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FISCAL IMPACT REPORT

ORIGINAL DATE 2/01/19
 SPONSOR Ruiloba LAST UPDATED 2/28/19 HB 153/aHSEIC
 SHORT TITLE Employee Suicide Identification Training SB _____
 ANALYST Esquibel

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		\$0.6	\$0.6	\$1.8	Recurring	General Fund, Other State Funds

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

- Board of Nursing (BON)
- Department of Health (DOH)
- Department of Transportation (DOT)
- Human Services Department (HSD)
- Medical Board (MB)
- Regulation and Licensing Department (RLD)

SUMMARY

Synopsis of HSEIC Amendments

The House State Government, Elections and Indian Affairs Committee amendments to House Bill 153 change the requirement from annual to within three years for an hour of suicide training for multiple licensed health care and education professionals, and change the suicide training requirement to every two years for state employees.

Synopsis of Original Bill

House Bill 153 proposes to mandate training for certain health care, educational, and public employees for the purpose of educating these individuals about suicide risk assessment, treatment, and prevention. A one-hour training for licensed and certified individuals would be required as a condition of initial licensure and on an annual basis thereafter. One-hour trainings would also be required for public employees, defined as “officers or employees of agencies to whom a salary is paid from public funds for services rendered,” upon hiring and then annually. Public employees will not be required to pay for trainings.

Trainings would include empirically-supported content with minimum standards established by the Human Services Department (HSD) on the following topics: suicide risk assessment, treatment, and managing suicide risk; assessing issues related to imminent self-harm via lethal means and self-injury; and content specific to population groups at higher risk for suicide including veterans, Native Americans, and sexual and gender minorities.

FISCAL IMPLICATIONS

HSD notes HB153 does not include funding for any contractual assistance the department may require to develop the standards and training provided for in the bill.

The Board of Nursing indicates there will be a cost associated with the training and prohibits agencies from requiring employees to pay for the training. The cost of the training is unknown, but all agencies would need to incorporate the added training cost into their budgets. The Board of Nursing (BON) may require new staff to take on additional administrative duties and estimates the cost of lost wages for one hour of average salary of \$24.70 for 23 employees is approximately \$568.00 for BON.

DOT notes HB153 requires every state agency to provide an hour of training to every employee. There is no appropriation to pay for the cost of the training. DOT has approximately 2,506 budgeted positions, with the sum of all DOT wages approximately \$55,800 per hour. This amount would be diverted annually from DOT's operations into training in order to comply with HB153.

SIGNIFICANT ISSUES

HSD writes "HB153 would require the minimum standards include suicide risk assessment, including screening and referral; treatment and management of risk for suicide; content specific to veterans, Native Americans, lesbian, gay bisexual, transgender, intersex, asexual, queer and questioning individuals and identities; and content on the assessment of issues related to imminent harm via lethal means or self-injurious behaviors. Appropriate content specific training for these varied populations may require differentiation of validated screening tools, evidence-based approaches and interventions, and could necessitate more than an hour annually, even for an overview, unless the approach is a relatively universal training that only makes the basic point that suicide rates are higher for specific populations."

ADMINISTRATIVE IMPLICATIONS

HSD reports the provisions of the bill would add another mandatory training to the current 11 mandatory trainings required of all HSD staff. The Behavioral Health Services Division of HSD would develop the new training, and the division has several vacant positions and the bill does not include funding which could be used for contractual assistance with the tasks with which HSD is charged under HB153.

RLD notes under the bill's provisions all disciplinary authorities would be required to adopt rule changes to conform to the requirements of HB153.

BON does not require continuing education on an annual basis. Under current BON rules, continuing education is confirmed at license renewal which is generally every two years. This

bill would require the BON to create a separate process to track this one requirement on an annual basis.

TECHNICAL ISSUES

RLD indicates HB153 would require social workers, counselors and psychologists to complete the training; however, these professions should be omitted from the bill because their training and scope of practice are directly related.

The bill should explore conducting the training online.

RLD suggests requiring the training only during professional licensure renewal and not during initial licensure to avoid delaying the licensing process and negatively impacting workforce.

OTHER SUBSTANTIVE ISSUES

DOH reports New Mexico's suicide rate is the fourth highest in the nation, and has consistently been 1.5 times higher than the national rate for the past two decades. Reducing suicide rates may be achieved, in part, by providing training designed to educate individuals about suicide risk assessment, treatment, and management; assessing for imminent self-harm via lethal means; and offering content about specific population groups at higher risk for suicide, such as veterans, Native Americans, and sexual and gender minorities. Such training, referred to as suicide "gatekeeper" training, teaches people to "identify individuals at risk and to respond effectively, including facilitating treatment seeking and support services" toward the goal of reducing suicide and self-directed violence. This bill would implement an evidence-based strategy aimed at reducing New Mexico's high rate of death by suicide by educating a wider segment of the state's population about suicide and suicide-related behaviors through mandated initial and subsequent annual trainings. Gatekeeper training is a way to identify and support people at risk, one of the seven primary evidence-based strategies noted by the Centers for Disease Control (CDC) and Prevention as documented means to prevent suicide.

As of 2018, twenty states have adopted legislation requiring school personnel to receive at least one hour of gatekeeper training.

ALTERNATIVES

BON suggests allowing agencies with longer renewal /continuing education cycles to adopt a rule for one hour of suicide prevention training for every 12 months in the continuing education cycle. This would allow the agency to incorporate this new requirement into their existing continuing education framework and not require a separate tracking system or process just for suicide prevention training.

RAE/sb/gb