

LFC Requestor: CHENIER, Eric

2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: Senate

Category: Bill

Number: 2

Type: Introduced

Date (of THIS analysis): 01/22/2025

Sponsor(s): Benny Shedo, George Munoz, David Gallegos

Short Title: Making Appropriations for Public Health and Safety Initiatives

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$ 1,000.00	\$ 1,000.00	Recurring	GF

The bill appropriates a total of \$1,000,000 to DOH directly for community outreach to homeless people. The funding in this bill requires SB3 to become law.

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	N/A	N/A

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$1,069.5	\$1,069.5	\$1,069.5	\$3,208.5	Recurring	General Fund

Medical Staff for units	FY 25	FY26	FY 27	
Contract nursing staff (five contracts)	\$550,000	\$550,000	\$550,000	\$1,650,000
Provider (one contract)	\$200,000	\$200,000	\$200,000	\$600,000
Pharmacist	\$145,000	\$145,000	\$145,000	\$435,000
Administrative Costs				
Telehealth contract (\$200/month x5)	\$12,000	\$12,000	\$12,000	\$36,000
Mobile Unit Maintenance (\$5000 x 5)	\$25,000	\$25,000	\$25,000	\$75,000
Fuel	\$36,000	\$36,000	\$36,000	\$108,000
License for mobile units (\$300/each biennially)	\$1,500	0	\$1,500	\$3,000
Insurance for mobile units				
Cost of medication assisted treatments	\$100,000	\$100,000	\$100,000	\$300,000

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: SB3 – SB3 must become law in order for this bill to become law.

Relates to: None

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

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

SB2 would provide funding to various entities to create and support the work of regional planning and case management for those leaving jail or under community control.

SB2 proposes appropriations across 13 different areas to improve public health and safety. Each of the 13 sections has entities identified that would receive the funding and

how the funding is to be implemented. Section 12 specifically identifies New Mexico Department of Health (NMDOH) to receive \$1,000,000 for expenditure in FY 25 and subsequent fiscal years for mobile health units, medication-assisted treatment and other health outreach to homeless people, including telemedicine. Any unexpended or unencumbered balance remaining at the end of a fiscal year shall not revert to the general fund.

Section 1 provides funding for the Administrative Office of the Courts to create regional groups, planning of services, and sequential intercept resource mapping statewide, including costs associated with monitoring, quality assurance and setting statewide standards related to relevant elements within regional plans (\$1,700,000). In other bills NMDOH is identified as a stakeholder and would participate in these regional meetings.

Section 2 provides funding to the courts to provide grants to judicial districts based on the submitted regional plans to enhance regional case management, behavioral health grant writing, peer-operated crisis response and recovery support services, behavioral health and homeless outreach and engagement; and (2) grants to judicial districts based on the submitted regional plans for specialty, diversion, problem solving and treatment courts and associated programs and pretrial services (\$7,000,000). There may be opportunities for New Mexico Behavioral Health Institute (NMBHI) – Community Based Services – to provide services in response to grants provided to San Miguel County.

Section 3 – provides funding to the Health Care Authority (HCA) for municipalities, counties, and Tribes, Pueblos, and Nations (TPNs) to provide Assisted Outpatient Treatment (AOT), Medications for Opioid Use Disorder (MOUD), and Assertive Community Treatment, and other best-practice and evidence-informed outpatient and diversion services, promising practices and community-based wraparound services and resources. There may be opportunities for NMDOH to provide these services, but it is not specified in the bill. The money would not go directly to NMDOH and would have to go through the cities, counties, and TPNs.

Section 4 – appropriates money to HCA for regional transitional acute care facilities and certified community behavioral health clinics that are located in a municipality with a state institution of higher education and remain eligible for Medicaid (\$10,000,000). This section does state that HCA would have to “consult” with NMDOH in determining who would receive grants. There may be opportunities for NMDOH to provide services with this funding.

Section 5 – appropriates money to HCA for crisis response facilities that operate 24-hours a day, associated services and technical assistance support (\$7,500,000). NMDOH currently does not operate any of these types of facilities.

Section 6: appropriation to Corrections Department to assist discharged persons to connect with recovery support services and treatment and community-based behavioral health supports that supplement or enhance transitional services covered by Medicaid (\$1,300,000).

Section 7 – appropriation to Department of Public Safety (DPS) for regional mobile crisis response, recovery and outreach equipment and vehicles. NMDOH does not currently provide this service but may be eligible as a provider in certain areas, such as NMBHI Community Based Services (CBS).

Section 8 – appropriation to HCA for regional planning crisis response and recovery and intervention outreach teams (\$11,500,000).

Section 9 – appropriation to HCA for education and outreach regarding behavioral health services in each region regarding available behavioral health services (\$1,000,000).

Section 10 – appropriation to DPS for diversion, crisis intervention, collaborative and embedded crisis response, mental health, social work, community and intercept resources training (\$2,000,000).

