

LFC Requester:

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO
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(Analysis must be uploaded as a PDF)

SECTION I: GENERAL INFORMATION

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

Check all that apply:

Original **Amendment**
Correction **Substitute**

Date Prepared: 2025-02-10
Bill No: HB343

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Agency Name CYFD 69000
and Code
Number:

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Analysis:
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Short CYFD PLANS OF SAFE
Title: CARE FOR CERTAIN
CHILDREN

Email:

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
0	0		
0	0		

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
0	0	0		
0	0	0		

ESTIMATED ADDITIONAL OPERATION BUDGET (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	0	3,104.6	3,006.6	6,112.2	Recurring	GF

Duplicates/Conflicts with/Companion to/Relates to:

Duplicates/Relates to Appropriation in the General Appropriation Act:

SECTION III: NARRATIVE

BILL SUMMARY

House Bill 343 (HB 343), introduced in the 2025 Regular Session of the New Mexico Legislature, proposes amendments to the Children’s Code to establish and update provisions for “plans of safe care” for substance-exposed newborns and provides for reporting requirements to CYFD for newborns who may be deemed at risk.

Key Provisions of HB 343:

1. Definition of Substance-Exposed Newborn: The bill defines a “substance-exposed newborn” as a newborn child affected by prenatal exposure to a controlled substance, including prescribed or non-prescribed drugs or alcohol ingested by the mother during pregnancy.
2. Creation of Plans of Safe Care: The bill codifies the creation of a written plan of safe care for substance-exposed newborns, which must be sent to the child’s primary care physician and a Medicaid managed care organization insurance plan care coordinator.
3. Reporting Requirements: HB 343 provides for reports to the CYFD statewide central intake system regarding certain newborns if there are concerns about the child's safety or risk of harm
4. Interagency Rulemaking: HB 343 amends and mandates that the CYFD, in consultation with Medicaid managed care organizations, private insurers, the Office of Superintendent of Insurance, the Health Care Authority, and the Department of Health, develop rules and requirements for hospitals, birthing centers, medical providers, Medicaid managed care organizations, and private insurers in the care of substance-exposed newborns.
5. Amends Section 32A-4-3 Duty to Report and provides an exception that a finding that newborn language "that unless a newborn child has a positive toxicology screen for methamphetamine, fentanyl, cocaine or heroin a finding that a newborn is identified with substance abuse or is being affected by substance abuse shall not alone form a sufficient basis to report child abuse ,"

FISCAL IMPLICATIONS

There is no appropriation contained within this bill. CYFD anticipates that fulfillment of HB343 will require additional FTE's to meet the need for additional SCI Screening, additional investigations, additional family assessments, training for plan of safe care review and interpretation, data interpretation & reporting.

Additional FTE are as follows:

- * 5 additional Statewide Central Intake Operator FTE (Payband SE)
- * 1 additional Statewide Central Intake Supervisor FTE (Payband SF)
- * 10 additional PS Investigation FTE (Payband SE)
- * 2 additional PS Investigation Supervisor FTE (Payband SF)
- * 5 additional FS Family Preservation/Soc Com FTE (Payband 70)
- * 1 additional FS Family Preservation Supervisor FTE (Payband 75)
- * 1 Family Services CARA Liaison/Soc Com FTE (Payband 70)
- * 1 additional OPA Data Analyst FTE (Payband 70)
- * 1 additional OPA Epidemiologist FTE (Payband 75)
- * 1 additional Trainer FTE (Payband 65)

SIGNIFICANT ISSUES

Under current CYFD rules, CARA Navigators are responsible for conducting family assessments for families identified with a Plan of Safe Care (POSC) to determine the needs of the infant and family. The CARA Navigator also assists families in accessing necessary services.

According to NMAC 8.10.5.12, if a family disengages from services after a POSC has been established, the care coordinator must notify CYFD, and the CARA Navigator must follow internal procedures regarding a report to the Statewide Central Intake (SCI). SCI then evaluates whether the family's disengagement meets the criteria for a CYFD investigation.

HB 343 does the following:

- * It would include notification, reporting and communication processes, referrals for services, data collecting and reporting and ongoing system monitoring.
- * It also outlines at minimum what a POSC should include
- * It also requires that the POSC be given to CYFD and primary care physician
- * It requires that if the health care provide who wrote the POSC has a

reasonable concern regarding the safety of the newborn at the time of the newborn's discharge from the birthing facility to report it to CYFD (this already exists in Section 32A-4-2)

* It requires that if the newborn is affected by withdrawal or if the baby has been exposed to methamphetamine, heroin, fentanyl or cocaine in utero, the health care provider notifies CYFD (current law already requires mandated reporters to report suspected abuse or neglect and is in potential conflict with that requirement)

* It requires birthing facilities to submit to the department of health information regarding the plans of safe care created for newborns born in the birthing facility.

* It requires the department, in collaboration with the department of health and the health care authority, shall develop and implement a monitoring system to jointly review and assess the experiences and outcomes for substance-exposed newborns and to annually report to LFC and the governor the experiences and outcomes including the data collected from the health care providers

* It then amends 32A-1-4

* Adds definition of POSC; health care provider (defined as an individual or entity licensed in NM to administer or provide health care services); substance exposed newborn (definition of POSC and substance exposed newborn is included in ours)

* This new definition of health care provider is very broad and ambiguous.

* It amends 32A-4-3 Duty to Report

PERFORMANCE IMPLICATIONS

If enacted, HB 343 will:

Result in the need for additional FTE workforce in statewide central intake, investigation, family stabilization, data, and training;

Result in continued collaboration with the Health Care Authority to provide ongoing monitoring of external treatment providers regarding the completion and submission of a plan of safe care for substance-exposed newborns;

Result in CYFD continuing to complete ongoing assessment and evaluation of plans of safe care for substance-exposed newborns to determine whether the plan of safe care adequately addresses the safety and well-being of the substance-exposed newborn and the substance use treatment needs of the parents or caregivers of the substance-exposed newborn;

Continued collaboration with Medicaid managed care organizations, private insurers, the office of the superintendent of insurance, the health care authority, and the Department of Health for ongoing training and review process of the plan of safe care development, submission, and monitoring by health care providers and staff working at hospitals and freestanding birthing centers.

ADMINISTRATIVE IMPLICATIONS

If enacted, HB 343 has the following administrative implications:

- * require all health care providers and/or individuals working at hospitals or freestanding birthing centers to complete and submit a plan of safe care for substance-exposed newborns prior to their release from the hospital or freestanding birthing center.
- * require a review of all plans of safe care for substance-exposed newborns by CYFD to ensure that the plan of safe care is complete and adequately responds to the needs of the substance-exposed newborn;
- * result in need to develop training modules for SCI Operators and Protective Service Investigators regarding the interpretation of plans of safe care for substance-exposed newborns;
- * result in the need to update language in all CARA related documentation to reflect the change from plan of care to Plan of Safe Care.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

HB 173 and HB 205 and SB 42

TECHNICAL ISSUES

None.

OTHER SUBSTANTIVE ISSUES

None.

ALTERNATIVES

None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

CYFD will continue to operate its CARA program pursuant to its administrative rule requirements.

AMENDMENTS

None.