

LFC Requester:

Rachel Mercer-Garcia

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

[AgencyAnalysis.nmlegis.gov](https://www.legis.nm.gov/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}*

Date Prepared: 2/26/2025 *Check all that apply:*
Bill Number: HB463 Original Correction
 Amendment Substitute

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SECTION II: FISCAL IMPACT**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
NFI	NFI		

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
NFI	NFI	NFI		

(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						

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

HB243 creates a pilot perinatal investigation program with the Children, Youth and Families Department (CYFD). The pilot program would investigate and assess all substance-exposed newborns reported by healthcare providers. The program would be staffed by trauma-informed perinatal professionals and be a 2-year program. The perinatal professionals would use an evidence-based intensive care coordination model listed in the Title IV-E prevention service clearinghouse or other nationally recognized evidence-based child welfare clearinghouse.

The pilot program would coordinate with the Department of Health Maternal Child Health Program, the Health Care Authority and the Early Childhood Education and Care Department's Home Visiting Program.

The bill includes a \$100,000 appropriation to CYFD in state fiscal years 2026 and 2027. Unspent funds remaining at the end of FY27 will revert to the state's general fund.

FISCAL IMPLICATIONS

None

SIGNIFICANT ISSUES

The Comprehensive Addiction and Recovery Act (CARA) is a federal amendment to the Child Abuse Prevention and Treatment Act (CAPTA) requiring states to develop plans of safe care for infants born affected by substance use during pregnancy. The New Mexico CARA program is a non-punitive, voluntary public health approach to implementing the federal law. This approach is grounded in evidence showing that supportive, rather than punitive, responses lead to increased prenatal engagement with healthcare services and better health outcomes for mothers and infants. By prioritizing care coordination and family support, New Mexico's CARA program aligns with best practices in maternal and child health.

HB463 aligns with this public health approach as it would investigate cases of child abuse and neglect that are reported pursuant to Subsection A of § 32A-4-3 NMSA 1978. Under current law, any report of suspected child abuse or neglect made by a healthcare provider prompts further investigation. However, HB463 lacks clarity in defining key terms, which may lead to inconsistencies in implementation. Specifically, it fails to clearly define "perinatal professional", and "appropriate measures". The absence of these definitions may create ambiguity regarding the scope and standards of such investigations, and what actions are considered appropriate in response to reported cases.

ECECD's home visiting system provides support to families by promoting early childhood development, parental education, and access to resources, they are not designed to function as part of a child welfare investigative framework. ECECD programs are voluntary, promotion and

prevention focused and do not involve an investigatory or enforcement role.

PERFORMANCE IMPLICATIONS

None.

ADMINISTRATIVE IMPLICATIONS

None.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

If other related bills, such as HB136 and HB303, are enacted, both of which address specific drug exposure as constituting child abuse and/or neglect, it could impact the role of the proposed pilot program. Depending on how "investigation" is defined in HB463, there is a risk of duplication or potential conflict between these measures.

Additionally, if the Department of Health becomes the lead agency for the CARA program, as outlined in SB42, which aims to provide services to pregnant and postpartum individual, this could create further overlap with HB463. The intersection of these various legislative efforts raises concerns about the clarity of roles and responsibilities among state agencies.

HB463 is similar to SB42 in that both bills would provide support to prenatal individuals, substance-exposed newborns and their families.

HB463 is related to HB343 which amends the children's code to require a report of child abuse or neglect for a substance-exposed newborn that would require CYFD to determine if the Plan of Safe Care is complete and adequately addresses the child's safety.

HB463 is related to HB136 that adds exposure to the use of fentanyl as evidence of child abuse.

HB463 is related to HB303 that makes it a crime of abuse of a child exposed to a schedule one or schedule two controlled substance.

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

AMENDMENTS