

## Department of Planning and Budget

### 2022 Fiscal Impact Statement

**1. Bill Number:** HB420

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

**2. Patron:** Delaney

**3. Committee:** Health, Welfare and Institutions

**4. Title:** Department of Health; evidence-based best practices for opioid-related emergencies.

**5. Summary:** Requires hospitals to establish and implement policies and protocols consistent with evidence-based best practices for opioid-related emergencies in the emergency department published and regularly updated by the Department of Health.

**6. Budget Amendment Necessary:** Yes, item 292, program 40607.

**7. Fiscal Impact Estimates:** See item 8.

**7a. Expenditure Impact:**

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2023	\$119,598	1	01000
2024	\$119,598	1	01000
2025	\$119,598	1	01000
2026	\$119,598	1	01000
2027	\$119,598	1	01000
2028	\$119,598	1	01000
2029	\$119,598	1	01000

**8. Fiscal Implications:** The provisions of this legislation will have a fiscal impact on the Virginia Department of Health (VDH). The bill would require VDH to publish on its website and regularly update evidence-based best practices for opioid-related emergencies in the emergency department. This would result in increased costs on the existing hospital licensure program. The Board, the State Health Commissioner, and VDH do not have the authority to increase hospital licensure fees, as those fees are set in § 32.1-130 of the Code of Virginia. These fees have not been modified in over 40 years and there is no authority to levy special assessments or other fees to offset the increased expenditures.

In order to meet the provisions of the bill, VDH would need general fund support for one Health Care Compliance Specialist. This position would research, draft, publish, and regularly update clinical best practices for opioid-related emergencies in the emergency department. This position would also review complaints received about hospitals failing to

implement the best practices and may conduct complaint investigations resulting from such complaints, which may necessitate statewide travel. Using current and historical expenditure data, VDH estimates this position would have an annual cost of \$119,598, including fringe and other indirect costs such as office supplies, equipment, and phone. Because the volume of complaints that may be received pursuant to this new mandate is unknown, travel expenditures are indeterminable at this time.

**9. Specific Agency or Political Subdivisions Affected:** Virginia Department of Health.

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

**11. Other Comments:** None.