Section 11 – appropriation to University of New Mexico (UNM) for mobile health units, medication-assisted treatment and other health outreach to homeless persons, including telemedicine (\$1,000,000).

Section 12 – appropriation to NMDOH for mobile health units, medication-assisted treatment and other health outreach to homeless persons, including telemedicine (\$1,000,000).

Section 13 – appropriation to the Department of Finance and Administration (DFA) to support the expansion of housing services providers that facilitate behavioral health services and substance misuse recovery, homelessness assistance and prevention for persons with behavioral health needs and transitional housing (\$48,000,000).

Section 14 – states that sections 1-10 and 13 all are dependent upon SB3 becoming law.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Like many states, New Mexico is grappling with a housing crisis. The funding allocations in SB2 represent a positive step, addressing critical needs and vulnerable populations. However, many services outlined in the bill are heavily concentrated in metropolitan areas. It will be important to pay special attention directing funding and new programmatic supports to rural and underserved regions.

Of the \$97,000,000 allocated in SB2, less than 38% is specifically identified for Tribes, Pueblos, and Nations. Furthermore, the bill lacks a clear set-aside or carve-out for these sovereign nations, which consistently report higher Social Vulnerability Index (SVI) rates. The Minority Health Social Vulnerability Index reveals that 32.4% of the American Indian/Alaska Native (AI/AN) population lives below 150% of the poverty level, highlighting the need for targeted support. [Minority Health Social Vulnerability Index Explorer](#)

Although the funds are non-reverting, the bill does not include language guaranteeing recurring allocations in future legislative sessions. This omission raises concerns about the sustainability of smaller projects and their associated funding, such as those outlined in Sections 6, 9, 11, and 12.

NMDOH currently has six mobile units that serve all regions in New Mexico. Five units are functional and one older unit is in need of repair. DOH mobile units have been instrumental in reaching some underserved populations, especially those experiencing homelessness. While these units have primarily focused on vaccines and harm reduction services, they may be used to provide clinical services for family planning and sexually transmitted disease programs services and can also serve as a referral source for other programs and services offered by NMDOH and many other agencies. Taking mobile units into the community is not only instrumental for getting services to people, it also builds between the community and the agencies providing services.

With the proposed funding, NMDOH could expand the services offered to potentially include: a new unit that could be solely focused on providing mental health services, hire or contract a behavioral health specialist(s), hiring or contracting more providers, or focus on increasing telehealth services for Medication Assisted Opioid Use Disorder Treatment, or increase outreach of the mobile clinics.

According to the Substance Abuse and Mental Health Services Administration (SAMSHA), in 2021-2022, 25.7% of the population in New Mexico had some mental illness and 6.3% had serious mental illness. Trends for substance abuse disorder and illicit drug use are also higher than the national average. 22.8% for ages 12-17 and 23.6% of adults had substance use disorder in the past year, higher than the national average at the time of 17.8%. 24.6% of adults had illicit drug use compared to the national average of 16.3% at the time.

<https://www.samhsa.gov/data/report/behavioral-health-barometer-region-6-volume-7>

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

This bill would expand on services providing MOUD treatment and access. It would also expand include behavioral health services.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

Goal 1: We expand equitable access to services for all New Mexicans

Goal 2: We ensure safety in New Mexico healthcare environments

Goal 3: We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?

Yes No N/A

- If there is an appropriation, is it included in the LFC Budget Request?

Yes No N/A

- Does this bill have a fiscal impact on NMDOH? Yes No

\$1,000,000 would be directly allocated to NMDOH.

FTE salaries and fees as above.

In addition:

- Licensing of mobile units \$300 biennially
- CS and DEA registrations \$240 yearly x 10 or 12 if opted to license for treatments on board mobile units (would need to do the same for the public health office serving as the units home base)
- Fuel and maintenance costs could be higher based on how often they are being utilized. If full time staff are on board, they would be out five days per week versus several outreaches per month.
- Cost of medications is speculative and could be more with more people serviced.

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

Additional staff would be required for each mobile unit.

The NMDOH Healthy and Safe Communities/Public Health Division oversees initiatives related to language in Section 12. As such, the program already develops contracts with communities and one Pueblo, which includes detailed scopes of work and evaluation benchmarks.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

This bill is related to SB1 and SB3.

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No.

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

8. DISPARITIES ISSUES

SB 2 aims to address vulnerable populations across the state including but not limited to:

- Unhoused
- Formally incarcerated persons
- Persons with SUD
- Persons in recovery (Behavioral Health survivors)
- Indigenous populations

9. HEALTH IMPACT(S)

SB2 seeks to address critical public health challenges, including substance use, behavioral health, and homelessness, by adopting an upstream approach, which could have a positive impact.

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If SB2 is not enacted, one million dollars (\$1,000,000) would not be appropriated from the general fund to the department of health for expenditure in fiscal year 2025 and subsequent fiscal years for mobile health units, medication-assisted treatment, telehealth services and other health outreach to homeless persons.

12. AMENDMENTS

None