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# FISCAL IMPACT REPORT

|             |     |                 | ORIGINAL DATE | 2/02/18 |    |    |
|-------------|-----|-----------------|---------------|---------|----|----|
| SPONSOR     | Rui | loba            | LAST UPDATED  |         | HM | 12 |
|             |     |                 |               |         |    |    |
| SHORT TITLE |     | Opioid Crisis S |               | SB      |    |    |

ANALYST Chilton

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

|       | FY18 | FY19            | FY20      | 3 Year<br>Total Cost | Recurring or<br>Nonrecurring | Fund<br>Affected |
|-------|------|-----------------|-----------|----------------------|------------------------------|------------------|
| Total |      | See Fiscal Impl | Recurring | General<br>Fund      |                              |                  |

(Parenthesis () Indicate Expenditure Decreases)

Relates to

#### SOURCES OF INFORMATION LFC Files

<u>Responses Received From</u> New Mexico Attorney General (NMAG)

### SUMMARY

#### Synopsis of Memorial

House Memorial 12 sets up a subcommittee of the Legislative Health and Human Services (Interim) Committee (LHHSC) to address the opioid use disorder crisis afflicting New Mexico and to make recommendations to the full LHHSC regarding steps that might be taken to alleviate the suffering and deaths related to the crisis.

The subcommittee would include the following:

- 1. The chair of LHHSC, who chairs the subcommittee as well,
- 2. A member of the House minority party,
- 3. Two senators, one from each party,
- 4. A member of the Legislative Finance Committee staff,
- 5. A representative from the Children, Youth and Families Department,
- 6. A member from the Department of Public Safety,
- 7. A member from the Department of Corrections,
- 8. A member from the Department of Health,
- 9. A police officer involved in narcotic response,
- 10. A US Drug Enforcement Agency agent

- 11. A representative from the Office of the Attorney General
- 12. A member of the New Mexico Medical Board
- 13. A member of the Board of Osteopathic Medicine
- 14. A physician
- 15. A pharmacist
- 16. A representative of organizations that treat opioid use disorder.

## FISCAL IMPLICATIONS

There is no appropriation. Personnel from the many named state agencies would be taken from other tasks to participate in the subcommittee. Travel expenses and per diem for legislators would be paid through the Legislative Council Service.

## SIGNIFICANT ISSUES

The Legislature has addressed the opioid crisis in a number of ways, but New Mexico continues to see many ill-effects of the crisis, including death from overdose, incarceration, crimes related to the need for money for drugs, neonatal abstinence syndrome and inadequate parenting related to drug addiction, and the increase in need for foster care placements relative to the above. The memorial notes lack of a coordinated response to the crisis and establishes a method of obtaining input from numerous stakeholders and involved agencies.

The Office of the Attorney General cites some concerns regarding the memorial:

The memorial does not include a definitions section, which may be useful in focusing and narrowing the sub-committee's purview. The term "opioid," for example, may refer to any one of a broad array of opiate-based analgesic (pain-relieving) medications as well as to illicit heroin, fentanyl, and other street drugs. It is unclear from the language of the memorial if the subject matter of the subcommittee will include all opioids, prescription opioids only, opioid use disorder, or some combination thereof...

Given that pharmacists and physicians have been invited to participate in this subcommittee, efforts may need to be made to confirm that participating pharmacists/physicians are not subject to active investigation for prescribing practices by any of the participating state or federal law enforcement entities. This will be difficult due to the generally confidential nature of ongoing criminal investigations...

The memorial lists a number of recommendations that were given to the LHHSC at a November 2, 2017 "opioid crisis summit." While the memorial does not suggest or indicate that the sub-committee will adopt these recommendations, several of these recommendations, if they were to be adopted, may be legally problematic.

### RELATIONSHIP

Relates with many bills passed or introduced in recent years addressing aspects of the opioid crisis, including

- 2016 HB 241 Opioid abuse prevention and assisted treatment (not passed)
- 2016 HB 277 Administration of opioid antagonists (passed)
- 2017 HB 370 Opioid overdose education (passed)

- 2018 HM 56 Study Heroin-assisted Treatment (introduced)
- 2018 HM 67/SM 55 Medical marijuana and opioid use disorder (both introduced)
- 2015 HM 98 Study chronic pain patients and overdoses (passed)
- 2017 SB 16 Opioid overdose medication counseling (not passed)
- 2015 SB 24 UNM pain management center (not passed)
- 2018 SB 35 Overdose and medication counseling (introduced)
- 2017 SB 47 Further overdose assistance immunity (passed, vetoed)
- 2018 SB 127 Chronic pain management training (introduced)
- 2016 SB 191 Opioid abuse prevention and assisted treatment (not passed)
- 2016 SB 262 Administration of opioid antagonists (passed)
- 2016 SB 263 Opioid prescription monitoring (passed)
- 2015 SB 371 Expand Focus-Milagro Integrated Care Model (not passed)
- 2015 SB 422 Pain relief act changes (not passed)
- 2018 SJM 15 Study efficacy of naprapathic medicine (introduced)
- 2015 SJM 27 Study opioid prescription drug dependence (not passed)
- 2016 SM 104 Study Opioid abuse (not passed)

## ALTERNATIVES

The advisory council to the Department of Health relative to the Pain Relief Act (Section 24-2D NMSA 1978) and consisting of some of the same agencies and professions that this memorial asks be involved, could address the same issues and make its own set of recommendations.

LAC/sb/al