

**AGENCY BILL ANALYSIS  
2024 REGULAR SESSION**

**WITHIN 24 HOURS OF BILL POSTING, EMAIL ANALYSIS TO:**

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**SECTION I: GENERAL INFORMATION**

*Check all that apply:*

**Original**  **Amendment**  
**Correction**  **Substitute**

**Date Prepared:** 2024-01-16

**Bill No:** HB97

**Sponsor(s)** Stefani Lord  
: Harlan Vincent

**Agency Name and Code Number:** ECECD 611

**Person Writing Analysis:** Dr. Janis Gonzales

**Phone:** 5054691742

**Short Title:** PRENATAL SUBSTANCE EXPOSURE TASK FORCE

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**SECTION II: FISCAL IMPACT**

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY24	FY25		
NFI	NFI		NFI
NFI	NFI		NFI

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY24	FY25	FY26		
NFI	NFI	NFI		NFI
NFI				NFI

**ESTIMATED ADDITIONAL OPERATION BUDGET (dollars in thousands)**

	<b>FY24</b>	<b>FY25</b>	<b>FY26</b>	<b>3 Year Total Cost</b>	<b>Recurring or Nonrecurring</b>	<b>Fund Affected</b>
<b>Total</b>	NFI	NFI	NFI	NFI		NFI

Duplicates/Conflicts with/Companion to/Relates to:

Duplicates/Relates to Appropriation in the General Appropriation Act:

**SECTION III: NARRATIVE**

**BILL SUMMARY**

House Bill 97 (HB97) creates a prenatal substance exposure task force with specified members to be appointed by the Secretary of Health. The task force is to be appointed by August 1, 2024 and complete its work by August 1, 2026. The task force shall collaborate with an institution of higher education to perform research to support the work of the task force. The task force is to study (1) the efficacy and outcome of the state's implementation of Laws 2019, Chapter 190; (2) the planning and coordination of the state's initiatives related to preventing prenatal substance exposure; (3) the implementation of plans of care in other states; (4) the impact of state policies in which documented prenatal substance exposure constitutes a substantiated child abuse claim, intervention and outcomes; (5) the feasibility of statewide prenatal substance exposure screening; and (6) nationwide best practices on plans of care that improve outcomes for families impacted by prenatal substance exposure.

**FISCAL IMPLICATIONS**

\$75,000 is appropriated from the general fund to the Department of Health to carry out the work of the task force.

**SIGNIFICANT ISSUES**

The law referenced in HB97 (Laws 2019, Chapter 190) was a response to the federal Comprehensive Addiction and Recovery Act (CARA). The NM law requires hospitals to create plans of care for all babies born exposed to substances. Currently plans of care are submitted to a portal run by the Children, Youth and Families Department (CYFD). CYFD and ECECD both employ CARA Navigators to assist these families with connecting to supportive services, including substance use

treatment.

Prenatal substance use is a significant problem in New Mexico. The American College of Obstetricians and Gynecologists (ACOG) recommends avoiding the use of psychoactive substances during pregnancy because substance use during pregnancy can lead to miscarriage, congenital anomalies, fetal alcohol spectrum disorders (FASDs), and neonatal abstinence syndrome (NAS), among others. New Mexico has been facing a substance misuse epidemic since at least the 1990s. NM has had the highest alcohol-related death rates in the United States for decades and has also been, for many years, one of the states with the highest drug overdose death rates.

According to a NM Department of Health Epidemiology Report published March 8, 2023, there were 87,109 infants born in NM to 85,822 NM resident mothers from 2016-2019. Of the infants, 34.9% were found to have been exposed to a psychoactive substance in utero. This percentage remained consistent in each year of the study period. Of the infants exposed in utero, 57.1% were found to have been exposed to drugs, 38.8% to alcohol, and 31.1% to tobacco.

Additionally, the NM Maternal Mortality Review Committee published a report of pregnancy associated and pregnancy related deaths from 2015-2018, which concluded that substance use disorder contributed to 47% of the pregnancy associated deaths and 40% of the pregnancy related deaths.

## **PERFORMANCE IMPLICATIONS**

One of the members of the task force would be a representative from ECECD.

## **ADMINISTRATIVE IMPLICATIONS**

None.

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

Relates to House Memorial 3, which requests the Secretary of Health to convene a task force to study the prevalence, effects, and lifelong fiscal impacts of prenatal substance exposure and adverse neonatal outcomes.

## **TECHNICAL ISSUES**

None.

**OTHER SUBSTANTIVE ISSUES**

None.

**ALTERNATIVES**

None.

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

If HB97 is not enacted, the task force described above would not be created.

**AMENDMENTS**

None.