nominal costs while quickly leveraging existing infrastructure to meet this need.

9. Specific Agency or Political Subdivisions Affected: Political subdivisions would vary by the geographic location of increases in blood-borne pathogen morbidity.

10. Technical Amendment Necessary: No.

11. Other Comments: None.