

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the Legislature. LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

## FISCAL IMPACT REPORT

<b>SPONSOR</b> <u>Padilla/O'Neill</u>	<b>LAST UPDATED</b> <u>2/23/23</u>
	<b>ORIGINAL DATE</b> <u>2/8/21</u>
<b>SHORT TITLE</b> <u>Methadone Dispensed by RNS &amp; LPNS</u>	<b>BILL NUMBER</b> <u>Senate Bill 213/aSHPAC</u>
	<b>ANALYST</b> <u>Klundt</u>

### 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			

Parentheses ( ) indicate expenditure decreases.  
\*Amounts reflect most recent version of this legislation.

### Sources of Information

LFC Files

Responses Received From  
Board of Nursing (BON)  
Medical Board (MB)  
Department of Health (DOH)  
Office of Superintendent of Insurance (OSI)

## SUMMARY

### Synopsis of SHPAC Amendment to Senate Bill

The Senate Health and Public Affairs Committee amendment to SB213 includes buprenorphine or buprenorphine with naloxone along with methadone in the medications that may be dispensed by nurses in opioid treatment programs.

### Synopsis of Senate Bill

Senate Bill 213 (SB 213) amends the Pharmacy Act to allow registered nurses or licensed practical nurses—under the supervision of a licensed physician—to dispense up to a 27-day supply of methadone to clients of opioid treatment programs as approved by the Department of Health.

## FISCAL IMPLICATIONS

No fiscal impact was identified or reported at this time.

## SIGNIFICANT ISSUES

According to the Department of Health (DOH), 2021 federal Centers of Disease Control and Prevention data shows New Mexico had the sixth highest rate of drug overdose deaths among states in the United States. The drug overdose death rate in New Mexico has doubled in the last five years, increasing from 24.6 deaths per 100 thousand population in 2017 to 50.6 deaths per 100 thousand population in 2021. Vital records death data indicate that 26 percent of unintentional overdose death from 2016-2020 were by prescription opioids (New Mexico Substance Use Epidemiology Profile, 2022).

DOH also states, “Increased dispensing of methadone in opioid treatment programs can prevent opioid overdose and save lives. The risk to patients on methadone—opioid overdose death—is elevated within the first 2 weeks of methadone treatment, after which the risk of overdose death is significantly lower than for people with OUD who are not in treatment ([Medications for Opioid Use Disorder Save Lives, 2019](#)).

Buprenorphine is a partial opioid agonist and schedule III narcotic under the Controlled Substances Act. It is an effective medication for opioid use disorder. It is available in several different formulations, including sublingual tablets and films that dissolve under the tongue, as well as a long-acting implant that is placed under the skin. Buprenorphine is often used as an alternative to methadone for medication assisted treatment (MAT).

Buprenorphine *with* naloxone, when used as directed, the naloxone is not active, as it is not absorbed into the bloodstream when taken sublingually (under the tongue). However, if the medication is crushed or injected, the naloxone can become active and can reverse the effects of opioids, potentially causing withdrawal symptoms.”

The Board of Nursing (BON) reports concerns that the bill is unclear on what "supervision" means. The board believes it is unclear whether a physician would be required to be on-site or if the bill would require other providers as supervision. Additionally, the board states nurses, by law, may not dispense. Current Board of Pharmacy rule allows registered nurses and licensed practical nurses to prepare methadone and administer to clients.

BON also reports that, although rare, nurses face risks of liability for supplying medication.

## OTHER SUBSTANTIVE ISSUES

### Opioids and Methadone

**Opioids** are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others ([HHS: Prevent Opioid Use and Addiction](#)).

**Methadone** is a controlled substance with an abuse potential that is primarily used to treat opioid use disorder, as well as pain management.

- Methadone carries a risk for fatal overdose, as it was listed in the top 10 prescription drugs involved in drug overdose death and had involvement in over 50 overdose deaths in 2020 ([2021 SEOW State Epi Report v 5.3.xlsm \(nmhealth.org\)](#)).
- As of June 2022, there were 21 opioid treatment programs and 7,232 patients in methadone treatment in New Mexico (<https://www.nmhealth.org/data/view/substance/2690/>).
- Federal law allows methadone administration by a variety of licensed healthcare professionals, including registered nurses, licensed practical nurses, or other healthcare professionals who are otherwise authorized to dispense opioids. ([Federal Guidelines for Opioid Treatment Programs \(samhsa.gov\)](#)). However, as of June 2021, 15 states including New Mexico, require Opioid Treatment Programs to hire a pharmacist or a consultant pharmacist, who provides guidance on the appropriateness and safety of medication use.

BON reports:

In response to the federal COVID-19 public health emergency order, the Substance Abuse and Mental Health Services Administration (SAMHSA) allow opioid treatment programs to dispense take-home methadone doses. In anticipation of the expiration of the public health emergency order, SAMHSA has allowed opioid treatment programs an exemption to continue dispensing take home doses of methadone for up to 28 days if the OTP follows guidelines outlined ‘Methadone Take-Home Flexibilities Extension Guidance’ (Methadone Take-Home Flexibilities Extension Guidance | SAMHSA).

Research from evaluating the impact of the methadone take-home doses found that take-home doses of methadone were not associated with negative treatment outcomes (Amran, O, Somaz, A, Panwala, V, Lutz, R, & Joudrey, P, 2021) and were not associated with fatal overdoses for those enrolled in OTP (Brothers, S, Viera, A, & Heimer, R, 2021). It’s unknown if this will increase any potential for drug diversion.

Since there is evidence to support this practice, national clinical guidelines have been implemented, and there are laws allow for RNs and LPNs to dispense methadone already, this bill would be implementing current national guidelines to treat opiate use disorder. (Amram O, Amiri S, Panwala V, Lutz R, Joudrey PJ, Socias E.) The impact of relaxation of methadone take-home protocols on treatment outcomes in the COVID-19 era. (Am J Drug Alcohol Abuse. 2021 Oct 20:1-8. doi: 10.1080/00952990.2021.1979991. Epub ahead of print. PMID: 34670453)

(Brothers S, Viera A, Heimer R. Changes in methadone program practices and fatal methadone overdose rates in Connecticut during COVID-19. J Subst Abuse Treat. 2021 Dec;131:108449. doi: 10.1016/j.jsat.2021.108449. Epub 2021 Apr 29. PMID: 34098303; PMCID: PMC9758251.)