

LFC Requestor: SANCHEZ, Scott

**2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: Senate

Category: Bill

Number: 54

Type: Introduced

Date (of THIS analysis): 01/24/2025

Sponsor(s): Katy Duhigg and Janelle Anyanonu

Short Title: Criminal Justice Changes

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		
\$ 0	\$0	N/A	N/A

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	\$0	\$0	\$0	\$0	N/A	N/A

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

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

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

Senate Bill 54 (SB54) proposes to create the medication-assisted treatment for the incarcerated program fund. The fund would be administered by the Health Care Authority (HCA), would be a non-reverting fund in the state treasury consisting of appropriations, gifts, grants, and donations. The fund would assist all counties that operate correctional facilities to establish and operate medication-assisted treatment (MAT) programs for people for are incarcerated in county correctional facilities.

SB54 would require all correctional facilities to offer MAT to people incarcerated and in need of MAT by the end of fiscal year 2025.

By the end of December 31, 2025, SB54 would require state correctional facilities to develop, implement, and publish a policy describing the provision of MAT, and provide all medications approved by the federal Food and Drug Administration (FDA) for the treatment of Substance Use Disorder (SUD) and withdrawal management.

By the end of December 31, 2026, SB54 would require county detention facilities to develop, implement, and publish a policy describing the provision of MAT, and provide all medications approved by the federal FDA for the treatment of SUD and withdrawal management.

SB54 requires that each correctional facility track and report MAT utilization data to HCA, including number of individuals screened for MAT, number of individuals receiving MAT, demographic information of MAT recipients, type of medication, duration of treatment, and status of MAT at release, including if a prescription was provided at release and if the person was connected to community-based care.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

In 2023, New Mexico (NM) was ranked 6th in the United States for drug overdose deaths with an age-adjusted mortality of 48.9 per 100,000 persons. Most overdose deaths occur among men of working age (ages 25-64 years old). According to Dr. Nora Volkow, the director of the National Institute on Drug Abuse at the National Institute of Health, overdose is the leading cause of death for persons released from incarceration ([Everyone deserves addiction treatment that works — including those in jail | National Institute on Drug Abuse \(NIDA\)](#)). Furthermore, incarcerated persons are at an increased risk of fatal and nonfatal overdose after release, which has been well documented through a plethora of published studies. Incarcerated persons in New Mexico are no exception.

[Risk factors for all-cause, overdose and early deaths after release from prison in Washington state - PubMed](#)

[Beyond the walls: Risk factors for overdose mortality following release from the Philadelphia Department of Prisons - PubMed](#)

[Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009 - PubMed](#)

[Overdose and substance-related mortality after release from prison in Washington State: 2014-2019 - PubMed](#)

A study conducted by the NM Department of Health (NMDOH) with data from the NM Corrections Department, for years 2020-2023 found that, compared to the general population of NM, persons who were recently released experienced greater mortality. For persons who died in 2023, the observed mortality was 49 times higher than the expected mortality. Approximately 61% of formerly incarcerated persons died of a drug overdose within one year of release. This study highlights the need for reentry services and MAT services for incarcerated persons, which has been demonstrated through other studies.

In February of 2022 the National Institutes for Health released a report indicating that the treatment for opioid use disorder while in jail reduces the risk of returning to jail. This study looked at opioid addiction which included prescription pain relievers, heroin, and synthetic versions of fentanyl. This study showed that those that one year after release “fewer than half (48.2%) of men who had been in the jail that offered drug treatment were rearrested or reincarcerated, compared with 62.5% of men released from the jail that didn’t offer medicated opioid use disorder (MOUD)”. (<https://www.nih.gov/news-events/nih-research-matters/treatment-opioid-use-disorder-jail-reduces-risk-return>)

The standard treatments for opioid use disorder are the use of: methadone, buprenorphine, and extended release naltrexone. A study conducted by the American Society of Addiction Medicine, showed that by providing medications for opioid use disorder, specifically Methadone and buprenorphine, the risk of overdose death decreased by 50%. (<https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2025/01/24/treatment-of-opioid-use-disorder-in-correctional-settings>)

This same study also acknowledged the importance of a continued care when the person is released from the correctional facility. SB54 addresses the need to have that continuum of care while detained and after release.

