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FISCAL IMPACT REPORT

SPONSOR <u>Trujillo/Chasey</u>	LAST UPDATED <u>3/11/23</u>
	ORIGINAL DATE <u>3/1/2023</u>
SHORT TITLE <u>Child Rights, Dept. Collaboration & Newborns</u>	BILL NUMBER <u>House Bill 434/aHHHC/aHAFC</u>
	ANALYST <u>Chenier</u>

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
		\$110.0	\$110.0	\$220.0	Recurring	PED General Fund
		\$129.9	\$129.9	\$259.8	Recurring	HSD General Fund
		\$212.4	\$212.4	\$424.8	Recurring	DOH General Fund
Total		\$452.3	\$452.3	\$904.6		

Parentheses () indicate expenditure decreases.
*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Responses Received From

Early Childhood Education and Care Department (ECECD)
Children, Youth and Families Department (CYFD)
Human Services Department (HSD)
Public Education Department (PED)
Department of Health (DOH)

SUMMARY

Synopsis of HAFC Amendment to House Bill 434

The House Appropriations and Finance Committee amendment to House Bill 434 strikes the HHHC amendment that would have required the state to conduct a family assessment if the family fails to engage in services, adds a new requirement for hospitals and other providers to facilitate multidisciplinary team meetings, and further shifts the responsibility of safe care planning to DOH.

Synopsis of HHHC Amendment to House Bill 434

The House Health and Human Services Committee amendment to House Bill 434 strikes the appropriations, clarifies the definition of managed care organization in Section 2, removes “after a reasonable amount of time” when the family is unable to be reached and has not engaged in services, adds a sentence requiring the state to conduct a family assessment if the family fails to engage in services, and adds the Early Childhood Education and Care Department to the list of agencies that will have a Comprehensive Addiction and Recover Act Navigator.

Synopsis of Original House Bill 434

The bill declares that a child, youth, or family who is subject to the provisions of, and afforded rights under, the Children’s Code is entitled to advocacy by the office of children’s and families’ rights, as well as a mechanism for filing complaints with the office.

The bill shifts many of the responsibilities for overseeing safe care plans to DOH and requires DOH to update rules to guide providers in the care of newborns who exhibit symptoms consistent with prenatal drug exposure, withdrawal symptoms, or fetal alcohol spectrum disorder, by January 1, 2024.

Instead of notifying CYFD that an infant was born substance exposed, the bill would now require the notification be sent to DOH.

The bill requires CYFD, ECECD, DOH, HSD, and PED to coordinate and collaborate to ensure the sharing of data to improve outcomes, align outcome metrics, share accountability, and demonstrate measurable progress, develop screening guidelines, and referral pathways for high-risk families to ensure that they are linked to high-quality support and services, and report recommendations and outcomes of the collaboration to the secretaries of the agencies listed above.

The bill also adds “data collected by managed care organizations identifying service outcomes of each plan of care” to the list of data required to be collected and reported and limits the use of this new data set to the public health division of DOH for the purpose of epidemiological reports and to support program improvement. Requires the care coordinator for a family with a plan of care with determining noncompliance with that plan, with specific guidelines on what noncompliance consists of.

The effective date of this bill is July 1, 2023.

FISCAL IMPLICATIONS

PED estimates the Department would need one additional FTE at a cost of \$110 thousand.

HSD said that the Behavioral Health Services Division will require 1 pay band 70 FTE, and .33 FTE of a pay band 75 supervisor to implement the requirements of HB434. A total of \$129.9 thousand in additional operating budget impact is estimated for this bill.

DOH said they would require additional funding for rule-making and other tasks including 2 new FTE costing about \$212.4 thousand annually.

SIGNIFICANT ISSUES

CYFD provided the following:

This bill also requires CYFD, DOH, ECECD, and HSD, in collaboration with Medicaid Managed Care Organizations and private insurers, and the office of superintendent of insurance, to develop rules that will guide hospitals and birthing centers, medical providers, and management care organizations in creating plans of care, discharge planning, notification, and the implementation and monitoring of plans of care the assigned care coordinator.

Plans of care are developed by hospital staff (nurses and social workers) to provide early outreach from, and engagement with, multiple healthcare and public welfare systems to ensure substance-exposed infants are receiving appropriate care and follow up, and to support parents and caretakers of substance-exposed infants with engaging with an array of services that promote keeping mother and infant together and reduce the likelihood of harm to both infant and mother. Comprehensive Addiction and Recovery Act Navigators assist in engaging and making connections with parents and caretakes with MCO care coordination staff, service providers, and other state agency staff to implement the plan of care.

If a family's care coordinator determines there is a failure to comply with a plan of care, and there is imminent danger to child's wellbeing, at risk for abuse or neglect, or to meet the immediate needs of the child's family in providing appropriate care for the child, CYFD is authorized to conduct Family Assessments. CYFD will need to clarify when a failure to comply determination is appropriate, and when an abuse/neglect report to CYFD's central hotline is called for.

ECECD said that when the CARA program was established in 2019, CYFD was the agency required to receive both notifications of plans of care and reports of abuse and neglect. That has led to much confusion. Sending the plans of care to DOH, while reports of abuse and neglect still go to CYFD, would clarify that the plan of care is not the same as a report of suspected abuse and neglect. DOH has a maternal child health epidemiology section that is currently the lead evaluator for the CARA program, so it is reasonable for the data collection and reporting to be housed there.

DOH provided the following:

Substance use disorder is caused by multiple factors, including genetic vulnerability, environmental stressors, social pressures, individual personality characteristics, and psychiatric problems. But which of these factors has the biggest influence in any one person cannot be determined in all cases. ([Substance Use Disorder | Johns Hopkins Medicine](#))

A plan of safe care (POSC) is a plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her release from the care of a health care provider, and the POSC addresses the health and substance use treatment needs of the infant and affected family or caregiver. While the plan may address the immediate safety, health, and developmental needs of the affected infant, the POSC also must include the health and substance use disorder treatment needs of the affected parents or caregivers. It is best practice that the POSC be developed with input from the parents and caregivers and in collaboration with the health-care provider and other professionals

and agencies involved in serving the affected infant and family. It also includes referrals to appropriate services that support the affected infant and his or her family or caregivers. ([Plans of Safe Care for Infants With Prenatal Substance Exposure and Their Families \(childwelfare.gov\)](http://childwelfare.gov))

A coordinated effort among all state agencies that support the health and wellbeing of children and families is paramount to ensure the best possible health outcomes as NM also ranks higher in the rate of babies experiencing neonatal abstinence syndrome (8.5 cases per 1000 hospital births, range < 1.0 to >30.0 per 1,000 hospital births across the 50 states). <https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a2.htm>

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to a Section 11 House Bill 2 appropriation of \$1 million for grants to hospitals to improve reporting and adherence to plans of safe care. Also relates to HB461, which would establish a Child Welfare Innovation Center and SB373, which establishes an Office of Child Advocate.

Conflicts with Senate Bill 150 CYFD Plan of Care Failure Assessments.

May conflict with the federal Child Abuse Prevention and Treatment Act in that the bill would require notifications be sent to DOH as opposed to CYFD (the state's child protection agency) as is the current practice.

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