

LFC Requestor: CHENIER, Eric

2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 329

Type: Introduced

Date (of THIS analysis): 2/10/2025

Sponsor(s): Tara L. Lujan, Elizabeth "Liz" Thomson, and Meredith A. Dixon

Short Title: Interagency Behavioral Health Purchasing Collaborative

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 |
| | | | | | | |

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: HB70, HB196, SB1, SB3, SB120

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

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 329 (HB 329) would make changes to existing law (24A-3-1 “Interagency Behavioral Health Purchasing Collaborative”) adjusting the composition of the Behavioral Health Purchasing Collaborative and changing the process in which the director of the collaborative is selected.

Currently, The Behavioral Health Purchasing Collaborative consists of secretaries from 11 state agencies and is not administratively attached to the office of the governor. The current process for selecting a director of the Behavioral Health Purchasing Collaborative is that the collaborative, with the consent of the governor, appoints a director.

If HB 329 would make several changes to the composition of the Behavioral Health Purchasing Collaborative including:

- Removing the following members from the Collaborative:
 - Aging and Long-term Services
 - Finance and Administration
 - Public Education
 - Transportation
 - The Retiree Health Care Authority
 - The Governor’s Commission on Disability
 - The Developmental Disabilities Council
 - The Instructional Support and Vocational Education Division of the Public Education Department
 - The New Mexico Health Policy Commission
 - The Governor’s Health Policy Coordinator
- Adding the following members to the collaborative:
 - The Directors of the New Mexico Behavioral Health Providers Association
- Attaching the Behavioral Health Purchasing Collaborative administratively to the Office of the Governor moving it away from the Health Care Authority. The Collaborative would adopt rules through the Office of the Governor instead of the Health Care Authority. The Collaborative would submit a behavioral health budget through the Office of the Governor instead of the Health Care Authority.
- Removing the following Secretaries as alternating co-chairs of the Collaborative:

- Secretary of Health
- Secretary of Children, Youth, and Families

If HB 329 would also change the process for selecting a director:

- Creating a new “Director of the Collaborative Nominating Committee”
- A nominating committee consisting of three members including:
 - One member appointed by the Speaker of the House of Representatives
 - One member appointed by the President Pro tempore of the Senate
 - One member appointed by the Governor
 - The nominating committee would select a chair of their committee
- The nominating committee upon current or pending vacancies would meet to submit a list of nominees for Director of the Collaborative to the Governor including no fewer than two qualified nominees from diverse geographical areas of the state.
 - A majority vote of the members of the nominating committee in favor of the person is required for the person to be included on the list of qualified nominees.

Additionally, HB 329 would change the functions of the Behavioral Health Purchasing Collaborative including:

- Requiring that the Collaborative meet at least quarterly
- Requiring that the Collaborative consider public input at each meeting
- Expanding the services that the Collaborative addresses including:
 - Housing support
 - Support for persons involved in the criminal justice system
 - Treatment for substance use disorder
- Requiring that the Collaborative provide a quarterly report to the legislative finance committee on the adequacy and allocation of mental health services throughout the state.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

The Interagency Behavioral Health Purchasing Collaborative has served an important role in planning and overseeing behavioral health services in New Mexico. HB 329 would expand the scope of work for the Collaborative to specifically mention substance use, housing support, and support for persons involved in the criminal justice system which are all areas of public health concern. The bill would change the Department of Health’s role in planning behavioral health for the state by removing the Secretary of Health from being co-chair (every other year).

2. PERFORMANCE IMPLICATIONS

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

4. ADMINISTRATIVE IMPLICATIONS

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

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

Several other bills include proposals that would address how behavioral health is funded in New Mexico including:

- HB 70 (Behavioral Health Medicaid Waiver Act) – This bill would give the Health Care Authority funding to explore expanding federal Medicaid funding for a specifically Behavioral Health Waiver program.
- HB 196 (Behavioral Health and Child Care Funding) – This bill would appropriate funds for to the Behavioral Health Capital Funding Act
- SB 1 (Behavioral Health Trust Fund) – This bill would invest \$1 billion into a trust fund that would make annual funds available for behavioral health appropriations
- SB 3 (Behavioral Health Reform and Investment Act) – This bill would create standards and priorities for behavioral health spending. It would also adjust rules around credentialing and prohibitions on caps for insurance providers.
- SB 120 (No Behavioral Health Cost Sharing) – This bill would make the elimination of Behavioral Health Cost Sharing permanent.

