

LFC Requester:	Eric Chenier
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**AGENCY BILL ANALYSIS
2024 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, EMAIL ANALYSIS TO:

LFC@NMLEGIS.GOV

and

DFA@STATE.NM.US

{Include the bill no. in the email subject line, e.g., HB2, and only attach one bill analysis and related documentation per email message}

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 1/19/2024
Bill No: HB149

Sponsor: Rep. Christina Parajon
Short MEDICATION FOR JUVENILES
Title: IN SUBSTANCE ABUSE

Agency Name and Code HCA-630
Number: _____
Person Writing Alicia Salazar
Phone: 505-795-3920 **Email** Alicia.salazar2@hsd.nm.gov

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY24	FY25		
\$TBD(based on evidence-based addition treatment for minors fund)	\$TBD(based on evidence-based addition treatment for minors fund)	Recurring	SGF

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY24	FY25	FY26		
\$0	\$0	\$0	NA	

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY24	FY25	FY26	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$220,000	\$220,000	\$220,000	\$660,000*	Recurring	SGF

(Parenthesis () Indicate Expenditure Decreases)

* Depending on the amount of funding appropriated to the HCA via the Evidence-Based Addiction Treatment for Minors Fund referenced in the Bill, HCA’s Behavioral Health Services Division (BHSD) may need 1-2 FTE at a pay band 70 and a .5 of a supervisor position at a pay band 75 for up to a total of \$220,000 for salary, fringe benefits, and operating costs.

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

House Bill 149 (HB-149) would prevent the restriction of Medication Assisted Treatment (MAT) for minors in inpatient and outpatient substance use treatment facilities and programs that are operated and funded by the state. HB149 also creates the Evidence Based Addiction Treatment for minors and makes an appropriation. HB149 requires the Health Care Authority Department (HCA) to promulgate rules for operation of medication-assisted treatment in inpatient and outpatient substance abuse treatment programs for minor patients; prohibits the Department of Health (DOH) and Children, Youth and Families Departments (CYFD) from operating or contracting with programs that restrict such treatment; and prohibits Medicaid-funded facilities and programs from restricting such treatment. Requires Reports. Creates the Evidence-based Addiction Treatment for Minors Fund and requires rules be established for the disbursement of money from the fund and eligibility requirements.

FISCAL IMPLICATIONS

Depending on the amount of funding appropriated to the HCA via the Evidence-Based Addiction Treatment for Minors Fund referenced in the Bill, HCA’s Behavioral Health Services Division (BHSD) may need 1-2 FTE at a pay band 70 and a .5 of a supervisor position at a pay band 75 for up to a total of \$220,000 for salary, fringe benefits, and operating costs.

These positions will administer the Fund and assist CYFD, DOH, and licensed substance use treatment providers to establish and operate medication-assisted treatment programs for minors. These positions would ensure that New Mexico adheres to the Code of Federal Regulations 42.8.12 Federal Opioid treatment standards and possible changes to New Mexico Administrative Code (NMAC) and other BH policy changes are made in collaboration with state agencies.

HB149 indicates there is appropriation but does not have the amount in which is going to be appropriated.

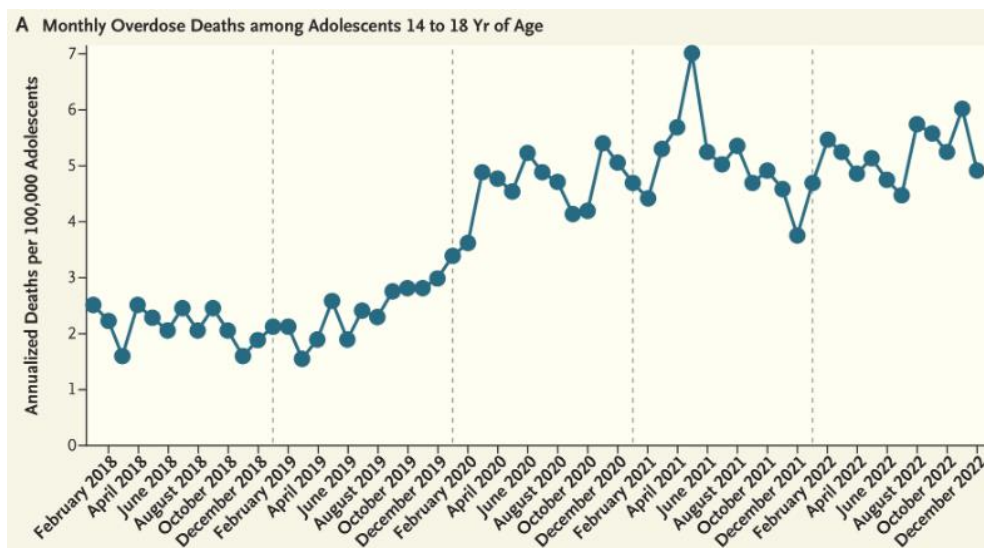
SIGNIFICANT ISSUES

The Health Care Authority’s Behavioral Health Services Division (BHSD) would need to collaborate with Medical Assistance Division (MAD), the Department of Health (DOH) and Children Youth and Families Department (CYFD) to ensure that federal statutes, regulations and

guidelines that govern the operation for Medication assisted treatment programs are adhered to for those under 18.

