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## FISCAL IMPACT REPORT

SPONSOR Brandt ORIGINAL DATE 1/26/2018  
LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_

SHORT TITLE Overdose Prevention & Pain Mgmt. Council SB 29

ANALYST Chenier

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

	FY18	FY19	FY20	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		Minimal	Minimal	Minimal	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health (DOH)

Board of Medical Examiners (BME)

Department of Public Safety (DPS)

Regulation and Licensing Department (RLD)

Human Services Department (HSD)

### SUMMARY

#### Synopsis of Bill

Senate Bill 29 changes the name of the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council to Overdose Prevention and Pain Management Advisory Council. The bill adds representatives from HSD, DPS, a harm reduction organization, a third party payer, and one person who is an addiction specialist as members of the council. The bill changes the council's mandate from recommending pain management and clinical guidelines to making recommendations regarding overdose prevention and management practices. The bill would also permit the council to form subcommittees and would make other minor technical changes.

### FISCAL IMPLICATIONS

The newly added members who are not public employees would receive per diem and mileage compensation. The newly added members from DPS and HSD would likely require mileage reimbursement. The council is required to meet quarterly and the fiscal impact is expected to be minimal.

## SIGNIFICANT ISSUES

HSD said that the Behavioral Health Services Division of HSD is the State's mental health and substance abuse authority and operates the Office of Substance Abuse and Prevention (OSAP). Given the Advisory Council's mandate to review overdose prevention and pain management standards and practices and to make recommendations, HSD's representation on the Advisory Council is a logical and useful addition.

DOH said that New Mexico had the 12<sup>th</sup> highest drug overdose death rate among all states in 2016, down from 8<sup>th</sup> in 2015 (CDC Drug Overdose Death Data: 2016 Deaths and 2015 Deaths), <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. Overdose is an important public health issue, resulting in 497 deaths in NM and 63,632 deaths in the US in 2016. Fifty-eight percent of the NM deaths involved non-prescription drugs such as methamphetamine, heroin, and illicitly manufactured fentanyl. Sixty-four percent involved prescription drugs. Many overdose deaths involve more than one type of drug.

The current membership of the Council includes representatives of various regulatory and other organizations, specialties, and interests. Adding the proposed agencies, organizations, specialties, and interests would ensure more inclusive policy development and responsiveness to the changing nature of the substance abuse epidemic and opportunities to address it as they arise.

EC/jle