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FISCAL IMPACT REPORT

SPONSOR Padilla ORIGINAL DATE 1/26/22
LAST UPDATED _____ HB _____
SHORT TITLE Nurses and Take-Home Methadone Programs SB 83
ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI	NFI	NFI		

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Board of Nursing (BON)

Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 83 would permit licensed practical nurses and registered nurses employed by opioid treatment programs to dispense as much as a 27-day supply of methadone to an agency client. The Nursing Practice Act (Chapter 61, Article 3 NMSA 1978), to which the new language in SB83 would be appended, is currently silent on the issue.

There is no effective date of this bill. It is assumed that the effective date is 90 days following adjournment of the Legislature.

FISCAL IMPLICATIONS

There is no appropriation in this bill. Neither BON nor DOH foresee expenses related to this bill.

SIGNIFICANT ISSUES

DOH notes that "Methadone is a long-acting opioid agonist medication used in methadone maintenance therapy (MMT) to help people reduce or quit their use of heroin or other opioids.

When taken as prescribed, it is safe and effective (Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *British Medical Journal* 2017;357:j1550. Published 2017 Apr 26. doi:10.1136/bmj.j1550).

New Mexico has experienced rapid increases in illicit use of opioid medications and deaths due to overdoses; as to methadone, DOH indicates that there were over 50 overdose deaths involving that drug in 2020 alone; during 2019, there were 129 New Mexico deaths due to the synthetic opioid fentanyl.

From job offerings on www.simplyhired.com and www.glassdoor.com, it appears that nurses are empowered to dispense methadone (and often buprenorphine as well) in several other states, including Colorado, Maryland, Washington, and California. There are many methadone treatment programs in New Mexico; opiateaddictionresource.com lists seven in Albuquerque and one each in Espanola, Las Cruces, and Santa Fe, but is incomplete; DOH states that as of October 2021, there were 20 methadone treatment programs and 7,277 methadone treatment patients in the state. One provider, for example, Recovery Services of New Mexico, with five sites, including Belen and Roswell, in New Mexico, states on its webpage, www.recoverynewmexico.com, that it offers take-home methadone to those who, “over time as they comply with the treatment program, may earn take-home medication and visit the program less frequently.”

The Board of Nursing has two major concerns with this bill: that dispensing methadone in this way is incongruent with the usual role of nurses in working from physician orders as detailed in the Nursing Practice Act, and that nurses might be held responsible if methadone might be misused or resulted in an overdose death. In addition, BON indicates that a change in scope of practice might be confusing if it came from outside the Nurse Practice Act.

ADMINISTRATIVE IMPLICATIONS

BON notes the uncertainty as to whether BON or the Board of Pharmacy would be responsible for looking at violations of the terms of this bill, such as prescribing more than a 27-day supply. BON also notes that it would wish to have input into rules developed by the Board of Pharmacy relative to this bill.

TECHNICAL ISSUES

It may be appropriate to include buprenorphine among drugs that could be dispensed by an RN or LPN and to include the general category of drugs used to treat opiate abuse as a class, in case other treatment drugs are developed.

The bill does not specify that dispensing of take-home doses of methadone would be done under the order of a prescribing health care practitioner.