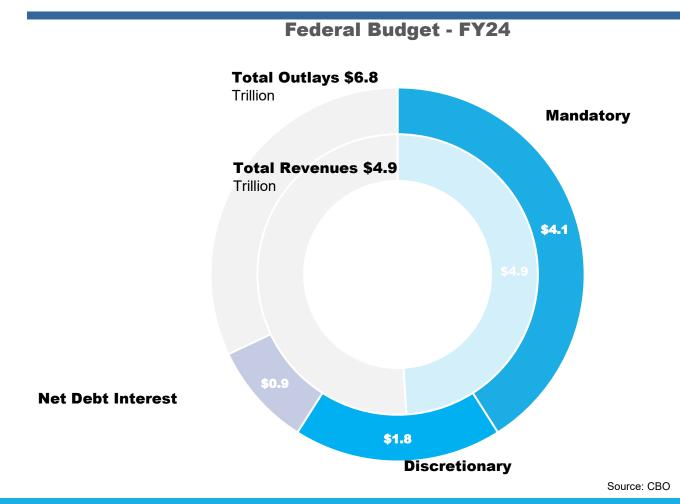


Federal Budget Overview

Charles Sallee, Director, Legislative Finance Committee October 2025

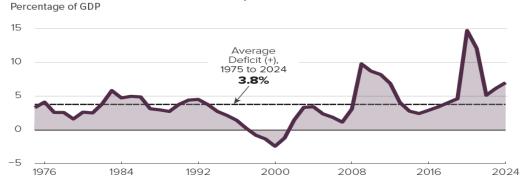
Federal Budget – \$1.9 Trillion Deficit



Federal Budget Deficits & Debt

Deficits and Debt

Federal Deficits or Surpluses, 1975 to 2024



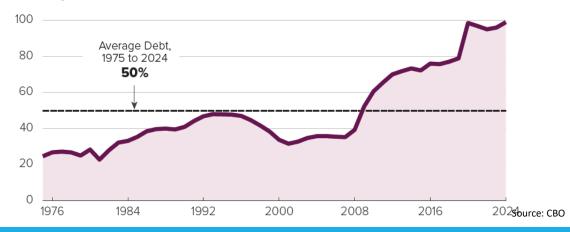
Annual Deficit: Amount by Which Outlays Exceed Revenues

To fund government spending in years of deficits, the Treasury borrows from individuals, businesses, the Federal Reserve, and other countries.

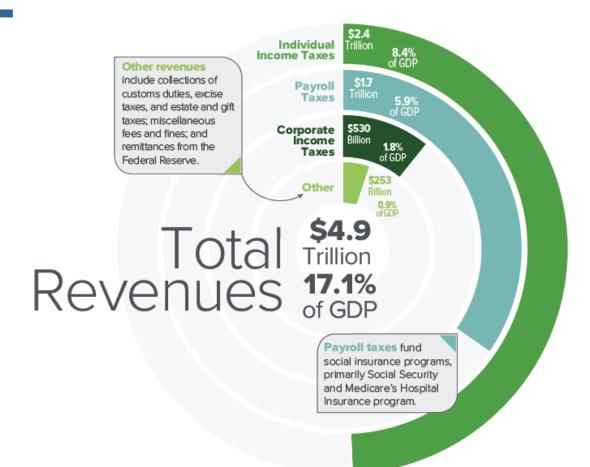
Federal Debt Held by the Public, 1975 to 2024 Percentage of GDP

Debt

Debt held by the public is issued to finance annual deficits, the Treasury's cash balances, and federal loans. Surpluses can be used to pay down debt.

