

## Department of Planning and Budget 2024 Session Fiscal Impact Statement

1. **Bill Number:** HB1185

**House of Origin**     Introduced     Substitute     Engrossed  
**Second House**     In Committee     Substitute     Enrolled

2. **Patron:** Willett

3. **Committee:** Health and Human Services

4. **Title:** Board of Health; Department of Health Professions; Prescription Monitoring Program; overdose.

5. **Summary:** Directs the Board of Health to report patient level data information on patients who overdose on opioids to the Department of Health Professions for use in the Prescription Monitoring Program. The bill requires practitioners to obtain such data when prescribing opioids.

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

7. **Fiscal Impact Estimates:** Preliminary.

8. **Fiscal Implications:** The provisions of this legislation, as engrossed, would have a fiscal impact on the Department of Health Professions (DHP) to modify the Prescription Monitoring Program (PMP) to accept nonfatal opioid overdose data. Currently the Prescription Monitoring Program (PMP) only accepts data from pharmacies. DHP has stated that the receipt of “admit-discharge-transfer” (ADT) data would be a tremendous amount of new data for the PMP. The bill also requires this data be made available on the patients’ PMP report.

DHP received an estimate from a vendor that has a cost of \$300,000 in one-time costs to implement the changes to the PMP and \$500,000 in ongoing maintenance costs. Ongoing maintenance costs include but are not limited to coordination with the appropriate hospital stakeholders to connect with the hospital’s ADT data, HL7 message mapping (messages that are used to transfer electronic data between disparate healthcare systems), customizations as needed, and post implementation data analysis and testing.

The PMP is currently funded by a 2006 federal court settlement agreement with the Purdue Frederick Company (the PMP Trust Account). DHP has stated according to the terms of the 2006 federal court settlement that the PMP Trust account cannot be used for the provisions of the legislation as the costs would exceed the yearly expenditure cap stipulated and receipt and display of hospital discharge data (nonfatal overdose) is beyond the scope of intended use of the 2006 settlement funds for operating and maintaining a PMP.

In lieu of general fund support for this effort as DHP is a nongeneral fund agency, the provisions of this legislation would be a permissible use of either awards from the Opioid Abatement Authority or the Commonwealth Opioid Abatement and Remediation (COAR) opioid settlement funds. The settlement agreement states funds may be used to support enhancements or improvements to PMPs.

Virginia Health Information (VHI) is currently under contract by the Virginia Department of Health to collect patient level data. If the intent of the engrossed version is for VDH, through VHI, to develop a system to ensure the successful transfer of additional ADT data as specified in the bill, then there would be additional costs. Estimates from VHI contractors include \$110,000 to implement a new system and \$20,000 annually thereafter to collect, maintain, and report ADT data information on patients who have experienced a nonfatal opioid overdose.

**9. Specific Agency or Political Subdivisions Affected:** The Department of Health Professions and the Virginia Department of Health.

**10. Technical Amendment Necessary:** No.

**11. Other Comments:** None.