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FISCAL IMPACT REPORT

ORIGINAL DATE 03/10/15

SPONSOR Brandt/Pacheco **LAST UPDATED** _____ **HB** _____

SHORT TITLE Study Opioid Prescription Drug Dependence **SB** SJM 27

ANALYST Boerner

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

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

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Medical Board (MB)

Board of Nursing (BN)

SUMMARY

Senate Joint Memorial 27 charges the Legislative Health and Human Services (LHHS) Committee with studying the potential of abuse-deterrent formulations of opioid prescription drugs to reduce the rates of opioid dependence and overdose death. SJM 27 also charges LHHS with reviewing the Prescription Monitoring Program (PMP) operated by the Board of Pharmacy, hearing testimony from prescribers, pharmacists and others.

SJM 27 indicates the study is to be conducted during the 2015 interim but does not indicate when a final report is due.

FISCAL IMPACT

None noted, although DOH indicated it could be relied on to assist with this study. The Medical Board notes that if a study was to be done it should include a cost-benefit analysis, noting drug companies could be among the primary beneficiaries.

SIGNIFICANT ISSUES

24-2D-5.2. NMSA 1978 describes the creation of the prescription drug misuse and overdose prevention and pain management advisory council and duties. The Board of Nursing suggests it might be prudent to request the LHHS to collaborate with the advisory council to avoid duplication of effort. The council is required to meet at least quarterly to review the current status of prescription drug misuse and overdose prevention and current pain management practices in New Mexico and national prescription drug misuse and overdose prevention and pain management standards and educational efforts for both consumers and professionals.

DOH notes there are a number of varieties of abuse-deterrent formulations of opioid pain relievers, and there have been a number of studies of different formulations (Moorman-Li,R, Motyccka,CA, Inge,LD et al., Review of Abuse-Deterrent Opioids of Chronic Nonmalignant Pain, P T. 2012 Jul; 37(7): 412–418.). One study concluded that abuse deterrent formulations have the potential to reduce the public health burden of prescription opioid abuse, but that will require widespread market penetration and rational expectations of their benefits (Katz N. Abuse-deterrent opioid formulations: Are they a pipe dream? Curr Rheumatol Rep. 2008;10:11–18). At least one study found that an abuse-deterrent formulation can reduce the abuse of a specific drug, but that users often simply shifted to another drug. That second drug was often heroin (Cicero, TJ, Ellis, MS, Effect of Abuse-Deterrent Formulation of OxyContin, NEJM 2012 367;2 187-189).

While there have not been a large number of published studies, evidence of PMP effectiveness in reducing diversion of controlled substances has accumulated (Briefing on PDMP Effectiveness. (http://www.pdmpexcellence.org/sites/all/pdfs/briefing_PDMP_effectiveness_april_2013.pdf))

Studies have shown that PMPs reduce diversion and doctor shopping (Worley, J. Prescription drug monitoring programs, a response to doctor shopping: purpose, effectiveness, and directions for future research. *Issues in Mental Health Nursing*, 2012, 33:319-328). There is a need for further analysis of data regarding the effectiveness of PMP programs.

PERFORMANCE IMPLICATIONS

The Board of Nursing notes it is committed to safe opioid prescribing for its prescribing practitioners to keep New Mexicans safe from opioid dependence and to help those New Mexicans with opioid dependence achieve a higher state of wellness.

CEB/aml