F I S C A L I M P A C T R E P O R T

SPONSOR Soules **ORIGINAL DATE** 2/5/16 **LAST UPDATED** **HB**

SHORT TITLE Opioid Reversal Medication Training **SB** 100/aSPAC

ANALYST Chilton

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	**FY17**		
	N/A		

(Parenthesis ( ) Indicate Expenditure Decreases)

Senate Bill 100 is related to HB 241, HB 277, SB191, SB 263, and SB 262.

SOURCES OF INFORMATION
LFC Files

Department of Health (DOH)
Medical Board (MB)
Regulation and Licensing Department (RLD)
University of New Mexico Health Sciences Center (UNM HSC)

Responses Not Received From
Human Services Department (HSD, but HSD's analysis of related HB 277 is referenced))

SUMMARY

Synopsis of Senate Public Affairs Committee Amendment

The amendment strikes several provisions of the original bill, including the requirement of training of medical providers in opioid overdose prevention and thus of the requirement that the Medical Board and other responsible boards develop such training. Immunity from civil or criminal prosecution for administration of opioid antagonists is also removed, as is the direction to DOH and to hospital and medical plan directors to develop standing orders for provision of opioid antagonists to patients.

In essence, the amendment leaves standing only the third provision noted below:

3) Health care providers prescribing opioid analgesics to a patient for the first time would be required to counsel that patient on overdose risks and availability of opioid antagonists such as naloxone, and would offer that patient a prescription for naloxone unless the practitioner

thought this contraindicated in a given case.

Synopsis of Original Bill

SB 100, Opioid Reversal Medication Training, would have a number of main effects:

1) Each health provider must undergo training on the use of naloxone in preventing opioid drug overdose before that provider prescribes, distributes or dispenses opioid analgesics.
2) Each board responsible for a category of health care provider (e.g., the Medical Board, the Board of Pharmacy) would specify the type of training its licensees would undergo, and would make that training available online.
3) Health care providers prescribing opioid analgesics to a patient for the first time would be required to counsel that patient on overdose risks and availability of opioid antagonists such as naloxone, and would offer that patient a prescription for naloxone unless the practitioner thought this contraindicated in a given case.

4) DOH would be directed to develop patient non-specific standing orders for retail pharmacies to dispense naloxone, and hospital and health plans are given permission to develop standing orders to dispense naloxone at sufficient pharmacies throughout the state to allow access especially after hours and on weekends.
5) Practitioners and others administering naloxone to those felt to be in need of the medication would be protected from civil and criminal prosecution.

FISCAL IMPLICATIONS

HSD indicates that there might be an increase in naloxone or other opioid antagonist prescriptions, but that the fiscal impact of this (and possibly related decrease in emergency room and hospitalization utilization for overdoses) are difficult to estimate.

DOH notes that there is no appropriation in this bill to enable the Medical Board, the Board of Pharmacy or others to develop educational materials or to track education in these matters.

SIGNIFICANT ISSUES

DOH has summarized the seriousness of the problem of opioid abuse and overdose as follows:

> New Mexico had the second highest rate of overdose death among all states in 2014, with many of these deaths attributed to prescription and illicit opioids. The mortality rate increased from 21.8 for every 100,000 people in 2013 to 26.4 in 2014. In 2013-2014, nearly 1,000 people died from drug overdose in New Mexico (Department of Health, Bureau of Vital Records and Health Statistics [BVRHS]).
>
> Most indicators show opioid use and addictions worsening. Nationally, the overdose death rate has more than tripled since 1990 and is now the leading cause of death from any type of injury *(http://www.cdc.gov/drugoverdose/data/statedeaths.html)*. The Centers for Disease Control and Prevention (CDC) reports a 200% increase in opioid overdose deaths between 2000 and 2014 nationwide and recommends continued action "to prevent opioid abuse, dependence, and death, improve treatment capacity for opioid use disorders, and reduce the supply of illicit opioids, particularly heroin and illicit fentanyl." *(http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w)*

> The Department of Health (DOH) currently offers access to overdose prevention education and naloxone distribution as well as referrals to medication assisted treatment. These efforts are part of a comprehensive response to opioid addiction which includes syringe exchange, testing for HIV and viral hepatitis, immunization services, and linkage to community-based care.
>
> Naloxone is a medication which can only be used to reverse an opioid overdose. Naloxone does not create a "high" or reduce cravings for opioids, but reverses the effects of opioids for a brief period of time. Naloxone is short acting and wears off in approximately 60-90 minutes. Naloxone can be administered either through an injection or intra-nasally. Due to the process of naloxone blocking the opiate receptors in the brain, there is no abuse potential for this medication.
>
> DOH currently has one of the most far-reaching naloxone distribution programs in the nation. Naloxone is a medication which is easy for a layperson to administer with minimal training.

Naloxone use, as indicated by DOH above, has a limited duration of action, with the possibility that the opioid effects might recur after the naloxone effect had ended.

In its response to HB 277, HSD's Behavioral Health Service Division indicates that it has many services available throughout the state aimed at preventing opioid drug overdosage and ill-effects, and that it is overseeing public awareness campaigns regarding the dangers of prescription drug abuse and the availability of naloxone. The Division also works with pharmacists to provide training in prescription and use of naloxone.

The bill names (in new section 24-2D-2 H) the medications comprising the category of "opioid analgesics." RLD notes the omission of several additional drugs, including tincture of opium, tramadol, and fentanyl; in addition, in specifying a list of names, future drugs in the process of development would have to be added subsequently by subsequent bills.

ADMINISTRATIVE IMPLICATIONS

HSD proposes that it and DOH work together to put forward rules regarding opioid substance abuse and harm reduction.

RELATED to the following bills:
House Bill 241, which requires DOH to post material on opioid overdosage and its treatment, requires health care insurance coverage for abuse-deterrent opioids, and requires the Secretary of Corrections to consider using medications-assisted treatment and medications for detoxifying inmates.
House Bill 277, which authorizes prescribers to prescribe or dispense opioid antagonists, exempting them from criminal or civil liability.
Senate Bill 191, a duplicate of HB 241
Senate Bill 262, a duplicate of HB 277
Senate Bill 263, which requires practitioners to consult databases from New Mexico, and, if applicable, from other states, to determine whether the patient to whom he wishes to prescribe opioid drugs has used these drugs previously.

TECHNICAL ISSUES

The Medical Board and RLD note that the bill is unclear as to who would develop the required provider trainings. RLD further comments that providers "inform" and pharmacists "counsel".

OTHER SUBSTANTIVE ISSUES

UNM HSC and the Medical Board both note that the provision of the types of warning envisioned by this bill might be counter-productive in short-term use of these medications by frightening patients away from using them, even when prescribed in small doses and for short periods of time. Both make reference to the conundrum faced by conscientious medical providers, caught between the possibility of under prescribing effective analgesia for pain and contributing to the rising epidemic of opioid pain overuse.

UNM also states that in-person training is likely to be preferable to on-line trainings in which provider questions might be difficult to answer. UNM states that training in the use of naloxone is included in the provider trainings mandated by 2012 SB215, the "Best Practices Pain and Addiction Training Act."

ALTERNATIVES

Education on opioid drug abuse and prevention of overdose is given as part of required training in use of opioid drugs, without the need for adding a separate category of education in the same area.

LAC/jo/al/jle