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## FISCAL IMPACT REPORT

ORIGINAL DATE 2/7/2018

SPONSOR Soules LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_

SHORT TITLE Overdose & Medication Counseling SB 35

ANALYST Chenier

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY18	FY19	FY20	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		Minimal	Minimal	Minimal	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files  
Responses Received From  
 Medical Board (MB)

### SUMMARY

#### Synopsis of Bill

Senate Bill 35 amends the Pain Relief Act by defining prescription opioid and requiring healthcare providers to counsel patients on the risks of overdose, inform patients of the availability of Naloxone, and offer a prescription for Naloxone. Counselling would be required the first time an opiate is prescribed or the first time in each calendar year a prescription is written.

### FISCAL IMPLICATIONS

The following analysis was included with similar 2017 legislation:

The Human Services Department indicates opioid analgesics are covered by Medicaid/Centennial Care. There is the potential for increased pharmaceutical costs for Medicaid/Centennial Care members who are prescribed opioid antagonists.

The Workers' Compensation Administration indicates required education under the provisions of the bill may have a positive impact on the workers' compensation system by reducing opioid dependency and deaths among patients receiving opioids as treatment for a workers' compensation injury. However, requiring health care providers to offer Naloxone may increase claims costs for medical benefits minimally, ultimately increasing workers' compensation system costs.

## **SIGNIFICANT ISSUES**

The following analysis was included with similar 2017 legislation:

Certain medications, when included with an opiate, increase the risk of accidental overdose deaths. These medications fall into the class called Benzodiazepines. A Benzodiazepine includes products such as Valium (Diazepam) and Xanax (Alprazolam) and similar products such as Ambien (Zolpidem). If a practitioner prescribes a Benzodiazepine and observes that the patient is also on an opiate, additional counseling should be required.

The Board of Pharmacy/Regulation and Licensing Department also writes the most popular and cost effective opioid antagonist is Naloxone, but there are other opioid antagonists available on the market. For consistency, the term used should not be naloxone, but instead “opioid antagonist”.

The Workers’ Compensation Administration writes the bill requires health care providers to only offer a prescription of naloxone, but not other medications approved by the board of pharmacy for the reversal of opioid analgesic overdoses.

## **ADMINISTRATIVE IMPLICATIONS**

Various professional boards governing medical licensure and prescription of opioid analgesic medication, including Board of Pharmacy, NM Medical Board, and the Board of Nursing would need to amend their regulations if this bill is enacted.

## **OTHER SUBSTANTIVE ISSUES**

The following excerpts were included in the Department of Health’s FY18 quarter 1 performance dashboard:

In 2016, “America’s Health Rankings” ranked New Mexico second for drug deaths in the United States, while male drug deaths were nearly double the national rate. One way to reduce drug deaths is to ensure widespread availability of Naloxone, an opioid overdose reversal medication. Recent legislation allowed any individual to possess Naloxone, and authorizes licensed prescribers to write standing orders to prescribe, dispense, or distribute Naloxone. The measure on retail pharmacies dispensing Naloxone improved this quarter to 40 percent.

According to the department, “in 2015, 1.7 million opioid prescriptions were written in New Mexico, dispensing enough opioids for each adult in the state to have 800 morphine milligram equivalents (MME), or roughly 30 opioid doses.” CDC recommended strategies include increasing the use of prescription drug monitoring programs, policy changes to reduce prescribing, working to detect inappropriate prescribing, increasing access to treatment services, and assisting local jurisdictions.

In 2016, New Mexico was one of 14 states to receive federal supplemental funding to implement these strategies. While the department does a good job tracking opioid epidemic indicators, there is more work to be done in coordinating a comprehensive strategy.