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

8. DISPARITIES ISSUES

Behavioral health issues are common and impact all populations. Careful planning for New Mexico's behavioral health service funding should consider health disparities. Significant disparities do exist including:

- In 2023, New Mexico males were nearly six times as likely to die of suicide than females and two and half times as likely to die of drug overdose ([CDC Wonder](#))
- In 2023, New Mexico adult females were significantly more likely to have symptoms of an anxiety disorder than males (Source: 2023 Behavioral Risk Factor Surveillance System, data analyzed by NMDOH-Center for Health Protection for this Analysis)
- In 2023, New Mexico non-White adults with depression or anxiety disorder symptoms were significantly less likely to have received treatment than White adults (Source: 2023 Behavioral Risk Factor Surveillance System, data analyzed by NMDOH-Center for Health Protection for this Analysis)
- In 2023, New Mexico adults living in households with an annual income less than \$15,000 were significantly more likely to have anxiety or depressive disorder symptoms (Source: 2023 Behavioral Risk Factor Surveillance System, data analyzed by NMDOH-Center for Health Protection for this Analysis)
- In 2023, New Mexico high school girls were significantly more likely to have anxiety, depression symptoms, or report a past year suicide attempt than high school boys (Source: 2023 Youth Risk and Resiliency Survey, data analyzed by NMDOH-Center for Health Protection for this Analysis).
- In 2023, the age-adjusted rate of alcohol-related death was two and a half times higher among males compared to the age-adjusted rate among females (Source: 2023 NMDOH Bureau of Vital Records death files, data analyzed by NMDOH-Center for health Protection for this analysis).
- In 2023, most overdose deaths (84%) occurred among New Mexicans aged 25-64 years (working age population), with 26% of overdose deaths occurring in the 35-44 years age group (Source: 2023 NMDOH Bureau of Vital Records death files, data analyzed by NMDOH-Center for health Protection for this analysis).

Mental health concerns, suicide, and substance use outcomes are related to biological, psychological, interpersonal, environmental, and social influences. Disparities in poverty, historical trauma, and exposure to Adverse Childhood Experiences (ACEs) are closely associated with adverse substance use and mental health outcomes ([Co-morbid Substance Use and Mental Health Issues in New Mexico](#))

9. HEALTH IMPACT(S)

Comprehensively addressing the behavioral health needs of New Mexicans is an important public health concern requiring careful planning and budgeting. Suicide, drug overdose, and alcohol have been leading causes of death in New Mexico. In 2023, the CDC estimated suicide was the ninth leading cause of death in New Mexico. That same year, unintentional injuries were the third leading cause of death, including 955 drug overdose deaths ([CDC Wonder](#)). Fentanyl was involved in 65% of overdose deaths in 2023 and methamphetamine was involved in 51% of deaths, and 30.7% of overdoses involve both substances. 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 ([NMDOH – Overdose deaths Declined in New Mexico Again](#)). In addition, 1,896 New Mexicans died from alcohol-related causes in 2023, and New Mexico

has historically led the nation in alcohol-related deaths (Source: 2023 NMDOH Bureau of Vital Records death files, data analyzed by NMDOH-Center for health Protection for this analysis).

