## Fiscal Estimate - 2017 Session

☑ Original ☐ Updated	Corrected	Supplemental				
LRB Number 17-1472/1	Introduction Number	AB-0008 (JR7)				
Description creating additional opioid treatment programs and making an appropriation						
Appropriations Reversible Decrease Existing Decrease Appropriations Reversible	rease Existing to absorb	business.				
Permissive Mandatory Perm  2. Decrease Costs 4. Decr	5.Types of Lo Government Affected Towns rease Revenue nissive Mandatory Mandatory School District	ocal nt Units  Village Cities es Others  WTCS				
Fund Sources Affected Affected Ch. 20 Appropriations  GPR PRO PRO SEG SEGS 20.435 (5)(bc)						
Agency/Prepared By	Authorized Signature	Date				
DHS/ Michael Christopherson (608) 266-9364 Andy Forsaith (608) 266-7684						

## Fiscal Estimate Narratives DHS 2/27/2017

LRB Number		Introduction Number (JR7)	AB-0008	Estimate Type	Original	
Description						
creating additional opioid treatment programs and making an appropriation						

## **Assumptions Used in Arriving at Fiscal Estimate**

This bill requires the Department of Health Services (DHS) to create two to three additional regional opioid treatment programs to provide treatment for opiate addiction in underserved, high-need areas. Opioid treatment programs created under this bill are required to provide counseling, medication-assisted treatment (excluding methadone treatment) and abstinence-based treatment; and transition individuals who have completed treatment to county-based or private post-treatment care. The bill requires DHS to use request-for-proposal procedures to obtain and review treatment program proposals and prohibits treatment programs from offering methadone treatment.

The bill provides \$1,000,000 GPR to fund two to three opioid treatment centers. This amount of funding should be sufficient for procurement.

The fiscal effect on counties is indeterminate. It is assumed the treatment centers would not increase the number of individuals with opiate dependency who are served by county programs and that treatment provided by the centers may replace or prevent the need for services that would otherwise be provided by counties.

**Long-Range Fiscal Implications**