

**2024 LEGISLATIVE SESSION  
AGENCY BILL ANALYSIS**

**Section I: General**

**Chamber:** Senate . **Category:** Bill.  
**Number:** 35 **Type:** Introduced

**Date (of THIS analysis):** 1/19/24  
**Sponsor(s):** Senator Ortiz y Pino and Cates  
**Short Title:** Medication for Juveniles in Treatment Programs

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**Section II: Fiscal Impact**

**APPROPRIATION (dollars in thousands)**

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 24	FY 25		
\$ 0	\$ 0	N/A	N/A

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 24	FY 25	FY 26		
\$ 0	\$ 0	\$ 0	N/A	N/A

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

	FY 24	FY 25	FY 26	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
<b>Total</b>	\$ 0	\$Unknown	\$Unknown	\$		

There could be potential increased in the DOH budget depending on demand and training, but specific dollar amounts are not able to be projected at this time.

### Section III: Relationship to other legislation

Duplicates: HB 149

Conflicts with: N/A

Companion to: N/A

Relates to: N/A

Duplicates/Relates to an Appropriation in the General Appropriation Act: N/A

### Section IV: Narrative

#### 1. BILL SUMMARY

a) Synopsis

Senate Bill 35 would require all state agencies and substance use treatment programs who receive funds from state agencies to provide medication assisted treatment for minors in both inpatient and outpatient substance use treatment settings. Additionally, SB 35 would create a non-reverting fund in the state treasury for evidence-based treatment for minors which will be operated by the Healthcare Authority Department.

SB 35 would require all agencies receiving state funds to provide medication assisted treatment for minors as a condition of receiving funding by the end of fiscal year 2025, it would also require all facilities which operate substance use treatment programs in the state to offer substance use treatment for minors. Included is a requirement the Health Care Authority promulgate rules for the operations of medication assisted treatment programs in inpatient and outpatient substance use treatment programs by no later than December 1, 2024

Is this an amendment or substitution?  Yes  No

Is there an emergency clause?  Yes  No

b) Significant Issues

Substance use among minors is increasing in New Mexico, with six-point-six percent (6.6%) of all overdose mortality effecting individuals aged 0-24 and a national increase in overdose mortality among 10–19-year-olds increasing one hundred nine percent (109%). These increases suggest a need for increased treatment options for younger individuals in New Mexico and nationally.

Outcomes can be improved with medication assisted treatment (MAT). The American Academy of Pediatrics (AAP) advocates for increasing resources to improve access to medication assisted treatment for opioid addicted adolescents and young adults. This recommendation includes both increasing resources for medication-assisted treatment within primary care and access to developmentally appropriate substance use disorder counseling in community setting ([http://publications.aap.org/pediatrics/article-pdf/138/3/e20161893/1463949/peds\\_20161893.pdf](http://publications.aap.org/pediatrics/article-pdf/138/3/e20161893/1463949/peds_20161893.pdf)).

Prescriptions for buprenorphine and methadone can be difficult for youth to access due to treatment gaps for both inpatient and outpatient

programs. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7880138/>)

Given this treatment gap, increasing the number of providers would be beneficial for reducing both use overdose mortality and overall rates of substance use dependency.

Currently, substance use treatment is provided by a variety of providers, including opioid treatment programs (OTPs) which provide methadone, inpatient treatment services, and primary care settings. SB35 would directly impact which agencies (providers) the state could contract with and may prevent the state from providing funding to agencies with a clinical model focused exclusively on adults.

SB35 defines inpatient substance use abuse treatment facility as “a residential facility that operates twenty-four hours per day and provides intensive management of symptoms related to addiction and monitoring of the physical and mental complications resulting from substance use” Residential facilities, currently focused on providing services to adults, would be required to also provide these services to youth. Due to the different needs of the populations this could make it difficult to implement programs due to the lack of space and staffing.

SB 35 would require all NMDOH offices offering substance use treatment at both facilities and public health offices to begin providing medication assisted treatment to adolescents. This could impact current service delivery to adult patients and may require additional provider education, time, and training to meet the requirements of SB 35. The requirement of this bill to restrict funding to agencies which provide both adult and adolescent treatment may reduce the overall number of providers which NMDOH would be able to contract with to provide these services in future years.

Additionally, SB 35 broadly defines an outpatient treatment program as “a program that offers resources, counseling and substance abuse treatment on an outpatient basis”. This language could require all primary care providers who offer substance use treatment to adults, such as federally qualified health centers, primary care providers, and opioid treatment programs who receive funding from the state to also offer substance use treatment to adolescents.

## 2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes  No

SB 35 would require all NMDOH offices offering substance use treatment at both facilities and public health offices to begin providing medication assisted treatment to adolescents. This could impact current service delivery to adult patients and may require additional provider education, time, and training to meet the requirements of SB 35. The requirement of this bill to restrict funding to agencies which provide both adult and adolescent treatment may reduce the overall number of providers which NMDOH would be able to contract with to provide these services in future years.

- Is this proposal related to the NMDOH Strategic Plan?  Yes  No

**Goal 1:** We expand equitable access to services for all New Mexicans

**Goal 2:** We ensure safety in New Mexico healthcare environments

**Goal 3:** We improve health status for all New Mexicans

**Goal 4:** We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

While there is no indicator or performance measure specific to this bill currently, SB 35 would expand access to treatment services for adolescents with substance use disorder.

### 3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?  
 Yes  No  N/A
- If there is an appropriation, is it included in the LFC Budget Request?  
 Yes  No  N/A
- Does this bill have a fiscal impact on NMDOH?  Yes  No

### 4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH?  Yes  No

### 5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

SB 35 duplicates HB 149

### 6. TECHNICAL ISSUES

Are there technical issues with the bill?  Yes  No

### LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written?  Yes  No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)?  Yes  No
- Does this bill conflict with federal grant requirements or associated regulations?  
 Yes  No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs?  Yes  No

### 8. DISPARITIES ISSUES

SB 35 would likely improve health outcomes for youth living with substance use disorder and could increase the availability of substance use treatment for adolescents and decrease the overall treatment gap (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7880138/>).

### 9. HEALTH IMPACT(S)

Individuals in NM who use substances will be directly impacted by SB 35. Implementation of the bill could lead to an overall decrease in the number of overdoses, hospitalizations, and other negative health consequences associated with substance use. While the bill may increase the number of providers, there could be a reduction in adult providers who are not ideally situated to provide services to adolescents and could result in fewer providers funded by state agencies who provide services to the adult population.

### 10. ALTERNATIVES

None

### 11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If SB 35 is not enacted it will not be a requirement for state agencies or providers who receive funding from state agencies to provide substance use treatment to adolescents. A non-reverting fund would not be created to assist state agencies to establish medication assisted treatment programs for minors. Additionally, the Health Carere Authority would not be required to create rules for substance use treatment among minor patients.

**12. AMENDMENTS**

None