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## FISCAL IMPACT REPORT

<b>SPONSOR</b> <u>Little/Jaramillo/Parajon/Thomson/Herndon</u>	<b>LAST UPDATED</b> _____ <b>ORIGINAL DATE</b> <u>2/7/2024</u>
<b>SHORT TITLE</b> <u>Behavioral Health Workforce Study</u>	<b>BILL NUMBER</b> <u>House Memorial 12</u>
<b>ANALYST</b> <u>Chenier</u>	

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

Agency/Program	FY24	FY25	FY26	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
		No fiscal impact				

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

### Sources of Information

LFC Files

Agency Analysis Received From  
 Office of the Superintendent of Insurance (OSI)  
 Health Care Authority (HCA)  
 Children, Youth and Families Department (CYFD)

## SUMMARY

### Synopsis of House Memorial 12

House Memorial 12 requests that the Interagency Behavioral Health Purchasing Collaborative partner with statewide associations that represent behavioral health care providers to study the administrative burdens behavioral health care providers face in New Mexico.

The memorial provides the agencies that must be studied, including Health Care Authority (HCA), Behavioral Health Services Division of HCA, Department of Health (DOH), Children, Youth and Families Department (CYFD), and Regulation and Licensing Department (RLD).

The memorial identifies the following “disproportionate” administrative burdens that behavioral health providers face in New Mexico: cumbersome licensing and credentialing processes; conflicting and inconsistent demands from regulatory authorities; frequent and redundant demands to submit documents, reports, and data; duplicative site visits and service reviews by multiple state agencies, regulatory and licensing authorities and managed care organizations; unnecessary requirements to carry out administrative functions that could be managed by administrative staff; avoidable barriers that hinder the timely provision of critical and lifesaving medication and other treatment to patients and clients; and extraordinary delays in compensation for rendered services from managed care organizations and state agencies.

The memorial requires that by November 1, 2024, the interagency behavioral health purchasing collaborative report its findings and recommendations to the governor and the Legislative Health and Human Services Committee regarding meaningful ways to address the administrative burdens faced by behavioral health care providers and how to substantially expand and support the behavioral health care workforce in New Mexico.

## FISCAL IMPLICATIONS

The provisions contained within this memorial fall within the scope of the Interagency Behavioral Health Purchasing Collaborative and would not have an additional fiscal impact.

## SIGNIFICANT ISSUES

HCA provided the following:

The New Mexico Health Care Workforce Committee, led by the University of New Mexico in collaboration with state agencies and providers, releases a report on healthcare workforce capacity annually, including recommendations to expand the workforce. In 2023, some of the Committee's recommendations included the following:

- Medicaid should provide a reimbursement differential to providers and providers organizations for offering services in languages other than English. This would be through a state certification process for qualified behavioral health interpreters, that includes training for monolingual English speakers on how to use interpreters. (\$3 million, recurring.)
- Encourage New Mexico to boost Medicaid funding in FY2025 to achieve key goals: 1) raise primary care, maternal and child health, and behavioral health Medicaid rates to 150 percent of Medicare; 2) set specialty care rates at a minimum of 120 percent of Medicare; 3) ensure equal increases for preventive health codes; 4) guarantee a 10 percent higher rate for Rural New Mexico services; 5) grant APRNs 100 percent of physician Medicaid rates; 6) instruct the Human Services Department to create a five-year plan to reach 250 percent of Medicare rates by FY2030.
- Encourage the New Mexico Legislature and the Executive to fully fund the Health Professional Loan Repayment Program by appropriating at least \$30 million to the Program in FY2025.
- Regarding a past recommendation from the Legislative Health and Human Services Committee, we recommend funding a plan to evaluate costs and create a budget for funding health care professionals for the Center for Complex Care (CoCC) for children, youth, and adults with disabilities. We recommend that \$50 thousand of nonrecurring funds.
- Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers, and counselors. It is extremely important to include these professions as a recruitment and retention tool to improve access to pharmacy, physical therapy, and mental health services outside of urban centers in the state.
- Encourage the New Mexico Legislature and the Executive to fully fund the Rural Healthcare Delivery Fund with an additional \$120 million appropriation in FY25, consider future appropriations based on needs

identified by community practices, and amend the statutes governing the Fund to make services delivered in a county with a population less than 125,000 eligible for funding.

- Expand certified peer support specialist roles in the state's behavioral health workforce. Approaches include: 1) Advocate for including peer support services in behavioral health coverage for all New Mexico health plans; 2) Incorporate certified behavioral health providers in workforce reports; 3) Expand Medicaid reimbursement for peer support in diverse settings; 4) Enable peer support workers to provide Medicaid services in emergency departments without a treatment plan. These measures aim to address the state's shortage of behavioral health providers (4 per 1,000 statewide) by increasing opportunities for hiring and billing for certified peer support specialists. (\$3 million, recurring.)
- Adopt legislation permitting the medical board to participate in the Interstate Medical License Compact Commission, like our neighboring states, to reduce barriers to physicians licensed in other states being able to practice in our state.

The HCA Behavioral Health Services Division strategic plan includes reducing provider administrative burden by limiting site visits, streamlining communications with MCOs and the HCA, issue more streamlined and clear guidelines and policies via the NMAC and the Behavioral Health Policy and Billing Manual.

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