

SENATE APPROPRIATIONS COMMITTEE FISCAL NOTE

BILL NO. Senate Bill 860

PRINTER NO. 1124

AMOUNT

\$120,000 Annual Costs
\$42,000 (one-time costs)

FUND

General Fund
Restricted Funds (Department of State)

DATE INTRODUCED

August 29, 2017

PRIME SPONSOR

Senator Greenleaf

DESCRIPTION

Senate Bill 860, Printer's Number 1124, establishes a free standing act, known as the Criminal Justice and Addiction Treatment Act.

This legislation provides for the following:

- The Secretary of Corrections, in consultation with the Department of Drug & Alcohol Programs (DDAP), shall utilize drug and alcohol treatment services for offenders in state correctional institutions that are certified by the department as utilizing evidence-based practices and evidence-informed practices tailored to the needs of offenders.
- The Secretary of Corrections shall also develop a pre-release plan for inmates with substance use disorders that provides transition to a broad range of integrated reentry services.
- DDAP shall provide courses to educate and train government-funded professionals, who do not provide direct addiction-related services but who come into contact with significant numbers of individuals who engage in risky substance use or who may have addiction. The courses shall contain best practices for recognizing substance-involved individuals and knowing how to respond. These individuals shall include, but not be limited to:
 1. Law enforcement and other criminal justice personnel;
 2. Legal staff, child welfare and other social service workers; and
 3. Educators

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- For physicians, DDAP shall, in consultation with the clinical standards committee, develop:
 1. Core clinical competencies that can be incorporated as required components of all medical schools curricula, residency training programs, licensing exams and continuing education requirements to address risky substance use and addiction;
 2. Prevention, intervention, treatment and management options; and
 3. Competencies for co-occurring conditions and special population and specialty-care needs.

- The competencies shall include:
 1. What constitutes risky substance use;
 2. How to screen for risky substance use and to conduct brief interventions;
 3. The causes and correlates of addiction;
 4. How to diagnosis addiction; evaluate disease stage, severity, co-occurring disorders and needs of special populations and develop a treatment and disease management plan, including appropriate support services;
 5. How to collaborate with and manage a multidisciplinary team of providers;
 6. How to provide or supervise psychosocial and pharmaceutical treatments for addiction and disease management;
 7. How to arrange for and connect patients with auxiliary support services; and
 8. How to determine the need for specialty care and connect patients with such care.

- For non-physicians, DDAP shall, in consultation with the clinical standards committee, develop core clinical competencies that can be incorporated as required components of all professional health care program curricula, graduate fellowship training programs, professional licensing examinations and continuing education requirements in addressing risky substance use and preventing and treating addiction for each type of non-physician health professional, including physician assistants, nurses and nurse practitioners, dentists, pharmacists and graduate-level clinical mental health professionals. The competencies shall include:
 1. What constitutes risky substance use;
 2. How to screen for risky substance use and to conduct brief interventions;
 3. The causes and correlates of addiction;

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4. Available psychosocial and pharmaceutical treatments for addiction and disease management; and
 5. How to arrange for and connect patients with auxiliary support services;
 6. How to determine the need for specialty care and connect patients with such care.
- DDAP shall work with the state boards to incorporate the core clinical competencies into continuing education requirements.
 - Each state board shall establish continuing education requirements and criteria appropriate to its respective discipline for training on best practices of prescribing controlled substances.
 - DDAP shall, in consultation with the clinical standards committee, develop screening and assessment instruments for all types of addictive substances that physician and non-physician health professionals can use for diagnosing addiction.
 - As a condition of receiving any funding through DDAP, any drug and alcohol treatment facility, whether freestanding or within a hospital setting, shall utilize evidence-based practices or evidence-informed practices.
 - At the time of arraignment a defendant shall be directed by the court to undergo screening for substance abuse and addiction. At the time of setting bail, the court may include drug and alcohol treatment as a condition of bail.

This act shall take effect in 60 days.

FISCAL IMPACT:

According to the Governor's Office of the Budget, enactment of this legislation would have the following fiscal impact on Commonwealth funds:

Department of Corrections

The Department of Corrections indicates that costs related to fulfilling its duties under this legislation would be minimal and capable of being accommodated within the agency's current workload and budget.

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Department of Drug and Alcohol Programs (DDAP)

The Department of Drug and Alcohol Programs indicates that it would incur an estimated cost of \$120,000 for one (1) additional staff person and training costs.

Department of State

The Department of State indicates that it would incur an estimated cost of \$42,000 to promulgate regulations for the seven (7) impacted boards. They are as follows:

Professional & Occupational Affairs	\$30,000
State Board of Medicine	\$6,000
State Board of Osteopathic Medicine	\$6,000
Total	\$42,000