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SENATE BILL 221

54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019

INTRODUCED BY

William P. Soules

AN ACT

RELATING TO OPIOID OVERDOSE; REQUIRING HEALTH CARE PROVIDERS,
UNDER CERTAIN CIRCUMSTANCES, TO COUNSEL PATIENTS ON THE RISKS
OF OVERDOSE AND OPIOID OVERDOSE REVERSAL MEDICATION AND TO
OFFER NALOXONE PRESCRIPTIONS.

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

SECTION 1. Section 24-2D-2 NMSA 1978 (being Laws 1999,
Chapter 126, Section 2, as amended) is amended to read:

"24-2D-2. DEFINITIONS.--As used in the Pain Relief Act:

A. "accepted guideline" means the most current
clinical pain management guideline developed by the American
geriatrics society or the American pain society or a clinical
pain management guideline based on evidence and expert opinion
that has been accepted by the New Mexico medical board;

B. "acute pain" means the normal, predicted

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1 physiological response to a noxious chemical or thermal or
2 mechanical stimulus, typically associated with invasive
3 procedures, trauma or disease and generally time-limited;

4 C. "board" means the licensing board of a health
5 care provider;

6 D. "chronic pain" means pain that persists after
7 reasonable medical efforts have been made to relieve the pain
8 or its cause and that continues, either continuously or
9 episodically, for longer than three consecutive months.

10 "Chronic pain" does not include pain associated with a terminal
11 condition or with a progressive disease that, in the normal
12 course of progression, may reasonably be expected to result in
13 a terminal condition;

14 E. "clinical expert" means a person who by reason
15 of specialized education or substantial relevant experience in
16 pain management has knowledge regarding current standards,
17 practices and guidelines;

18 F. "disciplinary action" means any formal action
19 taken by a board against a health care provider, upon a finding
20 of probable cause that the health care provider has engaged in
21 conduct that violates the board's practice act;

22 G. "health care provider" means a person who is
23 licensed or otherwise authorized by law to provide health care
24 in the ordinary course of business or practice of the person's
25 profession and who has prescriptive authority within the limits

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1 of the person's license;

2 H. "opioid analgesic" means buprenorphine,
3 butorphanol, codeine, hydrocodone, hydromorphone, levorphanol,
4 mepiridine, methadone, morphine, nalbuphine, oxycodone,
5 oxymorphone, pentazocine and propoxyphene as well as their
6 brand names, isomers and combinations;

7 I. "opioid antagonist" means a drug approved by the
8 federal food and drug administration that when administered
9 negates or neutralizes in whole or in part the pharmacological
10 effects of an opioid analgesic in the body, including naloxone
11 and such other medications approved by the board of pharmacy
12 for the reversal of opioid analgesic overdoses;

13 [~~H.~~] J. "pain" means acute and chronic pain; and

14 [~~I.~~] K. "therapeutic purpose" means the use of
15 pharmaceutical and non-pharmaceutical medical treatment that
16 conforms substantially to accepted guidelines for pain
17 management."

18 SECTION 2. A new section of the Pain Relief Act is
19 enacted to read:

20 "[NEW MATERIAL] REQUIREMENTS FOR HEALTH CARE PROVIDERS WHO
21 PRESCRIBE, DISTRIBUTE OR DISPENSE OPIOID ANALGESICS.--

22 A. A health care provider who prescribes,
23 distributes or dispenses an opioid analgesic for the first time
24 to a patient shall counsel the patient on the risks of overdose
25 and inform the patient of the availability of an opioid

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1 antagonist. With respect to a patient to whom an opioid
2 analgesic has previously been prescribed, distributed or
3 dispensed by the health care provider, the health care provider
4 shall counsel the patient on the risks of overdose and inform
5 the patient of the availability of an opioid antagonist on the
6 first occasion that the health care provider prescribes,
7 distributes or dispenses an opioid analgesic each calendar
8 year.

9 B. A health care provider who prescribes an opioid
10 analgesic for a patient shall offer the patient a prescription
11 for naloxone, within the scope of the health care provider's
12 authorized practice, unless otherwise indicated in the
13 professional judgment of the health care provider. A
14 prescription for naloxone shall be accompanied by written
15 information regarding the temporary effects of naloxone,
16 techniques for administration of naloxone and a warning that a
17 person administering naloxone should call 911 immediately after
18 administering naloxone."