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FISCAL IMPACT REPORT

SPONSOR <u>Senate Judiciary Committee</u>	LAST UPDATED <u>3/11/25</u>	ORIGINAL DATE <u>2/26/25</u>
SHORT TITLE <u>Harm to Self & Others Definition</u>	BILL NUMBER <u>CS/Senate Bill 166/SJCS</u>	
	ANALYST <u>Sanchez</u>	

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
DOH/NMBHI	No fiscal impact	Indeterminate but possibly substantial	Indeterminate but possibly substantial	Indeterminate but possibly substantial	Recurring	General Fund
HCA	No fiscal impact	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Recurring	General Fund
Total	No fiscal impact	Indeterminate	Indeterminate	Indeterminate	Recurring	General Fund

Parentheses () indicate expenditure decreases.
 *Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency Analysis of Original Bill Received From
 Administrative Office of the Courts (AOC)
 Administrative Office of the District Attorneys (AODA)
 Law Office of the Public Defender (LOPD)
 Office of the Attorney General (NMAG)
 Health Care Authority (HCA)
 Department of Health (DOH)
 Department of Public Safety (DPS)

Agency Analysis was Solicited but Not Received From
 Developmental Disabilities Council (DDC)

Because of the short timeframe between the introduction of this committee substitute and its floor hearing, LFC has yet to receive analysis from state, education, or judicial agencies. If that analysis is received, this analysis could be updated.

SUMMARY

Synopsis of SJC Substitute for Senate Bill 166

The Senate Judiciary Committee substitute for Senate Bill 166 (SB166) amends Section 43-1-3 and Section 43-1B-2, NMSA 1978, the Mental Health and Developmental Disabilities Code and the Assisted Outpatient Treatment Act, by refining the definitions of "harm to self" and "harm to others."

"Harm to self" would be defined as an individual's inability to meet their basic needs for nourishment, medical care, shelter, or self-protection, with a likelihood of death, serious bodily injury, or severe physical or mental debilitation if treatment is not provided.

"Harm to others" would apply to individuals who have recently inflicted or attempted to inflict serious bodily harm or created a substantial risk of such harm, with a high likelihood of recurrence.

The bill removes "extreme destruction of property" as a criterion for determining harm to others and clarifies the role of crisis triage centers as evaluation facilities for individuals requiring emergency mental health services.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

FISCAL IMPLICATIONS

SB166 does not contain a direct appropriation; however, changes to the definitions of "harm to self" and "harm to others" in the Mental Health and Developmental Disabilities Code and the Assisted Outpatient Treatment Act may lead to increased demands on judicial, law enforcement, and behavioral health resources. By refining the legal criteria for involuntary commitment and assisted outpatient treatment, the bill may result in changes in the number of petitions filed, court hearings held, and services required for individuals who meet the updated standards. The Administrative Office of the Courts' (AOC) analysis of the original bill indicated the fiscal impact of these changes are uncertain, but additional petitions for involuntary commitment could increase caseloads and require additional courtroom resources.

Law enforcement agencies may experience expanded responsibilities related to transporting and managing individuals who meet the new commitment criteria. The Department of Public Safety (DPS) and local law enforcement agencies have not provided cost estimates related to potential increases in transport costs or the costs of increased interactions with individuals experiencing mental health crises. The Department of Health's (DOH) analysis of the original bill indicated that the bill may result in more referrals to the New Mexico Behavioral Health Institute, where the state general fund covers a significant portion of patient costs. The Health Care Authority's (HCA) analysis of the original bill noted that implementing the bill's provisions may require updates to administrative regulations and staff training, but the agency has not quantified the potential fiscal impact. Due to the uncertainty surrounding how many individuals would become eligible for commitment or outpatient treatment under the revised definitions, the total fiscal impact of SB166 remains undetermined but potentially substantial.

SIGNIFICANT ISSUES

Under the amendments offered in SB166, the revised definition of "harm to self" would require a demonstration that an individual is unable to meet their basic needs for nourishment, medical care, shelter, or self-protection, with a likelihood of death, serious bodily injury, or severe physical or mental debilitation if treatment is not provided. The amendments offered in the bill remove explicit references to suicide risk as a factor in determining harm to self, which could affect how eligibility for commitment is assessed. The definition of "harm to others" would now

specify that the individual must have recently inflicted or attempted to inflict serious bodily harm or acted in a way that creates a substantial risk of such harm, with a high likelihood of recurrence. The bill removes references to extreme destruction of property as a criterion for determining harm to others.

The bill clarifies the role of crisis triage centers as evaluation facilities for individuals requiring emergency mental health services. State agencies, including HCA and DOH, have indicated that administrative rule changes may be necessary to align agency policies with the bill's provisions. AOC's analysis of the original bill noted that the revised definitions may lead to an increase in petitions for involuntary commitment or assisted outpatient treatment. However, the extent of this impact is uncertain. DPS' analysis of the original bill indicated that changes to commitment criteria may lead to an increased number of interactions between officers and individuals experiencing mental health crises. Behavioral health stakeholders have raised questions about whether the removal of explicit suicide references could affect clinical assessments of risk and whether additional training or guidance may be required to ensure consistency in implementation.

ADMINISTRATIVE IMPLICATIONS

HCA, DOH, and AOC may need to update policies, procedures, and training programs to align with the revised definitions of "harm to self" and "harm to others." The bill may require state agencies to develop administrative rules to ensure consistent implementation of the new commitment criteria. AOC may also need to provide training to judges and court personnel on how to apply the revised definitions in commitment proceedings. Law enforcement agencies may need to revise crisis intervention training to ensure officers understand the updated criteria for determining when an individual qualifies for involuntary commitment.

The bill does not include a specific appropriation to support administrative changes, and agencies have not provided estimates of the costs associated with updating policies and training personnel. The timeline for implementing these changes is not specified in the bill, and state agencies have not indicated when administrative updates would be completed.

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