

HOUSE BILL 215

55TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2021

INTRODUCED BY

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This document may incorporate amendments proposed by a committee, but not yet adopted, as well as amendments that have been adopted during the current legislative session. The document is a tool to show amendments in context and cannot be used for the purpose of adding amendments to legislation.

AN ACT

RELATING TO BEHAVIORAL HEALTH; REQUIRING COVERAGE OF SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT SERVICES FOR CERTAIN HJC→**ENROLLEES**←HJC HJC→**PERSONS**←HJC ; REQUIRING PRACTITIONERS TO OBTAIN AND REVIEW CERTAIN REPORTS IF THEY PRESCRIBE BENZODIAZEPINES TO PATIENTS; REQUIRING COUNTY SHERIFFS OR JAIL ADMINISTRATORS TO PROVIDE MEDICATION-ASSISTED TREATMENT FOR PERSONS UNDER THEIR SUPERVISION SUBJECT TO AVAILABLE FUNDING AND RESOURCES.

.218771.2AIC March 5, 2021 (9:41am)

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BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Public Assistance Act is enacted to read:

"[NEW MATERIAL] SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT SERVICES COVERAGE.--

A. In accordance with federal law, the secretary shall adopt and promulgate rules that provide medical assistance coverage for HJC→~~eligible enrollees~~←HJC HJC→**certain persons**←HJC to receive screening, brief intervention and referral to treatment services.

B. Medical assistance coverage provided pursuant to this section shall be provided:

HJC→~~(1) for the purpose of identifying individuals, using an evidence-based screening tool approved by the department, who have symptoms of:~~←HJC

HJC→(1) **by or under the supervision of a health care provider;**

(2) **for the purpose of identifying individuals, using an evidence-based screening tool approved by the department, when a health care provider reasonably believes that a person has symptoms of:**←HJC

(a) an alcohol or substance use disorder or HJC→~~who are~~←HJC HJC→**is**←HJC at risk for developing an alcohol or substance use disorder; or

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(b) another condition, as identified by rules promulgated by the department upon review of publications of national psychiatric organizations that list and classify mental health disorders;

HJC→(2) ~~by or under the supervision of a health care provider;~~←HJC

(3) in a health care setting not specific to the delivery of:

(a) alcohol or substance use disorder treatment and recovery support services; or

(b) behavioral health treatment services; and

(4) when billed with another medical service.

C. As used in this section:

(1) "brief intervention" means a health care provider's initial interaction with a person, including counseling:

(a) about symptoms of alcohol or substance use disorders and the possible consequences; or

(b) about symptoms of another condition, as identified by rules promulgated by the department upon review of publications of national psychiatric organizations that list and classify mental health disorders; and

(c) that is intended to induce a positive change in the person's behavior and may include a

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follow-up interaction with the health care provider or a referral to a community-based treatment program;

(2) "health care provider" means a physician, physician assistant, nurse practitioner or other health care professional authorized to furnish health care services, including behavioral health services, within the scope of the provider's license; and

(3) "screening, brief intervention and referral to treatment services" means screening, brief intervention and referral to treatment in a community setting for persons with symptoms of:

(a) an alcohol or substance use disorder or persons who are at risk for developing an alcohol or substance use disorder; or

(b) another condition, as identified by rules promulgated by the department upon review of publications of national psychiatric organizations that list and classify mental health disorders."

SECTION 2. Section 26-1-16.1 NMSA 1978 (being Laws 2016, Chapter 46, Section 1) is amended to read:

"26-1-16.1. OPIOIDS AND BENZODIAZEPINES--REQUIRING PRACTITIONERS TO OBTAIN AND REVIEW REPORTS FROM THE PRESCRIPTION MONITORING PROGRAM.--

A. For purposes of this section:

(1) "benzodiazepine" means a class of drugs

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that falls under the United States food and drug administration established pharmacologic class of benzodiazepine, where a pharmacologic class is a group of active moieties that share scientifically documented properties and is defined on the basis of any one or combination of the three attributes of the active moiety: mechanism of action, physiologic effect or chemical structure, with the core chemical structure being the fusion of a benzene ring and a diazepine ring;

[~~(1)~~] (2) "opioid" means the class of drugs that includes the natural derivatives of opium, which are morphine and codeine, and related synthetic and semi-synthetic compounds that act upon opioid receptors;

[~~(2)~~] (3) "practitioner" does not include a pharmacist, veterinarian or euthanasia technician;

[~~(3)~~] (4) "prescription monitoring program" means a program that includes a centralized system to collect, monitor and analyze electronically, for Schedule II through V controlled substances, prescribing and dispensing data submitted by dispensers; and

[~~(4)~~] (5) "Schedule II through V controlled substance" means a substance listed in Schedule II, III, IV or V pursuant to the Controlled Substances Act or the federal controlled substances regulation, pursuant to 21 U.S.C. 812.

B. Before a practitioner prescribes or dispenses an opioid or a benzodiazepine for the first time to a patient, the

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practitioner shall obtain and review a report from the state's prescription monitoring program for such patient for the previous twelve calendar months. If the practitioner has access to a similar report from an adjacent state for the patient, the practitioner shall also obtain and review that report. The provisions of this subsection shall not apply to the prescription or dispensing of an opioid or a benzodiazepine for a supply of four days or less.

C. A practitioner shall obtain and review a report from the state's prescription monitoring program and similar reports from an adjacent state, if any, no less than once every three months for each established patient for whom the practitioner continuously prescribes or dispenses opioids or benzodiazepines.

D. A practitioner shall document the receipt and review of reports required by this section in the patient's medical record.

E. Nothing in this section shall be construed to prevent a practitioner from obtaining and reviewing a report regarding a practitioner's patient from the state's prescription monitoring program or a similar report from another state with greater frequency than that required by this section, in accordance with the practitioner's professional judgment.

F. Nothing in this section shall be construed to

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require a practitioner to obtain a prescription monitoring report when prescribing an opioid or a benzodiazepine to a patient in a nursing facility or in hospice care.

G. The professional licensing board of each category of practitioner that is licensed or otherwise authorized to prescribe or dispense an opioid or a benzodiazepine shall promulgate rules to implement the provisions of this section. Nothing in this section shall be construed to prevent a professional licensing board from requiring by rule that practitioners obtain prescription monitoring program reports with greater frequency than that required by this section."

SECTION 3. TEMPORARY PROVISION--USE OF MEDICATION-ASSISTED TREATMENT FOR PERSONS UNDER THE SUPERVISION OF COUNTY OR MUNICIPAL JAILS.--No later than January 1, 2022, if state funding is provided and mental or behavioral health care resources are available, county sheriffs or jail administrators shall provide medication-assisted treatment for qualifying persons under their supervision. As used in this section, "medication-assisted treatment" means any treatment for opioid addiction that includes a medication approved by the federal food and drug administration for opioid addiction detoxification or maintenance treatment.