



Fiscal Note 2025 Biennium

Bill information:

SB0284 - Requiring report of drugs taken by or prescribed to a victim of suicide (Glimm, Carl)

Status: As Introduced

- | | | |
|---|--|--|
| <input type="checkbox"/> Significant Local Gov Impact | <input checked="" type="checkbox"/> Needs to be included in HB 2 | <input checked="" type="checkbox"/> Technical Concerns |
| <input type="checkbox"/> Included in the Executive Budget | <input type="checkbox"/> Significant Long-Term Impacts | <input type="checkbox"/> Dedicated Revenue Form Attached |

FISCAL SUMMARY

	FY 2024 Difference	FY 2025 Difference	FY 2026 Difference	FY 2027 Difference
Expenditures:				
General Fund	\$46,610	\$43,953	\$44,942	\$45,939
State Special Revenue	\$20,220	\$0	\$0	\$0
Revenue:				
General Fund	\$0	\$0	\$0	\$0
State Special Revenue	\$0	\$0	\$0	\$0
Net Impact-General Fund Balance:	(\$46,610)	(\$43,953)	(\$44,942)	(\$45,939)

Description of fiscal impact: SB 284 requires a listing of non-controlled medications prescribed as mental health medications to be included on the Montana Prescription Drug Registry (MPDR). There will be costs to update the MPDR. Further, SB 284 allows the Department of Public Health and Human Services (DPHHS) to review the MPDR for individuals whose death has been ruled to be a suicide and report toxicology information to the legislature.

FISCAL ANALYSIS

Assumptions:Department of Public Health and Human Services

1. DPHHS would require an additional 0.50 FTE for an epidemiologist. The epidemiologist will be responsible for accessing the prescription drug registry to download, prepare, and analyze the toxicology information on individuals whose manner of death was ruled a suicide. The epidemiologist and the suicide prevention officer would work together to compile the annual legislative report mandated in Section 8(2)(c).
2. Personal Services for the 0.50 epidemiologist are estimated to be \$42,534 in FY 2024 and \$42,673 in FY 2025. One-time office set up costs in FY 2024 is estimated at \$2,800, and ongoing operating costs associated with the FTE are estimated at 3% of personal services.

3. DPHHS estimates 40-80 hours of additional staff time for the injury epidemiologist during the rule writing process. Participation of the injury epidemiologist is necessary to ensure the regulatory language will result in appropriate data collection standards necessary to complete the annual report. Costs associated with additional staff time are assumed to be within current workload and absorbed by current authority within DPHHS.

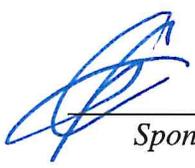
Department of Labor & Industry (DLI)

4. DLI will need to reconfigure the MPDR to include the additional types of drugs being reported, the ability to filter reporting of drugs by classification, and to display results accommodating the new classifications. DLI estimates the cost to reconfigure the MPDR will be \$10,000 based on past customization work orders to the existing contract.
5. Rulemaking costs are estimated at \$10,220. Rulemaking costs consist of a \$900 expense from the Secretary of State for publishing and printing of a ten-page rule notice and five-page adoption (15 pages x \$60 per page), \$1,150 in notification costs to interested parties (1,150 parties x \$1 per interested party and affected pharmacy license for postage, printing, and labeling), \$250 for a minimum two hour public hearing for the board executive officer to act as the hearing officer for the rules and for a court reporter to provide a transcript of comments, and legal costs of \$7,920 to draft the rule notice, assist in responding to comments, and prepare an adoption notice (\$132 per hour x 60 hours).
6. The Board of Pharmacy staff will incur additional workload. There will be time spent contacting all pharmacies that will no longer be exempt from reporting to the MPDR and educating them on the new reporting requirements. Costs associated with additional staff time will be absorbed by current authority within DLI.
7. There will be additional compliance costs in monitoring the pharmacies to ensure they are reporting the required non-controlled drugs to the MPDR. Board of Pharmacy staff will also respond to requests from law enforcement and board investigations concerning data obtained through the MPDR. Costs associated with additional compliance will be absorbed by current authority within DLI.

	<u>FY 2024</u> <u>Difference</u>	<u>FY 2025</u> <u>Difference</u>	<u>FY 2026</u> <u>Difference</u>	<u>FY 2027</u> <u>Difference</u>
<u>Fiscal Impact:</u>				
FTE	0.50	0.50	0.50	0.50
<u>Expenditures:</u>				
Personal Services	\$42,534	\$42,673	\$43,633	\$44,601
Operating Expenses	\$24,296	\$1,280	\$1,309	\$1,338
TOTAL Expenditures	\$66,830	\$43,953	\$44,942	\$45,939
<u>Funding of Expenditures:</u>				
General Fund (01)	\$46,610	\$43,953	\$44,942	\$45,939
State Special Revenue (02)	\$20,220	\$0	\$0	\$0
TOTAL Funding of Exp.	\$66,830	\$43,953	\$44,942	\$45,939
<u>Revenues:</u>				
General Fund (01)	\$0	\$0	\$0	\$0
State Special Revenue (02)	\$0	\$0	\$0	\$0
TOTAL Revenues	\$0	\$0	\$0	\$0
<u>Net Impact to Fund Balance (Revenue minus Funding of Expenditures):</u>				
General Fund (01)	(\$46,610)	(\$43,953)	(\$44,942)	(\$45,939)
State Special Revenue (02)	(\$20,220)	\$0	\$0	\$0

Technical Notes:

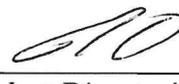
1. There is not a definitive class of medications to “treat a mental disorder.” Additionally, some drugs are prescribed for off-label use in the treatment of mental disorders; so, while perhaps not categorized within a treatment for mental disorder, may need to be included in the drug registry pursuant to this bill.



Sponsor's Initials

2-15-23

Date



Budget Director's Initials

2-13-23

Date