

LFC Requester:	Harry Rommel
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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: 2/5/2026 *Check all that apply:*
Bill Number: HB127 Original Correction
 Amendment Substitute

Sponsor: Reena Szczepanski **Agency Name and Code** New Mexico Medical Board-
Number: 446
Person Writing Analysis: Monique Parks, Interim Exec. Director
Short Title: Medical Board Expedited Licensure **Email:** moniquem.parks@nm
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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
	(120.0)	(120.0)	Recurring	

(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		600.	200.0	800.0	Recurring	
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(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:

House Bill 127 makes it easier to remotely practice medicine in New Mexico. The bill allows the New Mexico Medical Board to issue license to practice medicine to someone who holds a physician’s license issued in a country outside the United States or Canada. Grant expedited licenses to practice medicine to QUALIFIED APPLICANTS. Establish a registry for out-of-state telehealth providers.

FISCAL IMPLICATIONS

Loss of telemedicine license revenue is estimated at 900 licenses every three years (approximately 300 licenses annually) at \$400 per license, resulting in an estimated revenue decrease of \$120,000 per year. Approximately \$135,000 annually in FY 2027 and FY 2028 is estimated to be required for implementation of the telehealth registry by the NMMB, including system development, promulgation of rules, staff workload, and ongoing operational costs.

SIGNIFICANT ISSUES

Section 1.D is new language. The NMMB has grave concerns regarding this language and believes this licensure requirement may lead to harm to the people of New Mexico which the NMMB is charged to protect. There is currently no process in NM that assesses a foreign physician’s skill set and competence, including being able to adequately communicate and work within the American medical system.

- The NMMB already grants licensure to applicants who are Foreign Trained Physicians via “eminence pathways” for physicians that are deemed to have “extraordinary ability” including “eminent specialist” or “university faculty.”
- Some countries do not provide or require of physicians formal postgraduate training and accreditation and Foreign Trained Physicians may differ widely in quality and competence.
- Some states do allow licensure from specific countries who provide what is considered equivalent training: England, Scotland, Ireland, Australia, New Zealand, and the Philippines.

In order to fulfill its statutory charge to protect the public, the NMMB will require the authority to promulgate rules including:

- Ability to confirm the foreign physician is able to adequately communicate and work within the American medical system.
- A limit on “time out of practice” before becoming eligible to apply.
- Completion of post graduate training outside the US that is substantially similar to a residency program accredited by the ACGME in the US.
- Has been licensed to practice medicine for at least 5 years in countries who provide what is considered equivalent US postgraduate training such as Australia, Canada, United Kingdom, or any additional countries approved and added by the NMMB.

Section 2.A Telehealth Registration (PHYSICIAN) – Repeal of Physician Telemedicine license and replacement with a Registry:

As written, the NMMB will lose statutory authority.

The regulator must be given general disciplinary authority including fines, letters of admonition, publicly reported actions, stipulations, suspension, and revocation.

The physician must provide health care within the scope of practice (practice standards) for a physician under the NM Medical Practice Act

Standards of care and patient relationship: The standard of care delivered via telehealth must be equivalent to in-person care.

A valid provider-patient relationship must be established through telehealth.

Consider addition of current NMMB telemedicine licensure requirements/ definitions:

16.10.2.7

16.10.8.7 (minimum standards for a patient/physician relationship, etc. to help protect the patient.)

16.10.8.8,9

PERFORMANCE IMPLICATIONS

None for The New Mexico Medical Board

ADMINISTRATIVE IMPLICATIONS

The New Mexico Medical Board would have to promulgate and amend their rules to incorporate HB127 telemedicine registry.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None for The New Mexico Medical Board

TECHNICAL ISSUES

NMMB must integrate their licensing database with a telemedicine registry and create an application, tracking mechanisms, interface development with NMMB’s licensing system.

OTHER SUBSTANTIVE ISSUES

Participation in the telemedicine registry would increase costs to the NMMB due to added administrative burdens, including licensure reviews, data management requirements, and increased staffing needs. Fees associated with this bill also decrease to \$100.00.

ALTERNATIVES

None for The New Mexico Medical Board

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None for The New Mexico Medical Board

AMENDMENTS

AMENDED BILL: The NMMB supports the amendment as written. However we note repeal of the telemedicine license (2024 New Mexico Statutes Chapter 61 - Professional and Occupational Licenses, Article 6 - Medicine and Surgery Section 61-6-11.1 - Telemedicine license) leads to patient safety concerns.

In order to ensure patient safety and regulatory consistency, **the board should be granted authority to promulgate rules governing the telemedicine registry** that incorporate the ethical, professional, and practice standards established in the Medical Practice Act. This rulemaking authority is necessary to clarify that registrants are subject to the same standards of care, ethical obligations, and disciplinary oversight as fully licensed physicians in NM when practicing medicine via telehealth. Providing the board with this authority ensures continuity of regulation across in-person and telemedicine practice, allows for enforcement of existing statutory requirements related to patient-physician relationships, prescribing, and professional conduct, and prevents regulatory gaps that could compromise patient care or public protection.