

SENATE BILL 3

57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025

INTRODUCED BY

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This document may incorporate amendments proposed by a committee, but not yet adopted, as well as amendments that have been adopted during the current legislative session. The document is a tool to show amendments in context and cannot be used for the purpose of adding amendments to legislation.

AN ACT

RELATING TO HEALTH; ENACTING THE BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT; DECLARING AN EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. [NEW MATERIAL] SHORT TITLE.--This act may be cited as the "Behavioral Health Reform and Investment Act".

SECTION 2. [NEW MATERIAL] DEFINITIONS.--As used in the Behavioral Health Reform and Investment Act:

.229254.3 AIC February 4, 2025 (5:06pm)

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A. "behavioral health region" means a geographic area of the state that encompasses one or more counties or judicial districts;

B. "behavioral health services" means a comprehensive array of professional and ancillary services for the treatment, rehabilitation, prevention and identification of mental illnesses and substance misuse;

C. "behavioral health stakeholders" means representatives from the administrative office of the courts, behavioral health patients, behavioral health service providers, SHPAC→behavioral health advocates,←SHPAC the health care authority, the department of health, the university of New Mexico health sciences center, SHPAC→higher education institutions within behavioral health regions,←SHPAC Indian nations, tribes and pueblos, local and regional governments SHPAC→or←SHPAC SHPAC→and←SHPAC other appropriate state or local agencies or SHPAC→nongovernmental←SHPAC entities;

D. "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;

E. "generally recognized standards for behavioral health" means standards of care and clinical practice established by evidence-based sources, including clinical practice guidelines and recommendations from mental health and

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substance misuse care provider professional associations and relevant federal government agencies, that are generally recognized by providers practicing in relevant clinical specialties, including:

- (1) psychiatry;
- (2) psychology;
- (3) social work;
- (4) clinical counseling;
- (5) addiction medicine and counseling; and
- (6) family and marriage counseling;

F. "regional meeting" means a meeting held by behavioral health stakeholders at a government-owned facility within a behavioral health region;

G. "regional plan" means a plan that is developed collaboratively by behavioral health stakeholders to provide behavioral health services to a behavioral health region; and

H. "sequential intercept resource mapping" means a strategic planning tool that helps communities identify resources SHPAC→and gaps;←SHPAC and SHPAC→,←SHPAC develop plans to divert people with mental health disorders and substance misuse away from the criminal justice system and into treatment.

SECTION 3. [NEW MATERIAL] REGIONAL PLAN--SEQUENTIAL INTERCEPT RESOURCE MAPPING--REPORTING REQUIREMENTS.--

A. The administrative office of the courts shall

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designate behavioral health regions, coordinate regional meetings, complete sequential intercept resource mapping and coordinate the development of regional plans. SHPAC→If behavioral health stakeholders request to participate in the development of a regional plan, the administrative office of the courts shall include those stakeholders in the development of the planning process.←SHPAC If requested by the administrative office of the courts, behavioral health stakeholders shall provide support in coordinating regional meetings.

B. A regional plan shall:

(1) include a four-phase plan for the continuation and expansion of behavioral health services SHPAC→and identification of gaps in behavioral health service needs←SHPAC;

(2) identify no more than five state-funded priorities per phase;

(3) identify local resources that may help offset part of the costs associated with each funding priority;

(4) provide a time line and performance measures for each funding priority;

(5) provide a continuity of care plan for the region; SHPAC→and←SHPAC

SHPAC→(6) consider the need for language access for behavioral health services in the region; and←SHPAC

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SHPAC→(6)←SHPAC SHPAC→(7)←SHPAC when appropriate, establish a plan to obtain federal, local or private resources to advance a regional priority SHPAC→.←SHPAC SHPAC→; and←SHPAC

SHPAC→(7) include an appendix with a list of all behavioral service providers in the behavioral health region.←SHPAC

C. The administrative office of the courts shall distribute each regional plan to the legislature and the appropriate state agencies.

D. Beginning no later than June 30, 2027 and by every June 30 thereafter, the administrative office of the courts shall designate a government entity within each behavioral health region to provide a written report to the legislature and the judicial and executive branches of government that includes:

- (1) the status of the implementation of each regional plan;
- (2) available data on performance measures included in each regional plan;
- (3) public feedback on the implementation of each regional plan; and
- (4) uniform responses to data requests made by a legislative committee, the administrative office of the courts or an executive agency.

SECTION 4. [NEW MATERIAL] BEHAVIORAL HEALTH SERVICE

STANDARDS.--

A. By June 1, 2025, the office of superintendent of insurance shall provide the administrative office of the courts with an initial set of generally recognized standards for behavioral health services for adoption and implementation in regional plans. The standards may be amended or updated to ensure that best practices of behavioral health services are delivered. The administrative office of the courts, in consultation with the office of superintendent of insurance and the health care authority, shall confirm whether or not each regional plan meets the behavioral health standards as set forth in the Behavioral Health Reform and Investment Act.

B. By June 1, 2025, the legislative finance committee shall provide the administrative office of the courts an initial set of evaluation guidelines for behavioral health services for adoption and implementation of regional plans. The evaluation guidelines shall include methods for evaluating the effectiveness of promising practices and behavioral health services not identified in Subsection A of this section. A promising practice is a program that has shown potential to improve outcomes or increase efficiency and is worthy of further study through a pilot implementation. The guidelines may be amended or updated at the request of the legislative finance committee or the interim legislative health and human

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services committee. The administrative office of the courts, in consultation with the legislative finance committee, shall confirm whether or not each behavioral health service in a regional plan meets the evaluation guidelines as set forth in the Behavioral Health Reform and Investment Act.

SECTION 5. [NEW MATERIAL] BEHAVIORAL HEALTH

INVESTMENTS.--Money appropriated to carry out the provisions of the Behavioral Health Reform and Investment Act:

- A. shall be used to fund priorities and funding gaps identified in the regional plans;
- B. shall be equitably distributed for all eligible priorities identified in each regional plan and shall prioritize funding behavioral health services for disproportionately impacted communities;
- C. may be used to fund grants not more than four years in length that require annual reports to evaluate the effectiveness of behavioral health services delivered;
- D. may be used to fund grants to cover costs of providing non-acute care behavioral health services to indigent and uninsured persons; and
- E. may be used to provide advance disbursement of up to five percent for emergency or unforeseen circumstances that would negatively affect contracted behavioral health services within the regional plan if funding would not be made not available.

SECTION 6. [NEW MATERIAL] UNIVERSAL BEHAVIORAL HEALTH

CREDENTIALING PROCESS.--No later than June 30, 2027, the health care authority shall establish a universal behavioral health service provider credentialing and enrolling process for all managed care organizations to reduce the administrative burden on behavioral health providers.

SECTION 7. [NEW MATERIAL] PROHIBITION ON CAPS.--

A. A managed care organization shall not limit the number of new behavioral health patients that a behavioral health service provider serves and can be paid for if the provider has the capacity to provide behavioral health services to those new patients insured under the managed care organization.

B. As used in this section, "managed care organization" means a person eligible to enter into risk-based prepaid capitation agreements with the health care authority to provide health care and related services.

SECTION 8. EMERGENCY.--It is necessary for the public

peace, health and safety that this act take effect immediately.

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