

1 A MEMORIAL

2 REQUESTING THE HEALTH CARE AUTHORITY TO SUBMIT A STATE PLAN
3 AMENDMENT TO CREATE A PEDIATRIC PALLIATIVE CARE BENEFIT UNDER
4 MEDICAID THAT ALLOWS CONCURRENT CURATIVE CARE.

5
6 WHEREAS, children in New Mexico with serious, complex or
7 life-limiting medical conditions often experience repeated
8 hospitalizations, emergency room visits and prolonged
9 suffering that could be alleviated through pediatric
10 palliative care; and

11 WHEREAS, pediatric palliative care provides
12 comprehensive, family-centered services focused on pain and
13 symptom management, psychosocial and spiritual support and
14 care coordination, which can be delivered concurrently with
15 curative treatment; and

16 WHEREAS, because pediatric hospice care under current
17 medicaid rules is limited to children with a terminal
18 prognosis of six months or less and often carries a stigma
19 associated with end-of-life care, many families decline these
20 services even when their child would benefit from supportive
21 care; and

22 WHEREAS, the New Mexico medicaid managed care program
23 currently lacks a pediatric palliative care benefit,
24 preventing access to supportive services that are available
25 in other states through approved medicaid state plan

1 amendments; and

2 WHEREAS, expanding access to pediatric hospice services
3 and ensuring that hospice programs have the clinical and
4 financial support needed to care for children will complement
5 the development of a pediatric palliative care benefit and
6 ensure a full continuum of care for families; and

7 WHEREAS, a 2024 proposal by the university of New Mexico
8 center for health policy, developed in collaboration with the
9 medical assistance division of the health care authority,
10 outlined a feasible model for a medicaid pediatric palliative
11 care benefit, including eligibility criteria,
12 interdisciplinary team standards, tiered per-member-per-month
13 payments and measurable quality outcomes; and

14 WHEREAS, establishing a medicaid pediatric palliative
15 care benefit has been shown in other states to improve
16 quality of life, reduce family stress, decrease avoidable
17 hospital utilization and generate net savings for medicaid
18 programs;

19 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE
20 STATE OF NEW MEXICO that the health care authority be
21 requested to develop and submit to the federal centers for
22 medicare and medicaid services a state plan amendment
23 creating a pediatric palliative care benefit that:

24 A. provides coordinated, interdisciplinary and
25 family-centered care to children with serious, complex or

1 life-limiting illnesses;

2 B. allows concurrent curative and palliative
3 treatments without requiring a hospice election;

4 C. includes pain and symptom management,
5 psychosocial and emotional support, care coordination and
6 twenty-four-hour nurse consultation services; and

7 D. requires the use of quality and performance
8 measures consistent with nationally recognized palliative
9 care standards; and

10 BE IT FURTHER RESOLVED that the health care authority be
11 requested to consult with the New Mexico association for home
12 and hospice care, pediatric care providers, hospice agencies
13 and family advocates in preparing the state plan amendment;
14 and

15 BE IT FURTHER RESOLVED that the health care authority be
16 requested to provide an update on progress toward submission
17 of the state plan amendment to the legislative health and
18 human services committee and the legislative finance
19 committee by October 1, 2026; and

20 BE IT FURTHER RESOLVED that the health care authority be
21 requested to explore strategies to expand access to pediatric
22 hospice care and to ensure adequate provider supports,
23 including reimbursement and training, to deliver high-quality
24 hospice services for children to strengthen the continuum of
25 care for seriously ill children and their families; and

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the governor, the secretary of health care authority, the legislative health and human services committee and the legislative finance committee. _____