

LFC Requestor: CHENIER, Eric

2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 152

Type: Introduced

Date (of THIS analysis): 01/29/2025

Sponsor(s): Eleanor Chavez

Short Title: Preventing restriction of Medication Assisted Treatment for Juveniles

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$0	\$0	N/A	N/A

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	N/A	N/A

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$0	\$0	\$0	N/A	N/A

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- **HB152 would create the “evidence-based substance use disorder treatment for minors fund”, but no appropriation is specified in the bill.**

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 152 (HB152) would require all state agencies and substance use treatment programs receiving funds from state agencies to provide medication assisted treatment for minors in both inpatient and outpatient substance use treatment settings by the end of fiscal year 2026. In addition, those agencies that restrict medication assisted treatment for substance use treatment for minors will not be eligible for reimbursement from the state’s Medicaid program for services rendered to minors.

Additionally, HB152 would create a non-reverting fund in the state treasury for evidence-based treatment for minors, which would be operated by the Health Care Authority (HCA). Included is a requirement that HCA promulgate rules for the operations of medication assisted treatment programs in inpatient and outpatient substance use treatment programs no later than December 1, 2025.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

New Mexico (NM) had 997 overdose deaths in 2022 and 948 overdose deaths in 2023. Fentanyl was involved in 65% of overdose deaths in 2023, methamphetamine was involved in 51% of deaths, and 30.7% of overdoses involve both substances. Polysubstance involvement in deaths remains a concern with 65.4% of overdoses involving more than one substance. Most overdose deaths in 2023 were among working aged adults (ages 25-64 years old), with 26% occurring among those ages 35-44 years old.

Counties that had both a high number of overdose deaths (>20 deaths) and an overdose death rate greater than the statewide age-adjusted rate (46.3 deaths per 100,000 persons) in 2023 include Bernalillo, Santa Fe, Rio Arriba, and San Miguel.

The 2023 Youth Risk & Resiliency Survey (NM YRRS), conducted in middle and high schools across NM, showed that between 2021 and 2023, the prevalence of “ever misusing prescription pain medications” (posed as a question on the survey) decreased for middle school students while prevalence of “past 30-day cannabis”, “ever used cannabis”, “ever used cocaine”, and “ever used inhalants”, had increased. In the same period, “past 30-day” use of cannabis, cocaine, prescription pain medication misuse, and inhalants decreased among high school students while past 30-day use of heroin and methamphetamine remained unchanged.

In 2023 New Mexico had the highest rates of drug use for teens, at 13.7% of teens studied. (<https://www.treatment-facilities.com/article/how-teen-drug-use-compares-by-state>) Studies have shown that one third of people in treatment for opioid use disorder first used before the age of 18.

(<https://www.nmlegis.gov/handouts/LHHS%20112823%20Item%202023%20MAT.pdf>). Additionally, six-point-six percent (6.6%) of all overdose mortality in New Mexico is amongst individuals aged 0-24. There has also been a national increase in overdose mortality among 10–19-year-olds of one hundred nine percent (109%). These increases suggest a need for increased treatment options for younger individuals in NM and nationally.

Medicated assisted treatment for treatment of substance use in minors is often underutilized, despite the research showing it is an important component of a treatment plan. (<https://publications.aap.org/pediatrics/article/138/3/e20161893/52715/Medication-Assisted-Treatment-of-Adolescents-With?autologincheck=redirected>). The American Academy of Pediatrics (AAP) advocates for increasing resources to improve access to medication assisted treatment for opioid addicted adolescents and young adults. This recommendation includes both increasing resources for medication assisted treatment within primary care and access to developmentally appropriate substance use disorder counseling in community settings (http://publications.aap.org/pediatrics/article-pdf/138/3/e20161893/1463949/peds_20161893.pdf).

Prescriptions for buprenorphine and methadone can be difficult for youth to access, due to treatment gaps for both inpatient and outpatient programs.

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7880138/>)

Given this treatment gap, increasing the number of providers could be beneficial for reducing both overdose mortality and overall rates of substance use dependency.

Currently, substance use treatment is provided by a variety of providers, including opioid treatment programs (OTPs) which provide methadone, inpatient treatment services, and primary care settings. HB152 would directly impact which agencies (providers) the state could contract with and may prevent the state from providing funding to agencies with a clinical model focused exclusively on adults.

