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FISCAL IMPACT REPORT

ORIGINAL DATE 3/4/15

SPONSOR Armstrong LAST UPDATED _____ HM 98

SHORT TITLE Study Chronic Pain Patients & Overdoses SB _____

ANALYST A. Sánchez

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	See Narrative					General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 294, SB 21, SB 22 and SB 422
 Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 University of New Mexico Health Sciences Center (UNMH)

SUMMARY

Synopsis of Bill

House Memorial 98 requests that DOH and UNMH collaborate on a survey to find chronic pain patients and ascertain their needs to reduce overdose deaths from prescription drugs. The DOH is required to report to the Legislative Health and Human Services Committee by January 1, 2016.

FISCAL IMPLICATIONS

DOH states that a survey as described in HM 98 is a major undertaking requiring a major investment of staff time and resources. It is estimated that a survey as described in HM 98 would result in significant cost to the agency for survey development, FTE to conduct and analyze survey, and resources for survey administration. This estimate is based on a preexisting DOH survey using similar methodology.

UNMH cannot estimate the fiscal impact of this memorial.

SIGNIFICANT ISSUES

DOH provides the following:

The study proposed in HM 98 reflects a 2014 recommendation approved by the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council (Advisory Council). The Advisory Council was established pursuant to Senate Bill 215, enacted during the 2012 Legislative Session. Membership to the Advisory Council, as defined by SB 215 (2012) and appointed by the Governor, includes representation from the Department of Health, New Mexico Medical Board, Board of Nursing, Board of Pharmacy, Board of Osteopathic Medical Examiners, Board of Acupuncture and Oriental Medicine, Board of Dental Health Care, Board of Chiropractic Examiners, University of New Mexico Health Sciences Center, New Mexico Medical Society, New Mexico Pharmacy Association, statewide association of nurse practitioners, statewide association of osteopathic physicians, one person who is a pain management specialist, one person who is a consumer health care advocate, and one person who has no direct ties or pecuniary interest in the health care field.

The Advisory Council approved a set of recommendations for 2014 at their meeting on 1/9/2015, including a request for DOH to collaborate with the University of New Mexico Health Sciences Center in conducting an anonymous survey of chronic pain patients across the state, “to address what their needs might be and learn more about this patient pool” (Advisory Council Notes from 1/9/2015, NMDOH).

“Pain is a universal experience. Common chronic pain conditions affect approximately 100 million U.S. adults at a cost of \$560-635 billion annually in direct medical treatment costs and lost productivity.” (IOM (Institute of Medicine). 2011. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: The National Academies Press.) “Pain is a uniquely individual and subjective experience that depends on a variety of biological, psychological, and social factors, and different population groups experience pain differentially. For many patients, treatment of pain is inadequate not just because of uncertain diagnoses and societal stigma, but also because of shortcomings in the availability of effective treatments and inadequate patient and clinician knowledge about the best ways to manage pain.” (IOM (Institute of Medicine). 2011. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: The National Academies Press.)

New Mexico’s serious ongoing issues with opioid drugs are well-documented. Drug dependence and abuse impacts families, individual productivity, the criminal justice system, and the medical care system, and is linked to the acquisition of infectious diseases including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV). The negative consequences of opiate dependence and abuse (both illicit, such as heroin, and prescription narcotic pain medications) are well documented. Accidents are the third leading cause of death in New Mexico, with poisoning (most of which is drug overdose) as the largest category of accidental death (Source: *New Mexico Selected Health Statistics Annual Report, 2011*). In New Mexico, the overdose death rate, from a combination of illicit and prescription drugs, has more than doubled over the past fifteen years from 11.9 per 100,000 in 1997 to 21.8 per 100,000, in 2013. There has been a 16% decrease from 2011 to 2013 (from 25.9 deaths per 100,000 in 2011).

In 2013, New Mexico had the third highest drug overdose death rate in the United States with a rate nearly twice the U.S. rate (CDC WONDER). In recent years, opioid pain relievers have emerged as the drug class that accounts for the most drug overdoses in New Mexico. Meanwhile, heroin, an illicit opioid analgesic, remains a very common drug type involved in unintentional drug overdose deaths in New Mexico (Office of the Medical Investigator).

Measuring the prevalence of chronic pain in New Mexico would require a large survey. While up to a third of adults report chronic pain nationally (Institute of Medicine 2011. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: The National Academies Press), only part of that population has chronic pain that requires treatment. The initial sample would need to be quite large to include a reasonable number of people with severe chronic pain. An alternative approach would use a convenience sample of patients at one or more pain clinics. This would be more efficient, but it could not measure prevalence, nor could it be said to be representative of all people in New Mexico with chronic pain.

A survey would not produce reliable data on the comparative effectiveness of treatments in reducing pain. A review of previous clinical studies could provide information if a large enough number of such studies exist.

PERFORMANCE IMPLICATIONS

DOH reports that drug overdose death is a priority in the 2014 New Mexico State Health Improvement Plan.

ADMINISTRATIVE IMPLICATIONS

DOH estimates that a survey of this magnitude will create significant additional DOH workload and would require additional staffing. Based on similar surveys, it estimates the survey will require 4 FTE. The survey design process is anticipated to require existing resources for both DOH and UNMH.

The survey requested in HM 98 appears to duplicate at least partially the January 2015 recommendations of the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

HM 98 relates to the following:

HB 294 proposes to amend Section 30-31-7 NMSA 1978 to reclassify dihydrocodeinone (more commonly known as hydrocodone) as a schedule II controlled substance instead of a schedule III controlled substance.

SB 21 proposes to enact a new section of the Pharmacy Act to direct the New Mexico Board of Pharmacy, in consultation with the Environmental Improvement Board and the Drug Enforcement Administration, to promulgate rules to establish a dangerous drug take-back

program.

SB 22 proposes to enact a new section of the New Mexico Drug, Device and Cosmetic Act directing the New Mexico Board of Pharmacy to establish a program to address the prescribing of controlled substances that is excessive or in violation of established prescribing standards.

SB 422 would amend the Pain Relief Act to require health practitioners with prescriptive authority (i.e. they are authorized to write prescriptions) to consent to peer review of their opioid prescribing practices.

OTHER SUBSTANTIVE ISSUES

Chronic pain and unintentional opioid overdose death are two of the most pressing public health issues facing New Mexicans today. HM 98 would bring the UNMH Pain Center and the DOH together to thoroughly study the incidence and prevalence of chronic pain in New Mexico, the direct and indirect costs of the chronic pain burden, learn how chronic pain affects the lives of New Mexicans from a bio/psycho/social perspective, and how various treatment modalities may prevent opioid overdose deaths in New Mexico.

As New Mexico's only adult and pediatric interdisciplinary pain program, the UNMH Pain Center has many close collaborations with the DOH, including a current large scale harm reduction study using naloxone (narcan) for all patients treated with chronic opioids in the UNM Pain Center, and as partners in the Governor's Advisory Council for Prescription Drug Misuse and Overdose Prevention and Pain Management.

POSIBLE QUESTION

Other than gaining statistical data, how will this study impact public policy?

ABS/je/bb