

LFC Requester:	Kelly Klundt
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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 1/18/24
Bill No: SB35

Sponsor: Gerald Ortiz y Pino
Short Title: MAT SUD Treatment for Minors

Agency Name and Code HSD-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
FY25	FY26		
\$TBD (based on the evidence – based addition treatment for minors fund)	TBD	Reoccurring	SGF

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
\$0	\$0	\$0	NA	NA

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$220,000	\$220,000	\$220,000	\$660,000	Recurring	SGF

(Parenthesis () Indicate Expenditure Decreases)

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

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

SB35-630 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.

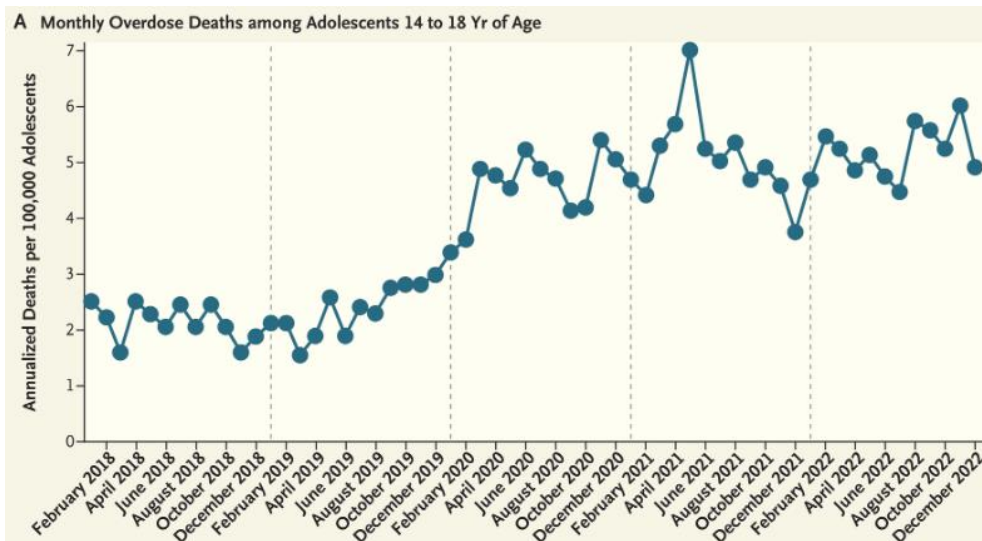
FISCAL IMPLICATIONS

The HCA’s Behavioral Health Services Division (BHSD) would need 2 FTE calculated and a .5 of a supervisor at \$220,000 for salary, fringe benefits, and operational costs to assist in the development of evidence- based addiction treatment for minors as well as administering the Fund. 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 NMAC and other BH policy changes are made in collaboration with state agencies.

SIGNIFICANT ISSUES

The Health Care Authority’s Behavioral Health Services Division (BHSD) would need to collaborate with the Department of Health (DOH) and Children Youth and Families Department (CYFD) to ensure that federal statutes, regulations, and guidelines govern operation for Medication- assisted treatment programs are adhered to for those under 18.

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 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

SB35 may positively impact HCA’s ability to successfully increase services and support for substance use treatment statewide, including for those under 18. HCA would need to gather and report the availability of MAT for minor patients at inpatient substance use treatment facilities and outpatient substance use treatment programs.

HCA FTEs noted above, would need to collaborate with CYFD, DOH and other stakeholders to develop evidence- based addiction treatment for minors as well as the Request for Applications for Intensive Outpatient Providers (IOP) and Accredited Adult Residential Treatment Centers (AARTC's) as well as amend all of BHSD's contracts with existing providers. HCA would need to ensure that New Mexico adheres to the Code of Federal Regulations 42.8.12 Federal opioid treatment standards and possible changes to NMAC to include the development and promulgation of rules for the operation of MAT services for children in these settings and ensure that other BH policy changes are made in collaboration with state agencies.

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

This may increase access to care for those under 18 and access to care is one of the HCA's goals. 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. Establishing rules for treatment services for substance use disorder for minors would increase collaboration with CYFD, DOH, HCA, and providers statewide.

No IT impact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

There is a relationship to HB 34. Specifically, HB 34 is an act that appropriates \$400,000 to the Health Care Authority to conduct a study that identifies, and evaluates the merits of, strategies for creating a state-run long-term residential rehabilitation facility that treats individuals with substance use disorder.

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