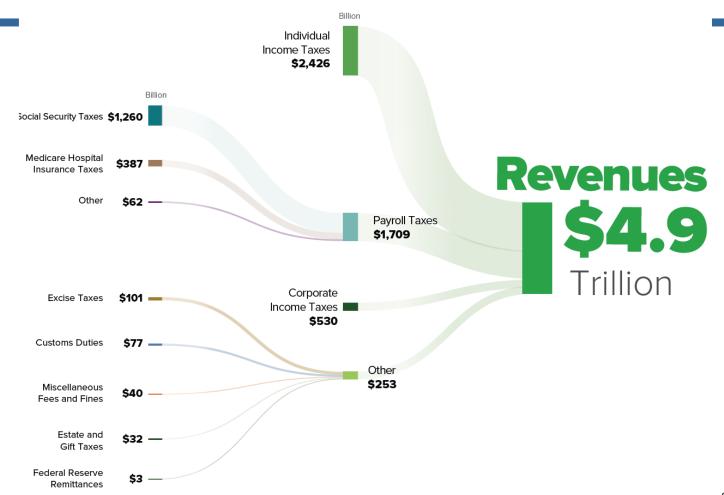


Federal Budgeted Revenues – FY24



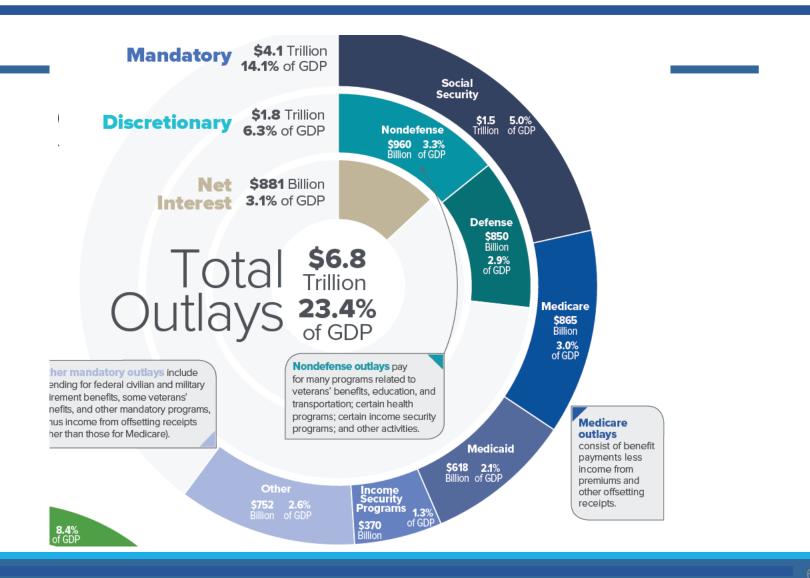
Source: CBO

Federal Budgeted Revenues – FY24

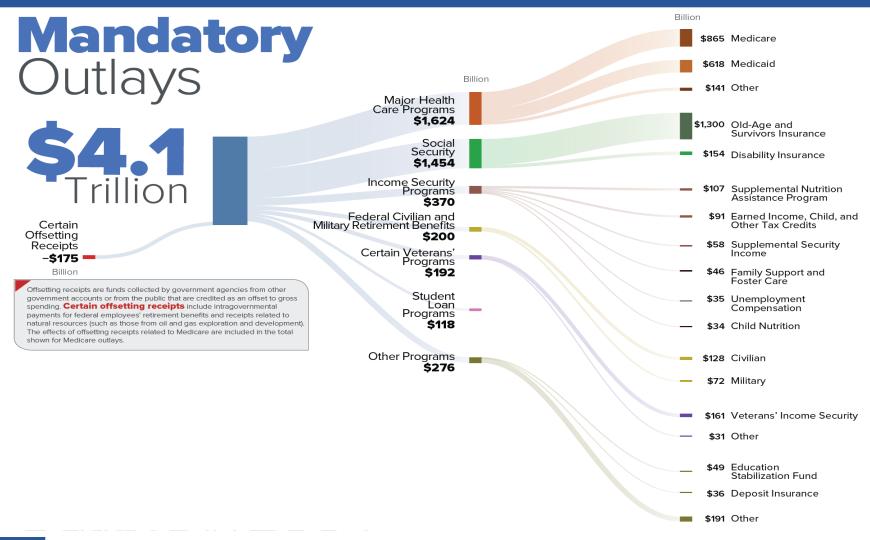


Source: CBO

Federal Budget – FY24 Outlays



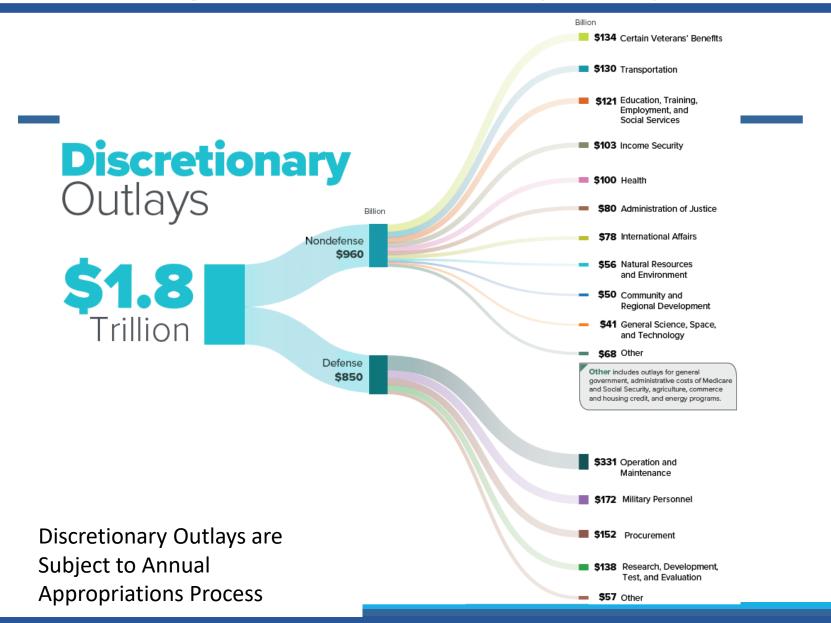
Federal Mandatory Spending – FY24





Source: CBO

Federal Budget – FY24 Discretionary Outlays



2025 1st Special Session Appropriations, House Bill 1

2025 1st Special Session Appropriations, Reversions, and Fund Transfers (thousands)

Purpose	To Agency/Fund	Source	Amount
Appropriations			
Educational Television and Public Radio	Finance and Administration	GF	\$5,561
Educational Television and Public Radio Provided By Indian Nations, Tribes, and Pueblos	Indian Affairs Department	GF	\$430
SNAP for Elders and People with Disabilities	Health Care Authority	GF	\$4,600
SNAP for Lawfully Present Residents	Health Care Authority	GF	\$12,000
SNAP Education Program at UNM and NMSU	Health Care Authority	GF	\$1,246
Food Banks Including \$2.5 million for Capacity Building	Health Care Authority	GF	\$8,000
Food at Educational-Based Centers and Food Pantries	Health Care Authority	GF	\$2,000
Workforce Solutions to Support SNAP and Medicaid Work Requirements	Health Care Authority	GF	\$1,500
Staffing and Administration in Income Support Division	Health Care Authority	GF	\$4,400
Staffing and Administration in Medical Assistance Division	Health Care Authority	GF	\$2,200
IT Changes for SNAP and Medicaid	Health Care Authority	GF	\$10,000
