

LFC Requester:	Helen, Gaussoin
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AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

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(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}

Date Prepared: 2/14/25 *Check all that apply:*
Bill Number: HB 424 Original Correction
 Amendment Substitute

Sponsor: Rep. Rebecca Dow **Agency Name and Code** AOC
Short Title: Pregnancy & Family Care Act **Number:** 218
Title: _____ **Person Writing** Kathleen Sabo
Phone: 505-470-3214 **Email** aoccaj@nmcourts.gov

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
None	None	Rec.	General

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
Unknown	Unknown	Unknown	Rec.	General

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	Unknown	Unknown	Unknown	Unknown	Rec.	General

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: None.

Duplicates/Relates to Appropriation in the General Appropriation Act: None.

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: HB 424 enacts the “Pregnancy and Family Care Act,” within the Children’s Code, Chapter 32A, to require a health care provider, with the consent of and during the first visit with a pregnant patient, to conduct a screening for substance use disorder to determine whether an assessment is required. HB 424 requires, if a health care provider determines through the screening process that a pregnant patient may have a substance use disorder, the health care provider to conduct an assessment or refer for assessment. Under HB 424, if a health care provider conducting an assessment diagnoses a pregnant patient with an untreated substance use disorder, the health care provider is required, with the patient’s consent, to develop a family care plan.

HB 424 specifies the screening and priority to be given to pregnant or postpartum patients referred to a substance use disorder treatment provider, incarcerated in a state correctional facility or county jail, or participating in a court-supervised program or on parole or probation.

HB 424, Section 5, requires the Department of Health (DOH) to establish a notification system, distinct from the system for reporting child abuse or neglect, requiring health care providers who deliver or care for a substance-exposed infant to simultaneously notify the department and the hospital, birthing center or facility where the infant was delivered about the birth of a substance-exposed infant.

HB 424, Section 6, governs the management of and the participation in, family care plans. The law defines “family care plan” to mean

a plan created by a health care provider or substance use disorder treatment provider for a pregnant or postpartum patient, a substance-exposed infant, a caregiver or a patient's family members to provide a range of services to address substance use disorder treatment, mental health issues, health care needs, parenting skills, child development, education and other related needs.

HB 424, Section 7, governs education and training materials for service providers and information for members of the public.

HB 424, Section 8, establishes the “statewide perinatal advisory council,” administratively attached to the DOH. Among the 15 members, a representative of the Administrative Office of the Courts (AOC) shall be included. Subsection I provides that no later than September 1, 2026, and annually thereafter, the statewide perinatal advisory council shall provide a report to the department containing information and recommendations regarding perinatal substance use disorder, including: (1) models that emphasize coordination of substance use disorder treatment services with other services that address health care, child welfare and child development needs; (2) improvement of coordinated responses by state agencies, including workforce development in underserved areas; (3) racial or ethnic disparities regarding access

to substance use disorder treatment, involvement with the criminal justice system and involvement with child protective services; (4) promotion of the distribution of the educational and training materials developed pursuant to Section 7 of the Pregnancy and Family Care Act; (5) communication with policymakers at the state and federal levels regarding the prevention and treatment needs of pregnant and postpartum patients with substance use disorder and the patients' children; (6) allocation of resources where needed; (7) coordination with the local councils established pursuant to Section 9 of the Pregnancy and Family Care Act to address the perinatal substance use disorder issues in each county; and (8) any other duties determined by the department.

HB 424, Section 9, requires DOH, in conjunction with each board of county commissioners or tribal leadership, to establish county perinatal coordinating councils for each county, or group of counties where resources are limited.

HB 424, Section 9(I), requires each county perinatal advisory council, no later than July 1, 2026 and annually thereafter, to provide a report to the statewide perinatal advisory council containing information about the perinatal substance use disorder problem in the county or counties served by the council, including recommendations regarding: (1) models for new coordinated responses by state agencies, including workforce development in underserved areas; (2) the impact of racial or ethnic disparities regarding access to substance use disorder treatment, involvement with the criminal justice system and involvement with child protective services; (3) the distribution within the county of the educational and training materials developed pursuant to Section 7 of the Pregnancy and Family Care Act; (4) communication with policymakers at the state and federal levels regarding the prevention and treatment needs of pregnant and postpartum patients with substance use disorder and their children; (5) allocation of additional resources where needed; (6) collaboration and coordination with the statewide perinatal advisory council established pursuant to Section 8 of the Pregnancy and Family Care Act to address the perinatal substance use disorder issues in the county; and (7) any other duties determined by the chair.

HB 424 requires the DOH, no later than November 1, 2026 and annually thereafter, to provide a report to the legislative finance committee, the interim legislative health and human services committee, the interim legislative committee that studies courts, corrections and justice and the governor containing information and recommendations regarding perinatal substance use disorder.

HB 424 repeals Section 32A-3A-13 NMSA 1978, within the Voluntary Placement and Family Services Act and governing plan of care, guidelines, creation, data sharing and training. The Act also repeals Section 32A-3A-14 NMSA 1978, governing notification to the department of noncompliance with a plan of care.

FISCAL IMPLICATIONS

There will be a minimal administrative cost for statewide update, distribution and documentation of statutory changes. Any additional fiscal impact on the judiciary would be proportional to the need for judicial resources to be expended due to the participation of a representative of the AOC in the proposed Statewide Perinatal Advisory Council. New laws, amendments to existing laws and new hearings have the potential to increase caseloads in the courts, thus requiring additional resources to handle the increase.

SIGNIFICANT ISSUES

- 1) According to the Commonwealth Fund, as of November 2023, thirty-one states and the District of Columbia have perinatal advisory councils. Forty-five states and the District of Columbia participate in the National Network of Perinatal Quality Collaboratives, an initiative to improve population-level perinatal health equity. See *State Policy Trends to Improve Perinatal Health Outcomes*, The Commonwealth Fund, November 2023, <https://www.commonwealthfund.org/blog/2023/state-policy-trends-improve-perinatal-health-outcomes> .

PERFORMANCE IMPLICATIONS

The courts are participating in performance-based budgeting. This bill may have an impact on the measures of the district courts in the following areas:

- Cases disposed of as a percent of cases filed
- Percent change in case filings by case type

ADMINISTRATIVE IMPLICATIONS

See “Fiscal Implications,” above.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None.

TECHNICAL ISSUES

- 1) HB 424, Section 8(H) provides that “members appointed pursuant to Paragraphs (5) through (7) of Subsection E of this section shall be appointed to serve an initial two-year term.” Subsection E provides that the Secretary of Health shall endeavor to appoint members from underserved communities, while Subsection D(1) through (7) lists members to be included. It appears that the initial two-year term may apply to members appointed pursuant to Subsection D(5) through (7).

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

AMENDMENTS

- 1) See “Technical Issues,” #1, above.