HB152 defines inpatient substance use abuse treatment facility as “a residential facility that operates twenty-four hours per day and provides intensive management of symptoms related to addiction and monitoring of the physical and mental complications resulting

from substance use”. Residential facilities, currently focused on providing services to adults, would be required to also provide these services to youth. Due to the different needs of the populations this could make it difficult to implement programs due to the lack of space and staffing.

HB152 would require all New Mexico Department of Health (NMDOH) offices offering substance use treatment, at both facilities and public health offices, to begin providing medication assisted treatment to adolescents. This could impact current service delivery to adult patients and may require additional provider education, time, and training to meet the requirements of HB152. The requirement of this bill to only allow contracting with agencies that provide both adult and adolescent treatment may reduce the overall number of providers which NMDOH would be able to contract with to provide these services in future years.

HB152 would compel treatment agencies to incorporate medicated assisted treatment into their treatment plans with minors. This type of evidence-based treatment has been proven successful for individuals. Offering a treatment that incorporates a therapeutic model, as well as medicated assisted treatment, can be more effective and can lead to success in terms of avoiding future substance use. (<https://www.naco.org/articles/medication-assisted-treatment-substance-use-disorders>)

There has often been an argument that people will recover from addiction on their own, however a 2022 longitudinal study showed that a majority of people who had substance use disorder in adolescence often carry that disorder for years (<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2790603>)

HB152 would support the evidence-based, whole person approach model, ensuring that treatment services are received when a person is early in the manifestation of their disorder.

HB152 broadly defines an outpatient treatment program as “a program that offers resources, counseling and substance abuse treatment on an outpatient basis”. This language could require all primary care providers who offer substance use treatment to adults, such as federally qualified health centers, primary care providers, and opioid treatment programs who receive funding from the state, to also offer substance use treatment to adolescents.

HB152 creates a fund consisting of appropriations without designating specific appropriation amounts.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No

By the end of fiscal year 2026, NMDOH would not be able to operate or contract with an inpatient substance use treatment facility, an outpatient substance use treatment program, a juvenile correction facility, or a juvenile detention facility, that has policies or procedures that restrict the use of medication-assisted treatment for the treatment of substance use disorder in minor patients.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

- Goal 1:** We expand equitable access to services for all New Mexicans
- Goal 2:** We ensure safety in New Mexico healthcare environments
- Goal 3:** We improve health status for all New Mexicans
- Goal 4:** We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?
 Yes No N/A
- If there is an appropriation, is it included in the LFC Budget Request?
 Yes No N/A
- Does this bill have a fiscal impact on NMDOH? Yes No

HB152 creates a non-reverting fund in the state treasury, which would be administered by the Health Care Authority (HCA). The fund would be appropriated to HCA to assist the Children, Youth and Families Department (CYFD), NMDOH, and licensed substance use treatment providers to establish and operate medication-assisted treatment programs for minors. There is no specific appropriation amount specified in HB152.

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

HB152 relates to SB54, which, if enacted, would require the corrections department to establish and operate a medication-assisted treatment (MAT) program to continue MAT for incarcerated people with a prescription or for incarcerated people in need of MAT.

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

Methadone, a drug approved by the Food and Drug Administration for the treatment of opioid use disorder, can only be dispensed through accredited Opioid Treatment

Programs as per 42 Code of Federal Regulations (CFR) 8. [Federal Register :: Medications for the Treatment of Opioid Use Disorder](#)

8. DISPARITIES ISSUES

HB152 would likely improve health outcomes for youth living with substance use disorder, could increase the availability of substance use treatment for adolescents, and decrease the overall treatment gap (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7880138/>).

9. HEALTH IMPACT(S)

Individuals in NM who use substances will be directly impacted by HB152. Implementation of the bill could lead to an overall decrease in the number of overdoses, hospitalizations, and other negative health consequences associated with substance use. While the bill may increase the number of providers, there could be a reduction in adult providers who are not ideally situated to provide services to adolescents and could result in fewer providers funded by state agencies who provide services to the adult population.

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If HB152 were not enacted, then all state agencies and substance use treatment programs who receive funds from state agencies would not be required to provide medication assisted treatment for minors in both inpatient and outpatient substance use treatment settings. Additionally, HB 152 would not create a non-reverting fund in the state treasury for evidence-based treatment for minors.

If HB152 were not enacted, Health Care Authority would not be required to promulgate rules for the operations of medication assisted treatment programs in inpatient and outpatient substance use treatment programs by December 1, 2025, and the requirement to provide medicated assisted treatment to minors would not go into effect by the end of fiscal year 2026.

12. AMENDMENTS

None