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FISCAL IMPACT REPORT

SPONSOR Martinez **ORIGINAL DATE** 2/4/16
LAST UPDATED 2/11/16 **HB**

SHORT TITLE Administration of Opioid Antagonists **SB** 262/aSPAC/aSJC

ANALYST Chenier

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY16	FY17	FY18	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI	NFI	NFI	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Senate Bill 262 is related to House Bill 241, Senate Bill 100, Senate Bill 191, Senate Bill 263, and duplicates House Bill 277

SOURCES OF INFORMATION

LFC Files

Responses Received From

Medical Board (MB)

Department of Health (DOH)

University of New Mexico – Health Sciences Center (UNM-HSC)

Regulation and Licensing Department (RLD)

Human Services Department (HSD)

SUMMARY

Synopsis of SJC Amendment

The Senate Judiciary Committee amendment to Senate Bill 262 adds to the original provision relieving individuals of civil liability, criminal prosecution, or professional disciplinary action by inserting the following clause: “provided that actions are taken with reasonable care and without willful, wanton, or reckless behavior”.

Synopsis of SPAC Amendment

The Senate Public Affairs Committee Amendment to Senate Bill 262 adds an emergency clause making the bill take effect immediately after signing.

Synopsis of Bill

Senate Bill 262 amends sections of the Public Health Act and the Pharmacy Act authorizing the possession, storage, distribution, prescribing and administration of opioid antagonists, and provides for immunity from civil and criminal liability. The bill would allow: for possession of an opioid antagonist under a standing order; pharmacists to dispense such medication; individuals to administer opioid antagonists exhibiting symptoms of overdose; a licensed prescriber to prescribe, dispense or distribute an opioid antagonist to a person reasonably believed to be having symptoms of overdose, or to a family member, an employee, or a first responder. The bill also relieves these individuals or registered overdose prevention and education programs from civil liability in these circumstances.

FISCAL IMPLICATIONS

The bill would require the Secretary of Health to promulgate rules, which would involve staff time and resources.

HSD stated that while there may be some impact in terms of additional prescriptions filled for Medicaid members, the bill does not target Medicaid and numbers affected cannot be determined.

SIGNIFICANT ISSUES

DOH provided the following:

Nationally, a large number of states have passed laws to effect similar expansion and use of an opioid antagonist as proposed by the bill. Naloxone is a safe antidote to opioid overdose that can be easily administered by lay persons. Expanding access can increase knowledge of appropriate overdose response and reduce overdose deaths, and is an important component of a comprehensive approach to reducing opioid overdose death rates. In addition, training first responders to administer naloxone can reduce overdose-related injury and death.

DOH currently has one of the most far reaching programs in the nation to distribute naloxone. DOH staff are often sought out for technical assistance by other states. The DOH program continues to expand annually. In 2014, a total of 5,874 doses of naloxone were dispensed, a 55 percent increase from 2013. The program has grown quickly due to the enormous community need. In 2014 about 1,700 new people were trained in the use of naloxone kits.

New Mexico's drug overdose death rate is nearly two times as high as the U.S rate and is one of the highest rates among the 50 states. Since 2010, more than half of drug overdose deaths in New Mexico have been by prescription drugs, with the vast majority of these attributed to opioids. In 2013-2014, nearly 1,000 people died from drug overdoses in New Mexico.

Most indicators show opioid use and addictions worsening. Nationally, the overdose death rate has more than tripled since 1990 and is now the leading cause of death from any type of injury. The Centers for Disease Control and Prevention (CDC) reports a

200% increase in opioid overdose deaths between 2000 and 2014 nationwide and recommends continued action “to prevent opioid abuse, dependence, and death, improve treatment capacity for opioid use disorders, and reduce the supply of illicit opioids, particularly heroin and illicit fentanyl.”

