LFC Requester:	Rachel Mercer-Garcia

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)

SECTION I: GENERAL INFORMATION

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

Date Prepared: 2025.02.24 *Check all that apply:*
Bill Number: Substitute SB 42 Original Correction
Amendment Substitute X

Agency Name and Code Office of Family Representation & Advocacy 6800

Sponsor: Senate Rules Committee **Number**:
Short Title: Comprehensive Addiction & Recovery Program
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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
None	none		

(Parenthesis ( ) indicate expenditure decreases)

REVENUE (dollars in thousands)

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

(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	For OFRA, None	For OFRA, None	For OFRA, None	For OFRA, None		

(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:

Section 1: Proposed amendment to NMSA 1978, §32A-1-4 to redefine "plan of care," to "plan of safe care" (amended definition "Y") to require the plan to be written and address the "immediate and ongoing" health of a substance-exposed newborn (same as original bill).
Removes the proposed definition of "substance-exposed newborn," found in the original bill.

Removes the original bill's Section 2 proposing an amendment to NMSA 1978, §32A-3A-2 to remove existing standards and protocols of plans of care. Defines birthing facility, CARA navigator, care coordinator," family assessment, and managed care organization. A CARA navigator is a New Mexico Department of Health (DOH) employee.

Section 2: Proposed amendments to NMSA 1978, §32A-3A-13 about how plans of care are handled. It modifies the original bill, reinstating existing section (A) with some minor updates.

Existing section (B)(1) is also reinstated, with proposed added language about when a plan of safe care may be developed. Plans may be developed at either prenatal or perinatal medical visits, and the plans shall be completed prior to the substance exposed child's discharge from a hospital or birthing center.

Under proposed amended (B)(1)(b), a Medicaid managed care organization no longer monitors the implementation of the plan after the infant's discharge.

Under proposed amended (B)(2), rules shall include a requirement that hospitals, birthing centers, and prenatal care providers use the screening, brief intervention, and referral to treatment program for all prenatal and perinatal medical visits and live births.

Proposed new section (B)(4) sets out multiple requirements for DOH to take over the CARA program from CYFD, including rules to guide hospitals and birthing centers in the care of substance-exposed newborns. These include:

- Making sure there is at least one care coordinator available in each birthing hospital in the state
- Ensuring that all substance-exposed infants who have a plan of care receive care coordination to implement the plan
- Provide training to hospital staff, birthing center staff and prenatal care providers on the screening, brief intervention, and referral to treatment program.

This rulemaking should be done in close collaboration with and deference to the healthcare providers who have the education, training, and experience to make the best decisions about the care of substance-exposed newborns.

Under proposed amended section (B)(5), the existing categories (a – k) of entities/people to be

included in the development of an infant's plan of safe care is replaced with two (2) broader categories (a and b).

Proposed new section (B)(7)(a) sets out the requirements a care coordinator must include in a plan of safe care, using the evidence-based intensive care coordination model in federal Title IV-E or another nationally recognized model.

Proposed new section (B)(7)(b) describes efforts to be made by a care coordinator to contact persons who are not following a plan of safe care.

Proposed amended section (E) replaces the existing language of data reporting with an annual report to be made by the Department of Health to legislative committees and the Department of Finance and Administration.

The proposed amendment to section (G) provides that DOH will create and distribute training materials and removes CYFD participation in that process.

Section 3: No longer guts current section A of NMSA 1978, §32A-3A-14, but modifies the existing statute. Requires notification to CYFD when a substance-exposed child has parents who are uncooperative or fail to comply with a safety plan and requires CYFD to start an investigation. Reinstates the existing language giving discretion to CYFD about whether to initiate an investigation.

Existing section B is reinstated. The original proposed immunity from civil or criminal liability arising from actions pursuant to NMSA 1978, §32A-3A-14 is removed.

Section 4: Proposed amendment to NMSA 1978, §32A-4-3 adds "safe" in front of "care. In the title of the statute. It also adds DOH to CYFD to the notification requirements. There is clean-up language throughout.

The proposed amendment to section (I) puts the onus of responsibility for ensuring compliance with federal reporting requirements on DOH.

FISCAL IMPLICATIONS

These proposed amendments will create additional burdens on DOH, CYFD, and health care providers without providing commensurate funding.

As noted above, any rulemaking regarding standards of care should be undertaken by DOH in close collaboration with and deference to the healthcare providers who have the education, training, and experience to make the best decisions about the care of substance-exposed newborns.

OFRA cannot estimate the additional costs to DOH for the transfer of duties.

Note: major assumptions underlying fiscal impact should be documented.

Note: if additional operating budget impact is estimated, assumptions and calculations should be reported in this section.

SIGNIFICANT ISSUES

Although moving this program from CYFD to DOH may create temporary administrative, fiscal and practice burdens that could result in worse outcomes for children and families during the transition, the CARA program is a public health program that is more appropriately placed at DOH.

The original proposed immunity from civil or criminal liability arising from actions pursuant to NMSA 1978, §32A-3A-14 in the original bill is removed. OFRA believes that language should be added back in, so that NMSA 1978, §32A-3A-14 provides the same protections as already exist in NMSA 1978, §32A-3A-13.

PERFORMANCE IMPLICATIONS

ADMINISTRATIVE IMPLICATIONS

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status Quo.