

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

Current and previously issued FIRs are available on the NM Legislative Website (www.nmlegis.gov) and may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR Espinoza ORIGINAL DATE 2/13/15
LAST UPDATED _____ HB 294

SHORT TITLE Reclassify Dihydrocodeinone as Schedule II SB _____

ANALYST Elkins

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI				

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Regulation and Licensing Department (RLD)

Attorney General's Office (AGO)

Department of Health (DOH)

Medical Board (MB)

Public Defender Department (PDD)

SUMMARY

Synopsis of Bill

House Bill 294 amends the Controlled Substance Act to reclassify Dihydrocodeinone, commonly known as hydrocodone, as a schedule II controlled substance instead of a schedule III controlled substance.

FISCAL IMPLICATIONS

There are no significant fiscal implications.

SIGNIFICANT ISSUES

Hydrocodone as a single ingredient is currently a Schedule II controlled substance in New Mexico. Hydrocodone in combination with another ingredient is currently listed as a Schedule III controlled substance. Recently, the U.S. Food and Drug Administration reclassified hydrocodone combination products as a Schedule II controlled substance. This bill would put

hydrocodone combination products in the same schedule in New Mexico as they are in the federal Controlled Substance Act.

Since, hydrocodone combination products are Schedule II controlled substances federally, both prescribers and pharmacies must already treat hydrocodone combination products as a Schedule II. The legitimate user of these products will remain unaffected if this change occurs. Hydrocodone is one of the most prescribed opiates.

According to AGO, making Dihydrocodeinone a Schedule II substance impacts prosecution for its distribution, sale, barter, or giving away under 30-31-20 NMSA 1978. This section addresses trafficking controlled substances and carries felony penalties depending on the number of offenses a defendant has been previously convicted of.

The Department of Health offers the following commentary:

Hydrocodone (dihydrocodeinone) is an opioid analgesic that is similar in strength to morphine. It is used to treat moderate to severe pain and as an antitussive to treat cough. Hydrocodone is the most commonly prescribed controlled substance in New Mexico (NM PMP data, 2014).

Hydrocodone was involved in approximately 10 percent of drug overdose deaths in New Mexico between 2009 and 2013 (NM OMI data, analyzed by NM DOH).

Drug overdose death rates have risen sharply since the late 1990s. Drug overdose has now become the leading cause of unintentional injury death. The drug overdose death rate exceeds the death rates from falls and from motor vehicle traffic crashes both nationally and in New Mexico (nmhealth.org/publication/view/data/474/). In 2012-2013, New Mexico had the third highest drug overdose death rates in the US (CDC WONDER Mortality Database <http://wonder.cdc.gov/controller/datarequest/D76>).

Prescription opioids are also diverted and increasingly abused. In 2013, 1.7 percent of Americans aged 12 or older reported using prescription pain medications non-medically in the past year. That same year, an estimated 21.6 million persons aged 12 or older were classified with substance dependence or abuse in the past year (8.2 percent of the population aged 12 or older); of that number, 1.9 million were due to pain relievers. Prescription pain medications (12.5 percent) were second only to marijuana (70.3 percent) as the first drug used by those who initiated illicit drug use. Furthermore, the number of persons aged 12 or older who received their most recent treatment in the past year for nonmedical use of prescription pain relievers increased from 2002 (360,000 persons) to 2013 (746,000 persons). During 2012-2013, it was estimated that 5.2 percent of New Mexicans aged 12 or older used pain medications non-medically in the past year (National Survey on Drug Use and Health, 2013).

The Medical Board supports HB294 as it will conform the state scheduling of controlled substances to the current federal scheduling. Further, this bill will support diversion enforcement efforts by making these drug combinations subject to criminal penalties for trafficking in the same way that the pure form of this drug is currently subject to those penalties.

This bill would have a positive effect on the Medical Board's investigations relevant to

prescribing. There are often issues that arise when physicians give refills for controlled substances without seeing the patient. Hydrocodone is one such drug that is dangerous, and elevating it to a Schedule II will help decrease the occurrences of patients obtaining a refill prescription without a proper examination by a physician.

CE/bb