Currently, Naloxone (brand name Narcan) is the only opioid antagonist on the market indicated for the use of opioid overdose reversal. Naloxone’s only use is to reverse an opioid overdose. It is not used in the management of pain or to deter an individual from using opioids such as heroin, oxycodone, or hydrocodone. Naloxone does not create a “high” or reduce cravings for opioids, but reverses the effects of opioids. Naloxone is short acting and wears off in approximately 20-90 minutes.

Naloxone can be administered through an injection or intra-nasally. Lay persons can administer naloxone safely with a modest amount of training. Due to the process of naloxone blocking the opiate receptors in the brain, there is no potential for abuse or dependency. Most overdoses are witnessed by another person and there is normally enough time for naloxone to be successfully administered. If taken or administered incorrectly, naloxone will simply do nothing, but in the case of an opioid overdose, naloxone may save a life. It is not possible to overdose on naloxone.

DOH currently offers access to overdose prevention education and naloxone distribution, as well as referrals to medication assisted treatment. These efforts are part of a comprehensive response to opiate addiction which includes syringe exchange, testing for HIV and viral hepatitis, immunization services, and linkage to community-based care. Due to the alarming statistics demonstrating a continuing need, it is necessary to expand this work and add new strategies to prevent overdose morbidity and mortality.

HSD Provided the Following:

The Behavioral Health Services Division (BHSD) contracts with SW CARE to provide technical assistance to pharmacies related to naloxone. The goal is to increase access to naloxone by increasing the number of pharmacists credentialed to dispense naloxone, increase patient outreach and education about naloxone, and reduce pharmacy barriers to dispensing and billing for naloxone. Increasing access to naloxone is a strategy recommended by the Centers for Disease Control and Prevention (<http://www.cdc.gov/vitalsigns/heroin/>).

In addition to other community prevention efforts BHSD Office of Substance Abuse and Prevention (OSAP) also oversees two public awareness campaigns:

- Increasing public awareness of, and access to naloxone through a media campaign consisting of radio public service announcements, newsprint ads, billboards, and a resource website (<http://doseofrealitynm.com/2015/08/31/more-info-about-naloxone/>)
- Increasing public awareness of the dangers of prescription drug abuse through “A Dose of Reality” media campaign consisting of radio public service announcements, TV ads, newsprint ads, billboards, social media, movie theater ads, and resource website (<http://www.nmprevention.org/Dose-of-Reality/Home.html>).

BHSD/OSAP also currently funds 12 county-wide coalitions to implement prescription drug abuse strategies consisting of:

- Working with local schools and colleges to enhance implementation and enforcement of prescription drug abuse policies;
- Reducing retail availability of prescription drugs by working with pharmacies and prescribers to reduce the number of opiate prescriptions written and pills per prescription, and increase reporting in and monitoring of the Prescription Drug Monitoring Program; and
- Reducing social availability by working with the elderly, parents, and friends to reduce sharing and increase safe storage.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

This may conflict with SB 100 which proposes to require the DOH medical director and medical directors of hospitals or health plans to issue standing orders to pharmacies to enable pharmacists to dispense naloxone. SB 100 further proposes to require health care providers who prescribe opioids to be trained on the use of naloxone and to counsel patients on the risks of overdose and the use of opioid overdose reversal medication.

The bill relates to SB 191 and its duplicate, HB 241. SB 191 and HB 241 propose to require DOH to provide free public access on its website to educational information about opioid overdose prevention. Moreover, SB 191 and HB 241 propose to require that individual or group health insurance in the state that provides prescription drug benefits provide coverage for abuse-deterrent opioids, and requires the Department of Corrections to consider using medication-assisted treatment for opioid addiction for persons under its supervision.

OTHER SUBSTANTIVE ISSUES

Currently, DOH does not have any opioid antagonist dispensing partners south of Albuquerque, due to current restrictions on storage and dispensing. The bill would allow DOH to register qualified partner organizations in southern New Mexico and other underserved areas in order to ensure effective community-wide prevention of overdose deaths.

By providing greater access to opioid antagonists like naloxone, paired with education and information on opioid overdose prevention and naloxone administration, some of these disparities may be reduced. This is particularly important in rural areas with limited access to healthcare providers.

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