

TENNESSEE GENERAL ASSEMBLY  
FISCAL REVIEW COMMITTEE



FISCAL MEMORANDUM

HB 2004 – SB 2022

February 23, 2018

**SUMMARY OF ORIGINAL BILL:** Requires the Department of Health (DOH) to establish, maintain, and publicize a toll-free telephonic and web-based hotline for the purposes of receiving allegations of opioid abuse or diversion. Requires any entity that prescribes, dispenses, or handles opioids to display a sign advertising the hotline. Requires the DOH to refer reports received through the hotline to the appropriate health-related board or law enforcement official. Creates protections for those reporting in good faith. The proposed legislation has an effective date of January 1, 2019.

FISCAL IMPACT OF ORIGINAL BILL:

Increase State Expenditures - \$305,800/FY18-19/Division of Health Related Boards  
\$585,800/FY19-20 and Subsequent Years/  
Division of Health Related Boards

Other Fiscal Impact – Pursuant to Tenn. Code Ann. § 4-29-121, all health related boards are required to be self-supporting over a two-year period. The Health Related Boards had an annual surplus of \$4,526,956 in FY15-16, an annual surplus of \$3,551,254 in FY16-17, and a cumulative reserve balance of \$32,645,083 on June 30, 2017.

**SUMMARY OF AMENDMENT (013592):** Deletes all language after the enacting clause. Requires the Department of Health (DOH) to accept allegations of opioid abuse or diversion. Requires any entity that prescribes, dispenses, or handles opioids to provide information to employees about reporting suspected opioid abuse or diversion. Requires the DOH to refer reports received to the appropriate health-related board or law enforcement official. Creates protections for those reporting in good faith. The proposed legislation has an effective date of January 1, 2019.

FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:

NOT SIGNIFICANT

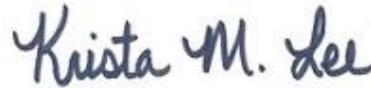
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Assumptions for the bill as amended:

- Based on the information provided by the DOH, the department has an existing complaint intake line.
- It is assumed any increase in calls can be accommodated utilizing existing resources without an increased appropriation or reduced reversion.
- Pursuant to Tenn. Code Ann. § 4-29-121, all health related boards are required to be self-supporting over a two-year period. The Health Related Boards had an annual surplus of \$4,526,956 in FY15-16, an annual surplus of \$3,551,254 in FY16-17, and a cumulative reserve balance of \$32,645,083 on June 30, 2017.

**CERTIFICATION:**

The information contained herein is true and correct to the best of my knowledge.



Krista M. Lee, Executive Director

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