

LFC Requester: _____

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

AgencyAnalysis.nmlegis.gov and email to billanalysis@dfa.nm.gov

(Analysis must be uploaded as a PDF)

Amendment resulted in no changes to analysis

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Date Prepared: _____ *Check all that apply:*
Bill Number: HB343Sub Original _____ Correction _____
 Amendment _____ Substitute X

Sponsor: Rep. Gail Armstrong **Agency Name and Code** HCA 630
Short Title: CYFD Plans of Safe Care for Certain Children **Number:** _____
Person Writing Kresta Opperman
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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
\$0.0	\$0.0	NA	NA

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
\$0.0	\$0.0	\$0.0	NA	NA

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$0.0	\$0.0	\$0.0	\$0.0	NA	NA

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: none
Duplicates/Relates to Appropriation in the General Appropriation Act: none

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: HB 343 amends and updates sections of the Children's Code to provide Plans of Safe Care for substance-exposed newborn children. Enhances the State Program administered pursuant to the Federal Comprehensive Addiction and Recovery Act of 2016; moves the program from Children, Youth and Families Department to the Department of Health, amending requirements for Plans of Care; and provides for rulemaking.

HB 343 adds the following

When a health care provider or other individual who is involved in creating a substance-exposed newborn's plan of safe care (POSC) has concerns about the continued safety of the newborn prior to or after the newborn's discharge from a hospital or birthing facility, the health care provider or individual shall make a report regarding the concerns to the department's statewide central intake. Upon receiving the report, the department shall review the plan of safe care for the newborn who is the subject of the report and shall:

- (1) perform an assessment to determine whether the newborn's plan of safe care:
 - (a) is complete and has been provided to the individuals or entities required pursuant to Paragraph (1) of Subsection B of this section.
 - (b) can adequately address the newborn's health, safety and well-being; and
 - (c) adequately addresses any substance use disorder treatment needs of the newborn's family and care givers; and
- (2) review the report received by the department's central intake system and the department's assessment of the newborn's plan of safe care, and if the department determines that the newborn's needs are not met, the department shall:
 - (a) initiate an investigation; and
 - (b) update the newborn's plan of safe care based on the findings in the investigation and include any reports regarding the newborn that are received by the department's statewide central intake.

HB343 substitute adds definition and responsibilities requiring Care Coordinators and CARA Navigators to work in partnership to ensure that plans of safe care are followed

- "CARA navigator" means a professional employed by the department of health to provide intensive case management linking families to resources needed to support health and safety within a family and adds responsibilities including family assessment & home visits.
- "Care coordinator" means a person assigned to a newborn and the newborn's biological parents by a managed care organization, private insurance or the children's medical services of the family health bureau of the public health division of the department of health, to coordinate the care and services that the newborn or newborn's biological parents need.

Additionally, CYFD's statewide central intake (SCI) must take into consideration any past CYFD involvement by the family. It also requires the plan of care be done prior to discharge from the hospital. This exists in NMAC currently so would move this requirement from rule to statute. Currently if there are no concerns about abuse or neglect, a report is not required for infants in the CARA program. This statute requires a report to SCI if the substance is methamphetamines,

fentanyl, cocaine or heroin.

The effective date of the provisions of this act is July 1, 2025.

HB343 substitute changes the effective date “by January 1, 2026, the department of health, in consultation with Medicaid managed care organizations, private insurers, the office of superintendent of insurance, the health care authority and the department, shall develop rules to guide hospitals, birthing facilities, medical providers, Medicaid managed care organizations and private insurers in the care of substance-exposed newborns who exhibit physical, neurological or behavioral symptoms consistent with prenatal drug exposure, withdrawal symptoms from prenatal drug exposure or fetal alcohol spectrum disorder. Rules shall include requirements for hospitals, birthing facilities, medical providers, medicaid managed care organizations, state agencies and private insurers regarding procedures for monitoring compliance with plans of safe care and evaluating outcomes for substance-exposed newborns and the families of substance-exposed newborns.”

