

<b>LFC Requester:</b>	<b>Eric Chenier</b>
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**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}*

**Date Prepared:** 01/22/2025 *Check all that apply:*  
**Bill Number:** SB3 Original  Correction   
 Amendment  Substitute

**Sponsor:** Peter Wirth, Mimi Stewart & William Sharer **Agency Name and Code Number:** 770-NMCD  
**Short Title:** Behavioral Health Reform and Investment Act **Person Writing:** Anisa Griego-Quintana  
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**SECTION II: FISCAL IMPACT**

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
0	0	N/A	N/A

(Parenthesis ( ) indicate expenditure decreases)

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
0	0	0	N/A	N/A

(Parenthesis ( ) indicate revenue decreases)

**ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	0	0	0	0	N/A	N/A

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:  
Duplicates/Relates to Appropriation in the General Appropriation Act

### **SECTION III: NARRATIVE**

#### **BILL SUMMARY**

Synopsis: Senate Bill 3 would create the Behavioral Health Reform and Investment Act; directs creation of Behavioral Health regions (geographic area that encompasses one or more counties or judicial districts); in which behavioral health services will be provided—meaning an array of services for the treatment, rehabilitation, prevention and identification of mental illnesses and substance abuse—pursuant to a phased-in regional plan for the continuation and expansion of behavioral health services. The Administrative Office of the Courts (AOC) is charged with designating health regions, coordinating regional meetings, completing resource mapping and coordinating development of regional behavioral health plans.

Behavioral Health Stakeholders are representatives from the AOC, Health Care Authority (HCA), Department of Health (DOH), UNM Health Sciences Center, Indian nations, tribes and pueblos, local and regional governments or other appropriate state or local agencies or entities.

“Continuity of care plan” means a plan identifying the interrelationship of available and prospective behavioral health services for patients to ensure consistent and coordinated services over time (psychiatry, psychology, social work, clinical counseling, addiction medicine and counseling and family and marriage counseling).

Regional plans:

- (1) include a 4-phase plan for continuation and expansion of behavioral health services;
- (2) identify no more than five state-funded priorities per phase;
- (3) identify local resources that may help offset part of the costs;
- (4) provide time line and performance measures for each priority;
- (5) provide a continuity of care plan for the region;
- (6) when appropriate, establish a plan to obtain federal, local or private resources.

AOC designates a government entity within the region to report regional progress, including public feedback.

The Office of the Superintendent of Insurance (OSI), by June 1, 2025, is to provide AOC with an initial set of generally recognized standards for behavioral health services for adoption and implementation in the plans.

LFC, by June 1, 2025, to provide AOC with an initial set of evaluation guidelines for behavioral health services for adoption and implementation in the plans.

By June 30, 2027, the Health Care Authority is to establish a universal behavioral health service provider credentialing and enrolling process for all managed care organizations.

Appropriations to carry out his act:

- (1) shall be used to fund priorities and funding gaps identified in the plans;

- (2) shall be equitably distributed for all eligible priorities while prioritizing services for disproportionately impacted communities;
- (3) may be used to fund grants not more than four years in length;
- (4) may be used to cover costs of providing non-acute care to indigent and uninsured persons;
- (5) may be used to provide advance disbursement of up to five percent for emergencies.

Managed Care Organizations are barred from limiting the number of new behavioral health patients that a provider may serve and be paid for.

Defines:

- (1) “behavioral health region” as a geographic area of the state encompassing one or more counties or judicial districts; and
- (2) “behavioral health services” as a comprehensive array of professional and ancillary services for treatment, rehabilitation, prevention and identification of mental illnesses and substance abuse.

### **FISCAL IMPLICATIONS**

None for the Corrections Department.

### **SIGNIFICANT ISSUES**

None for the Corrections Department.

### **PERFORMANCE IMPLICATIONS**

None for the Corrections Department.

### **ADMINISTRATIVE IMPLICATIONS**

None for the Corrections Department.

### **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

None for the Corrections Department.

### **TECHNICAL ISSUES**

The language in the bill does not clarify how information sharing for shared clients will be handled. At times, it is has been challenging to obtain specific information, particularly regarding mental health and treatment, from other state agencies due to privacy laws. Additionally, historically, there have been difficulties in openly sharing and receiving information with Indian nations, tribes and pueblos.

### **OTHER SUBSTANTIVE ISSUES**

None for the Corrections Department.

### **ALTERNATIVES**

None for the Corrections Department.

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Status quo.

**AMENDMENTS**

None proposed by the Corrections Department.