

## **HB 288, OPIOID DISPENSING REQUIREMENTS, (Welton, D)**

### **Anticipated Fiscal Impact:**

\$28,524 per year (\$0.12 Per Employee Per Month (“PEPM”))

### **Summary**

HB 288 updates requirements for opioid dispensing to include counseling and voluntary access to opioid antagonists. Opioid antagonists are currently covered and utilized. We anticipate a 10% increase in utilization in obtaining an opioid antagonist prescription from eligible members (>50 morphine equivalents per day and those who received an opioid prescription with a benzodiazepine prescription). We also anticipate that access to opioid antagonists will decrease the volume of inpatient admissions slightly. The cost of these prescriptions is \$28,524.

### **Assumptions and Analysis**

1. A total of 4,847 members received a high dose opioid prescription in 2022. Of those, 244 also filled a prescription for an opioid antagonist. A total of 2 members received a low dose opioid with a benzodiazepine last year. We anticipate that 10% of the eligible members who have not already filled a prescription for an opioid antagonist will fill a prescription as a result of HB 288. Based on the members who will have a prescription made available to them (4,605) and the average cost of an opioid antagonist prescription (\$93.93), the cost of the additional opioid antagonist prescriptions is \$43,255.
2. **Potential Benefits:** last year, there were six admissions for opioid overdose at an average cost of \$29,462. Increasing access to opioid antagonists may decrease the number of admissions for opioid overdose. Assuming a 10% increase in utilization, additional access to opioid antagonists will decrease the number of inpatient admissions from 6 to 5.5 each year. The anticipate cost and savings includes:

Number eligible due to a high dose prescription	4,847
Number eligible due to a low dose prescription in combination with a benzodiazepine	2
Number who have already filled a prescription for an opioid antagonist	244
Total number eligible for a prescription	$4,847 + 2 - 244 = 4,605$
Average cost per of opioid antagonist prescription	\$93.93
Average cost of an admission for opioid overdose	\$29,462
Number of overdose cases last year	6
Cost if 10% of the eligible members fill an opioid antagonist	$(4,605 * 10% * \$93.93) = \$43,255$
Anticipated yearly reduction in inpatient admissions	$\$29,4620 * 0.5 = \$14,731$
Anticipated cost	$\$43,255 - \$14,731 = \$28,524$