FISCAL IMPLICATIONS

HCA: None. HB343 makes no appropriates, no new benefits or new administrative responsibilities for HCA. There is a possibility that additional investigations to CYFD would result in additional Medicaid compensable services but the amount is hard to determine.

SIGNIFICANT ISSUES

NA

PERFORMANCE IMPLICATIONS

HCA: No direct impact on HCA is identified. HCA is currently involved in the development of the Safe Plan of Care with DOH, CYFD, and ECECD. HCA provides training and oversight of the MCO's for reporting on the Care Coordination requirements as outlined in the MCO contract and Managed Care Policy Manual. The main impact will be on CYFD as the current oversight agency and the investigating agency.

NM Medicaid currently provides Billing and Reimbursement Guidance for Comprehensive Addiction Recovery Act (CARA) Program-Plan of Safe Care in the Hospital Setting for infants (birth to one year of age) through Managed Care Organizations (MCOs) letter of direction (LOD) [LOD #23 Comprehensive Addiction Recovery Act \(CARA\) Program Plan of Safe Care](#) and NMAC supplement [24-19](#), effective October 1, 2024. The guidance also provides enhanced reimbursement for POSC.

ADMINISTRATIVE IMPLICATIONS

No direct impact on HCA Medicaid is identified. HCA Medicaid currently has policy and reimbursement guidelines.

No direct impact on HCA Division of Health Improvement is identified. Please note that in the current written format of the bill, enforcement of plans of care for hospitals falls on CYFD, not DHI.

No IT impact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

HB 343 refers “department” responsibilities but does not define who it is intended for.

HB343 substitute defines "department" as the “ the children, youth and families department, unless otherwise specified.”

The bill lists substances where a report to SCI is required. Considering the quickly changing landscape of dangerous illicit substances, putting certain substances into statute may make the bill outdated quickly. For example, a common cause of severe substance use disorder on the east coast is Xylazine or “tranq” and this drug is not listed. Consider a list of exclusions instead of inclusions.

<https://nida.nih.gov/research-topics/xylazine>

Substances are removed in HB343 substitute

~~Unless a newborn child has a positive toxicology screen for methamphetamine, fentanyl, cocaine or heroin,~~

OTHER SUBSTANTIVE ISSUES

None

ALTERNATIVES

None

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status quo

AMENDMENTS

HB343 substitute changes

~~Recommend defining “department.”~~

"department" means the children, youth and families department, unless otherwise specified;

Section 1 changes the Section 32A-3A-2 NMSA 1978 to Section 32A-1-4 NMSA 1978. There is a new set of definitions.

~~32A-3A-2. DEFINITIONS As used in the Voluntary Placement and Family Services Act:~~

32A-1-4. DEFINITIONS.-As used in the Children's Code:

One of the key changes in definitions is

~~J. As used in this section, "substance-exposed newborn" means a newborn child who is affected by prenatal exposure to a controlled substance, including a prescribed or non-prescribed drug or alcohol ingested by the newborn's mother in utero.~~

FF. substance-exposed newborn" means an infant **under the age of one** who has been prenatally exposed to a controlled substance, including a prescribed or non-prescribed drug, or alcohol that may affect the infant's health or development.

Y. “plan of safe care” means a written plan created by a health care professional intended to ensure the immediate and ongoing safety and well-being of a substance-exposed newborn, or to provide prenatal or perinatal support to a pregnant person dealing with substance use disorder, by addressing the treatment needs of the child and any of the child's parents, relatives, guardians,

family members or caregivers to the extent those treatment needs are relevant to the safety of the child.

HB 343 substitute changes birth centers to birth facilities

HB 343 substitute changes and rewrites responsibilities but does not change

~~"32A-3A-13. PLAN OF SAFE CARE--SUBSTANCE EXPOSED NEWBORN CHILDREN--GUIDELINES--CREATION--DATA SHARING--TRAINING.~~

32A-3A-13. PLAN OF SAFE CARE- REQUIREMENTS--CREATION--DATA SHARING--TRAINING