

LFC Requestor: Eric Chenier

2024 LEGISLATIVE SESSION  
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 0149

Type: Introduced

Date (of THIS analysis): 1/22/2024

Sponsor(s): Rep. Cristina Parajon

Short Title: Medication for Juveniles in Treatment Programs.

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 24	FY 25		
None	None	n/a	n/a

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	n/a	n/a

### Section III: Relationship to other legislation

Duplicates: SB35

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 0149 proposes restricting the department of health and children youth and families department from operating or contracting with inpatient SUD treatment facilities or outpatient SUD treatment facilities that have policies or procedures restricting the use of MAT for the treatment of SUD in minor patients.

Those inpatient or outpatient treatment facilities serving minors for substance use treatment that have policies or procedures in place restricting the use of medication assisted treatment shall not be eligible for reimbursement from the state's Medicaid program for services rendered to minors.

HB 0149 would create a non-reverting fund in the state treasury for evidence-based treatment for minors which will be operated by the Healthcare Authority Department.

HB 35 would require all agencies that treat minors and receive state funds to provide medication assisted treatment for minors as a condition of receiving funding by the end of fiscal year 2025.

Health Care Authority is required to promulgate rules for the operations of medication assisted treatment programs in inpatient and outpatient substance use treatment programs by no later than December 1, 2024

Is this an amendment or substitution?  Yes  No

Is there an emergency clause?  Yes  No

##### b) Significant Issues

New Mexico’s drug-overdose death rate was the sixth highest in the nation in 2021. Fentanyl deaths surged after 2019, compounding already high overdose deaths from methamphetamines and other opioids. According to the Department of Health (DOH), methamphetamine and fentanyl are now the most common causes of drug overdose deaths in New Mexico, and the Commonwealth Fund, a healthcare advocacy organization, reported fentanyl and other synthetic opioids now play a role in 70 percent of overdose deaths nationwide. DOH reports 56 percent of New Mexico overdose rates involved fentanyl in 2021. Fentanyl has driven the increase in drug-overdose deaths since 2019, though overdose deaths involving methamphetamines have also increased. In 2021, 574 New Mexicans died from an overdose involving fentanyl, and 488 New Mexicans died from an overdose involving methamphetamines. In total, 1,029 New Mexicans died of drug overdoses in 2021, roughly three people per day. [LFC SUD Progress Report FINAL 8.23.23 \(nmlegis.gov\)](#) page 3.

Substance use among minors is an increasing issue facing New Mexico, with six-point-six percent (6.6%) of all overdose mortality coming from individuals aged 0-24 and a national increase in overdose mortality among 10–19-year-olds increasing one hundred nine percent (109%) nationally (source: internal data from Dept of Health’s Hepatitis and Harm Reduction program, 2024). This increase suggests a need for increased treatment options for younger individuals not only in New Mexico but nationally.

There are several options for medication assisted treatment, including frequently used medications such as buprenorphine and methadone; however youth may often have trouble accessing these programs due to treatment gaps for both inpatient and outpatient settings <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7880138/> Given this treatment gap, increasing the number of providers would be beneficial in reducing both use overdose mortality and overall rates of substance use dependency.

Currently, substance use treatment is provided by a variety of providers including opioid treatment programs (OTPs) which provide methadone, inpatient treatment services, and primary care settings. HB 149 would directly impact who state agencies are able to contract with for MAT services, and may limit the number of available options of contractors who provide MAT services to the adult population.

HB 0149 defines an inpatient substance use abuse treatment facility as “a residential facility that operates twenty-four hours per day and provides intensive management of symptoms related to addiction, and monitoring of the physical and mental complications resulting from substance use.”

## 2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?  
 Yes  No
- 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

### 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

As NMDOH offers MOUD treatment at both an inpatient and outpatient basis, this could require additional staff and training; however, specifics cannot be projected at this time.

### 5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

HB 0149 duplicates SB 35

### 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  
The Health Care Authority will be required to promulgate rules for the operations of medication assisted treatment programs in inpatient and outpatient substance use treatment programs by no later than December 1, 2024
- 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

### 8. DISPARITIES ISSUES

HB 0149 could improve health outcomes for youth living with substance use disorder, it could increase the availability of substance use treatment for adolescents, and could decrease the overall treatment gap (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7880138/>).

**9. HEALTH IMPACT(S)**

Individuals who use substances will be directly impacted by HB149 and could lead to both fatal and non-fatal overdose rates within adolescent populations in New Mexico. Enacting HB 0149 could lead to an overall decrease in the number of overdose hospitalizations, and other negative health consequences associated with substance use <https://pubmed.ncbi.nlm.nih.gov/32096302/>.

**10. ALTERNATIVES**

None

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

If HB 0149 is not enacted it will not be a requirement for state agencies or providers who receive funding from state agencies to provide substance use treatment to adolescents. A non-reverting fund would not be created to assist state agencies to establish medication assisted treatment programs for minors. Additionally, the Health Care Authority would not be required to create rules for substance use treatment among minor patients.

**12. AMENDMENTS**

None