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



Jeffrey S. DeWitt Chief Financial Officer

## **MEMORANDUM**

ТО:	The Honorable Phil Mendelson				
	Chairman, Council of the District of Columbia				
FROM:	Jeffrey S. DeWitt Chief Financial Officer				
DATE:	November 12, 2020				
SUBJECT:	Fiscal Impact Statement – Opioid Overdose Treatment and Prevention Omnibus Amendment Act of 2020				
<b>REFERENCE:</b>	Bill 23-54, Draft Committee Print as provided to the Office of Revenue Analysis on November 11, 2020				

### Conclusion

Funds are not sufficient in the fiscal year 2021 through fiscal year 2024 budget and financial plan to implement the bill. The bill's implementation will cost approximately \$1.2 million over the four-year financial plan period, beginning in fiscal year 2022.

The implementation of Section 3 of the bill, which requires the Metropolitan Police Department (MPD) and the Department of Health (DOH) to make opioid antagonist kits available to government personnel, is subject to the required resources being included in an approved budget and financial plan.

## Background

The bill expands the protections<sup>1</sup> against being charged with certain crimes or changes to a person's supervision status to include the administration, self-administration, being the recipient of, or observation of the administration of an opioid antagonist. The bill also ensures that any of these applications of an opioid antagonist can be considered as a mitigating factor by the court in any other non-enumerated criminal prosecution or offense. The bill gives civil or criminal liability immunity to

<sup>&</sup>lt;sup>1</sup> Good Samaritan Overdose Prevention Amendment Act of 2012, December 7, 2012 (D.C. Law 19-243; D.C. Official Code § 7-403).

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any government employee that administers an opioid antagonist consistent with the law, absent recklessness, misconduct, or gross negligence.

The bill requires MPD to provide an opioid antagonist rescue kit to all sworn members that must be carried and administered consistent with MPD directives. MPD must report monthly to the chairpersons of the Council committees overseeing health and judiciary and public safety matters on the number of individuals administered an opioid antagonist, the number of opioid antagonists administered, and the police districts where the administration occurred.

The bill also requires DOH to make opioid antagonist kits available to all District agencies under the purview of the Deputy Mayor for Health and Human Services and establish policies to govern the distribution and administration of opioid antagonists. DOH must also report monthly to the chairpersons of the Council committees overseeing health and judiciary and public safety matters on the number of individuals administered an opioid antagonist, the wards where they were administered, the agencies that administered the antagonist, and any follow-up services provided by the administering agencies.

The bill decriminalizes the possession of certain drug paraphernalia by redefining drug paraphernalia<sup>2</sup> to exclude items used for one's own personal use<sup>3</sup> of a controlled substance. The bill legalizes the ability of a community organization to make available clean supplies for the personal consumption of a controlled substance.

#### **Financial Plan Impact**

Funds are not sufficient in the fiscal year 2021 through fiscal year 2024 budget and financial plan to implement the bill. The bill's implementation will cost approximately \$1.2 million over the four-year financial plan period, beginning in fiscal year 2022.

The Department of Behavior Health (DBH) currently receives a State Opioid Response grant from the federal Substance Abuse and Mental Health Services Administration. DBH transferred some of this funding to MPD, DOH, and other public safety agencies so those agencies can purchase opioid antagonist kits. The grant funding that DBH disbursed for the purchase of kits is only guaranteed through fiscal year 2021 and the continued kit purchases, as required in the bill, must be funded through locally budgeted resources.

MPD currently funds the purchase of approximately 3,200 kits annually at a cost of \$240,000 with the grant funding. MPD also funds one staffer to assist in the kit purchases, distribution, and reporting at a cost of approximately \$115,000 annually. MPD requires additional local funding each year to pay for the required staffer and the opioid antagonist kits.

DOH also receives approximately \$1.3 million of the grant funds to purchase kits for both public health government agencies and third-party distributors, such as pharmacies and community

<sup>&</sup>lt;sup>2</sup> D.C. Official Code § 48-1101.

<sup>&</sup>lt;sup>3</sup> The bill defines personal use as use or possession in circumstances where there is insufficient evidence of intent to distribute or manufacture a controlled substance.

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organizations. Like MPD, this funding is only guaranteed through fiscal year 2021 and ensuring that agencies under the Deputy Mayor for Health and Human Services meet the bill's requirement to have kits requires additional locally budget resources. The bill also requires a distribution expansion to agencies, such as the Child and Family Services Agency, that do not currently receive kits. The cost of kits for the health-related agencies is \$147,000 over the four-year financial plan period.

The bill's provisions related to the supply or use of an opioid antagonist and drug paraphernalia have no costs and can be implemented immediately.

Opioid Overdose Treatment and Prevention Omnibus Amendment Act of 2020 Bill 23-54 Implementation Costs Fiscal Year 2021 – Fiscal Year 2024 (\$ thousands)						
	FY 2021 <sup>a</sup>	FY 2022	FY 2023	FY 2024	Total	
MPD <sup>b</sup>	\$0	\$359	\$363	\$368	\$1,090	
DOH	\$0	\$48	\$49	\$50	\$147	
Total Costs	\$0	\$407	\$412	\$418	\$1,237	

Table Notes

<sup>a</sup> Fiscal year 2021 costs are covered by the State Opioid Response grant.

<sup>b</sup> MPD costs include one staffer and the purchase of kits.