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SB 19-227

REVISED FISCAL NOTE

(replaces fiscal note dated April 12, 2019)

Drafting Number: LLS 19-0438 Date: April 25, 2019
Prime Sponsors: Sen. Pettersen; Gonzales Rep. Kennedy; Herod Bill Status: House Finance
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Bill Topic: HARM REDUCTION SUBSTANCE USE DISORDERS

- Summary of Fiscal Impact: State Revenue, State Expenditure, State Transfer, TABOR Refund, Local Government, Statutory Public Entity

This bill creates and expands certain substance use disorder treatment programs. Among other provisions, the bill creates an opiate antagonist bulk purchase program; requires opioid antagonists to be made available alongside publicly funded defibrillators; allows opiate antagonists to be administered by school staff; and expands the medication take-back program to include syringes. The bill will increase state and local government revenue and expenditures on an ongoing basis.

Appropriation Summary: For FY 2019-20, the bill requires and includes an appropriation of \$659,472 to the Department of Public Health and Environment.

Fiscal Note Status: This fiscal note reflects the introduced bill, as amended by the Senate Health and Human Services Committee and the Senate Appropriations Committee.

Table 1 State Fiscal Impacts Under SB 19-227

Table with 4 columns: Category, Sub-category, FY 2019-20, FY 2020-21. Rows include Revenue (Cash Funds, Total), Expenditures (General Fund, Cash Funds, Centrally Appropriated, Total), Total FTE, Transfers, and TABOR Refund.

Summary of Legislation

The bill creates and expands programs and funding related to substance use disorder treatment, as discussed below.

Bulk purchases of opiate antagonists. The bill creates the Opiate Antagonist Bulk Purchase Fund to facilitate bulk purchasing of opiate antagonists at a discounted price. The fund is to be administered by the Department of Public Health and Environment (CDPHE). Funding consists of payments made by participating eligible entities for the purchase of opiate antagonists; gifts, grants, and donations; and any appropriations from the General Assembly. The fund is continuously appropriated to CDPHE for bulk purchases of opiate antagonists.

CDPHE may contract with a prescription drug outlet for the bulk purchasing and distribution of opiate antagonists, and the department is required to provide technical assistance to eligible entities to ensure completion of all training and registration requirements. CDPHE must promulgate rules specifying the cost of opiate antagonists purchased from the fund.

Household medication take-back program expansion. The bill expands the household medication take-back program in the CDPHE for the purpose of allowing the safe collection and disposal of needles, syringes, and other devices used to inject medication. CDPHE is required to implement a safe disposal process and the General Assembly is required to make a General Fund appropriation beginning in FY 2020-21.

Publicly available opiate antagonists included with defibrillators. The bill requires public entities that makes an automated external defibrillator (AED) available to the public to also make an opiate antagonist available to the public at the site. These entities may purchase the opiate antagonist through the bulk purchase fund.

Opiate antagonist policies in schools, expanded prescriber authority, and immunity. The bill allows schools to develop policies related to supplying and administering opiate antagonists to individuals at risk of experiencing a drug overdose and provides immunity from civil liability or criminal prosecution for persons acting in accordance with the policy. The bill also expands prescriber authority so that opiate antagonists may be dispensed to a school, school district, or school employee, as well as law enforcement, first responders, and harm reduction organizations. These individuals are also granted general immunity when acting in to furnish or administer an opiate antagonist.

Hospitals as clean syringe sites. The bill allows a licensed or certified hospital to be a clean syringe exchange site.

Identity verification. The bill requires the Office of Behavioral Health in the DHS to establish a policy on how a substance use disorder treatment program must verify the identity of individuals initiating detoxification, withdrawal, or maintenance treatment.

Testing equipment. The bill clarifies that testing equipment used to identify controlled substances is not drug paraphernalia.

State Revenue

The bill will increase state cash fund revenue to the Opiate Antagonist Bulk Purchase Fund by an estimated \$475,000 in FY 2019-20 and \$950,000 in FY 2020-21. This assumes that opiate antagonists will cost \$95 per order and that 5,000 orders will be placed in FY 2019-20 and 10,000 orders will be placed in FY 2020-21 and ongoing. Actual drug prices charged to purchasers will be set by the CDPHE through rulemaking. The fund may also receive gifts, grants, and donations.

Table 2
Revenue Under SB 19-227

Fiscal Year	Drug Cost	Orders	Total
FY 2019-20 (<i>half-year impact</i>)	\$95	5,000	\$475,000
FY 2020-21 (<i>full-year impact</i>)	\$95	10,000	\$950,000

Eligible purchasers. The revenue (and costs) associated with the Opiate Antagonist Bulk Purchase Fund assume the following entities will purchase an estimated 10,000 orders of opiate antagonists per year:

- units of local government — approximately 2,725 entities;
- entities with publicly accessible AEDs, which include but are not limited to universities, recreation centers, shopping centers, and workplaces — approximately 6,800 entities;
- school districts — 178 entities;
- charter schools — approximately 250 entities; and
- non-public schools — approximately 40 entities.

State Expenditures

The bill will increase state expenditures by \$732,687 and 2.2 FTE in FY 2019-20 and \$1,359,577 and 2.3 FTE in FY 2020-21 from the General Fund and the Opiate Antagonist Bulk Purchase Fund. Costs for the CDPHE are outlined in Table 3 and detailed below.

