

SB 207, PHARMACY PRACTICE ACT AMENDMENTS

(Vickers, E)

Anticipated Fiscal Impact:

\$156,539 per year \$0.21 PMPM

Summary

SB 207 expands the abilities of hospitals to dispense drugs on the same day the patient is discharged. The expanded abilities allow hospitals to dispense opioid antagonists to any discharged patient. Opioid antagonists are lifesaving in the event of an opioid overdose. On average, pharmacy services at a hospital are more expensive than at a retail pharmacy. Based on the difference in cost between hospital rates and pharmacy rates and avoidance of admission for opioid overdose, the additional cost to the State Employee Health Plan will be \$156,539.

This cost reflects the number of discharges from a hospital who received an opioid prescription associated with the visit (3,637). We assume that 20% of the members (3,637 * 0.2 = 727) who were discharged and filled a prescription for an opioid will receive a prescription for an opioid antagonist. The cost to fill these prescriptions at the hospital is \$219,962.

We anticipate that additional members with an opioid antagonist on hand will reduce the number of patients who are admitted for an opioid overdose. Last year, 10 members were admitted to the hospital with a diagnosis of opioid overdose at an average cost of \$35,546 per admission. We estimate that increasing the number of members with an opioid antagonist available will reduce the number of patients admitted to the hospital by 20% and instead result in an emergency room visit for opioid overdose. The average cost for the members seeking services in an ER for opioid overdose last year was \$3,835. This results in a savings of \$63,243 (\$71,092 - \$7,669 = \$63,423).