

LFC Requestor: Self Assigned

2024 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 50

Type: Introduced

Date (of THIS analysis): 1/18/2024

Sponsor(s): Ambrose Castellano

Short Title: Integrated Substance Use Disorder Programs

Reviewing Agency: Epidemiology and Response Division

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 24	FY 25		
\$2,500.00	\$	Nonrecurring	Opioid Crisis Recovery Fund

[LFC Recommendation Volume I](#)

[LFC Recommendation Volume II](#)

[LFC Recommendation Volume III](#)

[Exec Recommendation](#)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 24	FY 25	FY 26		
\$0	\$0	\$0	N/A	N/A

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 24	FY 25	FY 26	3 Year Total Cost	Recurring or Non- recurring	Fund Affected
Total	\$0	\$0	\$0	\$0	Non- recurring	N/A

PS&EB — Calculate position Pay band at midpoint, plus 36% benefits:	
Pay band 50 - \$16.45 x 2080 x 1.36 = \$46,533.76 annual salary plus benefits	\$46,534
<u>Office Setup</u>	
Computer setup - \$2,000 - \$2,700 per FTE	\$2,700
Desktop Software (Office 365, Adobe, Kiteworks): \$699/FTE/Yr	\$699
Phones (desk and Cell): \$1,724.40/FTE/Yr	\$1,724
IT costs — Enterprise cost such as subscriptions, help desk, \$1,500 annually	\$1,500
	\$6,623
Office Space: \$30.00 per square foot: 10 x 15 = 150 sq. ft x \$30.00= \$4,500 monthly, \$54,000 annually	\$54,000
	\$107,157

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

House Bill 50 (HB50) proposes to appropriate \$2,500,000 from the opioid crisis recovery fund to the local government division of the department of finance and administration for expenditure in fiscal years 2025 through 2026 to support integrated substance use disorder programs at the Epi Duran regional crisis and treatment center in San Miguel County. Any unexpended or

unencumbered balance remaining at the end of fiscal year 2026 shall revert to the opioid crisis recovery fund.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Data from the August 2022 Substance Use Epidemiology Profile (www.nmhealth.org/data/view/substance/2682/) show that San Miguel County has greater negative health outcomes related to substance use than the state average. In 2016-2020, San Miguel County had rates that exceeded the state average for the following indicators:

- Alcohol-related death rates in San Miguel County were 87.1 per 100,000 residents, compared to 71.9 per 100,000 residents within the state (6th in New Mexico).
- Chronic liver disease and alcohol-related chronic disease rates in San Miguel County were each 49.4 per 100,000 residents, compared to 39.8 within the state (5th in New Mexico).
- Drug overdose death rates in San Miguel County were 48.0 per 100,000 residents, compared to 29.2 per 100,000 residents within the state (3rd in New Mexico)
- Rates of opioid overdose related Emergency Department events in San Miguel County were 113.7 per 100,000 residents, compared to 54.6 within the state.
- Rates of amphetamine overdose related Emergency Department events in San Miguel County were 30.2 per 100,000 residents compared to 10.1 within the state.
- The drug overdose death rates among Hispanic residents in San Miguel County were 56.1 per 100,000 residents compared to 31.7 per 100,000 residents within the state.

This bill aims to address the high rates of substance use and overdose deaths among San Miguel County residents by increasing access to programs for individuals experiencing substance use disorder through investment in integrated substance use disorder programs in San Miguel County. Integrated treatment refers to the focus of treatment on two or more conditions and to the use of coordinated services, such as specialty treatment for Substance Use Disorder (SUD) and traditional medical care ([Integrated Treatment of Substance Use and Psychiatric Disorders - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6888888/)). Integrated care can encompass the integration of SUD treatment in primary care settings or SUD and behavioral health. Improved health outcomes resulting from integrated treatment include reduced or discontinued substance use, improvement in psychiatric symptoms and functioning, improved quality of life, decreased hospitalization, increased housing stability, and fewer arrests ([Integrated Treatment for Co-Occurring Disorder – SAMHSA \(samhsa.gov\)](https://www.samhsa.gov/2k19/integrated-treatment-co-occurring-disorders)).

