

Government of the District of Columbia
Office of the Chief Financial Officer



Jeffrey S. DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeffrey S. DeWitt
Chief Financial Officer 

DATE: September 19, 2016

SUBJECT: Fiscal Impact Statement – Substance Abuse and Opioid Overdose
Prevention Amendment Act of 2016

REFERENCE: Bill 21-602, Draft Committee Print sent to the Office of Revenue
Analysis on September 1, 2016

Conclusion

Funds are sufficient in the fiscal year 2017 through fiscal year 2020 budget and financial plan to implement the bill.

Background

The bill allows¹ physicians and pharmacists to prescribe and dispense opioid antagonists, which are drugs used to reverse the effects of opioid overdose, to the following people: a person at risk of opioid overdose; a friend or family member of a person at risk of overdose; or a volunteer or employee of a community-based organization (CBO) that works with people at risk of overdose. Before a pharmacist can give an opioid antagonist to someone without a prescription from a physician, the pharmacist must complete a training provided by the Department of Health (DOH).

The bill also allows volunteers and employees of CBOs to distribute opioid antagonists, as long as the volunteers and employees have a prescription or standing order from a health professional and go through a training provided by DOH.

The bill protects from civil or criminal liability physicians, pharmacists, and CBO employees and volunteers who prescribe or distribute opioid antagonists in accordance with the bill.

¹ By amending An Act To relieve physicians of liability for negligent medical treatment at the scene of an accident in the District of Columbia, approved November 8, 1965 (79 Stat. 1302; D.C. Official Code § 7-401 et seq.).

The Honorable Phil Mendelson

FIS: Bill 21-602, "Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016," Draft Committee Print shared with the Office of Revenue Analysis on September 1, 2016

Financial Plan Impact

Funds are sufficient in the fiscal year 2017 through fiscal year 2020 budget and financial plan to implement the bill.

The bill will cost DOH \$45,000 in the first year of implementation, fiscal year 2017, and \$20,000 a year in subsequent years. DOH can absorb these costs in its fiscal year 2017 through fiscal year 2020 budget and financial plan.

The cost of the bill comes from two sources: training pharmacists who wish to dispense an opioid antagonist to individuals without a doctor's prescription, and training employees and volunteers of CBOs that work with people at risk of opioid overdose.

DOH believes that it could create an online training video and assessment for pharmacists for around \$25,000. This would be a one-time cost in fiscal year 2017.

DOH would like to train the CBO employees and volunteers in-person, which would cost an additional \$20,000 per year. It has already provided similar training to about 25 to 30 people through a pilot program, but DOH does not have enough staff to serve more people, and the Office of Revenue Analysis projects an additional 200 CBO employees and volunteers a year could request training if the bill is passed.² Hiring someone outside of DOH to train these additional 200 people would cost around \$20,000 a year.

² We based our calculation on the number of CBOs enrolled in a similar program in the state of New York, and adjusted for differences between New York and D.C.'s number of residents and number of deaths due to opioid overdoses.