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FISCAL IMPACT REPORT

ORIGINAL DATE 01/31/12
LAST UPDATED 02/06/12 **HB** _____

SPONSOR Sanchez, B.

SHORT TITLE Pain Management Advisory Council Changes **SB** 215/aSPAC/aSCORC

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY12	FY13		
	None*	N/A	N/A

(Parenthesis () Indicate Expenditure Decreases)

*See Fiscal Implications

Relates to SB158, Prescription Drug Monitoring Program; SB159, Prescription Opioid Medications

SOURCES OF INFORMATION

LFC Files

Responses Received From

Board of Nursing (BON)
 Regulation and Licensing Department (RLD)
 Medical Board (MB)
 Department of Health (DOH)
 UNM Health Sciences Center (UNMHSC)

SUMMARY

Synopsis of SCORC Amendment

The Senate Corporations and Transportation Committee amendment to Senate Bill 215 as amended by the Senate Public Affairs Committee redefines that an accepted guideline for pain management will be defined as “the most current clinical pain management guidelines developed by the American geriatrics society or the American pain society or a clinical pain management guideline based on evidence and expert opinion that has been accepted by the New Mexico medical board.”

Synopsis of SPAC Amendment

The Senate Public Affairs Committee amendment to Senate Bill 215 add back a “statewide association of certified registered nurse anesthetists” to the prescription drug misuse and overdose prevention and pain management advisory council created in the bill.

Synopsis of Original Bill

Senate Bill 215 amends the Pain Relief Act by expanding acceptable guidelines from other nationally recognized associations, health care specialty societies or government agencies, provides further definitions of acute and chronic pain, clinical experts. Section 2 defines appropriate prescribing practices and that those following these guidelines not be disciplined or criminally prosecuted, and that boards shall adopt rules for applying the Pain Relief Act. Section 3 requires notification of health care providers of the Pain Relief Act and those being investigated for pain management practices. Section 4 requires non-cancer pain management continuing education for health care providers who can prescribe opiates. Section 5 creates a prescription drug misuse and overdose prevention and pain management advisory council composed of members from health care boards and associations, a pain management specialist, a consumer health care advocate and a lay person to meet quarterly. The council would be administratively attached to the Department of Health.

FISCAL IMPLICATIONS

The bill contains no appropriation.

The Board of Nursing (BON) indicates regarding requiring mandatory continuing education (CE) for nurses, the BON would have to revise the renewal forms to reflect compliance with the new mandatory CE requirements as well as monitor this compliance through random audits. Non compliance with mandatory CE requirements could result in increased costs associated with the investigative/disciplinary/hearing process. It is difficult to predict the possible fiscal requirements, but it is noted that there be some costs associated with implementing this bill.

SIGNIFICANT ISSUES

The Medical Board indicates SB215 strengthens the definitions of acute and chronic pain, and requires continuing education in non-cancer pain management for all health care practitioners. CME credit was previously offered with the distribution of the book “Responsible Opioid Prescribing” when it was distributed by the Medical Board to all physicians licensed and practicing in New Mexico. SB 215 now requires more formal training, and the New Mexico Medical Board, during the revision of its rules, regulations and guidelines for pain management prescribers, will emphasize this vital function in the continuing medical education programs.

ADMINISTRATIVE IMPLICATIONS

The Medical Board estimates a cost of \$300.00 for publishing a rule hearing notice and filing new rules.

The bill affects the Regulation and Licensing Department boards in section 3 Notifications, requiring the prescriptive authority boards to notify licensees of the Pain Relief Act and accepted guidelines. SB 215 also requires notification of the pain relief act and acceptable guidelines when a licensee is being investigated by the board in relation to the provider’s pain management practices.

The Board of Nursing indicates notification of all nurses under the Board’s jurisdiction of the Pain Relief Act and acceptable guidelines would be a difficult administrative task, due to the

large number of nurses licensed in the state of New Mexico. A general notification could be more easily accomplished by placing a notice on the Board of Nursing website about the Pain Relief Act. For those nurses being investigated by the Board of Nursing in relation to the nurses' pain management practices, a notification about the Pain Relief Act and the board's current guidelines could be included in their notification of the initial investigation.

OTHER SUBSTANTIVE ISSUES

The Department of Health indicates most drug-induced deaths are the result of drug overdose. In 2008, the most recent year for which state comparison data are available, New Mexico had the highest drug overdose death rate in the United States. New Mexico's rate (27.0 per 100,000 population) was 2.3 times the U.S. rate (11.9) ([CDC. Vital signs: overdoses of prescription opioid pain relievers--United States, 1999--2008. MMWR Morb Mortal Wkly Rep. 2011 Nov 4;60:1487-92](#)). 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. In recent years, opioid pain relievers have emerged as the drug class that accounts for the most drug overdoses in New Mexico

Prescription of opioid medications for pain relief has substantially increased over the past two decades, driving recent sharp increases in drug overdose deaths caused by prescription drugs. In 2008, 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 death rate from opioid pain relievers (12.6 per 100,000) was 2.6 times the U.S. rate.

The New Mexico Youth Risk and Resiliency Survey (YRRS) reports that the proportion of New Mexico high school students who reported using pain killers to get high, in the past 30 days, increased from 11.7% in 2007 to 14.3% in 2009. Meanwhile, the national Youth Risk Behavior Survey reported that in 2009, New Mexico high school students had the 4th highest reported rate of lifetime heroin use in the United States (4.7%).

RAE/svb