

Fiscal Estimate - 2019 Session

Original
 Updated
 Corrected
 Supplemental

LRB Number 19-4786/1	Introduction Number SB-594
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Description
 opioid antagonist administration in jails and medication-assisted treatment availability in prisons and jails

Fiscal Effect

State:

<input type="checkbox"/> No State Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input checked="" type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues	
<input type="checkbox"/> Increase Existing Appropriations		<input type="checkbox"/> Decrease Costs
<input type="checkbox"/> Decrease Existing Appropriations		
<input type="checkbox"/> Create New Appropriations		

Local:

<input type="checkbox"/> No Local Government Costs		
<input checked="" type="checkbox"/> Indeterminate	5. Types of Local Government Units Affected	
1. <input type="checkbox"/> Increase Costs	3. <input type="checkbox"/> Increase Revenue	<input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	<input type="checkbox"/> Counties <input type="checkbox"/> Others
2. <input type="checkbox"/> Decrease Costs	4. <input type="checkbox"/> Decrease Revenue	<input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	

Fund Sources Affected	Affected Ch. 20 Appropriations
<input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS	

Agency/Prepared By	Authorized Signature	Date
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Fiscal Estimate Narratives

DOC 1/15/2020

LRB Number	19-4786/1	Introduction Number	SB-594	Estimate Type	Original
Description opioid antagonist administration in jails and medication-assisted treatment availability in prisons and jails					

Assumptions Used in Arriving at Fiscal Estimate

The bill requires the Department of Health Services (DHS), after consulting with the Department of Corrections (DOC), to study the availability of medication-assisted treatment for opioid use disorder in each prison and county jail, including by identifying certain pieces of data specified in the bill. DHS, again after consulting DOC, must then use the results of the study to propose to implement, or identify county officials to implement, a pilot project to make available all approved medications for medication-assisted treatment for opioid use disorder in at least one prison or county jail. DHS must report its study findings, its proposal, and any requests for proposed statutory changes or funding necessary to implement the pilot project to the Joint Committee on Finance.

Because the amount and degree of consultation that would be required of DOC is unknown, DOC is unable to precisely estimate the state fiscal effect of this bill. DOC estimates that a 0.50 FTE Nurse Clinician 2 position would be needed to provide adequate staffing resources to assist DHS. As of 12/21/19, the average hourly wage for Nurse Clinician 2 permanent positions at DOC is \$32.87. It is unknown how long this position would be required, and thus what the total cost would be, because it is unknown how long DOC would be involved with assisting DHS with the study and pilot project proposal.

This bill allows county jails to enter into a written agreement to affiliate with an ambulance service provider or a physician to 1) obtain a supply of naloxone or another opioid antagonist; and 2) allow jailers or keepers of a jail or persons designated with custodial authority by a jailer or keeper to receive the training necessary to safely and properly administer those medications to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose. Under current law, law enforcement agencies and fire departments may enter such agreements; this bill grants that authority to county jails.

Because this bill merely grants county jails the option of entering into such written agreements, it would have no direct local fiscal effect on county jails.

Current law also grants law enforcement officers and fire fighters immunity from civil and criminal liability for any outcomes resulting from the administration of an opioid antagonist to a person the officer or fire fighter reasonably believes is undergoing an opioid-related drug overdose, if the officer or firefighter is acting pursuant to an agreement with an ambulance service provider or physician and his or her training. This bill extends the same immunity to a jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper.

DOC is aware that naloxone (a type of opioid antagonist) is used in various Wisconsin jails. The proposed extension of this opioid antagonist administration immunity to jailers, keepers of a jail, or persons designated with custodial authority by the jailer or keeper – and any resulting increased usage of opioid antagonists – could result in decreased medical, legal, or other costs for local governments. However, DOC is unable to estimate what this potential cost reduction would be.

Long-Range Fiscal Implications