

Fiscal Analysis: The provisions of this legislation would have a fiscal impact on the Department of Health Professions (DHP) to modify the Prescription Monitoring Program (PMP) to accept nonfatal opioid overdose data. Currently the Prescription Monitoring Program (PMP) only accepts data from pharmacies. DHP has stated that the receipt of “admit-discharge-transfer” (ADT) data would be a tremendous amount of new data for the PMP. The bill also requires this data be made available on the patients’ PMP report.

Department of Planning and Budget
2025 General Assembly Session
State Fiscal Impact Statement

DHP received an estimate from a vendor that has a cost of \$600,000 in one-time costs to implement the changes to the PMP and \$400,000 in ongoing maintenance costs. Ongoing maintenance costs include but are not limited to coordination with the appropriate hospital stakeholders to connect with the hospital's ADT data, HL7 message mapping (messages that are used to transfer electronic data between disparate healthcare systems), customizations as needed, and post implementation data analysis and testing.

The PMP is currently funded by a 2006 federal court settlement agreement with the Purdue Frederick Company (the PMP Trust Account). DHP has stated according to the terms of the 2006 federal court settlement that the PMP Trust account cannot be used for the provisions of the legislation as the costs would exceed the yearly expenditure cap stipulated and receipt and display of hospital discharge data (nonfatal overdose) is beyond the scope of intended use of the 2006 settlement funds for operating and maintaining a PMP.

In lieu of general fund support for this effort as DHP is a nongeneral fund agency, the provisions of this legislation would be a permissible use of either awards from the Opioid Abatement Authority or the Commonwealth Opioid Abatement and Remediation (COAR) opioid settlement funds. The settlement agreement states funds may be used to support enhancements or improvements to PMPs. Or if necessary, given that Board operations are wholly sustained by practitioner fee revenue, the increase in nongeneral fund appropriation required to sustain this directive may need to be generated through a fee increase across all professions subject to Board oversight.

Additionally, there would be costs for Virginia Health Information (VHI), which is currently under contract by the Virginia Department of Health, to collect patient level data. Estimates from VHI contractors include \$110,000 to implement a new system and \$50,000 annually thereafter to collect, maintain, and report ADT data information on patients who have experienced a nonfatal opioid overdose.

Other: None.