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FISCAL IMPACT REPORT

SPONSOR Soules LAST UPDATED _____
ORIGINAL DATE 02/03/2023
BILL
SHORT TITLE Opioid Antagonist Warning Requirements NUMBER Senate Bill 181
ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	No fiscal impact	No fiscal impact	No fiscal impact	No fiscal impact		

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent version of this legislation.

Similar to 2020 Senate Bill 160

Sources of Information

LFC Files

Responses Received From

Board of Nursing (BON)

Medical Board (MB)

Department of Health (DOH)

SUMMARY

Synopsis of Senate Bill 181

Senate Bill 181 modifies the requirement (in Section 24-2D-7 NMSA 1978) that states emergency number, 911, must be called immediately after use of a narcotic antagonist (e.g., naloxone, Narcan©). The bill exempts health care providers from that requirement. “Health care provider” is defined in the Pain Relief Act (Section 24-1-2E NMSA 1978) as “a person licensed to provide health care in the ordinary course of business, except as otherwise defined in the Public Health Act.”

This bill does not contain an effective date and, as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed into law.

FISCAL IMPLICATIONS

There is no appropriation in Senate Bill 181 and no fiscal impact.

SIGNIFICANT ISSUES

Patients who have taken an overdose of an opiate may have respiratory depression and may stop breathing. The number of American deaths from drug overdoses, largely opiates which are largely fentanyl, now exceeds the number of Americans dying from automobile accidents.

Opiate antagonists, usually naloxone (brand name Narcan©), have proven lifesaving and are routinely recommended to persons using opiates either legally or illegally. Naloxone is very effective in reversing the effects of opiate overdose. However, the clinical half-life of naloxone's effect may vary from 30 to 90 minutes¹; subjects who have begun to be revived after having been given the dose of inhaled or injected naloxone may sink back into coma and respiratory depression if the effect of the drug taken persists beyond the antagonist's duration of action.

For this reason, it is recommended that subjects receiving naloxone be observed for at least two hours after the drug is given, in a setting where repeat doses of naloxone can be given. If a health care provider can provide the supervision of a treated patient, and, if necessary, repeat naloxone doses, then other emergency care may not be required.

DOH indicates that it is unlikely that there would be many instances in which the provisions of this bill would take effect. The only instances would be those occasions when a health care provider had administered the naloxone and could be certain that the patient recovered fully over time. DOH also points out the high incidence of opioid use and side-effects, including death: "Opioid overdose continues to be an urgent public health challenge in the United States and in New Mexico. In 2019, 74 percent of all overdose deaths involved opioids in New Mexico. Preventable opioid overdose deaths increased 457 percent since 1999 in the US, which led public health officials to declare a nationwide opioid overdose epidemic."

RELATIONSHIP

Effect of this bill would be identical to that of 2020 Senate Bill 160, had it been passed.

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¹ Lynn RR and JL Galinkin. Naloxone dosage for opioid reversal: current evidence and clinical implications. [Ther Adv Drug Saf.](#) 2018 Jan; 9(1): 63–88.