

1 SENATE BILL 3  
2 **57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025**

3 INTRODUCED BY  
4 Peter Wirth and Mimi Stewart and William E. Sharer  
5 and Jay C. Block and Dayan Hochman-Vigil  
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10 AN ACT  
11 RELATING TO HEALTH; ENACTING THE BEHAVIORAL HEALTH REFORM AND  
12 INVESTMENT ACT; DECLARING AN EMERGENCY.  
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14 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

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

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

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

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

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1           C. "behavioral health stakeholders" means  
2 representatives from the administrative office of the courts,  
3 behavioral health patients, behavioral health service  
4 providers, the health care authority, the department of health,  
5 the university of New Mexico health sciences center, Indian  
6 nations, tribes and pueblos, local and regional governments or  
7 other appropriate state or local agencies or entities;

8           D. "continuity of care plan" means a plan  
9 identifying the interrelationship of available and prospective  
10 behavioral health services for patients to ensure consistent  
11 and coordinated services over time;

12           E. "generally recognized standards for behavioral  
13 health" means standards of care and clinical practice  
14 established by evidence-based sources, including clinical  
15 practice guidelines and recommendations from mental health and  
16 substance misuse care provider professional associations and  
17 relevant federal government agencies, that are generally  
18 recognized by providers practicing in relevant clinical  
19 specialties, including:

- 20                   (1) psychiatry;
- 21                   (2) psychology;
- 22                   (3) social work;
- 23                   (4) clinical counseling;
- 24                   (5) addiction medicine and counseling; and
- 25                   (6) family and marriage counseling;

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

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

7           H. "sequential intercept resource mapping" means a  
8 strategic planning tool that helps communities identify  
9 resources and develop plans to divert people with mental health  
10 disorders and substance misuse away from the criminal justice  
11 system and into treatment.

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

14           A. The administrative office of the courts shall  
15 designate behavioral health regions, coordinate regional  
16 meetings, complete sequential intercept resource mapping and  
17 coordinate the development of regional plans. If requested by  
18 the administrative office of the courts, behavioral health  
19 stakeholders shall provide support in coordinating regional  
20 meetings.

- 21           B. A regional plan shall:
- 22               (1) include a four-phase plan for the
  - 23 continuation and expansion of behavioral health services;
  - 24               (2) identify no more than five state-funded
  - 25 priorities per phase;

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

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

5 (5) provide a continuity of care plan for the  
6 region; and

7 (6) when appropriate, establish a plan to  
8 obtain federal, local or private resources to advance a  
9 regional priority.

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

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

19 (1) the status of the implementation of each  
20 regional plan;

21 (2) available data on performance measures  
22 included in each regional plan;

23 (3) public feedback on the implementation of  
24 each regional plan; and

25 (4) uniform responses to data requests made by

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1 a legislative committee, the administrative office of the  
2 courts or an executive agency.

3 SECTION 4. [NEW MATERIAL] BEHAVIORAL HEALTH SERVICE  
4 STANDARDS.--

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

16 B. By June 1, 2025, the legislative finance  
17 committee shall provide the administrative office of the courts  
18 an initial set of evaluation guidelines for behavioral health  
19 services for adoption and implementation of regional plans.  
20 The evaluation guidelines shall include methods for evaluating  
21 the effectiveness of promising practices and behavioral health  
22 services not identified in Subsection A of this section. A  
23 promising practice is a program that has shown potential to  
24 improve outcomes or increase efficiency and is worthy of  
25 further study through a pilot implementation. The guidelines

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1 may be amended or updated at the request of the legislative  
2 finance committee or the interim legislative health and human  
3 services committee. The administrative office of the courts,  
4 in consultation with the legislative finance committee, shall  
5 confirm whether or not each behavioral health service in a  
6 regional plan meets the evaluation guidelines as set forth in  
7 the Behavioral Health Reform and Investment Act.

8 SECTION 5. [NEW MATERIAL] BEHAVIORAL HEALTH

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

11 A. shall be used to fund priorities and funding  
12 gaps identified in the regional plans;

13 B. shall be equitably distributed for all eligible  
14 priorities identified in each regional plan and shall  
15 prioritize funding behavioral health services for  
16 disproportionately impacted communities;

17 C. may be used to fund grants not more than four  
18 years in length that require annual reports to evaluate the  
19 effectiveness of behavioral health services delivered;

20 D. may be used to fund grants to cover costs of  
21 providing non-acute care behavioral health services to indigent  
22 and uninsured persons; and

23 E. may be used to provide advance disbursement of  
24 up to five percent for emergency or unforeseen circumstances  
25 that would negatively affect contracted behavioral health

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1 services within the regional plan if funding would not be made  
2 not available.

3 SECTION 6. [NEW MATERIAL] UNIVERSAL BEHAVIORAL HEALTH  
4 CREDENTIALING PROCESS.--No later than June 30, 2027, the health  
5 care authority shall establish a universal behavioral health  
6 service provider credentialing and enrolling process for all  
7 managed care organizations to reduce the administrative burden  
8 on behavioral health providers.

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

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

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

20 SECTION 8. EMERGENCY.--It is necessary for the public  
21 peace, health and safety that this act take effect immediately.

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