

LFC Requester:

Eric Chenier

**AGENCY BILL ANALYSIS - 2026 REGULAR SESSION**

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(Analysis must be uploaded as a PDF)**

**SECTION I: GENERAL INFORMATION**

*{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}*

**Date Prepared:** 1/21/26 **Bill Number:** SB0087 **Original**  **Amendment**  **Substitute**

**Short Title:** OPIOID ADDICTION PREVENTION PILOT PROJECT

**Sponsor:** Sen. Brandt

**Name and Code Number:** HCA 630

**Person Writing:** Austin Curtis (BHSD) & Keenan Ryan

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**SECTION II: FISCAL IMPACT**

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
\$0	\$0	Nonrecurring	Opioid Crisis Recovery fund

(Parenthesis ( ) indicate expenditure decreases)

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
\$0	\$0	\$0	NA	NA

(Parenthesis ( ) indicate revenue decreases)

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

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	\$0	\$0	\$0	\$0	NA	NA

(Parenthesis ( ) Indicate Expenditure Decreases)

### SECTION III: NARRATIVE

#### **BILL SUMMARY**

Synopsis: This bill establishes a five-year opioid addiction prevention pilot project within the Department of Health to evaluate the use of “nurse navigation”—a HIPAA-compliant, clinically led service providing personalized pain management coaching, education, and follow-up—to reduce opioid misuse, addiction, overdoses, and poisonings related to surgery and other medical procedures. The department must contract with a third-party provider that has a proven, evidence-based track record in perioperative nurse navigation, opioid reduction strategies, clinical implementation support, and programs funded by opioid settlements in at least five other states. The project will run from fiscal years 2026 through 2031, with annual reports from 2027 through 2031 to legislative committees detailing outcomes such as surgical cases covered, opioid pills avoided, and performance measures related to preventing misuse and addiction. The bill appropriates \$9 million from the opioid crisis recovery fund to support the project and declares an emergency for immediate effect.

#### **FISCAL IMPLICATIONS**

MAD does not anticipate a fiscal impact from this bill. HCA does not anticipate this pilot program could scale to a Medicaid reimbursable service, although the description of the pilot program lacks detail.

#### **SIGNIFICANT ISSUES**

This bill looks to address the opioid crisis at a critical point of risk (after surgery) by promoting safer, evidence-based pain management that can significantly reduce unnecessary opioid exposure. By utilizing nurse navigation models and measuring outcomes, the goal is to prevent addiction before it starts while improving patient care and reducing long-term health and social costs.

Opioid Use Disorder (OUD), or symptom recurrence of active OUD, can be traced to acute pain management in some cases. The sudden cessation of opioid treatment may cause hyper analgesia, increasing the likelihood of an individual seeking to continue pain management with opioids. Reducing or eliminating the use of opioids to treat acute, post-operative pain will eliminate or mitigate opioid misuse, overdose, and opioid use disorder onset in those individuals seeking acute pain relief after surgery. [Chronic Opioid Use After Surgery: Implications for Perioperative Management in the Face of the Opioid Epidemic - PMC](#)

While the bill’s intent is to ensure “clinical efficacy and immediate scalability,” it also requires the

Department of Health to contract with a third party that can demonstrate a proven track record across a detailed set of qualifications, including having an evidence-based model supported by peer-reviewed publication(s) and operating opioid-settlement-funded programs in a minimum of five other states.

These specifications may substantially narrow the pool of eligible vendors (potentially excluding otherwise qualified New Mexico partners or emerging models without multi-state settlement funding history), which could limit competition, see higher bid pricing, delay procurement timelines, or create implementation risk if only one or very few entities can meet all criteria. Consideration could be given to allowing the Department flexibility to accept equivalent experience or to structure procurement in a way that preserves the bill's evidence-based intent while avoiding unintended barriers to contracting and timely launch.

#### **PERFORMANCE IMPLICATIONS**

None

#### **ADMINISTRATIVE IMPLICATIONS**

None

#### **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

None

#### **TECHNICAL ISSUES**

None

#### **OTHER SUBSTANTIVE ISSUES**

Because the pilot targets post-procedure pain management and prescribing, successful implementation will likely require close coordination with hospitals, surgical centers, and clinicians to integrate nurse navigation into perioperative workflows and discharge processes.

#### **ALTERNATIVES**

None

#### **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Continued risk of developing OUD from post operative pain management.

#### **AMENDMENTS**

None