FISCAL IMPACT REPORT

SPONSOR Ivey-Soto
ORIGINAL DATE 2/12/21
LAST UPDATED 3/19/21
HB  
SHORT TITLE Emergency Mental Health Evaluations
SB 285/aHJC
ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

<table>
<thead>
<tr>
<th></th>
<th>FY21</th>
<th>FY22</th>
<th>FY23</th>
<th>3 Year Total Cost</th>
<th>Recurring or Nonrecurring</th>
<th>Fund Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Indeterminate but Minimal</td>
<td>Indeterminate but Minimal</td>
<td>Indeterminate but Minimal</td>
<td>Recurring</td>
<td>General Fund</td>
<td></td>
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</tbody>
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(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to 2019 HB348

SOURCES OF INFORMATION
LFC Files

Responses Received From
Department of Public Safety (DPS)
Human Services Department (HSD)
Administrative Office of the Courts (AOC)
University of New Mexico Health Sciences Center (UNM-HSC)

SUMMARY

Synopsis of HJC Amendment

The House Judiciary Committee amendment to Senate Bill 285 makes the following changes:

- The use of EMS for transport at the request of a peace officer is now permissible with reference to the provisions of the entire section 1, not just subsection A of that section.
- There is a revised section 1 (H) relating to reimbursement of peace officers or emergency medical service employees for transportation of clients to receive help, specifying the clients will not be responsible for paying – if an agency has requested the transport, the agency is responsible; otherwise the county is responsible for the cost of transport.

Synopsis of Original Bill

Senate Bill 285 adds a provision to Section 43-1-10 NMSA 1978 (Commitment Procedures – Emergency Mental Health Evaluation and Care) to specify instances in which an emergency
medical technician or emergency medical responder may transport a person to receive an
emergency mental health evaluation in the absence of a court order:
1. With the consent of the person, or
2. At the request of a peace officer who finds
   a. The person is subject to arrest, or
   b. Has just attempted suicide, or
   c. On the person’s own or a physician’s or mental health provider’s evaluation,
      poses a threat to him/herself or other people.

There is no effective date of this bill. It is assumed the effective date is 90 days following
adjournment of the Legislature.

FISCAL IMPLICATIONS

There is no appropriation in Senate Bill 285.

AOC notes, “There will be a minimal administrative cost for statewide update, distribution and
documentation of statutory changes.”

HSD indicates a possible increase in costs to Medicaid for patient transport and evaluations that
might not otherwise have occurred but did not estimate the amount that might be involved.

SIGNIFICANT ISSUES

As pointed out by DOH, “There is currently statute in place (NMSA 24-10B-9.1) that allows
Emergency Medical Services (EMS) to transport a patient against the patient's will based on an
EMT's medical assessment, good faith judgment, and/or communication with an EMS medical
control physician.” Section 24-10B-9.1 currently states that a patient may be transported against
his/her will if the emergency personnel believes him/her “likely to suffer disability or death
without the medical intervention.” It would appear that the main addition of Senate Bill 285
would be to allow the emergency personnel to transport if the emergency responder thought the
patient was a danger to others.

DOH continues:
Ambulance transport of a patient is a medical decision and is an intervention that
currently occurs under EMS physician medical direction, based on the assessment of the
EMS caregivers at an incident. This proposed language in SB285 allows a peace officer
to request an EMS crew to take a patient for psychiatric evaluation. …

This bill would permit emergency medical technicians and emergency medical
responders to transport individuals in a mental health crisis instead of law enforcement.
Using medical professionals instead of law enforcement may assist in the de-escalation of
the mental health crisis and allow law enforcement to focus on law enforcement issues
rather than mental health issues.

HSD notes other states use emergency medical personnel for transport and how that might apply
to New Mexico:
National statistics show that 10% of all 911 requests for police are mental health related
(https://www.ems1.com/mental-health/articles/reinventing-ems-response-to-substance-
abuse-mental-health-emergencies-OkqYPJQofgWccx28r/). Adding authority for Emergency Medical Services (EMS) to engage in transport for mental health evaluations and care creates additional flexibility for assisting individuals in crisis situations, which may be particularly useful in rural or frontier areas where law enforcement resources are limited. Other states such as Illinois are experimenting with using EMS personnel to transport patients experiencing mental health distress to specialized facilities for crisis triage (https://www.ems1.com/mental-health/articles/mental-health-pilot-program-to-give-first-responders-transport-flexibility-Qj6Tny3XwgdSvdey/). As New Mexico opens more Crisis Triage Centers, SB285 could help support this model. New Mexico has existing treatment guidelines for EMS, including for situations of suicide attempt and altered mental status, although additional training may be warranted.

PERFORMANCE IMPLICATIONS

DOH points out additional possible consequences of this bill passing: “The bill could make it easier for communities to transport individuals to NMBHI for emergency evaluation, which may increase census. The bill may also have the unintended effect of some individuals being dropped off at an evaluation center by emergency medical professionals who are unaware that they also need to provide transport if the evaluation does not result in an admission to the facility. This is a current problem that may be compounded by this amendment to this section of law.”

RELATIONSHIP with HB348 from the 2019 legislative session, which had much more extensive ramifications.

OTHER SUBSTANTIVE ISSUES

UNM-HSC is concerned, “This bill may give mental health patient advocacy organizations pause as it does create some expansion of the ability to hold mental health patients in the absence of a Certificate of Evaluation or other Court Order.”

AOC notes concern as to “whether or not this act has the potential to place an undue burden on under-resourced and rural communities that may already experience decreased access to emergency medical services. It may also be beneficial to consider if there is support in the emergency medical provider community to assume these additional responsibilities and if current facility capacity will create challenges to individuals being accepted for evaluation upon transport.”

LAC/al/rl