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## FISCAL IMPACT REPORT

02/03/12  
**ORIGINAL DATE** 02/10/12  
**LAST UPDATED** 02/13/12    **HB** \_\_\_\_\_

**SPONSOR**    SJC

**SHORT TITLE**    Prescription Opioid Medications    **SB** CS/159/SJCS/aSFL#1

**ANALYST**    Chabot

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

	FY12	FY13	FY14	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		Minimal				

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to SB 158 and SB 215

### SOURCES OF INFORMATION

LFC Files

### SUMMARY

#### Synopsis of SFL#1

The Senate Floor Amendment #2 to the Senate Judiciary Committee substitute for Senate Bill 159 provides for documentation of informed consent in a patient's medical records and allows the prescribing boards to consider recommendations of the opioid medication prescribing limits council in promulgating rules for prescribing opioid medications.

#### Synopsis of Original Bill

The Senate Judiciary Committee substitute for the Senate Public Affairs Committee substitute to Senate Bill 159 proposes a new section to the New Mexico Drug, Devise and Cosmetic Act relating to opioid medication, creates an opioid medication prescribing limits council and amending sections of Chapter 61 NMSA 1978 to require adoption of rules related to opioid medication prescribing and refill limits to include informed consent documentation for first time users and minors be accompanied by the parent, guardian or legal representative to fill a opioid prescription. In addition, the bill reconciles multiple amendments to the same section of law.

The Opioid Medication Prescribing Limits Council will consist of 18 members appointed by the Secretary of Health including the secretary's designee, a representative of the Medical Board, Board of Nursing, Board of Pharmacy, the Board of Osteopathic Medical Examiners, the Board of Optometry, the Board of Podiatry, and the Board of Dental Health Care. In addition, a

representative will be appointed from statewide associations of medical, nurse practitioners, pharmacists, osteopathic physicians, optometrists, podiatrists, and dentists plus a pain management specialist and two patient advocates. The council will meet at the call of the Secretary of Health and by September 1, 2012 develop recommendations for prescribing and refill limits for opioid medications that are consistent for all seven licensing boards. The recommendation on prescribing and refill limits shall be **more stringent** than those of the federal Drug Enforcement Administration and no less stringent than those of the New Mexico Medical Board. The council terminates of December 31, 2012.

Separately in respective statutes, the seven boards are required to adopt rules relating to the prescribing and refilling of prescription of opioid medications consistent with the recommendations of the Opioid Medication Prescribing Limits Council by December 1, 2012.

## **FISCAL IMPLICATIONS**

There is minimal fiscal impact on state agencies which will have to make administrative rules adopting the recommendation of the Opioid Medication Prescribing Limits Council. There will be a cost to the Department of Health to create the council that will need to be determined. These costs will include travel and per diem for members who are not state employees and administrative costs associated with the council.

## **SIGNIFICANT ISSUES**

Relevant agency comments from analysis from prior FIRS on the bills are provided where deemed appropriate. However, due to the short turnaround time for the FIR of the substitute bill, agency comments could not be received.

DOH reports deaths due to prescription medication overdose are an increasing problem in the U.S. and New Mexico. In recent years, opioid pain relievers have emerged as the drug class that accounts for the most drug overdoses in New Mexico. In 2008, New Mexico had the highest drug overdose death rate in the U.S. ([CDC. Vital signs: overdoses of prescription opioid pain relievers---United States, 1999--2008. MMWR Morb Mortal Wkly Rep. 2011 Nov 4;60:1487-92](#)), with a rate 2.3 times the U.S. rate. New Mexico's drug overdose death rate from all prescription drugs (16.0 per 100,000) was 2.5 times the U.S. rate; and its rate from opioid medications (12.6 per 100,000) was 2.6 times the U.S. rate. The New Mexico death rate from prescription medication poisoning, or overdose was fairly stable until 2003, but increased in subsequent years. Since 2003, opioid medications that are typically used for pain management accounted for 80-90 per cent of prescription medication overdose deaths in New Mexico, and nearly half of all unintentional overdose fatalities. The number of inpatient hospitalizations caused by heroin and synthetic opioids also increased nearly 140 percent during this same time period.

DOH reports the bill would implement a number of the recommendations from the HM 77 task force including: requiring the use of a written agreement for treatment, requiring patient education of opioid medications, requiring prescriptions to include indications for use and the diagnosis, requiring practitioners to use the New Mexico Board of Pharmacy prescription drug monitoring system for each patient prescribed opioids, and limits on refilling prescriptions. It does allow multiple prescriptions for chronic pain patients.

**ADMINISTRATIVE IMPLICATIONS**

While there is no set time limit for processing rule changes, normal processing takes approximately six months which will vary depending on the extent of the changes. Since the Opioid Medication Prescribing Limits Council will have established the recommendations for the rule changes, the process may be expedited.

GAC/svb:lj