Among the 48.7 million Americans experiencing substance use disorder (SUD) in 2022, about 1 in 4 (24.0%) received substance use treatment in the past year ([2022 National Survey on Drug Use and Health – SAMHSA \(samhsa.gov\)](https://www.samhsa.gov/2k22/national-survey-drug-use-health)). According to the National Council for Mental Wellbeing's 2022 Access to Care Survey, 43% of respondents who reported a need for substance-related care did not receive it ([2022 Access to Care Survey – National Council for Mental Wellbeing \(thenationalcouncil.org\)](https://www.thenationalcouncil.org/2022-access-to-care-survey)). The survey found that primary barriers to receiving substance use treatment include wait times, insurance

coverage, and provider locations. Such discrepancies in the prevalence of substance use disorder and receipt of treatment are also observed in New Mexico. Among the estimated 204,681 New Mexicans experiencing SUD in 2018, only 34.3% (70,303) received treatment ([New Mexico Substance Use Disorder Treatment Gap Analysis, 2020 – NMDOH \(nmdoh.gov\)](#)). Among the estimated 3,780 San Miguel County residents estimated to be experiencing SUD 2018, 39.7% (1,501) received treatment. San Miguel County is designated as a health provider shortage area with a primary care physician to patient ratio of 2,710:1, compared the statewide ratio of 1,330:1 ([San Miguel, NM - County Health Rankings & Roadmaps](#)).

Presently, only one health system in San Miguel County, Alta Vista Hospital, facilitates an integrated treatment model for patients experiencing SUD alongside other comorbidities. In San Miguel County, there are between four and seven licensed behavioral health providers and 12 MOUD prescribers (as of 2018) to treat a population of 27,150 individuals. Most behavioral health providers in New Mexico work in behavioral health organizations separate from primary, inpatient, and emergent care ([Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico’s Medicaid Managed Care \(OEI-02-17-00490; 09/19\) \(hhs.gov\)](#)). Appropriated funds to support integrated SUD programs in San Miguel County could enhance access to treatment services for SUD by increasing funding for healthcare facilities to employ a greater breadth of qualified staff to treat such patients.

This proposal would also affect the work of the Behavioral Health Services Division (BHSD), as they are the entity charged with provision and administration of behavioral health services in New Mexico. This proposal may also affect the work of the Human Services Department (HSD), as the entity that administers Medicaid.

A similar bill – House Bill 29 (HB29) – was introduced during the 2023 Legislative Session seeking to fund integrated substance use disorder programs in San Miguel County as an emergency declaration. HB29 was passed by the house but died in committee.

2. PERFORMANCE IMPLICATIONS

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

Yes No

If yes, describe how.

The proposed bill intends to address SUD in San Miguel County. The NMDOH Strategic Plan contains performance indicators related to reduced alcohol-related deaths and promotion of evidence-based treatment for SUD. NMDOH will monitor health outcomes related to these performance indicators and assess change based on access to SUD programs.

- 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

Yes, this proposal relates to Goal 3 to improve health status for all New Mexicans, which names the following objectives and activities related to efforts to address substance use disorder: 1) Promote effective SUD treatment; and 2) Decrease diseases of despair, including drug- and alcohol-related deaths, by activities including integrating behavioral health services in healthcare settings. ([FY2020 Interim Strategic Plan \(nmhealth.org\)](#), p. 12). The performance indicators related to these goals are: 1) Rate of alcohol-related deaths per 100,000 population; 2) Percent of persons receiving alcohol screening and brief intervention services; and 3) number of naltrexone initiations on alcohol use disorders.

This proposal also relates to Goal 1 to expand equitable access to services for all New Mexicans because it proposes funding for services in an area with a documented shortage of behavioral healthcare providers ([Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care \(OEI-02-17-00490; 09/19\) \(hhs.gov\)](#)) and where rates of negative health outcomes related to SUD exceed the state average (www.nmhealth.org/data/view/substance/2682/).

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

None

8. DISPARITIES ISSUES

This bill will impact persons seeking treatment for SUD in San Miguel County. According to the Substance Use and Mental Health Services Administration (SAMHSA), substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home ([Mental Health and Substance Use Disorders \(samhsa.gov\)](https://www.samhsa.gov/mental-health/substance-use-disorders)).

