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## FISCAL IMPACT REPORT

<b>SPONSOR</b>	Ferrary/Thomson/Cates/Roybal Caballero/Herndon	<b>LAST UPDATED</b>	
		<b>ORIGINAL DATE</b>	02/13/2024
		<b>BILL</b>	House Memorial
<b>SHORT TITLE</b>	Substance and Alcohol Abuse Task Force	<b>NUMBER</b>	59
		<b>ANALYST</b>	Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

Agency/Program	FY24	FY25	FY26	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Recurring	General Fund

Parentheses ( ) indicate expenditure decreases.  
\*Amounts reflect most recent analysis of this legislation.

### Sources of Information

Duplicates Senate Memorial 16.

LFC Files

Agency Analysis Received from the Following Agency Regarding Identical Senate Memorial 16 Health Care Authority (HCA)

Agency Analysis was Solicited but Not Received From the Following Regarding This Memorial or Identical Senate Memorial 16 Department of Health (DOH)

Because of the short timeframe between the introduction of this bill and its first hearing, LFC has yet to receive analysis from state, education, or judicial agencies. This analysis could be updated if that analysis is received.

## SUMMARY

### Synopsis of House Memorial 59

House Memorial 59 asks the Legislature to consider establishing a task force to address the problems of alcohol and substance abuse. Evidence for the need of such a task force is given:

- Alcohol and substance misuse is common in New Mexico, including in Indian nations, tribes, and pueblos;
- Alcohol and substance abuse treatment services are badly needed in New Mexico;
- Cannabis legalization may have led to an increase in addiction to cannabis and other substances;
- Many people, relatives of those using substances, are harmed by their substance use; and
- Communities where substance abuse is common are heavily impacted by this problem.

The task force would be composed of nine members, the chair appointed by the secretary of DOH, and the other eight members by the majority and minority floor leaders in the house and senate, and would include members from various parts of the state; at least one member of an Indian nation, pueblo, or tribe; at least one member with experience in alcohol harm reduction; and one with expertise in medical and behavioral sciences. Of the eight, no more than four would be of a single political party. Members would receive per diem and mileage, but no other payments.

The task force would consider factors leading to addiction to substances, including alcohol, and would study factors leading to disparities in rates of substance use among various communities. It would look at the effect cannabis legalization has had on addiction to that or to other substances, and it would analyze data and make recommendations to the Legislature to reduce alcohol and substance abuse in New Mexico.

The task force would report to the Legislative Health and Human Services Committee no later than November 1 of each year.

This memorial does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, or May 15, 2024, if enacted.

## **FISCAL IMPLICATIONS**

There is no appropriation in Senate Memorial 16. There would be costs for per diem and mileage for each in-person meeting held by the task force.

## **SIGNIFICANT ISSUES**

New Mexico has the highest alcohol-related death rate in the U.S., at 86.6 deaths per 100 thousand people (up from 66 per 100 thousand in 2016), compared to 41.5 nationally, in 2020. As noted by HCA, this number varies from 20 per 100 thousand in Harding County to 249.7 per 100 thousand in McKinley County. A DOH study shows use of alcohol killed more than 1,800 New Mexicans under age 65 in 2020. More people died from that than from Covid-19 in the first year of the pandemic in this state.

Drug overdoses, largely but not entirely due to opiates, especially fentanyl, contributed another 766 deaths in 2020 alone. The death rate from drug overdoses ranges from zero in Harding and DeBaca Counties to 129 per 100 thousand in Rio Arriba County.

Drug and alcohol use affects not only the addict but also members of his or her family and his or her community. Substance use by a parent is one of the more common “adverse childhood events” leading to premature morbidity and mortality among children in New Mexico. Communities are also affected by homelessness and by theft caused by substance use and the need to pay for the substances that are being used.

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

HCA points out the related and possibly conflicting existence of the New Mexico Behavioral Health Planning Council, which has the following characteristics:

- The Behavioral Health Collaborative (the Collaborative) was created during the 2004 Legislative Session. The enabling statute allows several state agencies and multiple resources across state government involved in behavioral health prevention, treatment, and recovery to work as one to improve mental health and substance abuse services in New Mexico. This cabinet-level group represents 15 state agencies and the governor's office;
- The Collaborative is charged with several responsibilities, including:
- Inventorying all expenditures for mental health and substance abuse services;
- Creating a single behavioral health care and services delivery system that promotes mental health, emphasizes prevention, early intervention, resiliency, recovery and rehabilitation, while managing funds efficiently, and ensuring availability of services throughout the state;
- Paying special attention to regional, cultural, rural, frontier, urban and border issues, and seeking suggestions from Native Americans;
- Contracting with a single, statewide services purchasing entity;
- Monitoring service capacities and utilization in order to achieve desired performance measures and outcomes;
- Comprehensive planning and compliance to meet state and federal requirements; and
- Overseeing systems of care, data management, performance and outcome indicators, rate setting, service definitions, considering consumer, family, and citizen input, monitoring training, assuring that evidence-based practices receive priority, and providing oversight for fraud and abuse and licensing & certification. [https://www.hsd.state.nm.us/about\\_the\\_department/behavioral-health-collaborative/](https://www.hsd.state.nm.us/about_the_department/behavioral-health-collaborative/)

The New Mexico Behavioral Health Planning Council (NMBHPC) makes recommendations to the Collaborative on policies, programs, and funding, and to provide input on all collaborative related initiatives. The NMBHPC works closely with HCA. The Behavioral Health Planning Council has two subcommittees which address alcohol and substance use in New Mexico, the Native American Subcommittee (NASC) and the ASAM (Adult, Substance use, and Medicaid Subcommittee subcommittee).

One goal of the NMBHPC is to address effectively substance use disorder (SUD) which aligns with the goals of the task force SM16 creates.

The task force, which SM16 creates, could align their efforts with the Collaborative and the NMBHPC to develop a comprehensive plan to address substance and alcohol use in New Mexico.