

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

| | FY24 | FY25 | FY26 | 3 Year Total Cost | Recurring or Nonrecurring | Fund Affected |
|--------------|-------------|-------------|-------------|------------------------------|--------------------------------------|--------------------------|
| Total | \$0 | \$0 | \$0 | NA | NA | NA |

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

House Bill 299 is an act that amends the Pharmacy Act provide for custodial facilities acquiring and possessing controlled substances for withdrawal management.

FISCAL IMPLICATIONS

None

SIGNIFICANT ISSUES

Diverting the oversight from the Pharmacy Board will reduce the oversight over controlled substances for withdrawal management. This could result in accidental overdoses and should therefore ensure that there are systems in place to positively influence procurement and storage, prescribing, preparation and dispensing, administration, and proper disposal and wasting of controlled substances by working with the Pharmacy Board and other regulatory body to ensure there is continued oversight.

<https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/preventing-diversion-of-controlled-substances.ashx>

Although a relatively small fraction of the nation's drug supply is administered in a health care facility such as a hospital or outpatient surgery center, the nature of these practices provides ample opportunity for drug diversion. There is no available data that precisely define the extent of drug diversion from the health care facility workplace. The most common drugs diverted from the health care facility setting are opioids. Although other high-value drugs such as antiretroviral drugs, athletic performance-enhancing drugs (e.g., erythropoietin and anabolic steroids), and nonopioid psychotropic drugs have been diverted from the health care facility workplace, the ensuing discussion focuses on the theft of controlled substances (CSs), defined as medications classified as Schedules II (i.e., substances with high potential for abuse) through V (i.e., substances with lower potential for abuse than substances in Schedules II, III, and IV), as defined by the federal Drug Enforcement Administration (DEA) and state statutes.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538481/>

Some rural facilities struggle with understanding the benefits of Automatic Dispensing Systems, but the benefits have been highlighted below:

- Nurses have increased access to drugs in patient-care areas and can facilitate administration in a timely way.
- The medications are locked up in patient-care units, and controlled substances and other drugs are electronically tracked.
- The stocking and distribution of medications are tracked to improve inventory control.
- When ADSs are interfaced with the pharmacy computer, they support the clinical review of medication orders by a pharmacist before administration.
- ADSs can be interfaced with other external databases, such as the facility's admission/discharge/transfer system and billing systems; as a result, the efficiency of drug dispensing and billing is enhanced.
- ADSs can be interfaced with barcode technology to automate the restocking process and to track dispensing of medications.
- If ADSs are linked to point-of-care bar-coding systems, an electronic match between the prescribed and selected medication is ensured.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3462599/>

PERFORMANCE IMPLICATIONS

None

ADMINISTRATIVE IMPLICATIONS

None

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None.

TECHNICAL ISSUES

Amend the definition of "controlled substance" to Schedules II and V.

Ensure that the Pharmacy Board can promulgate rules for controlled substances.

OTHER SUBSTANTIVE ISSUES

There is a need for withdrawal management in custodial care facilities and this would increase access to services for substance use disorder in New Mexico. This is a gap in the continuum of services in New Mexico to ensure people can safely withdraw, with appropriate oversight by the New Mexico Board of Pharmacy, before receiving substance use services.

ALTERNATIVES

None

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status Quo

AMENDMENTS

None