

LFC Requester:

Lance Chilton

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: 1/30/2026

Check all that apply:

Bill Number: H 172Original Correction Amendment Substitute

Sponsor: Eleanor Chávez, Joanne J. Ferrary; Reena Szczepanski & Kathleen Cates

Short Title: SAFE STAFFING ACT

Agency Name

and Code

449 – Board of Nursing

Number:

Person Writing

Sheena FergusonPhone: 505-228-8644Email Sheena.Ferguson@bo**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
0	0	0	0

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
0	0	0	0	0

(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	0	0	0	0	0	0

(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: This bill requires hospitals to establish staffing committees for nursing staff and support staff for the purpose of developing staffing plans with the intent of improving patient safety. This will create a new section in the health care code to require the health care authority to promulgate rules and enforce a minimum staff to patient ratio for nursing, as well as staffing committees for support staff, and service staff in hospitals.

FISCAL IMPLICATIONS: None for the Board. Significant fiscal impact for hospitals. The availability of adequate numbers of nurses to achieve these goals throughout the state could be problematic.

Note: major assumptions underlying fiscal impact should be documented.

Note: if additional operating budget impact is estimated, assumptions and calculations should be reported in this section.

SIGNIFICANT ISSUES

For organizations seeking to achieve the staffing guidelines as presented in this bill, the organization may see an impact on available roles for nurse residents, interns, externs, mental health techs, and other unlicensed assistive personnel in pipeline roles. The role of LPNs and their role is not addressed.

The composition of the committees does not include any nursing experts, such as the Board of Nursing, on issues surrounding scope of practice, education programs, competency assessment and questions of oversight of nursing delegation. Further, nationally there is work being advanced thru the National Council of State Boards of Nursing on nursing support roles.

PERFORMANCE IMPLICATIONS: None for the agency.

It might benefit the state to measure the patient outcomes over time to evaluate the impact of the legislation. Other potential measurable outcomes would be nurse job satisfaction, nurse burnout, and nurse retention.

ADMINISTRATIVE IMPLICATIONS: None for the agency.

The data requirement as currently proposed may be overly burdensome and require extensive resources, particularly for facilities who do not have IT/data systems that are set-up to provide this level of detail. The cost of implementing the bill as written may be challenging. Hospitals that currently collect data for a national program, such as the National Database for Nurse quality Indicators (NDNQI) may have the burden of duplication.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

TECHNICAL ISSUES

- There is some confusion about the current scope of practice of unlicensed assistive personnel. For example, venipuncture is performed across the country by unlicensed assistive personnel in a variety of roles, including beyond health care. This includes nurse aides, nurse technicians, nurses in training; nurse interns and nurse externs, and others that are not listed, who currently and for years have performed some of the duties that would

not be permitted, such as nurse techs who perform venipuncture, insert urinary catheters, and basic wound care, among many other tasks. Non-traditional health professions students benefit from pipeline and pathway programs through stacked credential approaches to traditional college. This exclusion of UAP roles may interrupt or negatively impact that option.

- The definitions and procedures listed within this contract language bill imposes scope of practice decisions outside of the Nursing Practice Act. There is no discussion about Licensed Practical Nurse (LPN) roles, with the similar argument of LPN to RN opportunities. Inclusion of a discussion on the roles and competencies of LPNs and RNs appears to be an important oversight and may be counter to established national trends towards certification of unlicensed assistive personnel (e.g. Nurse Support Technician). In order to meet the proposed RN ratio requirement, the LPN role may be costed out of a staffing plan.
- Additionally, facilities differ in other types of patient care supports. Some organizations have lifting teams, transport teams to diagnostics, rapid response teams, vascular access/PICC teams, on-unit lactation nurses on women's units, on-unit physical therapy techs orthopedic units, wound care teams, in-unit care management and/or social work and telemonitor staff that may be impacted by this act on those types of teams.
- Behavioral health care teams often include mental health technicians as part of the staffing composition. Mental health technicians may have associate degrees in other fields. This act may negatively impact that role and progress to higher degrees.
- Also, patient location to determine patient-to-nurse ratio is often inappropriate due to the availability of rooms to transfer patients off a unit to a down-acuity unit. For example, critical care units may hold subacute level patients waiting for a bed.
- In addition, this bill outlines the limits to deviation of staffing ratios, an investigational process of violation of staffing ratios, and penalties for violations of staffing ratios. These proposed changes may offer some degree of patient safety and provide for measurement of outcomes.

There have been several studies evaluating the outcomes of nurse staffing and patient mortality, nurse burnout, and nurse job satisfaction over the past twenty years (Aiken, Clarke, Sloane, Sochalski, & Silver, 2002). Specific evaluations have been conducted for Illinois state legislation (Lasater, Aiken, Sloane, French, Martin, Alexander, & McHugh, 2021). And better nurse staffing can be a tool used to reduce poor health outcomes related to health disparities (Carthon, Brom, McHugh, Sloane, Berg, Merchant, Girotra, Y Aiken, 2021; and Carthon, Brom, McHugh, Daus, French, Sloane, Berg, Merchant & Aiken, 2022). All these studies show that patients are the beneficiaries of better staffing and nurses experience less burnout. One preliminary finding is that better staff could result in cost savings for hospitals (Lasater, et al, 2021).

ALTERNATIVES: as above.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

The consequences of not enacting this bill are that patient outcomes may need improvement, and hospital understaffing may lead to staff instability.

AMENDMENTS

Suggest a Board of Nursing senior nurse with the understanding of scope of practice for LPN and RN and unlicensed assistive personnel to the committee as a consultant to provide data.

References

- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silver, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288 (16), 1987-1993.
- Carthon, J. M., Brom, H., McHugh, M., Daus, M., French, R., Sloane, D. M., . . . Aiken, L. H. (2022). Racial disparities in stroke readmission reduced in hospitals with better nurse staffing. *Nursing Research*, 71(1), 33-42.
- Carthon, J. M., Brom, H., McHugh, M., Sloane, D. M., Merchant, R., Girotra, S., & Aiken, L. H. (2021). Better nurse staffing is associated with survival for black patients and diminishes racial disparities in survival after in-hospital cardiac arrests. *Medical Care*, 59(2), 169- 176.
- Lasater, K. B., Aiken, L. H., Sloane, D., French, R., M. B., Alexander, M., & McHugh, M. D. (2021). Patient outcomes and cost saving associated with hospital safe nurse staffing legislation: an observational study. *BMJ Open*, 11:e052899. doi: 10.1136/bmjopen-2021- 052899.