Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current and previously issued FIRs are available on the NM Legislative Website (<a href="www.nmlegis.gov">www.nmlegis.gov</a>) and may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

# FISCAL IMPACT REPORT

SPONSOR	Nev	rille	ORIGINAL DATE LAST UPDATED		IB _		
SHORT TITI	<b>LE</b>	Drug Overdose Pre	vention & Education	S	SB _	241	
				ANALYS	ST _	Esquibel	

## **APPROPRIATION (dollars in thousands)**

Appropr	iation	Recurring	Fund Affected	
FY14	FY15	or Nonrecurring		
	\$600.0	Recurring	General Fund	

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to HB277, Reduce Rio Arriba Substance Abuse & Overdoses Relates to Appropriation in the General Appropriation Act

#### SOURCES OF INFORMATION

LFC Files

Responses Received From Department of Health (DOH)

### **SUMMARY**

### Synopsis of Bill

Senate Bill 241 appropriates \$600 thousand from the general fund to the Department of Health to fund drug overdose prevention and education and hard reduction services. The bill proposes that these funds be used to 1) provide overdose education and dispensing of naloxone (Narcan), 2) promote overdose prevention by training and recruiting community partners, and 3) purchase harm reduction supplies.

#### FISCAL IMPLICATIONS

SB 241 includes an FY15 general fund recurring appropriation of \$600 thousand. Any unexpended or unencumbered balance remaining at the end of FY15 shall revert to the general fund. The DOH and Human Services Department's budgets both include funding for behavioral health prevention, treatment and hard reduction activities.

#### SIGNIFICANT ISSUES

DOH indicates SB 241 was derived from recommendations made by the Senate Memorial 45 (SM 45) Study Group passed during the 2012 legislative session. Naloxone, if administered in an opioid overdose situation, can rapidly (within seconds to minutes) reverse the effects of the opioid and save a life.

## OTHER SUBSTANTIVE ISSUES

DOH in 2010, New Mexico had the second highest drug overdose death rate in the United States with a rate 1.9 times the U.S. rate (Centers for Disease Control and Prevention, National Center for Health Statistics). The 2012 overdose death rate in New Mexico was 24.1 deaths per 100,000 and represents an increase of more than 300 percent since 1990.

During the last decade deaths from illicit drugs, such as heroin, have remained steady as deaths due to prescription drugs, particularly opioids, have increased dramatically (<a href="http://www.health.state.nm.us/CommunicationsOffice/2012%20News%20Releases/NewsRelease-20120516-OpioidDEAReport-EN.pdf">http://www.health.state.nm.us/CommunicationsOffice/2012%20News%20Releases/NewsRelease-20120516-OpioidDEAReport-EN.pdf</a> ).

Drug dependence and abuse impacts families, individual productivity, the criminal justice system, and the medical care system, and is linked to the acquisition of infectious diseases including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV).

New Mexico has been a leader among states in adopting harm reduction approaches to address the state's serious opioid drug problems. DOH harm reduction services were created by an act of the Legislature in 1997. Current services include syringe exchange, drug overdose prevention using naloxone (a rescue medication that can be administered to an individual experiencing an opioid overdose), and opiate replacement treatment.

The Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council (i.e., advisory group established per the passage of SB 215 passed during the 2012 Legislative Session) has issued recommendations in both 2012 and 2013 that call for DOH engagement on prescription opioid overdose prevention education and policy initiatives, in collaboration with health profession licensing boards, pharmacies and other professional healthcare stakeholders.

With prescription opioids driving the increase in New Mexico's overdose death rates since 2006, DOH launched a multi-site pilot project in 2012 (Taos, Santa Fe, Albuquerque, and Roswell) designed to expand access to the rescue medication, naloxone, in clinical settings. The primary objective is to shift the medical practice associated with treatment of chronic pain in primary care settings to include co-prescription of naloxone and overdose prevention education for all risk-identified patients.

Additional funding would allow DOH to expand and diversify the current pilot projects such that higher percentages of persons at risk of opioid overdose, along with their caregivers and families, could receive overdose prevention education and naloxone rescue kits to save the life of their family member or loved one in the event of an unintended overdose.