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FISCAL IMPACT REPORT

SPONSOR Cisneros DATE TYPED 2-25-05 HB _____

SHORT TITLE Taos County Heroin Addiction Treatment SB 849

ANALYST Collard

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$100.0			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Human Services Department (HSD)

SUMMARY

Synopsis of Bill

Senate Bill 849 appropriates \$100 thousand from the general fund to DOH for the purpose of providing heroin addiction treatment in Taos County, using a drug formulation of buprenorphine and naloxone.

Significant Issues

DOH indicates buprenorphine is a Drug Enforcement Agency-approved daily oral medication that, (when combined with naloxone) effectively blocks the action of heroin and other narcotics. The combination of the two drugs, if misused, can provoke narcotic withdrawal. It is a safe medication that is used in community-based narcotic treatment programs. Buprenorphine is a less addictive drug with fewer side effects than the more widely used opioid treatment drug, methadone.

Taos County has no methadone treatment clinics, making that well-known treatment modality difficult to access for Taos County residents, who must travel a considerable distance to the nearest methadone clinic in Espanola. The proposed buprenorphine and naloxone treatment can

be prescribed by office-based physicians who complete a relatively simple training process. It is important to diversify and offer other proven replacement therapies for treatment of heroin addiction, in addition to methadone. Taos County ranked eleventh in the state for drug-related death during 2000-2002, a death rate of 17 deaths per 100,000 persons. The Bureau of Vital Records and Health Statistics indicates the statewide drug-related death rate was 15.8 deaths per 100,000 persons.

HSD indicates, since the Medicaid benefit package of services **does not** pay for heroin addiction treatment for adults above 21 years of age, this appropriation might pay for a Medicaid recipient's heroin addiction treatment.

FISCAL IMPLICATIONS

The appropriation of \$100 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY06 shall revert to the general fund.

DOH estimates the \$100 thousand appropriation is sufficient to provide medication to 80 clients. An additional \$50 thousand to \$80 thousand would provide for counseling; with a small portion of those additional funds going for physician recruitment and training. Conversely, if the funding remains at \$100 thousand about 50 clients could receive both medication and counseling, if the bill were amended to allow funds to be spent on counseling as well as medication.

ADMINISTRATIVE IMPLICATIONS

DOH indicates the proposed funding could either flow through DOH to the Behavioral Health Purchasing Collaborative, or DOH could possibly choose to transfer the funds to the Buprenorphine Treatment Project of the Rural Psychiatry Project of the University of New Mexico School of Medicine. Either route would likely have little administrative implications for DOH.

HSD notes, if this legislation is passed, it is crucial that Taos County utilize best practices, treatment guidelines, and coordinate heroin addiction treatment efforts with the local behavioral health collaborative and the interagency Behavioral Health Purchasing Collaborative.

OTHER SUBSTANTIVE ISSUES

DOH notes it is generally recognized that northern New Mexico has a significant heroin addiction problem. Currently there are significant barriers to medical treatment for heroin addiction in Taos County, in that there are no methadone clinics in the County. This bill offers the prospect of improved access to treatment via this medical-office-based-treatment modality.

Physicians must be certified through a relatively non-demanding training, which can be done online, before they can prescribe buprenorphine. Currently there is only one such certified physician in Taos County, according to Dr. Mitch Simpson of DOH's Turquoise Lodge.

The UNM School of Medicine's Rural Psychiatry Program has begun a buprenorphine Treatment Project. The treatment effort envisaged by this bill could cooperate with and support that Program, which is not currently active in Taos County. The Office of the Medical Investigator indicates, of the 20 illicit drug overdose deaths in Taos County during the last 5 years, 17 (85

percent) were caused by opioids (ie, heroin, morphine, oxycodone), and 11 (55 percent) persons died from heroin in particular. To reduce the burden from heroin dependence, attracting and retaining users into treatment is a priority strategy. Diversifying the treatment options that are currently offered can achieve this purpose. Offering drug treatment services to include buprenorphine, as proposed in this bill, would allow drug users more options to maximize the effectiveness of the treatment regimen, and progress towards recovery.

DOH indicates buprenorphine, a partial agonist, is safer than methadone and full agonists (morphine, heroin), allows more flexibility in dosing, is less physically dependent and less likely to cause respiratory depression. Heroin overdose deaths in France decreased 80 percent from 1994 to 1999, coincident with the introduction of readily available buprenorphine treatment.

A combination of a small amount of naloxone with buprenorphine, called Suboxone (brand name, Reckitt Benckiser), is approved for addiction treatment. The addition of naloxone to the buprenorphine tablet decreases the response to buprenorphine when injected. This means that when a person attempts to dissolve the tablet and inject it, they will experience either a diminished buprenorphine effect or withdrawal. These properties make Suboxone undesirable for diversion to illicit drug use, especially compared to other opiates, and allows for take-home dosing.

DOH research indicates office-based buprenorphine treatment may be a very effective alternative for reducing overdose death in New Mexico. Since recent federal initiatives such as the Drug Addiction Treatment Act encourage office-based treatment, more physicians in New Mexico have been trained to treat heroin addiction with buprenorphine. Specifically, office-based treatment can minimize the stigma associated with drug dependence, increase availability of treatment, increase ability to tailor services to the need of the patient and bring addiction treatment into the mainstream of healthcare.

ALTERNATIVES

DOH indicates in contrast to methadone clinics, which integrate substance abuse counseling into their medication efforts, buprenorphine is provided through a physician's office rather than a clinic setting. Thus the physician must refer the client elsewhere for counseling. DOH suggests it would be helpful to amend this bill to specify that funds may also be used for outpatient substance abuse counseling which is mandated by the impending state regulations for methadone programs, and is considered a standard of practice for heroin treatment.

Specifically, DOH suggests adding on page 1, line 19 after the words "buprenorphine and naloxone" add the words "associated outpatient substance abuse counseling, and for recruitment/training of physicians to prescribe such medication".

KBC/yr