**Table 3
 Expenditures Under SB 19-227**

Cost Components	FY 2019-20	FY 2020-21
Department of Public Health and Environment		
Personal Services	\$165,766	\$172,520
Operating Expenses and Capital Outlay Costs	\$11,686	\$2,185
Bulk Opiate Antagonist Purchase	\$475,000	\$950,000
Training Costs	\$4,000	\$4,000
Mileage	\$520	\$520
Software Costs	\$2,500	\$2,500
Disposal Kiosks and Cabinets	-	\$44,000
Disposal Maintenance Costs	-	\$83,520
Centrally Appropriated Costs*	\$73,216	\$100,332
Total	\$732,688	\$1,359,577
Total FTE	2.2 FTE	2.3 FTE

* Centrally appropriated costs are not included in the bill's appropriation.

Department of Public Health and Environment. The bill will increase expenditures in the CDPHE to meet the requirements of the bill as outlined below.

- *Central staffing costs.* CDPHE requires 2.3 FTE to oversee the bulk purchasing program and the expansion of the medication take-back program. This includes 1.0 FTE Program Manager, 1.0 FTE Health Professional, and 0.3 FTE Environmental Protection Specialist. The program manager will oversee both programs, the health professional will facilitate the increased demand for opiate antagonist orders, and the environmental protection specialist will oversee the implementation and maintenance of syringe collection sites. First-year costs reflect the General Fund pay date shift, and standard operating and capital outlay expenses are included.
- *Opiate Antagonist Bulk Purchase Fund.* It is assumed that CDPHE will contract with a prescription drug outlet through the standard procurement process and set drug prices through rule twice a year. As discussed in the State Revenue section, it is assumed that standing orders for opiate antagonists will increase by 10,000 per year when the program is fully implemented. Costs are estimated at \$475,000 in FY 2019-20 and \$950,000 in FY 2020-21 and will be paid by the Opiate Antagonist Bulk Purchase Fund. In the first year, the program requires \$250,000 General Fund to have funding for contracting and initial purchases.
- *Medication Take-Back Program siting.* Beginning in FY 2020-21, the program will implement 103 new collection sites for syringes. It is assumed that CDPHE will create collection sites in each of the state's 64 counties, and an additional 39 sites to ensure one collection site per 100,000 residents.

Using July 2017 population data from the State Demography Office, these additional sites are as follows:

- ▶ Adams County, population 503,375 — 4 additional sites;
 - ▶ Arapahoe County, population 643,257 — 5 additional sites;
 - ▶ Boulder County, population 322,854 — 2 additional sites;
 - ▶ Denver City and County, population 705,651 — 6 additional sites;
 - ▶ Douglas County, population 335,635 — 2 additional sites;
 - ▶ El Paso County, population 701,283 — 6 additional sites;
 - ▶ Jefferson County, population 575,193 — 5 additional sites;
 - ▶ Larimer County, population 343,853 — 3 additional sites;
 - ▶ Mesa County, population 151,900 — 2 additional sites;
 - ▶ Pueblo County, population 165,974 — 2 additional sites; and
 - ▶ Weld County, population 304,435 — 2 additional sites.
- *Medication Take-Back program supply and maintenance.* A collection kiosk or cabinet will be put in place depending on the expected area demand. Kiosks are larger and cost \$1,400 and cabinets are smaller and cost \$400. It is assumed the installation costs can be accomplished within the existing resources of the host site. Large counties will likely utilize collection kiosks with on-site servicing by a biomedical waste disposal service. Smaller counties will likely utilize cabinets with mailback serving to a biomedical waste disposal service. On-site servicing costs for these facilities are estimated at \$85 per service, and mailback service costs are estimated at \$100 per mailback. Implementation is expected to take place over two years, at a cost of approximately \$44,000 in both FY 2020-21 and FY 2021-22. Ongoing maintenance costs are estimated at \$83,520 in FY 2020-21, and \$167,040 in FY 2021-22 and ongoing.

Department of Human Services. The fiscal note assumes that the Office of Behavioral Health can establish an identification policy for substance use disorder treatment programs within existing resources and no change in appropriations is required.

Department of Regulatory Agencies. The Division of Professions and Occupations may see a minimal increase in complaints related to the bill's expansion of health professionals that may prescribe opiate antagonists. The Pharmacy Board may perform rulemaking to implement the bill. No change in appropriations is required.

State agencies. Agencies with public AEDs currently maintain those systems within their operating budgets. Costs to purchase opiate antagonists to be placed in conjunction with existing public AEDs are estimated to cost \$95 per unit. It is assumed these costs and any associated training efforts can be borne by all affected agencies within existing appropriations. These agencies include the Department of Human Services, the Department of Public Safety, the Department of Revenue, the Legislative Department, and the Secretary of State's office. Any additional costs will be addressed through the annual budget process.

Centrally appropriated costs. Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which include employee insurance and supplemental employee retirement payments, are estimated to be \$73,216 in FY 2019-20 and \$100,332 in FY 2020-21.

Local Government, School Districts, Statutory Public Entity

Beginning in FY 2019-20, expenditures will increase for any county participating in the bulk purchase of opiate antagonists, including any counties that currently make AEDs available in their public buildings. This impact will vary depending on the specific requirements and size of each county. Further, workload and costs will also increase in school districts that decide to participate in the bulk purchasing program. These costs will vary depending on the needs of each school district that decides to participate in the program.

Effective Date

The bill takes effect upon signature of the Governor, or upon becoming law without his signature, except that Sections 15 and 16 take effect only if the Title 12 Recodification bill is passed, House Bill 19-1172, in which case these sections take effect October 1, 2019.

State Appropriations

For FY 2019-20, the bill requires and includes a total appropriation of \$659,472 to the Department of Public Health and Environment, including \$434,472 from the General Fund with an allocation of 2.2 FTE, and \$225,000 from the Opiate Antagonist Bulk Purchase Fund.

State and Local Government Contacts

Counties	Education	Health Care Policy and Financing
Higher Education	Human Services	Information Technology
Personnel	Public Health	Public Safety
Regulatory Agencies	Revenue	School Districts
State		