

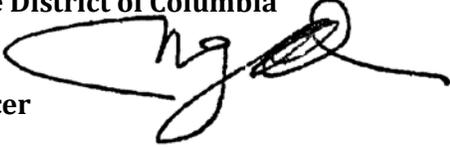
Government of the District of Columbia
Office of the Chief Financial Officer



Natwar M. Gandhi
Chief Financial Officer

MEMORANDUM

TO: The Honorable Philip H. Mendelson
Chair, Council of the District of Columbia

FROM: Natwar M. Gandhi 
Chief Financial Officer

DATE: October 4, 2012

SUBJECT: Fiscal Impact Statement - "Good Samaritan Overdose Prevention Amendment Act of 2012"

REFERENCE: Bill 19-754- Draft Committee Print shared with the Office of Revenue Analysis on October 1, 2012

Conclusion

Funds are sufficient in the FY 2013 through FY 2016 budget and financial plan to implement the bill.

Background

Current law¹ limits the immunity in a civil legal proceeding of a healthcare professional or other individual who, in good faith, attempts to administer medical assistance to a person during an emergency situation or through a volunteer assistance program.

The bill extends some Good Samaritan protections to those who seek medical assistance or administer an opioid antagonist² for a person experiencing an overdose. Specifically, the bill provides protection from arrests, charges, or prosecutions for a qualified drug offense,³ or modifications or revocations of a supervision⁴ status if these actions are to be based on evidence

¹Act 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.*).

² Opioid antagonists are drugs that effectively block the human body from making use of opiates and endorphins.

³ Qualified drug offenses as defined in the bill are the unlawful possession of a controlled substance, unlawful use and possession with intent to use drug paraphernalia, use of drug paraphernalia for the use or administration of a controlled substance, possession of alcohol by persons under 21 years of age, providing alcohol to a person under 21 years of age, and contributing to the delinquency of a minor.

⁴ Supervision is defined in the bill as probation, parole, supervised release, or release pending any disposition of a case.

that is a result of the individual's call for health care for an overdosed person. For drug or alcohol offenses not covered by this bill, the action of seeking help can be used as a mitigating factor in those cases.

The bill requires the Mayor to annually report to Council overdose statistics that may include deaths, emergency room visits, use of pre-hospital services, use of opioid antagonists, 911 and other emergency hotline calls, and arrests associated with medical help calls. The Department of Health (DOH) must also establish a public education campaign to address the risk and frequency of overdose deaths, prevention of overdoses, the value of seeking immediate medical care, and an understanding of the protections established in this bill.

Financial Plan Impact

Funds are sufficient in the FY 2013 through FY 2016 budget and financial plan to implement the bill. The extension of Good Samaritan protections to those who seek medical assistance for a person experiencing an overdose does not impact the District's budget and financial plan.

The bill's provision on the annual report of overdose statistics imposes requirements on District agencies, but these can be met with existing resources. The Office of the Chief Medical Examiner (OCME) incorporates overdose death statistics into its mortality report. The Metropolitan Police Department (MPD) is not notified when calls are made regarding an overdose unless there is an additional criminal need for MPD to be present. Thus, there have been no arrests in the past associated with calls for medical assistance. The bill recommends the collection and reporting of data on emergency room visits, the use of pre-hospital services, the use of opioid antagonists, and emergency hotline statistics; however, currently no mechanism exists to collect this information.⁵

Finally, the bill requires DOH to implement a public education campaign, but only when existing resources are available. DOH has an extensive network of medical providers, boards, and other health information points of contact it can use to disseminate information regarding the bill while utilizing very few resources. A more extensive campaign would cost significantly more. For example, a current DOH contractor indicated that an extensive advertising campaign, including campaign development⁶ and implementation, would require approximately \$400,000. The needs for various campaigns, and thus the costs, could fluctuate depending on the best method of reaching the target population.

⁵ The Office of Unified Communication indicated it may be able to collect 911 call data, but was unsure on what it would take to annually report that data.

⁶ Development includes research, testing, development of creative pieces, etc.