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FISCAL IMPACT REPORT

SPONSOR: McSorley DATE TYPED: 2/20/01 HB _____
 SHORT TITLE: Administering Opioid Antagonists SB 318
 ANALYST: Esquibel

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY01	FY02	FY01	FY02		
N/A					

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

Attorney General’s Office (AG)
 Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 318 authorizes people, other than a licensed health care professional, to administer opioid antagonists (antidotes for drug overdose, e.g. naloxone or “Narcan”) under specified conditions; exempts from civil or criminal liability a licensed health care professional permitted by law to prescribe an opioid antagonist who administers, prescribes, dispenses, or distributes the same under specified conditions.

Significant Issues

Opioid antagonist drugs are medicines that can rapidly reverse the effects of opioid overdoses, especially heroin overdose, thereby preventing death.

RELATIONSHIP

DOH indicates Senate Bill 318 is comparable to the limited liability provisions of the NM Cardiac Arrest Response Act.

OTHER SUBSTANTIVE ISSUES

DOH indicates the release from civil liability is intended to encourage those who are in the presence of an opioid overdose to act within the very limited time available to attempt to save the life of the overdosing individual. Immunity from criminal prosecution would also encourage the same response

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since opioid overdose is often associated with the use of illegal substances. Additionally, the fear of contacting trained emergency responders in the presence of illegal activity would be decreased through enactment of this bill, thereby resulting in needed ongoing professional care without fear of civil or criminal repercussions.

Enactment of Senate Bill 318 would also support the recent initiatives of DOH to increase the availability of opioid antagonists, such as naloxone or Narcan, to licensed healthcare professionals, such as physicians and emergency medical technicians--paramedics--who are currently licensed to prescribe and/or administer these drugs.

The DOH Strategic Plan, Goal B., “Prevent and reduce substance abuse and adverse mental health consequences” and Objective 1, “Delay the age of first use, reduce the prevalence of current use and decrease premature death and disability due to alcohol, tobacco and other drug (ATOD) use” supports the provisions in SB 318.

New Mexico has one of the highest rates of death from poisonings, the majority of which are drug overdoses, of any state in the nation. The U.S. national rate of poisoning death in 1996 was 6.6 deaths per 100,000 population. The New Mexico rate at that same time was 14.7 deaths per 100,000 population, compared to other states with high rates including Nevada (11.7), Alaska (10.8), Maryland (10.4) and Utah (10.2). In 1997, certain New Mexico counties experienced particularly high rates of mortality due to illicit drug overdose including Rio Arriba (30.3 per 100,000), San Miguel (21.5 per 100,000), Quay (19.8 per 100,000), Valencia (11.7 per 100,000) and Bernalillo (11.5 per 100,000). In terms of absolute numbers of deaths in the period from 1995 to 1997, there were 194 deaths in Bernalillo county, 32 in Santa Fe County, 30 in Rio Arriba County, 29 in Valencia County and 25 in Doña Ana County. These are data that were collected by the Office of Epidemiology of the Department of Health and the New Mexico Office of the Medical Investigator.

Over the last 6 months, local physicians in Española have entered into discussions with the Department of Health about implementing interventions that would decrease the rate of heroin overdose in Rio Arriba County. Along with public and professional education programs, expanded access to opioid antagonist (naloxone) drugs was thoroughly discussed as a possible intervention to decrease overdose deaths. Rio Arriba County was judged to be particularly appropriate for an approach that would include increased access to naloxone because many drug users are in stable physician-patient relationships with local health care providers. Because naloxone is a prescription drug, its availability is limited only through licensed healthcare professionals with authority to prescribe and administer this medication. On January 3, 2001, local physicians in Rio Arriba County began prescribing naloxone to individual heroin users as part of an overall public health campaign to reduce heroin overdose in northern New Mexico.

RAE/njw