The use of MOUD while incarcerated “increased community-based treatment engagement post release and there is also evidence that initiating or continuing MOUD’s during incarceration is associated with decreased opioid use and overdose post release without increasing criminal involvement”. (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9898706/>)

Studies have found that there is very little diversion of buprenorphine occurring in correctional facilities that offer buprenorphine ([Expanding buprenorphine in U.S. jails: One county's response to addressing the fears of diversion - ScienceDirect](#)). In fact, offering buprenorphine in correctional facilities can even improve conditions for incarcerated persons and facility staff and has been shown to reduce post-release overdose mortality rates ([Expanding access to Medication for Opioid Use Disorder \(MOUD\) in jails: A comprehensive program evaluation - ScienceDirect](#)). One study found that initiation of MAT was not enough and that linkage to care was a critical component needed to support formerly incarcerated persons as they return to their communities post-release ([Post-incarceration outcomes of a comprehensive statewide correctional MOUD program: a retrospective cohort study - The Lancet Regional Health – Americas](#)).

SB54 does not impact NMDOH stakeholders or customers directly as it primarily impacts the operations of HCA and correctional facilities in New Mexico.

SB54 creates a fund consisting of appropriations without designating specific appropriation amounts, which is necessary for funding the fund.

NM Corrections Department (NMCD) is currently subject to a settlement agreement approved by a federal district court that requires the department to continue MAT treatment for inmates entering custody with opioid use disorder.

2. PERFORMANCE IMPLICATIONS

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

Yes No

If yes, describe how.

- 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

SB54 would allow more individuals to start and get connected to medicated opioid use disorder treatment in our communities potentially decreasing overdoses and use of opioids.

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

4. ADMINISTRATIVE IMPLICATIONS

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

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

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

Methadone, a drug approved by the Food and Drug Administration for the treatment of opioid use disorder, can only be dispensed through accredited Opioid Treatment Programs as per 42 Code of Federal Regulations (CFR) 8. [Federal Register :: Medications for the Treatment of Opioid Use Disorder](#)

8. DISPARITIES ISSUES

Incarcerated populations would be served by SB54 and they would be served by HCA, NMCD, and counties that have detention facilities.

People who go to correctional facilities are disproportionately more likely to have a substance use disorder, mental health issues, and lack health insurance ([How many people in your state go to local jails every year? | Prison Policy Initiative](#)).

Men are disproportionately represented among incarcerated populations, as are American Indian and Alaska Native, Black or African American, and Hispanic populations ([profile-of-new-mexico-prison-population-fy-2023.pdf](#)). American Indian and Alaska Native women are also overrepresented among New Mexico's incarcerated population. By offering MAT services and linkage to care post-release, the health of incarcerated persons would improve.

9. HEALTH IMPACT(S)

SB54 would have a positive impact on incarcerated populations by providing MAT to those in need of treatment. MAT services with connection to community-based care upon

release in correctional settings has been shown to reduce overdose mortality rates post-release.

Initiating MAT services could particularly impact the health of incarcerated women and their unborn children. Neonatal abstinence syndrome (NAS) results from women using substances while pregnant. Data analysis conducted at NMDOH demonstrated that NAS has increased 324% from 2008 to 2017, and that increase was highest (698.2%) among American Indian and Alaska Native babies (nmhealth.org/data/view/report/2194/).

10. ALTERNATIVES

None

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

If SB54 were not enacted, then the medication-assisted treatment for the incarcerated program fund would not be created. The fund would not be administered by the Health Care Authority (HCA) and would not be a non-reverting fund in the state treasury consisting of appropriations, gifts, grants, and donations. The fund would not assist all counties that operate correctional facilities to establish and operation medication-assisted treatment (MAT) programs for people for are incarcerated in county correctional facilities.

If SB54 were not enacted, correctional facilities would not be obligated to offer Medication-Assisted Treatment (MAT) to incarcerated individuals in need by the end of fiscal year 2025. State correctional facilities would not be required to develop, implement, and publish a policy outlining the provision of MAT or provide all FDA-approved medications for the treatment of Substance Use Disorder (SUD) and withdrawal management by December 31, 2025.

Similarly, county detention facilities would not be required to establish, implement, and publish such policies or ensure access to FDA-approved medications for SUD treatment and withdrawal management by December 31, 2026.

If SB54 were not enacted, correctional facilities would not be required to track or report the utilization of Medication-Assisted Treatment (MAT).

12. AMENDMENTS

None