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FISCAL IMPACT REPORT

ORIGINAL DATE 03/08/09
 LAST UPDATED 03/12/09 **HB** _____

SPONSOR Ulibarri

SHORT TITLE Health Care Provider Drug Abuse Study **SM** 62/aSFI#1

ANALYST Chabot

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY09	FY10	FY11	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		\$10.0			Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Human Services Department (HSD)
 Medical Board (MB)
 New Mexico Health Policy Commission (HPC)
 Regulation and Licensing Department (RLD)

SUMMARY

Synopsis of SFI#1 Amendment

The Senate Floor Amendment to Senate Memorial 62 deletes the requirement to include representatives of the American Medical Society and replaces it with the New Mexico Medical Society and independent practice associations.

Synopsis of Original Bill

Senate Memorial 62, Health Care Provider Drug Abuse Study, resolves the following:

- DOH convene a health care provider illicit and prescription drug and alcohol abuse task force to study problems faced by health care professionals and the cost of impairment to patients, colleagues and health care costs;
- DOH meet with representatives from MB, BN, the National Union of Hospital and Health Care Employees; the American Medical Association; the personnel board; and specialists in identifying and treating illicit and prescription drug and alcohol abuse and addiction;

- The task force devise protocols requiring measures to protect patients for the consequences of impaired functioning from health professions who abuse illicit and prescription drugs and alcohol, offer treatment and testing to health care professionals, disciplinary actions professional licensing boards may take, and regulatory requirements professional boards may implement, and
- The task force present its findings to the interim legislative health and human services committee by October 1, 2009 and findings be published for general distribution and be posted on the DOH website.

FISCAL IMPLICATIONS

None of the responding agencies identified any fiscal impact. The LFC assigns an impact of \$10 thousand since there may be per diem associated with travel to task force meetings, possible costs for meeting rooms, data analysis, report writing, publishing and distribution. Agencies would have to assume the costs out of the operating budgets.

SIGNIFICANT ISSUES

DOH reports “Substance abuse and addiction among health care professionals is not a new problem but poses a serious public health issue affecting providers as well as their families, colleagues and patients. It is estimated that approximately 10 percent to 15 percent of all health care professionals will misuse drugs or alcohol at some time during their career (Baldisseri, 2007), though the overall rates are similar to the general population. The extent of this problem is not known in New Mexico. However, given the stressful environment due to manpower shortage in the health care system of New Mexico, substance-induced impairment among some providers may be growing.”

DOH provides the American Medical Association (AMA) describes physician impairment as “any physical, mental, or behavioral disorder that interferes with the ability to engage safely in professional activities.”

DOH states it is not clear in SM62 if the entities with which DOH would be required to meet are also members of the task force. Representative from national organizations were included in the “meet with list” and it is also unclear which “personnel board” is being referred to in the bill.

The NM Medical Board contracts with a monitored treatment program for diagnostic, treatment, and rehabilitation services. The Monitored Treatment Program provides for the detection, evaluation, intervention, long term support, education, treatment and monitoring of impaired health care providers regulated under the Medical Practice Act, the Genetic Counseling Act and the Polysomnography Practice Act.

Physicians may voluntarily self-refer or the NM Medical Board may mandate participation through a board order or stipulation.

The NM Medical Board also refers healthcare providers to an Impaired Physician Committee pursuant to the Impaired Health Care Provider Act, §61.7.1-12 NMSA 1978, when there is reason to believe a physician may be impaired and unable to practice with reasonable skill or safety to patients by reason of: (1) mental illness, (2) physical illness, including but not limited to deterioration through the aging process or loss of motor skill; and (3) habitual or excessive use of or abuse of drugs, as defined in the Controlled Substances Act (30-31-1 NMSA 1978), or alcohol.

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The NM Monitored Treatment Program and the internal practitioner health committees of hospitals and other health care institutions are already dealing with this issue, and reporting (by protocol) to the NM Medical Board.

HPC states “according to the US Department of Justice, health care workers are as likely as anyone else to abuse drugs...However, many health care professions have easy access to controlled substance medications, and some will abuse drugs for reasons such as stress relief, self-medication, or to improve work.”

HSD points out the memorial does not specify which, if any, group of health care providers would be the subject of the study....New Mexico licensing boards have strict regulations concerning licensees who are arrested for substance-related legal violations. It further states “The five protocols specified in the memorial would be an intricate document, with potential for considerable legal and fiscal consultation.”

TECHNICAL ISSUES

HSD suggests the Behavioral Health Purchasing Collaborative (BHPC) would be the more appropriate body to convene the task force. The BHPC was created to be responsible for substance abuse issues for state agencies and the behavioral health program is assigned to HSD.

DOH also suggested HPC could be tasked to convene the task force.

POSSIBLE QUESTIONS

1. How would the information from this study be used?
2. How will any protocols developed be implemented?

GAC/mc:mt