Behavioral healthcare access, including services for mental health and substance use issues, represents a major public health concern in New Mexico. Increases in substance use disorder treatment services would provide positive economic benefits, decreased criminal justice costs, and decrease criminal activity ([Economic Benefits of Substance Use Disorder Treatment: A Systemic Literature Review](#)). In general, the number of individuals in New Mexico that needed or sought treatment stayed relatively the same between 2020 to 2021. In 2021, approximately one in fourteen individuals in New Mexico needed treatment services, of these individuals, one in seven sought treatment based on an analysis on data from the National Survey on Drug Use and Health (NSDUH) conducted by Substance Abuse and Mental Health Services Administration (SAMHSA). Individuals needing treatment may not seek treatment due to stigma, access, eligibility to programs, and other potential barriers.

Effective medications exist to treat both Opioid Use Disorder and Alcohol Use Disorder and are considered the standard of care for both types of substance use disorder. A 2023 Legislative Finance Committee report found, however, that these medications are underutilized given the prevalence of substance use disorder in NM ([Addressing Substance Use Disorder, Program Evaluation Unit, Legislative Finance Committee Progress Report](#)). NMDOH estimates demonstrate that approximately 73,000 New Mexicans have an untreated substance use disorder. According the same report , most New Mexicans with substance use disorder are likely to seek treatment from a primary care provider, but stigma, cost, and access may be barriers to treatment by these providers.

In 2023, among New Mexico high school students, 28% had anxiety symptoms and 25% had depression symptoms. Students with either anxiety or depression symptoms were about five times as likely to have attempted suicide as those students without these symptoms (Source: 2023 Youth Risk and Resiliency Survey, data analyzed by NMDOH-Center for Health Protection for this Analysis). In 2023, among New Mexico adults, 14% had anxiety symptoms, 12% had depression symptoms, and 5% of New Mexico adults seriously considered a suicide attempt (Source: 2023 NM Behavioral Risk Factor Surveillance System – Data Analyzed by NMDOH – Center for Health Protection).

Significant barriers interfere with access and delivery of mental health services for adolescents, including barriers related to cost, geographic proximity, and time, among others. These barriers often result in long waitlists and travel times, as well as a shortage of professionals providing evidence-based care ([Geographic Variation in the Supply of Selected Behavioral Health Providers - ScienceDirect](#)), particularly those who are trained to work with youth ([Workforce Development](#)).

Access to treatment is especially challenging for youth in rural areas of the state ([Geographic Variation in the Supply of Selected Behavioral Health Providers - ScienceDirect](#)) and for adolescents who are racial, ethnic, sexual, and/or gender minorities. These youth often face additional barriers to receive culturally sensitive care ([Racial and Ethnic Disparities in Pediatric Mental Health - ScienceDirect](#)). Inadequate education about mental illness, distrust of medical providers, and stigma about help-seeking behaviors (i.e., internalizing stigma) and mental health care (i.e., treatment stigma) also prevent adolescents from seeking help ([What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies | Psychological Medicine | Cambridge Core](#)). Teens also often lack awareness and understanding of their symptoms as clinically significant, are

uneducated about their treatment options, or are hesitant to share their symptoms with parents or other adults ([Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review | BMC Psychiatry | Full Text](#)). Even when youth do access mental health care, treatment completion and compliance are often low due to these persistent barriers (e.g., cost, time, transportation, stigma).

Patient costs can be a major barrier in accessing health. In 2023, 11% of New Mexico adults did not see a doctor when they needed it because they could not afford it. Adults with mental health symptoms were more likely to report healthcare access issues due to cost than other adults. In 2023, 22% of New Mexico adults with symptoms of a major depressive disorder or symptoms of a general anxiety disorder reported they could not afford to see a doctor when they needed it. Additionally, two thirds of New Mexico adults with symptoms of anxiety or depression did not receive treatment or medication for a mental health condition (Source: 2023 NM Behavioral Risk Factor Surveillance System – Data Analyzed by NMDOH – Center for Health Protection).

10. ALTERNATIVES

None.

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

If HB 329 is not enacted, the current composition of the Interagency Behavioral Health Purchasing Collaborative will remain the same, there will be no changes in how the Director is appointed, and the scope of work at the Collaborative will be unchanged.

12. AMENDMENTS

None.