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## FISCAL IMPACT REPORT

**BILL NUMBER:** House Bill 210

**SHORT TITLE:** Health Info Exchange Info Sharing

**SPONSOR:** Thomson/Anaya/Szczeplanski/Ferry

**LAST UPDATE:** \_\_\_\_\_      **ORIGINAL DATE:** 1/30/2026      **ANALYST:** Chenier

### APPROPRIATION\* (dollars in thousands)

FY26	FY27	Recurring or Nonrecurring	Fund Affected
	\$4,813.0	Recurring	General Fund

\*Amounts reflect most recent analysis of this legislation.

### Sources of Information

LFC Files

### Agency or Agencies Providing Analysis

Health Care Authority (HCA)

Department of Health (DOH)

### SUMMARY

#### Synopsis of Choose an item.

House Bill 210 (HB210) appropriates \$4.8 million from the general fund to the Health Care Authority (HCA) to encourage health care facilities to exchange health care information with the nonprofit organization designated by the state to operate the New Mexico health information exchange and to provide those health care facilities with subscriptions to the health information exchange.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, which is May 20, 2026.

### FISCAL IMPLICATIONS

The appropriation of \$4.8 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY27 shall revert to the general fund. Although the bill does not specify future appropriations, establishing a new grant program could create an expectation the program will continue in future fiscal years; therefore, this cost is assumed to be recurring.

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HCA stated that the appropriation could allow HCA to assist up to 16,092 providers with start-up costs. Annual subscription funding would support providers during the first year of implementation. Beginning in year two, providers would assume ongoing subscription costs.

Funding could also be used to build interfaces. About \$1.5 million per year could cover 20 Hospitals, 20 Behavioral health clinics, 5 Urgent Cares or emergency department, 8 FQHCs, 20 Ambulatory clinics, 4 hospice/home health care and EMS/Image Trend. Exact organizations could be altered.

Annual HIE Subscriptions:

1. Medicaid Licensed Providers (16,092 providers) = \$2,413,800/year
2. Annual Image Trend/EMS = \$270,000

Total Annual Funding = \$4,813,800

## SIGNIFICANT ISSUES

HCA stated that this funding would primarily benefit providers that already have an Electronic Health Record (EHR) system in place, or relevant infrastructure, to participate. Smaller or rural providers may not have the ability to engage with these funds, limiting the outreach of the initiative.

Getting more health care facilities connected to the state's designated HIE is a positive development for HCA. The more complete the data the HIE possesses, the clearer picture the state gains of the condition of health care throughout New Mexico. The bill's use of the term "encourage" is somewhat vague; however, provisions that help address the nonrecurring costs of establishing a connection, as well as ongoing subscription expenses, could successfully help facilitate broader participation.

DOH stated that they would benefit from increased participation by NM health care facilities in the HIE as it could lead to more complete data ([The impact of health information exchange on healthcare quality and cost-effectiveness: A systematic literature review - PubMed](#)). Thorough and complete data assist NMDOH in making timely, informed decisions about disease surveillance, intervention and prevention.

## ADMINISTRATIVE IMPLICATIONS

The HCA would have to determine which providers would qualify for this funding and how to distribute the funding fairly. The agency would also have to oversee expenditures to ensure they comply with the intended use in the bill.

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