

Department of Planning and Budget

2019 Fiscal Impact Statement

1. Bill Number: HB2158

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

2. Patron: Plum

3. Committee: Health, Welfare and Institutions

4. Title: Dispensing of naloxone.

5. Summary: Expands the list of individuals who may dispense naloxone pursuant to a standing order to include emergency medical services personnel and health care providers providing services in hospital emergency departments and eliminates the requirements (i) that an organization providing services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal obtain a controlled substances registration prior to dispensing naloxone, (ii) that naloxone dispensed on behalf of the organization be dispensed by a person who is authorized to train individuals on the administration of naloxone, and (iii) that individuals to whom naloxone is dispensed complete a training program prior to dispensing. The bill also provides that a person who dispenses naloxone shall not be required to obtain a permit to operate a pharmacy or a controlled substances registration and allows a person who dispenses naloxone to charge a fee for dispensing of naloxone provided the fee is no greater than the cost to the organization of obtaining the naloxone dispensed.

6. Budget Amendment Necessary: No.

7. Fiscal Impact Estimates: Minimal, see item #8.

8. Fiscal Implications: This bill would have a minimal fiscal impact on the Commonwealth. The provisions of the bill provide that a person who dispenses naloxone shall not be required to obtain a permit to operate a pharmacy or a controlled substances registration. The Board of Pharmacy would not receive revenue from those permit and registration fees from entities that would now be exempt, however the impact is expected to be minimal.

9. Specific Agency or Political Subdivisions Affected: Department of Health Professions.

10. Technical Amendment Necessary: No.

11. Other Comments: None.