Healthcare Services Provided by Non-Medicaid Eligible Nonprofits	Health Care Authority	GF	\$3,000
Reduce Health Premiums and Cost Sharing on the Health Exchange	Health Care Authority	HCAF	\$17,300
For Projected Shortfalls	Regulation and Licensing	GF	\$7,880
Health Professional Interstate Compacts	Regulation and Licensing	GF	\$100
College Assistance Programs	New Mexico State University	GF	\$450
Total Appropriations			\$80,666
Reversions			
Reversion of FY24 Balances	General Fund	HCA	\$120,000
Total Reversions to General Fund			\$120,000
Fund Transfer	Appropriation Contingency Fund	GF	\$30,000
Fund Transfer	Rural Health Care Delivery Fund (HCA)	GF	\$50,000
Total Fund Transfers			\$80,000
Total General Fund Appropriations/Transfers			\$143,366
Total Reversions to General Fund			\$120,000
Total General Fund Expenditures			\$23,366



2025 1st Special Session Legislation, House Bill 2

Federal Action

Enhanced federal health insurance premium subsidies which cap the amount an enrollee pays for their premium at 8.5 percent of their income are likely to expire at the end of 2025

What the Bill Does

- Expands the use of the Health Care Affordability Fund (HCAF) to individuals earning more than 400 percent of the federal poverty level
- The enacted legislation and accompanying \$17.3 million appropriation will backfill the subsidies with HCAF funds through FY26.
- Since the subsidies are currently scheduled to expire at the end of the calendar year, the appropriation was sufficient to cover half a year of projected expenses, leaving a liability for FY27.

