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HOUSE BILL 215

55TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2021

INTRODUCED BY

Dayan Hochman-Vigil

AN ACT

RELATING TO BEHAVIORAL HEALTH; REQUIRING COVERAGE OF SCREENING,
BRIEF INTERVENTION AND REFERRAL TO TREATMENT SERVICES FOR
CERTAIN ENROLLEES; REQUIRING PRACTITIONERS TO OBTAIN AND REVIEW
CERTAIN REPORTS IF THEY PRESCRIBE BENZODIAZEPINES TO PATIENTS;
REQUIRING COUNTY SHERIFFS OR JAIL ADMINISTRATORS TO PROVIDE
MEDICATION-ASSISTED TREATMENT FOR PERSONS UNDER THEIR
SUPERVISION SUBJECT TO AVAILABLE FUNDING AND RESOURCES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Public Assistance Act is
enacted to read:

"[NEW MATERIAL] SCREENING, BRIEF INTERVENTION AND REFERRAL
TO TREATMENT SERVICES COVERAGE.--

A. In accordance with federal law, the secretary
shall adopt and promulgate rules that provide medical

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1 assistance coverage for eligible enrollees to receive
2 screening, brief intervention and referral to treatment
3 services.

4 B. Medical assistance coverage provided pursuant to
5 this section shall be provided:

6 (1) for the purpose of identifying
7 individuals, using an evidence-based screening tool approved by
8 the department, who have symptoms of:

9 (a) an alcohol or substance use disorder
10 or who are at risk for developing an alcohol or substance use
11 disorder; or

12 (b) another condition, as identified by
13 rules promulgated by the department upon review of publications
14 of national psychiatric organizations that list and classify
15 mental health disorders;

16 (2) by or under the supervision of a health
17 care provider;

18 (3) in a health care setting not specific to
19 the delivery of:

20 (a) alcohol or substance use disorder
21 treatment and recovery support services; or

22 (b) behavioral health treatment
23 services; and

24 (4) when billed with another medical service.

25 C. As used in this section:

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1 (1) "brief intervention" means a health care
2 provider's initial interaction with a person, including
3 counseling:

4 (a) about symptoms of alcohol or
5 substance use disorders and the possible consequences; or

6 (b) about symptoms of another condition,
7 as identified by rules promulgated by the department upon
8 review of publications of national psychiatric organizations
9 that list and classify mental health disorders; and

10 (c) that is intended to induce a
11 positive change in the person's behavior and may include a
12 follow-up interaction with the health care provider or a
13 referral to a community-based treatment program;

14 (2) "health care provider" means a physician,
15 physician assistant, nurse practitioner or other health care
16 professional authorized to furnish health care services,
17 including behavioral health services, within the scope of the
18 provider's license; and

19 (3) "screening, brief intervention and
20 referral to treatment services" means screening, brief
21 intervention and referral to treatment in a community setting
22 for persons with symptoms of:

23 (a) an alcohol or substance use disorder
24 or persons who are at risk for developing an alcohol or
25 substance use disorder; or

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1 (b) another condition, as identified by
2 rules promulgated by the department upon review of publications
3 of national psychiatric organizations that list and classify
4 mental health disorders."

5 SECTION 2. Section 26-1-16.1 NMSA 1978 (being Laws 2016,
6 Chapter 46, Section 1) is amended to read:

7 "26-1-16.1. OPIOIDS AND BENZODIAZEPINES--REQUIRING
8 PRACTITIONERS TO OBTAIN AND REVIEW REPORTS FROM THE
9 PRESCRIPTION MONITORING PROGRAM.--

10 A. For purposes of this section:

11 (1) "benzodiazepine" means a class of drugs
12 that falls under the United States food and drug administration
13 established pharmacologic class of benzodiazepine, where a
14 pharmacologic class is a group of active moieties that share
15 scientifically documented properties and is defined on the
16 basis of any one or combination of the three attributes of the
17 active moiety: mechanism of action, physiologic effect or
18 chemical structure, with the core chemical structure being the
19 fusion of a benzene ring and a diazepine ring;

20 [~~(1)~~] (2) "opioid" means the class of drugs
21 that includes the natural derivatives of opium, which are
22 morphine and codeine, and related synthetic and semi-synthetic
23 compounds that act upon opioid receptors;

24 [~~(2)~~] (3) "practitioner" does not include a
25 pharmacist, veterinarian or euthanasia technician;

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1 [~~(3)~~] (4) "prescription monitoring program"
2 means a program that includes a centralized system to collect,
3 monitor and analyze electronically, for Schedule II through V
4 controlled substances, prescribing and dispensing data
5 submitted by dispensers; and

6 [~~(4)~~] (5) "Schedule II through V controlled
7 substance" means a substance listed in Schedule II, III, IV or
8 V pursuant to the Controlled Substances Act or the federal
9 controlled substances regulation, pursuant to 21 U.S.C. 812.

10 B. Before a practitioner prescribes or dispenses an
11 opioid or a benzodiazepine for the first time to a patient, the
12 practitioner shall obtain and review a report from the state's
13 prescription monitoring program for such patient for the
14 previous twelve calendar months. If the practitioner has
15 access to a similar report from an adjacent state for the
16 patient, the practitioner shall also obtain and review that
17 report. The provisions of this subsection shall not apply to
18 the prescription or dispensing of an opioid or a benzodiazepine
19 for a supply of four days or less.

20 C. A practitioner shall obtain and review a report
21 from the state's prescription monitoring program and similar
22 reports from an adjacent state, if any, no less than once every
23 three months for each established patient for whom the
24 practitioner continuously prescribes or dispenses opioids or
25 benzodiazepines.

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1 D. A practitioner shall document the receipt and
2 review of reports required by this section in the patient's
3 medical record.

4 E. Nothing in this section shall be construed to
5 prevent a practitioner from obtaining and reviewing a report
6 regarding a practitioner's patient from the state's
7 prescription monitoring program or a similar report from
8 another state with greater frequency than that required by this
9 section, in accordance with the practitioner's professional
10 judgment.

11 F. Nothing in this section shall be construed to
12 require a practitioner to obtain a prescription monitoring
13 report when prescribing an opioid or a benzodiazepine to a
14 patient in a nursing facility or in hospice care.

15 G. The professional licensing board of each
16 category of practitioner that is licensed or otherwise
17 authorized to prescribe or dispense an opioid or a
18 benzodiazepine shall promulgate rules to implement the
19 provisions of this section. Nothing in this section shall be
20 construed to prevent a professional licensing board from
21 requiring by rule that practitioners obtain prescription
22 monitoring program reports with greater frequency than that
23 required by this section."

24 SECTION 3. TEMPORARY PROVISION--USE OF MEDICATION-
25 ASSISTED TREATMENT FOR PERSONS UNDER THE SUPERVISION OF COUNTY

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1 OR MUNICIPAL JAILS.--No later than January 1, 2022, if state
2 funding is provided and mental or behavioral health care
3 resources are available, county sheriffs or jail administrators
4 shall provide medication-assisted treatment for qualifying
5 persons under their supervision. As used in this section,
6 "medication-assisted treatment" means any treatment for opioid
7 addiction that includes a medication approved by the federal
8 food and drug administration for opioid addiction
9 detoxification or maintenance treatment.