In San Miguel County, American Indian residents comprise a minority of the population ([U.S. Census Bureau QuickFacts: San Miguel County, New Mexico](https://www.census.gov/quickfacts/sanmiguelcountynewmexico)), yet had an alcohol-related death rate that significantly exceeded the state average during the period of 2016-2020. American Indian residents in San Miguel County had an alcohol-related death rate of 200 per 100,000 residents, compared to the state average of 71.9 per 100,000 residents (www.nmhealth.org/data/view/substance/2682/). Alcohol-related chronic disease death rates among San Miguel County's American Indian population also exceeded the state average, with 132.7 deaths per 100,000 residents, compared to 39.9 per 100,000 residents within New Mexico (www.nmhealth.org/data/view/substance/2682/). San Miguel County's alcohol-related death rate was sixth in the state of New Mexico at 87.1 per 100,000 population. San Miguel County had the third highest rate of drug overdose deaths in New Mexico, with a rate of 48.0, compared to the state average of 29.2 per 100,000 residents. Both Black and Hispanic populations experienced a death rate greater than the state average for drug overdoses, with rates of 37.2 and 31.7 per 100,000, respectively. Fentanyl-related death also impacted Black and Hispanic groups at rates that exceeded the state average; the fentanyl-related death rates were 9.5 per 100,000 residents among Black residents, 7.5 per 100,000 among Hispanic residents, and 6.3 per 100,000 for the state of New Mexico (www.nmhealth.org/data/view/substance/2682/). Hispanic residents of San Miguel County experienced greater opioid overdose related emergency department visits than the average for the county or state, with 130 opioid overdose Emergency Department visits per 100,000 residents, compared to 113.7 for the county and 54.6 for the state (www.nmhealth.org/data/view/substance/2682/). American Indian, Black, and Hispanic residents of San Miguel County are impacted more severely by substance use disorders and related deaths compared to the overall population.

Residents of San Miguel County disproportionately experience various health and social factors that contribute both to their vulnerability to substance use access to care. Compared to the rest of the state, San Miguel sees greater rates of unemployment (7.3%), poverty (23.4%), and food insecurity (17%), as well as fewer social associations ([San Miguel, NM – County Health Rankings & Roadmaps](#)). The domains encompassing these disparities – financial instability, food insecurity, and social and community context, are found to be associated with increased vulnerability to substance use and associated harms given their level of influence on risky health behaviors ([Social Vulnerabilities for Substance Use: Stressors, Socially Toxic Environments, and Discrimination and Racism \(sciencedirect.com\)](#)).

Passage of HB50 may positively impact health disparities resulting from SUD experienced by minority populations through greater access to treatment. One study from 2013 published in Health Affairs found that racial and ethnic minorities with addiction disorders are at greater risk for leaving treatment largely due to socioeconomic factors ([Blacks And Hispanics Are Less Likely Than Whites To Complete Addiction Treatment, Largely Due To Socioeconomic Factors \(ncbi.gov\)](#)). The study also found that reducing financial barriers and increasing access to treatment options improves the likelihood of completing treatment.

9. HEALTH IMPACT(S)

The population impacted by this proposed bill are residents of San Miguel County, including those with SUD who may access treatment and also the community as a whole. San Miguel county has a population of 27,150 residents, according to 2021 United States Census Data ([United States Census Bureau San Miguel County, New Mexico \(census.gov\)](https://www.census.gov/data/tables/2021/census-data/san-miguel-county-new-mexico.html)). San Miguel county residents are 77.6% Hispanic, and 21.4% of residents live in poverty. As a rural county in Northern New Mexico, San Miguel County residents experience greater vulnerability and susceptibility to negative health outcomes. According to the Center for Disease Control and Prevention's (CDC) Social Vulnerability Index, San Miguel County is among the most vulnerable counties in New Mexico, which is the most vulnerable state in the nation). [CDC/ATSDR Social Vulnerability Index 2020](https://www.cdc.gov/atsdr/social-vulnerability/index.html).

Passage of HB50 would fund the creation of integrated SUD programs, which may lead to improved health outcomes for San Miguel County residents due to greater access to care. SAMHSA recognizes integrated, or concurrent treatment, for mental health and substance use as an effective practice to treat individuals with co-occurring disorders ([Substance Use Disorder Treatment for People With Co-Occurring Disorders TIP 42 \(samhsa.gov\)](https://www.samhsa.gov/2k19/substance-use-disorder-treatment-people-with-co-occurring-disorders-tip-42)). According to SAMHSA, better improved health outcomes resulting from integrated treatment include reduced or discontinued substance use, improvement in psychiatric symptoms and functioning, improved quality of life, decreased hospitalization, increased housing stability, and fewer arrests ([Co-Occurring Disorders \(samhsa.gov\)](https://www.samhsa.gov/2k19/co-occurring-disorders)).

10. ALTERNATIVES

None

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

If HB50 is not enacted, then \$2,500,000 will not be appropriated from the opioid crisis recovery fund to the local government division of the department of finance and administration for expenditure in fiscal years 2025 through 2026 to fund integrated substance use disorder programs in San Miguel County.

12. AMENDMENTS

None