Issues

► HCA did not request the full year's amount in the September budget request submission for FY27.



2025 1st Special Session Legislation, Senate Bill 1

Federal Action

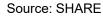
Federal changes to Medicaid and Health Insurance Marketplaces may lead to a reduction in revenue to rural health facilities and clinics

What the Bill Does

- Expands the use of rural health care delivery grant funds to stabilize the provision of existing health care services when those services are at risk of reduction or termination
- Also expands the definition of rural health care facility and rural health care provider to include those located in high-needs geographic health professional shortage areas as designated by the US Health Resources and Services Administration.

ISSUES Appropriations to the Rural Health Care Delivery Fund

.000.00	Appropriations to the Rulai Health Care Delivery Lund													
Appropriation		End	Appropriation		_		Pre-							
Year	Start Date	Date	Amount	Budgeted	Expended	Encumbered	Encumbere d	Remaining						
2023	4/7/2023	6/30/2026	\$80,000.0	\$80,000.0	\$51,691.3	\$21,741.7	\$0.0	\$6,567.0						
2024	7/1/2024	6/30/2027	\$76,000.0	\$76,000.0	\$11,041.1	\$12,366.8	\$308.1	\$52,283.9						
2025	7/2/2025	7/1/2027	\$20,000.0	\$0.0	\$0.0	\$0.0	\$0.0	\$20,000.0						
2025 Special			\$50,000.0					\$50,000.0						
		Total	\$226,000.0	\$156,000.0	\$62,732.4	\$34,108.5	\$308.1	\$128,850.9						





2025 1st Special Session Legislation, Senate Bill 3

Federal Action

With the new federal administration, the panel that recommends the use of vaccines in the U.S. civilian population was replaced with new appointees, causing concern that access to vaccines could be reduced

What the Bill Does

- Expands the Department of Health's (DOH) decision-making authority regarding adult and childhood immunizations, allowing DOH to promulgate its own immunization regulations for immunizations or follow recommendations set by the American Academy of Pediatrics (AAP) or other medical organizations
- The bill also expanded immunization requirements to children enrolled in childcare programs

Issues

The federal government's immunization guidance is still highly in flux, and it is unclear what changes will ultimately be adopted



Federal Shutdown

- The federal government shutdown on October 1st because Congress did not reach a compromise on a continuing resolution
 - The severity of a shutdown depends on the duration, a few days will have minimal impacts while several months could be very disruptive
 - Shutdown impacts vary widely by program with programs falling in 3 categories:
 - Able to continue through part or all the fiscal year absent appropriations action (foster care, adoption assistance, Medicaid)
 - Able to operate with carryover funds and prior obligation drawdowns are allowed. However, new obligations are not permitted, and payment approvals may depend on federal employees who are furloughed (Most programs fall in this category including: Mental Health Block Grant, opioid response grants, and LIHEAP)
 - Carryover of funds is not allowed, and the department will not process any payments (educational Impact Aid and Aging grants to states are the only two identified by FFIS at this point)



Possible PAYGO Sequestration Under Reconciliation

- ➤ Pay-As-You-Go (PAYGO) was enacted in 2010 to prevent new tax and spending legislation from increasing the federal budget deficit.
 - The Federal Office of Management and Budget must offset spending increases by ordering annual across-the-board program cuts.
 - The reconciliation bill increases deficits by \$3.4 trillion and will trigger these cuts, unless congress overrides PAYGO at the beginning of 2026.
 - Exempt mandatory programs include Social Security, veteran's benefits, Medicaid, SNAP, TANF, Unemployment Insurance, and SSI.
 - Medicare cuts are capped at 4 percent.
 - Federal mineral leasing payments are a significant concern since the state receives 67 percent of the disbursement. The federal government disbursed \$4.29 billion in 2024, of which \$2.88 billion went to New Mexico.
 - ➤ Other sequestrable programs include the crime victims fund, Maternal, Infant, and Early Childhood Home Visiting Programs, Promoting Safe and Stable Families and many others.



