



DOAA

Georgia Department
of Audits & Accounts

Greg S. Griffin
State Auditor

February 8, 2024

Honorable Sharon Cooper
Chairman, House Committee on Public Health
436 State Capitol
Atlanta, Georgia 30334

SUBJECT: Fiscal Note
House Bill (LC 54 0324)

Dear Chairman Cooper:

The bill would require qualified government buildings, courthouses, and university buildings to maintain a supply of at least three unit doses of opioid antagonists. The Department of Public Health (DPH) would be required to identify and develop educational resources and guidelines on opioid related overdoses, as well as a model training and implementation policy for opioid antagonist administration. The bill would also require every government entity to establish and implement an internal training and implementation policy for opioid antagonist administration, which may be based on DPH’s model training. The bill does not have an effective date.

Based on data from the Georgia Building Authority and DPH, we estimate this bill would cost between \$420,000 and \$515,000 (Table 1). Total costs are based on the number of state-owned and leased buildings included in the Building, Land and Lease Inventory of Property (BLLIP) system and information on existing AEDs provided by selected state entities (see discussion on page 2). Information provided by DPH indicates that opioid antagonists are purchased in two-dose packages at a cost of \$41. To comply with the three-dose minimum required by the bill, two packages would be necessary, totaling \$82.

Table 1: Cost to Provide Opioid Antagonists in Government and University Buildings

	Number of Buildings	Unit Cost (\$41 x 2 packages)	Total
Qualified Government Buildings¹			
5%	590	82	\$48,380
10%	1,180	82	\$96,760
15%	1,770	82	\$145,140
University Buildings²	4,500	82	\$369,000
Total estimated cost ranges from \$420,000 (\$48,380 + \$369,000) to \$515,000 (\$145,140 + \$369,000)			

¹ Percentages based on estimate of state-owned buildings that currently have AEDs.

² Includes all buildings associated with the University System of Georgia and Technical College System of Georgia in BLLIP.

Training Development Costs

DPH stated that it would be able to develop a model training and implementation policy for opioid antagonist administration, as well as educational resources on opioid-related overdoses, using its existing resources. This estimate assumes the bill's internal training and implementation policy requirements for state entities will also occur within existing resources.

Additional Considerations

- According to data obtained from the BLLIP system, there are a total of 16,265 state-owned and leased government and university buildings.
 - Qualified government buildings – There are approximately 11,800 government buildings in BLLIP (excluding university buildings). The bill requires that a “qualified government building” contain an automated external defibrillator (AED). However, there is no statewide inventory of AEDs in state-owned and leased buildings, nor is there a requirement for state buildings to maintain AEDs. We contacted selected agencies for information on existing AEDs in their buildings and the results provided the basis for scenarios used in the analysis. Comparing agency responses regarding their current AED count to each agency's building count in BLLIP, a possible range of five to fifteen percent was assumed for the number of state-owned buildings that meet the definition of “qualified” provided in the bill.
 - University buildings – There are approximately 4,500 university buildings in BLLIP. The bill does not stipulate an AED requirement for university buildings. Therefore, the estimate assumes all university buildings would be impacted by the bill. (It should be noted that all “university buildings” does include warehouses, sheds, and barns.) If the bill were limited to buildings with AEDs, an estimated 25% to 50% of university buildings (between 1,125 and 2,250) would be impacted based on data provided by the University System of Georgia and Technical College System of Georgia. This would result in a lower estimate than the one included in Table 1.
- According to GBA, the BLLIP system depends on agencies accurately reporting real property assets; therefore, the total number of government/university buildings impacted by the bill may be higher or lower than the estimate generated in this analysis.
- The estimate does not include costs associated with supplying opioid antagonists in other buildings (e.g., local government buildings, courthouses), though local entities would likely incur costs as a result of the bill. However, the opioid agitator used to generate the estimate is available under the statewide contract. According to DPH, other local entities may be able to take advantage of this pricing and lower costs.
- This estimate does not include replacement costs as opioid antagonist doses are used or expire. Shelf life of opioid antagonists which varies by brand should be considered in out-year cost estimates. According to DPH, some opiate agitators have a shelf life of less than two years, while others last over two years.

Respectfully,



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Richard Dunn, Director
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