

LFC Requester:	Eric Chenier
-----------------------	---------------------

**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 1/23/24
Bill No: HM12

Sponsor: Rep. Charlotte Little
Short Title: EXPAND BEHAVIORAL HEALTH WORKFORCE

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

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY24	FY25		
\$0	\$0	NA	NA

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

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

(Parenthesis () Indicate Expenditure Decreases)

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

House Memorial 12 (HM12) Requests that the Interagency Behavioral Health Purchasing Collaborative partner with statewide associations that represent behavioral health care providers to study the administrative burdens behavioral health care providers face in New Mexico and consider how to substantially expand and support the behavioral health care workforce in New Mexico.

FISCAL IMPLICATIONS

None

SIGNIFICANT ISSUES

The New Mexico Health Care Workforce Committee, led by the University of New Mexico in collaboration with state agencies and providers, releases a report on healthcare workforce capacity annually, including recommendations to expand the workforce. In 2023, some of the Committee’s [recommendations](#) included the following:

- Medicaid should provide a reimbursement differential to providers and providers organizations for offering services in languages other than English. This would be through a state certification process for qualified behavioral health interpreters, that includes training for monolingual English speakers on how to use interpreters. (\$3,000,000, recurring.)
- Encourage New Mexico to boost Medicaid funding in FY2025 to achieve key goals: 1) raise primary care, maternal and child health, and behavioral health Medicaid rates to 150% of Medicare; 2) set specialty care rates at a minimum of 120% of Medicare; 3) ensure equal increases for preventive health codes; 4) guarantee a 10% higher rate for Rural New Mexico services; 5) grant APRNs 100% of physician Medicaid rates; 6) instruct the Human Services Department to create a five-year plan to reach 250% of Medicare rates by FY2030.
- Encourage the New Mexico Legislature and the Executive to fully fund the Health Professional Loan Repayment Program by appropriating at least \$30 million to the Program in FY2025.
- Regarding a past recommendation from the Legislative Health and Human Services Committee, we recommend funding a plan to evaluate costs and create a budget for funding health care professionals for the Center for Complex Care (CoCC) for children, youth, and adults with disabilities. We recommend that \$50,000 of nonrecurring funds.
- Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers, and counselors. It is extremely important to include these professions as a recruitment and retention tool to improve access to pharmacy, physical therapy, and mental health services outside of urban centers in the state.
- Encourage the New Mexico Legislature and the Executive to fully fund the Rural

Healthcare Delivery Fund with an additional \$120 million appropriation in FY2025, consider future appropriations based on needs identified by community practices, and amend the statutes governing the Fund to make services delivered in a county with a population less than 125,000 eligible for funding.

- Expand certified peer support specialist roles in the state's behavioral health workforce. Approaches include: 1) Advocate for including peer support services in behavioral health coverage for all New Mexico health plans; 2) Incorporate certified behavioral health providers in workforce reports; 3) Expand Medicaid reimbursement for peer support in diverse settings; 4) Enable peer support workers to provide Medicaid services in emergency departments without a treatment plan. These measures aim to address the state's shortage of behavioral health providers (4 per 1,000 statewide) by increasing opportunities for hiring and billing for certified peer support specialists. (\$3 million, recurring.)
- Adopt legislation permitting the medical board to participate in the Interstate Medical License Compact Commission, like our neighboring states, to reduce barriers to physicians licensed in other states being able to practice in our state.

The HCA Behavioral Health Services Division strategic plan includes reducing provider administrative burden by limiting site visits, streamlining communications with MCOs and the HCA, issue more streamlined and clear guidelines and policies via the NMAC and the Behavioral Health Policy and Billing Manual.

PERFORMANCE IMPLICATIONS

None

ADMINISTRATIVE IMPLICATIONS

No IT impact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

“mental health care” should be replaced with “behavioral health services”

OTHER SUBSTANTIVE ISSUES

None

ALTERNATIVES

None

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

HCA will continue to work on activities dedicated to reducing the administrative burden for providers.

AMENDMENTS

None