Federal Budget Reconciliation - Medicaid Timeline

Timeline -- Federal Reconciliation Medicaid Changes

State Fiscal Year	SFY25	SFY26	SFY27	SF	SFY28 SF		29	SFY30		SFY31		Y32	SFY33		FY34	
Federal Fiscal Year	FFY25	FFY26	FFY2	7	FFY28		FY29	F	FY30	FFY31	FFY32		FFY33		FFY34	
Calendar Year	2025	202	26 2	027	7 2028		2029		2030	20	2031 2032		2033		203	34
Month	JFMAMJ JA	SONDJFMAMJ	ASONDJFMAM	JJASONE) J F MA MJ J A	ASONDJ	F MAMJ J A S	SONDJF	FMAMJJAS	ONDJ F MA MJ	JASOND	JFMAMJJA	SONDJFMAMJ	JASON	NDJ F MA MJ J	ASOND

First 10 Percent Reduction Begins January 2028

Subsequent 10 Percent Reduction Each Juanuary Thereafter

Until Payments Reach 100 Percent of Medicare

State Directed Payments to Hospitals and Nursing Facilities

Provider Taxes

First 0.5 Percent Reduction Begins in Federal Fiscal Year 2028

With Subsequent Reductions Every Year

Until the Rate Reaches 3.5 Percent

Work Requirements Start December 31, 2026

Work Requirement Extension Work Requirement Extension Upon Good Faith Effort Dec 31, 2028

Cost Sharing (copays) Starts October 1, 2028

6 Month Eligibility Redeterminations Starts for Renewals Scheduled on or After December 31, 2026

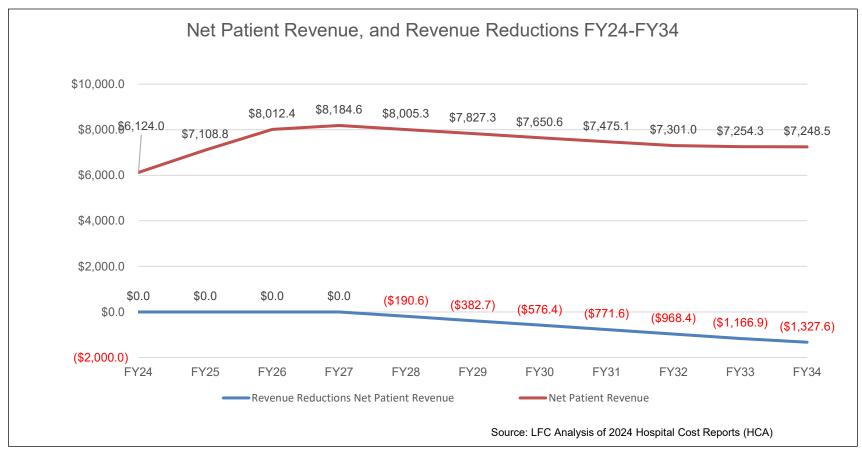
Retroactive Eligibility Limited to 1 or 2 months

Begins January 1, 2027



New Mexico Legislative Finance Committee

Notable Reconciliation Changes to Medicaid: State Directed Payments and Provider Taxes





Federal Budget Reconciliation – SNAP Timeline

Timeline -- Federal Reconciliation SNAP Changes

		= ==:										<u> </u>							
	SFY																		
State Fiscal Year	25	SFY26	SF	Y27	SFY	′28	SF	/29	SF	/30	SF	Y31	SFY	′32	SF	FY33	SI	FY34	
Federal Fiscal Year	FFY2	5 FFY20	3	FFY27	F	FY28	_ F	FY29	F	FY30		FFY31	F	FY32	2	FFY33	3	FFY34	ŀ
Calendar Year	202	25 20	26	202	7	202	8	202	29	203	80	2031		203	32	20	33	203	34

