

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the Legislature. LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

FISCAL IMPACT REPORT

SPONSOR	<u>Figueroa</u>	LAST UPDATED	<u>03/09/2025</u>
		ORIGINAL DATE	<u>02/20/2025</u>
		BILL	<u>Senate Bill</u>
SHORT TITLE	<u>Social Work Telehealth Services</u>	NUMBER	<u>252/aSTBTC/aSFI#1</u>
		ANALYST	<u>Rommel</u>

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*

(dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
HCA	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal	Recurring	General Fund
RLD	No fiscal impact	No fiscal impact	No fiscal impact	No fiscal impact	Recurring	General Fund

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Relates to Senate Bills 12 and House Bill 217

Sources of Information

LFC Files

Agency Analysis Received From

Regulation and Licensing Department (RLD)

Health Care Authority (HCA)

Department of Health (DOH)

SUMMARY

Synopsis of SFI#1 to Senate Bill 252

Senate floor amendment #1 to Senate Bill 252 (SB252) strikes “certified or registered” from page 1, lines 20-21. The amendment preserves the requirement that social workers be licensed to provide social healthcare services in New Mexico.

Synopsis of STBTC Amendment to Senate Bill 252

The Senate Tax Business and Transportation Committee amendment to Senate Bill 252 (SB252) adds a second section to the bill, amending 24-25-5 NMSA 1978 within the Telehealth Act. It adds the following new language to the scope of the act:

“Nothing in the New Mexico Telehealth Act shall be construed to alter supervision requirements set forth by a health care provider’s applicable licensing board. A health care provider shall provide telehealth services under the same level of supervision

required for in-person practice.”

The provision ensures that telehealth providers comport with New Mexico law regarding provider supervision regardless of state requirements where the telehealth provider may be licensed.

Synopsis of Senate Bill 252

Senate Bill 252 (SB252) amends 24-25-3 NMSA 1978, the New Mexico Telehealth Act. The bill adjusts the list of professions included in the act’s definition of provider, adding certified peer support workers and any other health care professional who has “received a Medicaid provider number from the Health Care Authority”, changing “podiatrist” to “podiatric physician”, and removing “independent” from “licensed independent social worker.”

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns.

FISCAL IMPLICATIONS

SB252 contains no appropriation.

The Health Care Authority (HCA) remarks that the state’s Medicaid program allows broad use of telehealth services as described in 8.310.2 New Mexico Administrative Code. This bill may increase the utilization of telehealth services but may also allow Medicaid members to access care in a more timely manner; the impact to budget is therefore likely small.

The Regulation and Licensing Department (RLD) does not anticipate any fiscal impact from SB252.

SIGNIFICANT ISSUES

A Certified Peer Support Worker (CPSW) training program prepares individuals who are successfully engaged in long-term recovery with mental health and/or substance use conditions and maintaining their mental wellness to help others in their recovery process. Because of their own shared experiences, CPSWs are uniquely qualified to enhance services delivered by provider agencies and other organizations.

CPSW services are Medicaid-billable under the current HCA Behavioral Health Policy and Billing Manual. The Office of Peer Recovery and Engagement within HCA conducts CPSW trainings. There are four scheduled classes with slots to train up to 175 new CPSWs in calendar year 2025.

SB252 would change the definition of social worker to encompass all those licensed as a social worker rather than the current definition, which only allows licensed independent social workers to conduct telehealth services. Expanding the definition would include all three levels of licensed social workers: baccalaureate social worker, licensed master social worker, and licensed clinical social worker, which is known under regulation as a licensed independent social worker.

The Department of Health notes licensed social workers require a high level of specialized experience, education, and training to provide for the increasingly complex behavioral health, socioeconomic, and cultural needs of the individuals and families that they work with. Currently, New Mexico is experiencing a shortage of licensed professional social workers, and telehealth can provide increased efficiency and productivity, as well as cost savings. Delays in preventive and direct care result in exacerbated conditions, expensive emergency department visits, and hospitalizations that could have been avoided.

RLD notes that the Social Work Examiners Board is in favor of SB252 and the similar bill, Senate Bill 12, because they would make mental health services available via telehealth to clients by all licensed NM social workers, both at the licensed medical social worker and licensed clinical social worker levels.

ADMINISTRATIVE IMPLICATIONS

HCA promulgates rules in 8.310.2.12 (M) NMAC pursuant to the New Mexico Telehealth Act.

RLD promulgates rules in 16.63 NMAC regarding the licensing of social workers in New Mexico.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

SB252 is similar to Senate Bill 12. However, Senate Bill 12 is limited in scope to out-of-state providers offering consultations and second opinions to New Mexico residents.

Relates to House Bill 217 which seeks to enter New Mexico into the Interstate Counseling Compact.

OTHER SUBSTANTIVE ISSUES

SB252 attempts to address disparities around access to health care for medically underserved communities who have difficulty with recruitment and retention of professionals. Telehealth may improve access to an array of care for members of these communities who have barriers such as transportation to seek care in other regions of the State.

HR/rl/SL2/sgs/rl/SR/hg