

## **New Mexico Overdose Prevention and Pain Management Advisory Council**

### **2019 Recommendations**

New Mexico's Overdose Prevention and Pain Management Advisory Council is charged with reviewing the current status of overdose prevention and pain management standards and education efforts for both consumers and professionals. It is also charged with recommending pain management and clinical guidelines. The Council was created pursuant to a revision to the Pain Relief Act in 2012 and is administratively attached to the Department of Health. The Council's name and membership were modified in 2018 pursuant to Section 24-2D-5.2 NMSA 1978.

New Mexico's drug overdose death rate has been significantly higher than the national rate for many years. NM experienced a downturn in the drug overdose death rate and an improvement in its national ranking for overdose death from 2014 through 2017. New Mexico's drug overdose deaths decreased approximately 9% from 2014 to 2017 (decreased from 540 to 491), and the death rate declined from 26.8/100,000 to 24.6/100,000. NM's ranking among the states improved from 49<sup>th</sup> in 2014 to 34<sup>th</sup> in 2017. However, the drug overdose death rate increased in 2018 to 25.5/100,000. New Mexico's rate remains 17% higher than the national drug overdose rate, which was 21.7/100,000 population in 2017.

Several factors contributed to the improvement from 2014 through 2017. According to the National Safety Council's 2018 report, New Mexico was one of two states that met all six of their key actions for ending the opioid crisis. These six key actions are: "mandating prescriber education, implementing opioid prescribing guidelines, integrating prescription drug monitoring programs into clinical settings, improving data collection and sharing, treating opioid overdose, and increasing availability of opioid use disorder treatment". Improved prescribing practices and increased availability of naloxone has led to a 15.7% decrease in the prescription drug-related death rate, from 11.11/100,000 in 2012 to 9.37/100,000 in 2018. New Mexico continues to show improvements in these areas thanks to the coordinated efforts of many stakeholders (such as state agencies, public and private organizations, and universities) and with the support of the legislature and the Governor.

Factors that contributed to the increase in deaths in 2018 are primarily related to methamphetamine and fentanyl. The methamphetamine death rate increased 229% from 2012 to 2018, going from 3.03/100,000 in 2012 to a rate of 9.97/100,000 in 2018. Fentanyl and fentanyl analogue deaths increased 376%, from 0.72/100,000 in 2012 to 3.43/100,000 in 2018. Heroin related deaths have fluctuated since 2012, with an initial increase in the rate from 2012 to a high of 8.62/100,000 in 2015 and has decreased to 7.12/100,000 in 2018. Preliminary data shows a potential increase in heroin deaths in 2019.

Continued improvements in naloxone training and distribution are necessary to decrease the death rates due to both licit and illicit opioids. Further research in effective treatments for methamphetamine use disorder are urgently needed.

## Recommendations

The following 2019 recommendations provided by this Advisory Council are intended to solidify and expand on work that has been accomplished to date.

1. New Mexico law (Chapter 94, Laws of 2019) should be amended by exempting health care providers while they are treating a patient who is in a nursing home or in hospice care.
2. Chapter 59, Laws of 2017, which resulted from SB 370, should be amended to eliminate the contingency of “agency funding and agency supplies of naloxone” from the requirement that naloxone be made available to individuals upon release from criminal justice settings, to patients during and after their participation in opioid treatment programs and should be distributed by law enforcement offices to individuals who have experienced overdose or are at risk for opioid overdose.
3. The Department of Health should ask the Governor to ask the NM Congressional Delegation to support the “No Pain Act”, which will expand Medicaid coverage to opioid alternatives, which could include injectable nerve blocks, physical therapy and chiropractic care.
4. The Legislature should permit the establishment of, and fund a Safe Injection Site Pilot Program.
5. New Mexico health insurers should eliminate prior authorization and other barriers for all forms of MAT related to treatment of substance use disorder.
6. The Department of Health should purchase and distribute fentanyl test strips through the Hepatitis and Harm Reduction Program. Fentanyl test strips have been found to be effective in detecting fentanyl and other drugs.
7. The Department of Health should incentivize providers to deliver Medication-Assisted Treatment by covering costs associated with fees and efforts to apply, register and prepare for the examination to become board certified in Addiction Medicine.
8. The Legislature should expand the New Mexico Rural Health Care Tax Credit to include physical therapists and physical therapy assistants. Physical therapy is recognized as an alternative treatment for chronic pain.
9. The Legislature should expand the New Mexico Health Services Corps Program to include physical therapists and physical therapy assistants.
10. NM should pilot and evaluate a project of including integrated medicine in Centennial Care and Fee-for-Service Medicaid for a year in Federally Qualified Health Care centers.
11. The Legislature should provide for Copay/Cost Sharing Limits for Doctors of Podiatry, Doctors of Oriental Medicine, and Doctors of Chiropractic in addition to those that currently exist for physical and occupational therapists for physical rehabilitation services.