LFC Requester:	

# **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}

*Check all that apply:* 

Original X Amendment **Date** 2025-01-29

**Prepared:** 

Correctio **Substitute** Bill No: HB152

Agency Name CYFD 69000 **Sponsor(s)** Eleanor Chávez

and Code

**Number:** 

Person Elizabeth Hamilton

Writing

**Analysis:** 

**Short** PREVENT CERTAIN **Phone:** 505-795-4256

**Title:** TREATMENT

RESTRICTIONS

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gov

# **SECTION II: FISCAL IMPACT**

## **APPROPRIATION (dollars in thousands)**

Appropriation		Recurring	Fund	
FY24	FY25	or Nonrecurring	Affected	
0	0			

# **REVENUE** (dollars in thousands)

Estimated Revenue			Recurring	Fund	
FY24	FY25	FY26	or Nonrecurring	Affected	
0	0	0		General Fund	

## **ESTIMATED ADDITIONAL OPERATION BUDGET (dollars in thousands)**

	FY24	FY25	FY26	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	0	0	325.8	325.8	Recurring	General Fund

Duplicates/Conflicts with/Companion to/Relates to:

Duplicates/Relates to Appropriation in the General Appropriation Act:

## **SECTION III: NARRATIVE**

#### **BILL SUMMARY**

HB152 bill ensures better access to evidence-based treatment for minors who have substance abuse disorders and are in need of treatment. This bill focuses on improving the treatment of substance use disorders among minors in New Mexico through the use of Medicaid Assisted Treatment (MAT) as a key intervention. Key points include a focus on access to MAT if a minor is in any facility run by DOH, CYFD, HCA or receives Medicaid as a reimbursement. The bill requires regulations and reporting be created and implemented by December 2025 and asks that new funding be created for the Health Care Authority to support MAT program creation for minors.

#### FISCAL IMPLICATIONS

CYFD, as the authority regarding children's behavioral health in the State, is not provided any appropriation to administer these changes. If enacted, CYFD Children's Behavioral Health Services' Licensing and Certification Authority and programmatic side would need additional FTE (including 2 Registered Nurse Level III positions and 1 additional Social & Community Services Coordinator Advanced position) to adequately train, monitor and provide oversight.

#### SIGNIFICANT ISSUES

Of significant concern to CYFD is the effect this bill may have on current providers. At this time, New Mexico Behavioral Health Providers treat minors as co-occurring disorders, meaning the providers address substance abuse as a secondary need and address the mental health need as the primary need, looking for the root cause of the substance use. This new requirement to utilize MAT may hinder a provider's ability to provide in-patient services such as Residential Treatment as most adolescent residential treatment facilities do not employ 24-hour medical staff or standard medical staff. The requirement to provide MAT for youths with substance abuse disorder could cause a Residential Treatment Facility or an outpatient facility to shut down as they would not be able to ensure, the cost or find the adequate staff. The requirement to provide MAT may also hinder a provider's ability to bill and be reimbursed by Medicaid. The need for providers to have medical staff to provide MAT is a concern for outpatient providers. Providers who work with minors do not always have all medical staff employed. There may also be a challenge to find medical providers who are willing to treat minors, making it a challenge to meet the requirements of the bill. This challenge will be especially pronounced in rural communities. At this time, New Mexico only has one in-patient provider for minors administering MAT and it's the only adolescent detoxification center. As New Mexico works to grow its number of residential treatment centers, this requirement may hinder new providers from opening trauma responsive and evidence-based treatment centers for co-occurring needs.

Further, CYFD's Licensing and Certification Authority (LCA) licenses and certifies residential treatment centers for children and children's behavioral health service providers. This bill will require LCA to include additional requirements concerning medication assisted treatment for minors in its review processes and may require updating NMAC and Children's Code. This will mean additional training and collaboration with the Health Care Authority to monitor out-patient MAT providers as well.

#### PERFORMANCE IMPLICATIONS

Because this is novel legislation for the state. unknown it is legislation itself may impact CYFD's performance measures regarding the safety and well-being of children. However, if providers decide to cease operations or those abuse decide to no longer treat co-occurring substance disorders with rather than change their program, that will negatively impact CYFD's ability to children. provide necessary services for the safety and well-being of

### ADMINISTRATIVE IMPLICATIONS

CYFD and HCA will need to collaborate closely on a strategic plan to ensure that efficient compliance monitoring of service providers is had. This collaboration, along with the development of regulations to guide service providers and the training of compliance monitoring staff will require additional FTE. The current interdisciplinary team between HCA and CYFD will have to increase their capacity and communication to ensure they are capturing all programs servicing minors with MAT and to also ensure that funding is going to providers who are adequately set up to meet the new requirements implemented by this this bill.

# adequately set up to meet the new requirements implemented by this this bill. CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP None identified. **TECHNICAL ISSUES** None identified. OTHER SUBSTANTIVE ISSUES None identified. **ALTERNATIVES** None proposed. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL Status quo.

None identified.

**AMENDMENTS**