

LFC Requestor: Sunny Liu

2024 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: Senate

Category: Bill

Number: 219

Type: Introduced

Date (of THIS analysis): January 29, 2024

Sponsor(s): Antonio Maestas

Short Title: Naloxone Nasal Spray in High Schools

Reviewing Agency: Agency 665 - Department of Health

Person Writing Analysis: Arya Lamb

Phone Number: 505-470-4141

e-Mail: arya.lamb@doh.nm.gov

Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 24	FY 25		
\$0	\$0	N/A	N/A

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 24	FY 25	FY 26		
\$0	\$0	\$0	NA	NA

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 24	FY 25	FY 26	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$0	\$0	\$0	NA	NA

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

Senate Bill 219 (SB 219) would appropriate \$1,000,000 from the general fund to the Public Education Department for the purchase of naloxone to be made available in high schools. This bill is aimed at increasing the availability of naloxone in high school settings.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Beginning in 2020, adolescents experienced a greater relative increase in overdose mortality than the overall population, attributable in large part to fatalities involving fentanyl. In the context of decreasing adolescent drug use rates nationally, these shifts suggest heightened risk from illicit fentanyl, which have variable and high potency. Since 2015, fentanyl has been increasingly added to counterfeit pills resembling prescription opioids, benzodiazepines, and other drugs, which adolescents may not identify as dangerous, and which may be playing a key role in these shifts. [Trends in Drug Overdose Deaths Among US Adolescents, January 2010 to June 2021 | Emergency Medicine | JAMA | JAMA Network](#)

Drug use can result in overdose death and is associated with other societal problems including crime, violence, homelessness, loss of productivity and spread of blood-borne disease such as HIV and hepatitis. Unintentional drug overdose is the largest subset of total drug overdose death, accounting for 80-85% of drug overdose deaths in New Mexico. Poisoning has been the leading cause of unintentional injury in New Mexico since 2007, surpassing motor vehicle crash deaths, largely as a result of increased unintentional drug overdose deaths associated with prescription drug use. Medical examiner data indicate that the most common drugs causing unintentional overdose death for the period were prescription opioids (e.g., methadone, oxycodone, morphine 48%), heroin (34%), tranquilizers/muscle relaxants (23%), cocaine (17%), methamphetamine (16%) and antidepressants (12%) (not mutually exclusive). [NM-IBIS - Summary Health Indicator Report - Drug Overdose Deaths](#)

Naloxone is the most effective way to reverse an opioid overdose

Naloxone is an opioid antagonist medication approved by the Food and Drug Administration designed to rapidly reverse opioid overdose ([Naloxone, Substance Abuse and Mental Health Services Administration \(samhsa.gov\)](#)). The administration of naloxone is the most effective way to prevent death during an opioid overdose ([Preventing Opioid Overdose with Peer-Administered Naloxone: Findings from a Rural State, Harm Reduction Journal \(bmc.com\)](#)). From 1996 through 2015, naloxone contributed to 26,463 overdose reversals ([Opioid Overdose Prevention Programs Providing Naloxone to Laypersons – United States, 2014, Centers for Disease Control and Prevention \(cdc.gov\)](#)). In 2022, 35,805 naloxone kits were distributed by the State and 2,986 self-reported opioid overdose reversals due to naloxone were reported to NMDOH (source: Internal Data from NMDOH’s Harm Reduction Program, 2024). Research has found that opioid overdose death rates were reduced in communities where overdose education and nasal naloxone distribution (OEND) programs were implemented ([Opioid overdose Rates and Implementation of Overdose Education and Nasal Naloxone Distribution in Massachusetts: Interrupted Time Series Analysis, BMJ \(bmj.com\)](#)). The U.S. Department of Health and Human Services identifies naloxone distribution as one of the top three strategies for addressing the opioid epidemic ([U.S. Surgeon General’s Advisory on Naloxone and Opioid Overdose, U.S. Department of Health and Human Services \(hhs.gov\)](#)).

SB 219 does not directly address training, reporting, or liability issues which may arise from the distribution of naloxone. There are already existing programs within the Department of Health (NMDOH) which provide naloxone access to all schools in New Mexico.

Currently NMDOH provides both naloxone and training on overdose response to any school or district that elects to receive naloxone. Additionally, NMDOH will register any school or district as an Overdose Prevention and Education Program (OPE) as outlined in 24-23-1 NMSA 1978. This enables schools or districts to receive technical assistance and naloxone from the NMDOH program.

While there is currently broad protection for individuals who use naloxone on another person there may be some liability concerns for schools and districts as an organization who are not registered as an OPE. Schools or districts which register as an OPE Under would be afforded additional protection as an organization as outlined in 24-23-1G NMSA 1978.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No
- Is this proposal related to the NMDOH Strategic Plan? Yes No
 - Goal 1:** We expand equitable access to services for all New Mexicans
 - Goal 2:** We ensure safety in New Mexico healthcare environments
 - Goal 3:** We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?
 Yes No N/A
- If there is an appropriation, is it included in the LFC Budget Request?
 Yes No N/A
- Does this bill have a fiscal impact on NMDOH? Yes No

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

As noted in section 1, SB 219 does not directly address any liability issues which may arise from the distribution of naloxone. Additionally, there are already existing programs within the Department of Health (NMDOH) which provide naloxone access to all schools in New Mexico.

8. DISPARITIES ISSUES

None

9. HEALTH IMPACT(S)

None

10. ALTERNATIVES

None.

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If SB 219 is not enacted, an appropriation of \$1,000,000 from the general fund to the Public Education Department for the purchase of naloxone to be made available in high schools, would not occur.

12. AMENDMENTS

None