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FISCAL IMPACT REPORT

SPONSOR Pirtle ORIGINAL DATE 2/12/18
 LAST UPDATED _____ HB _____

SHORT TITLE Chronic Pain Management Training SB 127

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY18	FY19		
	\$400.0	Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Senate Bill 127 relates to Senate Bill 35, Overdose and Medication Counseling.

SOURCES OF INFORMATION

LFC Files

Responses Received From

Medical Board (MB)

Public Regulation Commission (PRC)

University of New Mexico Health Sciences Center (UNMHSC)

Responses Not Received From

Human Services Department (HSD)

SUMMARY

Synopsis of Bill

Senate Bill 127 (SB 127) would establish a two-year pilot project for chronic pain management training for pharmacists administered by the Behavioral Health Services Division (BHSD) of the Human Services Department (HSD). The training would include familiarity with the use of opioid overdose reversal agents. Within one month of initiating the pilot project, the New Mexico Medical, Osteopathic, and Nursing boards would be notified of the availability of free chronic pain management assistance through the pilot project. BHSD would, after establishing guidelines relating to determining effectiveness of the project, report its findings to the Pain Management Advisory Council, the Legislative Health and Human Services Committee and the Board of Pharmacy. BHSD would also make recommendations for future legislation or rulemaking.

FISCAL IMPLICATIONS

SB 127 would appropriate \$400 thousand from the general fund to the Human Services Department for expenditure in fiscal years 2019 and 2020.

Any unexpended or unencumbered balance remaining at the end of FY20 would revert to the general fund.

SIGNIFICANT ISSUES

The University of New Mexico Health Sciences Center (UNMHSC) indicates pharmacists generally have two different types of licenses: (1) Pharm D, which enables pharmacists to dispense medications and offer brief counseling; (2) Pharm D, PhC, which includes pharmacist clinicians in New Mexico. Pharmacist Clinicians (PhCs) are frequently embedded in the clinical setting and work side-by-side with primary care clinicians in an interprofessional setting.

Since 2012 (Senate Bill 215), pharmacist clinicians (Pharm D, PhC), just like all other clinicians with prescriptive authority, have been mandated to obtain required continuing medical education training in pain management and safe opioid prescribing.

In 2016, the Naloxone Standing Order was passed (SB262 and HB277, Administration of Opioid Antagonists). These two bills enabled all New Mexicans to get naloxone from any pharmacy without a prescription from their clinician by going to any pharmacy and asking the pharmacist for naloxone and also receive counseling. Typically, general pharmacist (Pharm D) have been trained to dispense and talk to patients about naloxone.

In 2017, HB370, Opioid Overdose Education, passed and mandated that both opioid overdose and take-home prescription naloxone be given to three very high-risk groups: (1) patients in opioid treatment programs, (2) persons just leaving jail with a history of addiction, and (3) police cars so law enforcement officers can help patients overdosing in an emergency setting.

In 2015, a statewide initiative invited all pharmacists to receive three hours of free training on details of naloxone administration including how to counsel patients on use of naloxone and the appropriate use of pain medication.

PERFORMANCE IMPLICATIONS

The University of New Mexico Health Sciences Center (UNMHSC) indicates general pharmacists are not the most appropriate group of clinicians to target training of patient care in terms of: (1) how to provide patients living with chronic pain with tools to improve mood, and (2) working with the primary care provider. In general, the primary care teams most important are pharmacist clinicians, physicians, osteopaths, nurse practitioners and physician assistants. Also, the bill is not consistent with recent Centers for Disease Control 2016 guidelines regarding pain management for chronic non-cancer pain: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>.

The Medical Board notes there are already many organizations of established practitioners involved in the management of patients with chronic pain syndromes, and SB 127 is proposing to

add several others in uncharacterized and uncharacteristic roles.

TECHNICAL ISSUES

The Medical Board reports the bill is not clear in Section 1-A, page 1, lines 18 through 23, and page 2, lines 1 through 12, which practitioners shall train pharmacists in: (1) “acute pain management;” through (7) “methods for supporting a chronic pain patient’s primary care provider in the treatment of the patient’s chronic pain.” Currently, patients are diagnosed, treated, and managed by trained physicians and nurse practitioners, and pharmacists and the Pharmacy Board are also involved at multiple levels. The inter-disciplinary structure proposed in the bill should include descriptions of the professional requirements each member must meet in order to develop and to practice in complex relationships. The bill does not specify in Section 1(C) how BHSD will “establish guidelines for evaluating and documenting the effectiveness of the pilot project in improving the quality of life for patients living with chronic pain.”

The Public Regulation Commission (PRC) notes the mechanism for pharmacists who receive pilot project training to provide chronic pain management assistance is not delineated in this bill, although the service is to be available free of charge. The bill does not include a provision for the standards of training, or other training quality assurance, consistent with current recognized clinical practice guidelines or expert consensus.

OTHER SUBSTANTIVE ISSUES

UNMHSC reports mandated continuing medical education (CME) trainings in pain and safe opioid prescribing are ongoing in New Mexico since 2012.

The Public Regulation Commission (PRC) notes pharmacist clinicians under board-approved collaborative practice protocol may provide pain management, with prerequisite training and continuing education, in responsible opioid prescribing practices.

The board provides for (non-pharmacist clinician) pharmacist prescriptive authority for naloxone for opioid overdose, and requires accredited training. In addition, pharmacists may provide naloxone by standing order. To dispense naloxone, pharmacists are required to be knowledgeable about naloxone.

The board also requires all pharmacists to complete continuing education in the area of safe and appropriate use of opioids.

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