

# OFFICE OF FISCAL ANALYSIS

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sHB-7159

AN ACT ADDRESSING OPIOID USE.

As Amended by House "A" (LCO 10686)

House Calendar No.: 307

## ***OFA Fiscal Note***

### ***State Impact:***

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 20 \$</b>	<b>FY 21 \$</b>
Mental Health & Addiction Serv., Dept.; Social Services, Dept.	GF - Potential Cost	See Below	See Below
Board of Regents for Higher Education	Various - Potential Cost	See Below	See Below
UConn; UConn Health Ctr.	Various - Potential Cost	See Below	See Below

Note: GF=General Fund; Various=Various

***Municipal Impact:*** None

### ***Explanation***

The bill results in the fiscal impact described below:

**Sections 1 to 6** of the bill makes various changes to the laws on pharmacies, pharmacists, and prescribing practitioners resulting in no fiscal impact to the state.

**Section 7** of the bill's provision requiring each higher education institution to maintain a supply of naloxone is not anticipated to result in an additional cost to the state because each constituent unit campus already makes naloxone available, during its open hours, either through campus police officers or the Dean of Students' office. If the constituent units are required to have naloxone at a central location, there will be a cost of between \$20 and \$40 for each additional naloxone dose the constituent unit needs to purchase. The Board of Regents encompasses 19 community college and state university

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locations, including eight at which police officers carry naloxone. Therefore, additional kits for a central location may need to be purchased in FY 20 at a cost of \$320 to \$640 if two doses are purchased per site. UConn consists of seven locations including the Health Center, and equipping each with two doses would cost \$280 to \$560 in FY 20. These costs will recur every 18 months to restock per current manufacturer guidelines.

**Sections 8 to 12** require the Department of Mental Health and Addiction Services (DMHAS) to collaborate with the Department of Social Services (DSS) to study the efficacy of using home health agencies to provide medication-assisted treatment to certain Medicaid recipients who present in emergency departments due to opioid use. The fiscal impact of this depends on the scope of the study. If DMHAS and DSS can meet the provisions of the bill by reviewing existing, relevant research and submitting a report by January 1, 2020, there will not be a cost. If the agencies are required to conduct a study that is more clinical in nature, they will incur related contract costs.

In addition, under the bill, when EMS personnel apply for licensure or certification after 1/1/20, they must provide documentation to the Department of Public Health (DPH) that they have completed a DPH-approved mental health first aid training course. These programs are provided statewide. DPH has six months to determine which, if any at all, they will accept documentation from. The agency can do so using its existing expertise.

Lastly, **section 13** does not result in a fiscal impact to DMHAS and the Department of Public Health to report as required by the amendment as the agencies have the expertise to do so.

House "A" struck the underlying bill and its associated fiscal impact and results in the impact described above.

### ***The Out Years***

The fiscal impact described above will continue into the future

subject to inflation.

*The preceding Fiscal Impact statement is prepared for the benefit of the members of the General Assembly, solely for the purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*