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FISCAL IMPACT REPORT

ORIGINAL DATE 2/8/18

SPONSOR Steinborn LAST UPDATED _____ HB _____

SHORT TITLE Medical Marijuana & Opioid Use Disorder SM 55

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY18	FY19	FY20	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	Minimal	Minimal	NFI	Minimal	Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Related to 2017 SB 177 and other past bills related to chronic pain and/or opioid use disorder (see below)

Duplicates 2018 HM 67

SOURCES OF INFORMATION

LFC Files

Responses Received From

Medical Board (MB)

Regulation and Licensing Department (RLD)

SUMMARY

Synopsis of Memorial

Noting the significance of the problem of opioid use disorder, Senate Memorial 55 directs the Legislative Health and Human Services Committee (LHHSC) to take testimony about the possible relevance of marijuana as a treatment modality for opioid use disorder. The Memorial cites evidence from a number of states indicating both that patients with chronic pain may be able to use marijuana rather than opiates to control that pain, that patients with opioid use disorder may be able to use marijuana instead of continuing their opioid use habit, and that, in states with legalized marijuana, the risk of dying from opioid overdose has decreased. In 2017, the Senate passed, but the House did not vote on Senate Bill 177, which would have added substance use disorder to the conditions qualifying patients for the use of medical marijuana, as had been recommended by the New Mexico Medical Cannabis Advisory Board.

FISCAL IMPLICATIONS

Agencies such as the Human Services Department and the Department of Health would need to send personnel to hear and speak at LHHSC meetings, at some personnel cost.

SIGNIFICANT ISSUES

The Medical Board indicates its concern that evidence is mixed at best about the benefits of marijuana in the treatment of opioid addiction. It differentiates such medications used for opioid addiction treatments as buprenorphine, naltrexone, and methadone from what it says is “an unregulated drug [marijuana] with varying levels of THC [tetrahydrocannabinol], which allows a person attempting recovery to continue to get high.”

The Medical Board cites several studies that cast doubt on the effectiveness of cannabis use for ameliorating opioid use disorder, studies that should be helpful to LHHSC in deciding whether to put forward legislation to add opioid use disorder to the list of conditions for which medical marijuana may be indicated. The board also suggests that it is unknown whether the psychoactive components of marijuana are the same as those with medicinal effect.

There is no question that the opioid crisis needs new approaches. The Legislature has addressed the opioid crisis in a number of ways, but New Mexico continues to see many ill-effects of the crisis, including death from overdose, incarceration, crimes related to the need for money for drugs, neonatal abstinence syndrome and inadequate parenting related to drug addiction, and the increase in need for foster care placements relative to the above. It is likely that no one answer (such as medical marijuana for this use) will stem the death, disability, and social disruption caused by opioid abuse.

ADMINISTRATIVE IMPLICATIONS

RLD notes that “the medical cannabis program is housed within the New Mexico Department of Health. The New Mexico Regulation & Licensing Department does not have jurisdiction over this program.”

DUPLICATION of House Memorial 67

RELATIONSHIP with 2017 Senate Bill 277, which would have added opioid use disorder to the indications for medical marijuana and with numerous other bills during the last several years dealing with opioid use disorders, including the following:

- 2016 HB 241 Opioid abuse prevention and assisted treatment (not passed)
- 2016 HB 277 Administration of opioid antagonists (passed)
- 2017 HB 370 Opioid overdose education (passed)
- 2018 HM 12 Opioid Crisis Subcommittee
- 2018 HM 56 Study Heroin-assisted Treatment (introduced)
- 2015 HM 98 Study chronic pain patients and overdoses (passed)
- 2017 SB 16 Opioid overdose medication counseling (not passed)
- 2015 SB 24 UNM pain management center (not passed)
- 2018 SB 35 Overdose and medication counseling (introduced)
- 2017 SB 47 Further overdose assistance immunity (passed, vetoed)
- 2018 SB 127 Chronic pain management training (introduced)

- 2016 SB 191 Opioid abuse prevention and assisted treatment (not passed)
- 2016 SB 262 Administration of opioid antagonists (passed)
- 2016 SB 263 Opioid prescription monitoring (passed)
- 2015 SB 371 Expand Focus-Milagro Integrated Care Model (not passed)
- 2015 SB 422 Pain relief act changes (not passed)
- 2018 SJM 15 Study efficacy of naprapathic medicine (introduced)
- 2015 SJM 27 Study opioid prescription drug dependence (not passed)
- 2016 SM 104 Study Opioid abuse (not passed)

ALTERNATIVES

Given that LHHSC will be charged with responding to multiple memorials during the 2018 interim and that it appears as if there is considerable disagreement on the benefits or deficits of marijuana for opioid use disorder, it might conserve the committee's time better and give more access to expert opinion to have the initial work of reviewing existing data done by a task force devoted to this disorder. One possibility would be assigning the work to an Opioid Crisis Subcommittee that would be set up through House Memorial 12 and could then report on its findings on this and other approaches to the opioid crisis to LHHSC.

LAC/jle