

LFC Requester:	
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**AGENCY BILL ANALYSIS - 2025 REGULAR SESSION**

**WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO**  
[AgencyAnalysis.nmlegis.gov](http://AgencyAnalysis.nmlegis.gov) and email to [billanalysis@dfa.nm.gov](mailto: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**  **Amendment**  
**Correction**  **Substitute**

**Date Prepared:** 2025-02-13  
**Bill No:** SM6

**Sponsor(s)** Linda M. Lopez  
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**Agency Name and Code** CYFD 69000  
**Number:**  
**Person Writing Analysis:** Elizabeth Hamilton  
**Phone:** 5057954256

**Short Title:** JOINT CONSENT TO  
MENTAL HEALTH  
TREATMENT

**Email:** elizabeth.hamilton@cyfd.nm.gov

**SECTION II: FISCAL IMPACT**

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		

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

	<b>FY25</b>	<b>FY26</b>	<b>FY27</b>	<b>3 Year Total Cost</b>	<b>Recurring or Nonrecurring</b>	<b>Fund Affected</b>
<b>Total</b>						

Duplicates/Conflicts with/Companion to/Relates to:

Duplicates/Relates to Appropriation in the General Appropriation Act:

**SECTION III: NARRATIVE**

**BILL SUMMARY**

SM6 requests that the Department of Health (DOH) conduct a study focused on the proposed revision to the Children’s Code. Specifically, the study will examine the potential benefits of allowing joint consent for mental health treatment for minors aged 14 and older, involving both the minor and a parent or guardian. The current code permits minors aged 14 and older to make their own decisions regarding mental health treatment, including the ability to consent or refuse treatment.

This study will assess the need for joint consent in light of the brain development of minors and the importance of addressing their mental health, particularly when there is a risk of harm to themselves or others. Additionally, the DOH will review the impact of joint consent laws in other states and evaluate how such laws have influenced the treatment of minors.

The bill mandates that the DOH report its findings by November 1, 2025, to the following entities:

- \* Legislative Health and Human Services Committee
- \* Secretary of Health
- \* President of the National Alliance on Mental Illness
- \* President of Disability Rights New Mexico
- \* Director of New Mexico Behavioral Health Planning Council
- \* Chair of the New Mexico Behavioral Health Council Child and Adolescent Subcommittee
- \* Director of Families First

**FISCAL IMPLICATIONS**

There is no appropriation included in this bill. However, there could be a potential need for DOH to request funding to implement the study with qualified children's mental health experts.

## **SIGNIFICANT ISSUES**

Currently, no significant issues have been identified. This study aims to assess the necessity of revising the Children's Code and to explore the potential effects of any proposed changes.

## **PERFORMANCE IMPLICATIONS**

SM6 requires DOH to engage expertise in the mental health field, concentrating on children's development, diagnosis, and treatment, to participate in this study.

## **ADMINISTRATIVE IMPLICATIONS**

If adopted, it would be crucial for the Department of Health (DOH) to collaborate with the Children, Youth and Families Department (CYFD) to assess the needs of children involved in the system and their families, alongside the Public Education Department (PED). This partnership would enable the study to consider the diverse needs of children from various settings and backgrounds

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

None identified.

## **TECHNICAL ISSUES**

None identified.

## **OTHER SUBSTANTIVE ISSUES**

None identified.

## **ALTERNATIVES**

None identified.

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Status quo.

**AMENDMENTS**

None

identified.