

LFC Requester:	Hilla
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AGENCY BILL ANALYSIS - 2026 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

AgencyAnalysis.nmlegis.gov and email to billanalysis@dfa.nm.gov

(Analysis must be uploaded as a PDF)

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Date Prepared: 1/26/2026 *Check all that apply:*
Bill Number: HB 104 Original Correction
 Amendment Substitute

Sponsor: Reps. Tara Lujan, Joseph Hernandez, Elizabeth Stefanics **Agency Name and Code** AOC 218
Short Title: COUNTY & TRIBAL HEALTH COUNCILS ACT **Number:** _____
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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
	\$8,000,000	Nonrecurring	SGF

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total						

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: HB 104 appropriates \$8,000,000 for FY27 and FY28 to county and tribal health councils for provisions of the County and Tribal Health Councils Act. \$1,000,000,000 shall be sued to contract for services to assist the Department of Health with supporting councils.

FISCAL IMPLICATIONS

The bill appropriates \$8 million from the general fund over two fiscal years, with \$1 million designated for contract support. While this provides resources that could support councils during the transition to the Behavioral Health Reform and Investment Act (2025) (BHRIA), the lack of explicit guidance on allowable expenditures and performance accountability creates fiscal uncertainty. Unclear alignment may lead to uneven implementation, inefficiencies, or the need for supplemental funding to address gaps. Any unexpended balance at the end of FY 2028 reverts to the general fund.

SIGNIFICANT ISSUES

HB 104 provides a general fund appropriation of \$8 million to the Department of Health for FY 2027 and FY 2028 to support the County and Tribal Health Councils Act. Of that amount, \$1 million is designated for contracts to assist the department in supporting county and tribal health councils.

While the bill does not explicitly reference behavioral health supports, the funding could support the ongoing transition of existing health councils to behavioral health supports under BHRIA. BHRIA established statutory obligations for behavioral health supports, including regional behavioral health planning, coordination with tribal governments, and performance reporting. HB 104 does not specify how funds should be aligned with these obligations, leaving discretion to the Department of Health regarding allocation and use.

PERFORMANCE IMPLICATIONS

The lack of explicit direction linking the appropriation to BHRIA obligations may impede councils' ability to fully meet statutory requirements.

ADMINISTRATIVE IMPLICATIONS

None

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

HB104 does not provide sufficient technical guidance regarding the administration of funds associated with the transition from health councils to behavioral health supports under BHRIA. The bill lacks clarity on allowable uses of funds and the relationship between the funding and

statutory responsibilities assigned under BHRIA. Additionally, the bill does not establish reporting requirements, performance metrics, or timelines for expenditure, which may complicate implementation, monitoring, and compliance.

OTHER SUBSTANTIVE ISSUES

HB104 raises additional substantive concerns related to system alignment during the transition to behavioral health supports under BHRIA. Without explicit direction, existing health councils may experience disruptions in staffing, institutional knowledge, and regional partnerships, potentially affecting ongoing community engagement and data collection efforts. This may undermine BHRIA's intent to establish a coordinated, statewide system of behavioral health planning and oversight.

Lastly, HB104 does not address long-term sustainability beyond the initial funding period, raising concerns about the ongoing viability of behavioral health supports once transition-related funds are expended.

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Transition to behavioral health supports under BHRIA may be slowed or uneven. Funding provided by HB 104 could support activities that align existing health councils with the statutory obligations of behavioral health supports, including regional behavioral health planning and coordination with tribal governments. Without these resources, councils may have limited capacity to meet BHRIA requirements, resulting in inconsistent implementation across regions.

AMENDMENTS