

LFC Requestor: Emily Hilla

2026 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 104

Type: Introduced

Date (of THIS analysis): 01/202026

Sponsor(s): Tara L. Lujan, and Joseph Franklin Hernandez

Short Title: County and Tribal Health Councils Act

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 27	FY 28		
\$4,000.00	\$ 4,000.00	Nonrecurring	General Fund

\$8 million has been appropriated for use in FY27 and FY28 for an average spend of \$4 million per fiscal year.

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 26	FY 27	FY 28		
\$ 0	\$ 0	\$ 0		

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 26	FY 27	FY 28	3 Year Total Cost	Recurring or Non- recurring	Fund Affected
Total	\$	\$ 1,160	\$ 1,160	\$ 2,320	Recurring	General

Personnel

Senior Healthcare Program Coordinator C9 Midpoint \$40.19 x 2,080 Hours x 1.36 benefits = \$113,689.47 + \$4,628 yearly IT cost = \$118,317.47

Data Analyst (Community Health Needs Assessment) C9 midpoint \$40.19 x 2,080 Hours x 1.36 benefits = \$113,689.47 + \$4,628 yearly IT cost = \$118,317.47

Data Analyst (Southeast region) C9 midpoint \$40.19 x 2,080 Hours x 1.36 benefits = \$113,689.47 + \$4,628 yearly IT cost = \$118,317.47

Healthcare Program Coordinator (Statewide) C5 midpoint \$27.45 x 2,080 hours x 1.36 benefits = \$77,650.56 + \$4,628 yearly IT cost = \$82,278.56

Healthcare Program Coordinator (Southeast region) C5 midpoint \$27.45 x 2,080 hours x 1.36 benefits = \$77,650.56 + \$4,628 yearly IT cost = \$82,278.56

Healthcare Program Coordinator (Southwest region) C5 midpoint \$27.45 x 2,080 hours x 1.36 benefits = \$77,650.56 + \$4,628 yearly IT cost = \$82,278.56

Total Personnel = \$601,785.09

Annual Health Promotion Meeting and Training = \$31,612.16

Computers and Phones:

- Computers and monitors: \$2,000 x 6 staff = \$12,000
- Cell Phones: \$200 a month x 6 staff x 12 months = \$14,400

Total Contracts Cost: \$500,000 per year to a nonprofit entity to provide additional support to health councils statewide as required by current language.

Annual Cost: \$1,159,797.25

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 104 (HB104) would provide an \$8,000,000 general fund appropriation for FY 27 and FY 28 to carry out provisions of the County and Tribal Health Councils Act. \$1,000,000 would be provided to DOH to contract with a nonprofit organization to provide training, technical assistance, and other support to County and Tribal Health Councils.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

In 2019, the legislature passed the County and Tribal Health Councils Act. This allowed county and tribal communities the option of establishing a health council. The purpose of the Act is to improve the health of New Mexicans by encouraging the development of comprehensive, community-based health planning councils to identify and address local health needs and priorities. Health councils are responsible for creating and regularly updating community health plans to identify health priorities and strategies in their communities. This includes receiving feedback from communities on the development of community health needs assessments and community health improvement plans.

Health councils' ability to and staffing levels vary from county to county and are meant to meet the needs and desires of each county or Tribal community, with a recent shift in focus to being active participants in the Behavioral Health Investment and Reform Act (BHRIA). While some of the more well-funded health councils do provide some additional services, it is important to note health councils do not provide direct healthcare, such as immunizations or medical care, but act as a liaison between the community and NMDOH.

In FY25, NMDOH appropriated \$3 million from general funds to be allocated to health councils in addition to the base budget of \$643,965, which is utilized for community health planning. Health councils primarily distributed flyers and awareness materials but also conducted 412 trainings statewide on topics such as 988 awareness and usage, suicide prevention, SBIRT, and overdose prevention awareness. They also distributed 4,800 gun locks, which is a subset of the total 34,753 gun locks handed out by NMDOH,

and distributed 5,000 boxes of naloxone to 3,400 people. By comparison, the NMDOH operated harm reduction program, which provides a variety of services including overdose prevention, distributed 49,716 doses of naloxone to 15,662 people, operating on a budget of \$2.5 million per year.

NMDOH was allocated \$4 million for use in FY26 to support health councils in shifting to behavioral health supports under BHRIA, in addition to the base budget of \$643,965 to support the development of community health assessments. This represents a significant investment and change in scope. NMDOH has been working with health councils to meet this requirement and to shift focus from promoting health services to working towards collaborative efforts to implement programs that will make impacts on behavioral health in their community.

Currently there are 33 county health councils and 10 tribal health councils, of which 42 receive funding from NMDOH. Health council budgets vary from a low of \$72,000 to a high of over \$1,100,000. Some health councils utilize only NMDOH funds, which range from \$70,789 to \$110,789, while others have received funding from counties, grants, and other sources. Due to the wide variety of needs, size of communities, and overall capability of health councils, they should not be funded on a one-size-fits-all approach.

HB104 proposes similar funding levels for FY27 but does not require health councils to transition to support BHRIA, which would represent a shift in approach to funding.

HB104 also requires NMDOH to provide \$1 million in funding to a nonprofit entity to directly provide support to health councils. NMDOH already provides support in several key areas required by statute including:

1. Developing benchmarks, expectations, and mechanisms
2. Providing training and technical assistance to health councils
3. Collaborating with other entities to develop a system to evaluate the effectiveness of health councils and the gathering of necessary data
4. Administering funding to support the work of health councils, staffing, training and technical assistance, and monitoring contracts

NMDOH meets its statutory responsibilities by providing support through a centralized health promotion manager and through the regional health promotion team. This team provides direct support to all health councils, including technical assistance with contracts, meeting grant deliverables, sharing data, and working with councils to develop and monitor local community health plans and assessments.

If funding levels were to continue at flat levels the \$1 million set aside is not supported by NMDOH. The set aside would effectively require the agency to delegate its responsibility to an outside nonprofit. Additionally, if health councils were to be funded at the same level as the current fiscal year, the \$1 million set aside would represent an overall reduction in funds made available directly to health councils.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No

If yes, describe how.

HB 104 would ensure that DOH positions were funded to assist local health councils.

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

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

NMDOH would be allocated money to provide to local health councils in FY 27 and FY28. Funds would be allocated directly to health councils and to provide staffing to support health councils carry out the provisions of the County and Tribal Health Councils Act.

4. ADMINISTRATIVE IMPLICATIONS

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

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. 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

None

9. HEALTH IMPACT(S)

None

10. ALTERNATIVES

None

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

If HB 104 does not pass, health councils and tribal health councils will not receive additional funding from the State of New Mexico beyond what is already allocated in state general funds.

12. AMENDMENTS

None