Fiscal Estimate - 2019 Session

☑ Original ☐ Updated	Corrected	Supplemental				
LRB Number 19-4312/1	Introduction Number	AB-0645				
Description opioid antagonist administration in jails and medication-assisted treatment availability in prisons and jails						
Fiscal Effect						
Appropriations Revenue	ase Existing absorb within					
2. Decrease Costs 4. Decrease	sive Mandatory	Government Village Cities Others WTCS Districts				
Fund Sources Affected	Affected Ch. 20 A	ppropriations				
GPR FED PRO PRS SEG SEGS 20.435 (5)(a)						
Agency/Prepared By	Authorized Signature	Date				
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Fiscal Estimate Narratives DHS 1/7/2020

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Description						
opioid antagonist administration in jails and medication-assisted treatment availability in prisons and jails						

Assumptions Used in Arriving at Fiscal Estimate

This bill would allow county jails to enter into written agreements with an ambulance service provider, or physician, to obtain naloxone or another opioid antagonist, allow jailers or jail keepers to receive training to administer those medications, and to extend to jailers the same immunities provided to first responders when administering naloxone or another opioid antagonist.

This statutory change is not expected to impact the Department of Health Services (DHS) or county health department services.

This bill also requires DHS to study the availability of medication-assisted treatment for opioid use disorder in each prison and county jail, after consulting with the Department of Corrections (DOC). The study must include the availability of on-site behavioral health counseling measured by the number of substance abuse counselors available for the number of persons in custody, the facilities available for inpatient detoxification and number of rooms available, and each medication, the forms of the medications, and the number of people receiving the medication in each prison or county jail.

DHS is required to use the results of this study to develop a proposal, in consultation with DOC, to implement, or identify county officials to implement, a pilot project to make available in at least one prison or county jail all medications for medication-assisted treatment for opioid use disorder that are approved by the federal food and drug administration. The Department must present the study, the proposal, and any statutory recommendations or funding necessary to implement the pilot to the joint committee on finance within 13 months of the bill's enactment.

The bill does not provide any funding or support to the Department to implement the study or to develop the pilot program. Due to the timeframe in the bill, DHS will likely need to contract with an outside organization to perform the study of jail and prison MAT capacity. Based on the cost of similar surveys, DHS expects this survey to cost \$500,000 GPR.

Long-Range Fiscal Implications