

**2026 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: Senate
Number: 87

Category: Bill
Type: Introduced

Date (of THIS analysis): 1/23/2026
Sponsor(s): Craig W. Brandt
Short Title: Opioid Addiction Prevention

Reviewing Agency: Department of Health
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**Section II: Fiscal Impact
APPROPRIATION (dollars in thousands)**

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 26	FY 27		
\$1,500,000	\$1,500,000	Recurring for SFY2026 – SFY2031 for a total of \$9,000,000 over 6 years	Opioid Crisis Recovery Fund

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 26	FY 27	FY 28		
\$0	\$0	\$0	NA	NA

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 26	FY 27	FY 28	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$235	\$235	\$235	\$705	Recurring	Opioid Crisis Recovery Fund

SB87 would require additional staff to administer the program to provide contract oversight and epidemiological support.

Senior Healthcare Program Coordinator Pay Band 7

Midpoint salary \$69,098 x 1.36 benefits + IT and other costs \$8,000 = \$101,973

Epidemiologist Specialist Pay Band 10

Midpoint salary \$91,957 x 1.36 benefits + IT and other costs \$8,000 = \$133,061

Total staff costs: \$235,034

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 87 would appropriate 9 million dollars for the creation of a five-year opioid addiction prevention pilot project focusing on nurse navigation through the Department of Health.

SB87 would require the department to contract with a third-party contracting partner who has: 1) an extant track record of nurse navigation service provision focusing on the period of medical care both pre-and post-surgical procedure, with a focus on alternative methods of pain management service provision; 2) quality assurance and improvement practices with practicing professionals, as well as reporting on these practices; 3) an extant record of attempts at preventing opioid overprescription; 4) an evidence-based model from a peer-reviewed publication that has been practiced in at least 5 other states to date; and 5) deliverables of pain management guidelines provided directly to patients.

A provision of SB87 requires an annual report made to the state legislature starting in FY2027, extending through FY31. The report would need to include the following performance indicators: the number of surgical cases covered by the service provision, the total volume of opioid pills avoided through improved pain management protocols, as well as any other overdose prevention measures decided upon by the managing program.

SB87 includes an emergency clause that would cause the bill to go into effect immediately.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

In 2019, the non-fentanyl prescription opioids (NFPOs) overdose rate was lower than both heroin and methamphetamine. NFPOs have not been driving overdose rates and have seen a downward trend since their peak in 2014 (NMDOH Bureau of Vital Records and Health Statistics [BVRHS], death certificate data; UNM GPS population estimates analyzed by the NMDOH Substance Use Epidemiology Section [SUES]). Additionally, since 2013, New Mexico's Prescription Monitoring Program (PMP) data shows a downward trend for prescriptions filled, MME dispensed, and patient count for both chronic and non-chronic fills (New Mexico Board of Pharmacy Prescription Monitoring Program data).

While the number of New Mexico prescribers who prescribe controlled substances increased to nearly 3,500, the number of providers not checking the PMP declined, from over 1,500 prescribers in Q1 2014 to 227 in Q1 2023 (New Mexico Board of Pharmacy Prescription Monitoring Program data). In Q1 2014, over 30,500 patients in New Mexico had overlapping prescriptions for opioids and benzodiazepines (a risky combination unless carefully managed by the provider and patient). In Q1 2023, fewer than 10,500 patients did. Similarly, in Q1 2014, there were over 59,000 high-dose opioid prescriptions filled, and in Q1 2023, only 19,050 (New Mexico Board of Pharmacy Prescription Monitoring Program data).

The data trend and the success of prescription opioids monitoring in New Mexico show that the overdose prevention and intervention programs in recent years have been effective. Impactful interventions include:

- Regulations from the New Mexico Medical Board that include mandatory use of the Prescription Monitoring Program (PMP), mandatory education, regulations for treating pain appropriately, offering or referring treatment for those with opioid use disorder, and mandatory co-prescribing of naloxone with opioid prescriptions for five or more days (Senate Bill 221 from 2019). The other licensing boards typically follow what the New Mexico Medical Board does, so their regulations are very similar. The boards follow up with providers who do not use the PMP as required by licensing board rules.
- Support for academic detailing (1:1 coaching and CME for New Mexico providers on pain management, safer prescribing, & proper use of the Prescription Monitoring Program).

In addition to the efforts to reduce prescription misuse and overdose, clinical guidelines have changed significantly and have been widely adopted in post-surgical settings across the country. Current clinical guidance on pain management focuses on providing non-opioid therapies as the first line of pain management. If the anticipated pain cannot be managed by non-opioid prescriptions or other non-pharmacological methods, recommendations significantly limit the number of days (less than three days in many circumstances) and limit MMEs. Significant effort has been made in clinical settings across the nation to educate providers on appropriate pain management guidelines. Together, these efforts have led to a reduction in prescription opioid misuse and overdose.

HB87 outlines specific requirements for a qualified third party to conduct the pilot by placing restrictions on who NMDOH could contract with. This language would severely limit the number of potential providers and would likely prevent NMDOH from contracting with local clinics and hospitals which may be able to provide unique and innovative approaches that are specifically designed to meet the unique needs of their patients and communities.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

If yes, describe how.

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

SB87 would have a fiscal impact on NMDOH as it requires the appropriation of \$1,500,000 annual from the Opioid Crisis Recovery Fund (OCRF) to a third-party contractor over the course of 5 years to implement a pilot project, potentially reducing the use of the OCRF on continuing funding current staffing and contracts. The additional operational cost is estimated to be \$266,784 annually for two additional FTEs.

4. ADMINISTRATIVE IMPLICATIONS

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

SB87 would have an administrative impact on NMDOH as the procurement and the oversight of a five-year nine-million-dollar pilot project requires significant administrative capacity, including designated staff for requesting and evaluating proposals, contract management, operational oversight, and impact evaluation. The administrative impact will be enlarged by the emergency clause. The additional operational cost is estimated to be \$266,784 annually for two additional FTEs.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

SB87 specifies that the Department of Health shall contract with an external entity to implement the project. Therefore, most funds would likely be spent in the 300s/contractual category. It is not clear if NMDOH could utilize funds to cover staffing or other administrative costs.

Additionally, SB87 requires reporting to the legislature an estimated “total volume of unprescribed opioid pills” as a programmatic performance indicator—however, “pills” are not a standardized unit of measurement, as the dosage and number of pills in each dose can vary from prescription to prescription.

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

8. DISPARITIES Issues

None.

9. HEALTH IMPACT(S)

None.

10. ALTERNATIVES

While HB87 appears to duplicate many of the efforts which have already been adopted as standard clinical processes, there are some promising aspects to the bill such as providing nurse navigation. This portion of the project could likely be accomplished with significantly less funding by working directly with hospitals or insurance carriers.

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

If Senate Bill 87 is not enacted, \$9 million would not be appropriated for a five-year opioid addiction prevention pilot project. Hospitals and other clinical settings will continue current practices, including educating clinicians on non-opioid pain management alternatives and following best practice guidelines that limit opioid prescriptions to situations where necessary.

12. Amendments

None