There are no age restrictions to MAT services within current Medicaid rule and regulation (8.321.2 SPECIALIZED BEHAVIORAL HEALTH PROVIDER ENROLLMENT AND REIMBURSEMENT). Language in HB-149 prohibiting Medicaid payment to providers who do not provide MAT services poses further limitations on the provider network.

A 2024 [New England Journal of Medicine](#) cites drug overdoses and poisonings are now the third-leading cause of pediatric deaths in the US, after firearm-related injuries and motor vehicle crashes (see graph below).



With these funds, HCA and CYFD can expand services to high-risk and vulnerable populations. There are a limited number of providers in New Mexico that serve youth under 18 with substance use disorder services. Recent regulations to federal regulations have significantly expanded service with buprenorphine via telehealth. <https://www.federalregister.gov/documents/2023/03/01/2023-04217/expansion-of-induction-of-buprenorphine-via-telemedicine-encounter>

According to the New Mexico Substance Use Disorder Treatment Gap Analysis conducted by DOH in 2020, the treatment gap represents the difference between the estimated number of people living with a SUD in 2018 and the number of people who received SUD treatment in 2018. The total number of persons living with a SUD was estimated to be 204,681 persons. Based on available data, approximately 70,303 persons received some treatment in 2018. The calculated gap suggests an estimated 134,378 persons needing but not receiving treatment for their SUD in 2018. The largest gaps by substance type were for alcohol (73,178) and benzodiazepines (14,218). <https://www.nmhealth.org/publication/view/marketing/5596/>. The report recommends the following, which would need financial support to ensure that the potential expansion of substance abuse treatment was successful:

- Provide additional support to rural healthcare practitioners and mental health therapists to provide SUD screening and treatment.
- Increase patient transportation access support.
- Increase the use of technology to promote and enhance continuum of care.

Increasing access to services for those under 18 could reduce these unintentional overdoses as well as decrease illicit opioid use, increase social functioning and retention in treatment, decrease criminal activity, decrease transmission of infectious diseases such as HIV and Hepatitis C, and improves maternal and fetal outcomes for pregnant or breastfeeding women according to Illinois Department of Public Health. <https://dph.illinois.gov/topics-services/opioids/treatment/mat-faq.html>.

PERFORMANCE IMPLICATIONS

HCA would need to gather and analyze the availability of MAT for minor patients and the capacity of current providers at inpatient substance use treatment facilities and outpatient substance use treatment programs to determine next steps in ensuring access to services for minors.

HCA FTEs noted above, would need to collaborate with CYFD, DOH and other stakeholders to develop evidence- based addiction treatment for minors.

The HCA FTEs noted above will need to collaborate with CYFD and DOH to develop rules, policies, procedures and oversee promulgation to administer funds appropriated by the "evidence-based addiction treatment for minors fund".

ADMINISTRATIVE IMPLICATIONS

Mandating that all providers who provide inpatient and outpatient treatment for adults also do so for minors could impact the number of inpatient and outpatient providers which would require increased oversight by HCA and CYFD.

No IT impact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

This is a companion to SB6756. SB6756 is an act that prevents the restriction of Medication-Assisted Treatment for Minors in inpatient and outpatient substance use treatment facilities and programs that are operated or funded by the state. This act also creates a fund for evidence-based addiction treatment for minors, which would be administered by the HCA and used to assist the CYFD, DOH, and licensed substance use treatment providers to establish and operate medication-assisted treatment programs for minors.

TECHNICAL ISSUES

The state of New Mexico would need to ensure that HCA adheres to state and federal regulations and standards for MAT.

New Mexico state administrative code that outlines MAT standards will have to be amended as well as the Behavioral health billing and policy manual, the Turquoise Care Managed Care Contracts, and DOH licensing standards.

<https://www.hsd.state.nm.us/wp-content/uploads/FileLinks/db231204433241998f49d260c6129473/8.325.11.pdf>

Providers would also need to ensure that they adhered to licensing standards for those under 18. <https://www.srca.nm.gov/parts/title07/07.020.0012.html>

The preferred term is “substance use disorder treatment” rather than “substance abuse

treatment.”

OTHER SUBSTANTIVE ISSUES

None

ALTERNATIVES

None

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status Quo

AMENDMENTS

None