Month JFNANJASCNEJFNAN

State Match Requirement

State Match Requirement Delayed

Implementation

State Match Requirement Delayed

Implementation

Administrative Match

Reduction
Certain Non-Citizens Lose

Eligibility

Begins in October 2027

If Payment Error Rate is Too High Begins in FFY29

If Payment Error Rate Continues to Be High Begins

FFY30

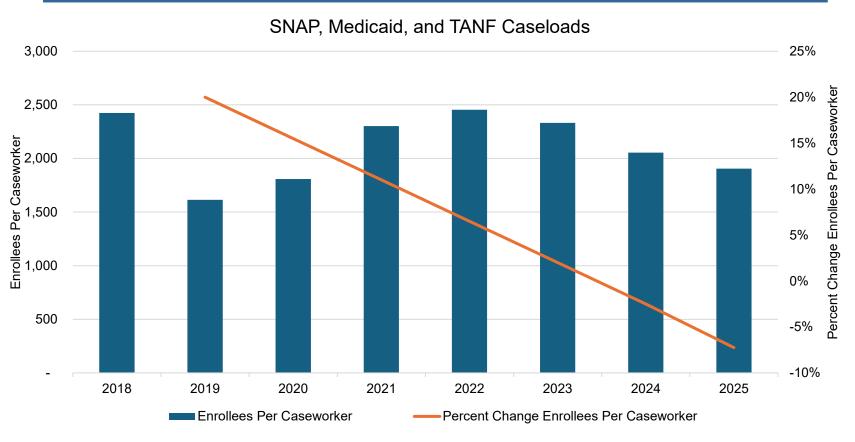
Federal Share for Administrative Expenses Reduces from 50 Percent to 25 Percent

Begins Upon Enactment but Individuals Roll Off as Redeterminations are Made



New Mexico Legislative Finance Committee

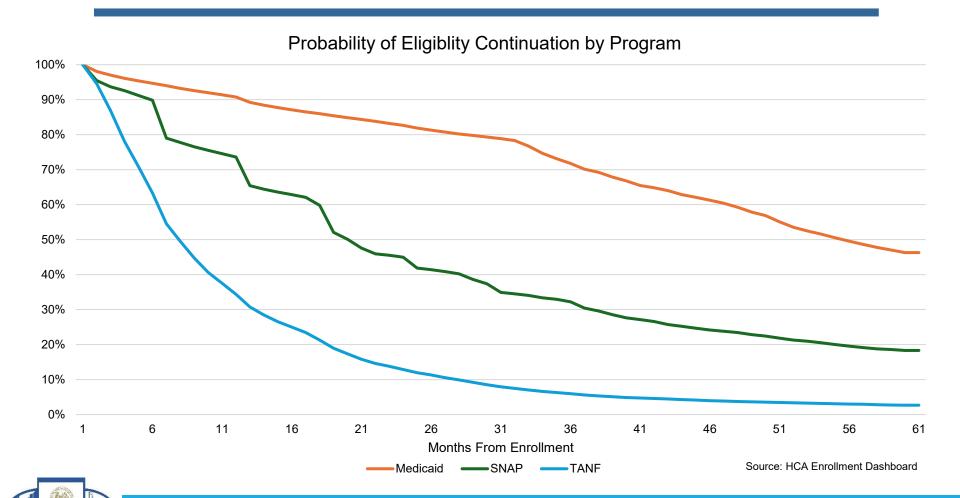
SNAP, Medicaid, and TANF Caseloads





Source: LFC Analysis of SPO Tool Report and Enrollment Dashboard

SNAP, Medicaid, and TANF Enrollment Continuation



SNAP Changes Effective Upon Enactment of HR1

Eligibility

- SNAP eligibility for non-citizens
 - ➤ Narrows eligibility so that refugees, asylees, survivors of trafficking, and certain parolees lose eligibility.
- Expanded work requirements
 - > Raises the upper age for who is subject to work requirements from 54 to 64.
 - Changes the dependency work requirement exemption from under age 18 to under age 14
 - Limits geographic waivers to only those states with high unemployment rates

Benefits

- Restrictions on Income Deductions
 - Internet expenses can no longer be included in the excess shelter deduction for SNAP. The US Department of Agriculture's website says that further guidance is forthcoming.
 - ➤ Heating and cooling standard utility allowances will no longer automatically be available to households without an elderly or disabled household member simply because they qualify for Low-Income Home Energy Assistance payments. However, some of these households may still qualify for some deductions under other authorities.

SNAP Education Program

Funding for the SNAP-Ed program ended September 30th.





For More Information

- http://www.nmlegis.gov/lcs/lfc/lfcdefault.aspx
 - Session Publications
 - Performance Report Cards
 - Program Evaluations

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