

LFC Requester:

Eric Chenier

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION**WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO****[AgencyAnalysis.nmlegis.gov](https://agencyanalysis.nmlegis.gov) and email to billanalysis@dfa.nm.gov****(Analysis must be uploaded as a PDF)****SECTION I: GENERAL INFORMATION***{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}***Date Prepared:** 2/6/2025*Check all that apply:***Bill Number:** SB3Original ☐ Correction ☐Amendment ☒ Substitute ☐**Sponsor:** Senators Peter Wirth, Mimi Stewart, and William E. Sharer**Agency Name and Code**Office of Superintendent of Insurance - 440**Short Title:** Behavioral Health Reform &**Person Writing**Viara Ianakieva**Phone:** 505-508-9073**Email** Viara.ianakieva@osi.n**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
N/A	N/A	N/A	N/A

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
N/A	N/A	N/A	N/A	N/A

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$30	\$0	\$0	\$30	Nonrecurring	Ins Ops

(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

The Senate Health and Public Affairs Committee amended two definitions in Section 2 of SB3:

- “behavioral health stakeholders” to add reference to “behavioral health advocates”, “higher education institutions within behavioral health regions” and “nongovernmental” entities as part of the definition; and
- The definition for “sequential intercept resource mapping” was amended to add “and gaps” to the definition so that it now includes a requirement for identification of resources and gaps in the strategic planning tool.

Section 3 of SB3 was amended to allow behavioral health stakeholders to request participation in the development of a regional plan, thus requiring the AOC to include these stakeholders in the planning process. Subsection B of Section 3 was amended to require a regional plan to identify gaps in the behavioral health service needs, to consider the need for language access for behavioral health services in the region and to include an appendix with a list of all behavioral health service providers in the behavioral health region.

FISCAL IMPLICATIONS

Although the amendments to SB3 made in the Senate Health and Public Affairs Committee, based on the language in SB3, OSI may need to contract with a third party to meet the obligations of this proposed legislation, including staffing and expertise. The estimated additional budget impact section assumes a consultant fee to cover the cost of initial research. Recurring funding will be necessary to regularly evaluate generally recognized standards of care.

SIGNIFICANT ISSUES

None.

PERFORMANCE IMPLICATIONS

None.

ADMINISTRATIVE IMPLICATIONS

None.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None.

TECHNICAL ISSUES

NM OSI Bulletin [#2024-013](#) states that “OSI requires that “generally recognized standards” used in medical necessity determinations incorporate the most recent versions of clinical practice guidelines developed by nonprofit professional associations for the relevant clinical specialty.

For coverage determinations concerning service intensity, level of care placement, continued stay, transfer, and discharge, OSI considers acceptable examples of the most recent versions of the following nonprofit professional association guidelines compliant with SB273:

- For a primary diagnosis of a substance use disorder in adolescents and adults, The ASAM Criteria developed by the American Society of Addiction Medicine.
- For a primary diagnosis of a mental health condition in adults, the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) developed by the American Association for Community Psychiatry (AAP).
- For a primary diagnosis of a mental health condition in children ages 6-18, the Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII) developed by AAP and the American Academy of Child & Adolescent Psychiatry (AACAP).
- For a primary diagnosis of a mental health condition in children ages 5 and younger, the Early Childhood Service Intensity Instrument (ECSII) developed by AACAP.
- For coverage determinations involving services for gender dysphoria, OSI considers use of the most recent version of the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People developed by The World Professional Association for Transgender Health compliant with SB273.”

If these standards are not adequate, OSI would need to contract with a third party to meet the obligations of this proposed legislation.

OTHER SUBSTANTIVE ISSUES

None.

ALTERNATIVES

None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None.

AMENDMENTS

None.