

LFC Requestor: Carlie Malone

2026 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 157

Type: Introduced

Date (of THIS analysis): 01/27/2026

Sponsor(s): Jennifer Jones and Rebecca Dow

Short Title: Pregnancy and Parenting Resource Website

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 26	FY 27		
\$0	\$100	Non-recurring	General Fund

REVENUE (dollars in thousands)

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

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	\$0	\$0	\$452	\$1356	Non-recurring	General Fund

Pay Band HH -\$40.45/hr. x 2080 hours x 1.36 = \$114,425.00 + Office Setup \$5,520+ Rent \$54,000 = \$173,945

Commented [JG1]: This seems high.

The appropriation of \$100,000 contained in this bill is not a recurring expense to the general fund, though establishing a new resource website and hotline creates an expectation the program will continue in future fiscal years. HB 157 does not specify future appropriations and notes that unexpended or unencumbered balance remaining at the end of FY27 shall revert to the general fund; thus, this cost is assumed to be nonrecurring.

Costs to Expand Existing DOH Nurse Helpline and Use NMDOH Website (FY 2027)

This scenario assumes pregnancy and parenting inquiries would be incorporated into the existing NMDOH nurse-staffed health helpline, and that informational content would be hosted on the existing NMDOH website, without creation of a new stand-alone platform.

Helpline expansion costs (FY 2027):

Three hotline specialist nurses contracted through Rapid Temps Agency

- \$65/hour × 40 hours/week × 52 weeks × 3 contractors
- \$405,600

Rapid Temps Agency tax and administrative fees

- 8.1875% × \$405,600
- \$33,208.50

Office setup (computers and phones)

- \$1,500 × 3 staff
- \$4,500

Subtotal – helpline expansion: \$443,308.50

Website costs (FY 2027, midpoint estimate):

- Enhancement and hosting of a pregnancy and parenting resource section on the existing NMDOH website
- Midpoint estimate for limited development and annual maintenance: ~\$8,800

Total estimated FY 2027 cost – Option 1: ~\$452,100

Except for the updated Program Manager (Epidemiologist Supervisor) salary, all cost estimates are derived from 2024 Department of Health fiscal estimates. Inflation, wage growth, contract rate increases, and technology cost escalation are not reflected, meaning these figures likely underestimate actual FY 2027 costs.

Website development and maintenance costs are midpoint estimates based on national ranges and assume a moderate-complexity platform. Actual costs could vary depending on accessibility requirements, multilingual content, security standards, and integration with existing systems.

Sources for website cost:

Qarea, “[Website Development Cost in 2024: Price to Build a Website?](#),”(accessed January 2025), which notes that simple sites typically range from \$1,000 to \$10,000+ depending on complexity and services included.

WebyKing, “[How Much Does Website Maintenance Cost?](#)” (updated 2024), indicating that annual maintenance for a small business or informational website typically ranges from \$600 to \$6,000+ per year.

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 157 (HB157) proposes an appropriation of \$100,000 from the state general fund to the New Mexico Department of Health (DOH) for Fiscal Year 2027. The funds are to be used to develop a pregnancy and parenting resource website and hotline serving expectant families and new parents. The envisioned platform would provide information and referrals on a broad range of topics, including social services, financial assistance, adoption services, pregnancy and parenting guidance, family planning resources, care centers, and other available public and private support for expecting parents and new parents. Any money unexpended by the end of FY2027 would revert to the general fund. HB 157 does not specify a start date or if this appropriation will be annual or recurring.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Centralizing information on healthcare, nutrition, childcare, and social support, the website/hotline could alleviate the confusion many parents face when navigating numerous programs. New mothers can struggle to navigate health systems after giving birth. A dedicated hotline could proactively reach out or be available when families need guidance after hospital discharge – potentially helping mothers recognize warning signs or access mental health care. A resource hotline can direct callers to postpartum depression support, lactation consulting, family counseling, or other interventions, potentially preventing crises and closing gaps. In short, the hotline may serve as an early-warning and referral system during a vulnerable time for mothers.

Currently, information for expecting and new parents in New Mexico is available but fragmented across different agencies and websites. DOH already maintains a nurse-staffed general NM Health Helpline ([1-833-796-8773](tel:1-833-796-8773), “SWNURSE”) that answers health questions – including reproductive health inquiries – and provides referrals to providers and services. The DOH also has various websites with information for parents, including WIC, Children’s Medical Services, and immunization information. Additionally, the Early Childhood Education & Care Department (ECECD) hosts online portals for parents (e.g. [the ECECD “Family Resources” webpage](#)) with resources on childcare, home visiting programs, nutrition (food security), early intervention, etc.

Unless carefully coordinated, multiple parallel hotlines might confuse residents or result in inefficient use of funds. The [DOH Helpline \(833-SWNURSE\)](#) already exists and is staffed by nurses who field a wide variety of public health queries, providing referrals to primary care providers, OB/GYNs, and low-cost family resources. The Human Services Department is also working on a closed loop referral system that will encompass programs from all state agencies as well as community organizations. ECECD’s platforms and even non-profit referral systems (like United Way’s 2-1-1 service) also

connect New Mexicans to community services. United Way 2-1-1, for instance, is a free statewide hotline that provides referrals for health and social service needs. There is a risk that a new state-run hotline could overlap or compete with these services.

