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FISCAL IMPACT REPORT

SPONSOR Thomson/Hochman-Vigil ORIGINAL DATE 2/13/2020 LAST UPDATED HJM 7

SHORT TITLE Behavioral Health Professional Licensure SB _____

ANALYST Daly

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY20	FY21	FY22	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	See Fiscal Impact	See Fiscal Impact		See Fiscal Impact	Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 56

SOURCES OF INFORMATION

LFC Files

Responses Received From

Regulation and Licensing Department (RLD)

Human Services Department (HSD)

Department of Health (DOH) (on HB 56)

SUMMARY

Synopsis of Joint Memorial

House Joint Memorial 7 requests Regulation and Licensing Department (RLD), Human Services Department (HSD) and the Department of Health (DOH) conduct a study of, report on and make recommendations as to the requirements for licensure of behavioral health-related professionals. HJM7 specifies the study of four boards: the counseling and therapy practice board, the board of examiners for occupational therapy, the board of psychologist examiners and the board of social work examiners. Each board's licensing practices are to be evaluated, including (a) a comparative analysis of initial and renewal licensure requirements as imposed by similar boards or commissions in every other state; (b) identification of licensure requirements that are unique to New Mexico and not imposed by other identified states which could be eliminated or lessened to make licensing easier and more efficient; (c) identification of existing interstate compacts providing for reciprocity or a similar system which these boards could join; and (d) recommendations for improving each board's licensing and renewal processes. RLD is requested to report its findings and recommendations to each board by January 1, 2021, and to the legislative health and human services committee, including recommended executive and

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legislative actions, by October 1, 2020.

Copies of the memorial are to be transmitted to the superintendent of RLD, the secretaries of HSD and DOH, and the chair of the interim legislative health and human services committee.

FISCAL IMPLICATIONS

RLD first notes there is no funding provided for the study outlined in HJM7; while it supports that study, RLD reports it is without sufficient resources or expertise to conduct the study without funding to engage qualified consultants. HSD reports that HJM7 requires the participation of department staff, including leadership. It estimates the cost for a HSD representative to participate in meetings, research and analysis, and report development to be \$3 thousand (.02 FTE + mileage, Behavioral Health Services Division (BHSD) Director). DOH provides no analysis on this memorial.

SIGNIFICANT ISSUES

HJM7 cites a 2019 report from the U.S. Department of Health and Human Services that New Mexico continues to suffer from a shortage of behavioral health providers which might be addressed by removing barriers to licensing behavioral health professionals and by allowing license reciprocity with other states. Further, the memorial comments that standardizing state licensure procedures for these professionals could provide a solution to the disparities in behavioral health care.

In its analysis of HB56, which requires a virtually identical study be conducted, HSD advised that occupational therapy, one of the professions included in this licensing study, is not generally considered to have significant impact on the behavioral health workforce; the reason for its inclusion in this study is unclear. Further, the department notes that while study of comparable licensing requirements from other states may be beneficial, recommendations for reforming New Mexico's behavioral health licensing practices should also reflect consistency with national standards.

PERFORMANCE IMPLICATIONS

HSD reports this memorial aligns with Goal 1 and Objectives 1.2 and 1.5 of the HSD strategic plan:

Goal 1: Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

Objective 1.2: Expand the behavioral health (BH) network to provide a full continuum of behavioral health services; and

Objective 1.5: Develop plan to enhance recruiting and retention for BH and primary care providers, including in rural areas.

HSD notes it is conducting several activities to meet this goal, including convening a graduate medical education expansion board to promote development of BH and primary care residency programs as well as conducting a primary care and behavioral health workforce assessment.

RELATIONSHIP

This memorial relates to HB56, which directs RLD to conduct a study virtually identical to that requested here, and includes an appropriation of \$200 thousand for that purpose.

TECHNICAL ISSUES

Lines 17-18 and 23-24, page 3, requests RLD report its findings and recommendations to the four licensing boards which are to be studied, and to the legislative interim health and human services committee. This language does not include DOH or HSD or their findings or recommendations, although these two agencies are requested to conduct the study along with RLD.

Line 25, line 25 requires RLD to report its findings and conclusions to the interim committee by October 1, 2020, although it does not report to the licensing boards themselves until January 1, 2021.

OTHER SUBSTANTIVE ISSUES

DOH did not provide an analysis of this memorial, but in its analysis of HB 5, the agency noted that although the study does not reference substance use disorder (SUD), many of the patients seen by the licensed professions being charged with studying, treat patients with SUD. New Mexico has a long history of high death rates from misuse of alcohol and other substances. It is a very complex problem often involving multiple approaches to treatment, one of which is behavioral health treatment. According to the newly released NMDOH Substance Use Disorder Treatment Gap Analysis from January 2020, of the estimated 204,681 New Mexicans who needed SUD treatment in 2018, only 70,303 actually received treatment (<https://nmhealth.org/about/erd/ibeb/sap/publications/>). New Mexico's geography poses challenges for accessing behavioral health therapies. There are many communities where a practitioner is not close and even if there is a practitioner close by, they may not provide the needed behavioral treatment services.

As to opportunities for reciprocity, one of the areas to be studied, DOH notes there is an existing Nurse Licensure Compact (NLC) that increases access to care while maintaining public protection at the state level. Under the NLC, nurses can practice in other NLC states without having to obtain additional licenses (<https://www.ncsbn.org/nurse-licensure-compact.htm>).

ALTERNATIVES

In addition to its in-house activities described in the Performance Implications section, HSD reports the National Governors Association (NGA) selected New Mexico as one of half a dozen states to participate in a ten-month Policy Academy, "Addressing the Health Care Workforce Needs of a Modern Delivery System Using Data." With technical assistance and support from NGA, HSD is partnering with RLD, DOH, other state agencies, and UNM to evaluate healthcare workforce capacity and develop strategies to use data to identify and address shortages and maldistribution related to primary care and BH providers.

According to HSD, one of the goals of the Policy Academy is to modify existing licensure

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survey and data collection processes to ensure proper data collection as a condition to receiving/renewing licensure. To that end, HSD is reviewing BH licensure surveys (social work, psychology, and licensed counselors) to determine what revisions need to be made, if any, to the surveys. Potential recommendations for reforming New Mexico's BH licensing survey questions and processes will reflect consistency with national standards. This assessment will help HSD (in collaboration with other state agencies and community stakeholders) develop a comprehensive strategy to assess these provider groups, identify gaps by county, and formulate a plan to fill those gaps. Technical support from NGA will end July 1, 2020.

AMENDMENTS

HSD recommends the memorial consider adding paraprofessional certifications that play an important role in the behavioral health workforce (i.e. certified preventionists, certified peer support workers, certified family peer support workers). It suggests participation of CYFD in the licensure study may also be helpful.

MD/rl