



Senate Fiscal Agency  
P.O. Box 30036  
Lansing, Michigan 48909-7536



BILL ANALYSIS

Telephone: (517) 373-5383  
Fax: (517) 373-1986

Senate Bill 542 (as reported without amendment)

Sponsor: Senator Kevin Hertel

Committee: Health Policy

### **CONTENT**

The bill would enact a new law to allow a person or governmental entity that was distributed an opioid antagonist by the Department of Health and Human Services (DHHS) at no cost to choose the formulation, type of delivery device, method of administration, or dosage of the opioid antagonist that the person or agency received; however, the bill specifies that the ability to choose the formulation or dosage of an opioid antagonist would not apply if that formulation or dosage choice jeopardized the DHHS's receipt of Federal funding.

"Opioid antagonist" would mean naloxone hydrochloride or any other similarly acting and equally safe drug approved by the United States Food and Drug Administration for the treatment of drug overdose.

### **BRIEF RATIONALE**

The bill would give the individuals fighting the opioid crisis a choice about how best to administer opioid antagonists. According to testimony, opioids are the cause of 80% of drug deaths in Michigan and were responsible for the deaths of 3,000 Michigan residents in 2023. Testimony also indicates that the Centers for Disease Control found that 40% of opioid overdoses occur in the presence of another individual. The ability to request a specific opioid antagonist formulation, device, dosage, or administration method could make the use of an opioid antagonist more successful in the event of an overdose, saving more lives.

Legislative Analyst: Alex Krabill

### **FISCAL IMPACT**

The bill would have an indeterminate negative fiscal impact on the DHHS and no fiscal impact on local units of government. Currently, the DHHS operates a naloxone portal that provides intranasal and injectable naloxone to health organizations, community organizations, schools, bars and nightclubs, law enforcement, and other relevant agencies at no cost. The bill would expand the type of opioid antagonists available through the naloxone portal by allowing the receiving entity to choose the formulation, type of delivery device, method of administration, or dosage of the opioid antagonist. This would increase costs for the DHHS by potentially increasing the number of opioid antagonists distributed but could also increase costs through the distribution of more costly opioid antagonists. Additionally, the DHHS would face an increased administrative burden by increasing the complexity of requests.

Date Completed: 10-3-24

Fiscal Analyst: Ellyn Ackerman