The value of a resource website/hotline hinges on accuracy, comprehensiveness, and upkeep. Creating the platform is only the first step; it must be continuously updated with current information on available programs (which can change due to funding, eligibility rules, or new initiatives). There is also an administrative burden to curate and maintain an up-to-date resource directory. If the website becomes outdated or the hotline staff are not well-trained in the latest programs, families could receive incorrect or stale information.

Likewise, the success of a hotline depends on responsiveness – having knowledgeable staff (or contractors) available to answer calls promptly and perhaps offer multi-lingual support. With limited funding, there is a concern that the hotline could be understaffed or operate only during limited hours, reducing its usefulness. Implementing HB 157 effectively would require ongoing commitment and resources beyond the initial website build.

HB 157 \$100,000 appropriation appears insufficient to operate a robust hotline long-term. That amount may cover initial development of a website and perhaps minimal start-up costs for a phone line, but it would not sustain multiple staff or a call center.

Another concern is whether the target population will know about it and use it. Busy expectant or new parents may not automatically be aware of a new state website or hotline. Effective outreach (through hospitals, clinics, social media, etc.) will be critical, requiring additional effort and funding for marketing, which is not specified in the bill. If utilization is low, the impact on outcomes will likewise be limited. On the other hand, if the service is well-publicized and trusted, it could face high call volumes – looping back to the need for adequate staffing. In short, the implementation strategy (beyond just creating the platform) will determine success; this includes promoting the website/hotline, partnering with healthcare providers who can refer patients to the hotline, and monitoring usage to adjust capacity.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No
HB157 adds another service to DOH's responsibilities.
- 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

Funds will be needed to implement and staff the program. Please see estimates in section II.

4. ADMINISTRATIVE IMPLICATIONS

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

Depending on options, NMDOH would have to create a website and helpline, or leverage existing resources to do so. This may require additional personnel and program creation. See fiscal analysis.

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

The inclusion of a telephone hotline is crucial for those without reliable internet, but even phone access can be limited in some frontier locations. To ensure equity, the program would need to consider offline outreach as well; for instance, distributing printed resource guides or leveraging radio/TV announcements in rural regions.

Language access will be a key factor as many New Mexicans speak Spanish or Indigenous languages as their primary language. The hotline and website should offer multi-lingual options (Spanish at a minimum) and enlist culturally knowledgeable staff or partners.

Low-income families, who often have the highest need for support, may face hurdles in accessing a web-based or phone resource. They may lack smartphones, have limited minutes on phone plans, or work multiple jobs that make it hard to call during standard business hours. The program should consider offering 24/7 or extended hours availability, or at least a callback and text message option, to be reachable for working parents. ([New Mexico's existing helpline recently added a texting feature to broaden access.](#))

Digital literacy can also be a barrier; simply having a website doesn't guarantee that expecting parents with limited computer skills or literacy will benefit. Therefore, equity considerations might include developing easy-to-navigate interfaces, using video or audio content for low-literacy users, and partnering with prenatal clinics to physically hand out information about the service. Equity includes both who has access and who is aware –and historically underserved groups might be less likely to know about a government resource. Targeted outreach through

community centers, WIC clinics, schools, and faith-based organizations in minority and rural communities can help ensure the hotline and website reach those who need them most.

9. HEALTH IMPACT(S)

The transition to parenthood is often accompanied by mental health challenges (anxiety, depression). By offering an anonymous, stigma-free line to call or text, the service can encourage mothers (and fathers) to seek help for emotional distress. [The National Maternal Mental Health Hotline](#), launched in 2022, has demonstrated significant demand for such support – it handled almost 70,000 contacts in its first three years – and is considered an important tool in addressing the maternal mortality crisis, since mental health conditions are a leading cause of maternal death. New Mexico’s proposed resource would not be exclusively a mental health line, but mental health is expected to be a component (the bill text includes “pregnancy and parenting information” and presumably would encompass postpartum depression resources).

Any determinants of perinatal health outcomes lie beyond clinical care – such as stable housing, nutrition, and income support. The proposed website/hotline is explicitly meant to guide families to social services and financial assistance programs. Connecting a low-income expectant mother to resources like housing support or SNAP/WIC can lead to better nutrition and less stress during pregnancy, contributing to healthier birth weights and lower risk pregnancies. Similarly, informing families about childcare resources or paid family leave options can reduce stress in the postpartum period, which benefits maternal recovery and infant care. ([Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\), 2022](#))

10. ALTERNATIVES

None

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

If House Bill 157 is not enacted, an appropriation of \$100,000 in Fiscal Year 2026 (FY26) to the Department of Health for the creation of a website and hotline to provide resources to expectant families and new parents would not be created.

12. AMENDMENTS

None