FISCAL MEMORANDUM

HB 1360 – SB 1384

April 8, 2019

SUMMARY OF ORIGINAL BILL: Requires a prescriber to also prescribe naloxone when prescribing opioids or benzodiazepines to a patient.

FISCAL IMPACT OF ORIGINAL BILL:

Increase State Expenditures – $21,515,900

Increase Federal Expenditures – $26,326,900

Increase Local Expenditures – Exceeds $1,193,100

SUMMARY OF AMENDMENT (007915): Deletes all language after the enacting clause. Requires the Commissioner of the Department of Health (DOH) to study instances when co-prescribing of naloxone with an opioid is beneficial and to publish the results to each Health Related Board (HRD) that licenses healthcare professionals who can legally prescribe controlled substances, and to the Board of Pharmacy (BOP) no later than January 1, 2020. Requires the Commissioner of the DOH to include the findings of the study in the treatment guidelines for prescribing opioids that is used by prescribers in this state as a guide for caring for patients.

FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:

NOT SIGNIFICANT

Assumptions for the bill as amended:

- The Commissioner of the DOH will conduct the required study and publish the results to the required HRBs utilizing existing resources without an increase in expenditures.
- The proposed legislation will not have a significant impact on the procedures or processes of the HRBs or the Department of Health; therefore, any fiscal impact is estimated to be not significant.
- Pursuant to Tenn. Code Ann. § 4-29-121, all health related boards are required to be self-supporting over a two-year period. The health related boards had an annual surplus

of $3,609,723 in FY16-17, an annual surplus of $3,621,024 in FY17-18, and a cumulative reserve balance of $34,646,763 on June 30, 2018.

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.

Krista Lee Carsner

Krista Lee Carsner, Executive Director

/vlh