

HOUSE MEMORIAL 35

57TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2026

INTRODUCED BY

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A MEMORIAL

REQUESTING THE HEALTH CARE AUTHORITY TO SUBMIT A STATE PLAN AMENDMENT TO CREATE A PEDIATRIC PALLIATIVE CARE BENEFIT UNDER MEDICAID THAT ALLOWS CONCURRENT CURATIVE CARE.

WHEREAS, children in New Mexico with serious, complex or life-limiting medical conditions often experience repeated hospitalizations, emergency room visits and prolonged suffering that could be alleviated through pediatric palliative care; and

WHEREAS, pediatric palliative care provides comprehensive, family-centered services focused on pain and symptom management, psychosocial and spiritual support and care coordination, which can be delivered concurrently with curative treatment; and

WHEREAS, because pediatric hospice care under current medicaid rules is limited to children with a terminal prognosis

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1 of six months or less and often carries a stigma associated
2 with end-of-life care, many families decline these services
3 even when their child would benefit from supportive care; and

4 WHEREAS, the New Mexico medicaid managed care program
5 currently lacks a pediatric palliative care benefit, preventing
6 access to supportive services that are available in other
7 states through approved medicaid state plan amendments; and

8 WHEREAS, expanding access to pediatric hospice services
9 and ensuring that hospice programs have the clinical and
10 financial support needed to care for children will complement
11 the development of a pediatric palliative care benefit and
12 ensure a full continuum of care for families; and

13 WHEREAS, a 2024 proposal by the university of New Mexico
14 center for health policy, developed in collaboration with the
15 medical assistance division of the health care authority,
16 outlined a feasible model for a medicaid pediatric palliative
17 care benefit, including eligibility criteria, interdisciplinary
18 team standards, tiered per-member-per-month payments and
19 measurable quality outcomes; and

20 WHEREAS, establishing a medicaid pediatric palliative care
21 benefit has been shown in other states to improve quality of
22 life, reduce family stress, decrease avoidable hospital
23 utilization and generate net savings for medicaid programs;

24 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF
25 REPRESENTATIVES OF THE STATE OF NEW MEXICO that the health care

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1 authority be requested to develop and submit to the federal
2 centers for medicare and medicaid services a state plan
3 amendment creating a pediatric palliative care benefit that:

4 A. provides coordinated, interdisciplinary and
5 family-centered care to children with serious, complex or life-
6 limiting illnesses;

7 B. allows concurrent curative and palliative
8 treatments without requiring a hospice election;

9 C. includes pain and symptom management,
10 psychosocial and emotional support, care coordination and
11 twenty-four-hour nurse consultation services; and

12 D. requires the use of quality and performance
13 measures consistent with nationally recognized palliative care
14 standards; and

15 BE IT FURTHER RESOLVED that the health care authority be
16 requested to consult with the New Mexico association for home
17 and hospice care, pediatric care providers, hospice agencies
18 and family advocates in preparing the state plan amendment; and

19 BE IT FURTHER RESOLVED that the health care authority be
20 requested to provide an update on progress toward submission of
21 the state plan amendment to the legislative health and human
22 services committee and the legislative finance committee by
23 October 1, 2026; and

24 BE IT FURTHER RESOLVED that the health care authority be
25 requested to explore strategies to expand access to pediatric

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1 hospice care and to ensure adequate provider supports,
2 including reimbursement and training, to deliver high-quality
3 hospice services for children to strengthen the continuum of
4 care for seriously ill children and their families; and

5 BE IT FURTHER RESOLVED that copies of this memorial be
6 transmitted to the governor, the secretary of health care
7 authority, the legislative health and human services committee
8 and the legislative finance committee.

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