

LFC Requestor: Emily Hilla

2026 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 198

Type: Introduced

Date (of THIS analysis): 1/29/2026

Sponsor(s): Alan T. Martinez

Short Title: BEHAVIORAL HEALTH AND FIRST RESPONDER TRAINING

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		
\$	\$2,000	Non-recurring	General

REVENUE (dollars in thousands)

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

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	\$	\$122	\$0	\$122	Non-Recurring	General Fund

Personnel (1 staff member)

1 Senior Healthcare Program Coordinator (contract and behavioral health program management) C9 Midpoint \$40.19 x 2080 Hours x 1.36 benefits = \$113,689 + \$4,575 yearly IT cost + rent \$3,644 = \$121,908

Total Personnel = \$121,908

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 198 proposes to appropriate \$2,000,000 to the Department of Health to provide behavioral health treatment and training to New Mexico first responders.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

- First responders experience high exposure to critical incidents, cumulative trauma, disrupted sleep, and chronic occupational stress. National public health partners report that suicide is a leading cause of preventable death in first responder populations and that suicide mortality for some disciplines may exceed line-of-duty deaths in certain years. The Centers for Disease Control and Prevention’s National Institute for Occupational Safety and Health (CDC/NIOSH) summarizes evidence that law enforcement officers and firefighters are more likely to die by suicide than in the line of duty, and that Emergency Medical Service (EMS) providers are 1.39 times more likely to die by suicide than the general public ([Suicides Among First Responders: A Call to Action](#), CDC; [First Responder Mental Health and Suicide: An Evidence Based Approach](#), EMS.gov).
- The behavioral health impact is broader than suicide alone. The federal Substance Abuse and Mental Health Services Administration (SAMSHA) cites estimates that about 30% of first responders develop behavioral health conditions (including depression and PTSD), compared with approximately 20% in the general population, supporting the need for both treatment access and training/early intervention ([Supplemental Research Bulletin](#):

[First Responders: Behavioral Health Concerns, Emergency Response, and Trauma](#), SAMHSA).

- National sources note that first-responder suicide surveillance is inconsistent and likely undercounts the true burden due to underreporting and classification limitations; however, available national datasets still show meaningful representation of Fire and EMS among first responder suicides. For example, an CDC National Violent Death Reporting System-based analysis reported first responder suicides by discipline as 58% law enforcement, 21% firefighters, 18% EMS, and 2% telecommunicators (2015–2017) ([Study examines higher suicide rates among first responders](#), U.S. Fire Administration, FEMA).
- New Mexico faces a significant shortage of behavioral health resources, particularly in rural areas, creating barriers for first responders seeking care during periods of heightened stress or crisis. Investments in peer support, mental health awareness, and resiliency training can improve early identification of stress, normalize help-seeking, and provide responders with culturally competent support from individuals who understand the cumulative impacts of public safety work. Peer support programs have demonstrated value in helping responders debrief after critical incidents and recognize signs of distress among colleagues, while targeted training for mental health providers can expand the limited pool of clinicians equipped to serve first responders. Proactive resiliency training further equips responders with practical self-regulation skills to manage stress before, during, and after emergency incidents, supporting workforce stability, readiness, and long-term health ([A guide to First Responder Peer Support Groups](#), First Responders Foundation; [Creating a Cultural Shift for First Responder Agencies](#), Idaho Independent Intergovernmental Authority).

2. PERFORMANCE IMPLICATIONS

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

If enacted, DOH would seek or expand a mechanism to deliver/contract for responder behavioral health treatment and training, including procurement, contract monitoring, outreach, reporting, and coordination with partners. Even if services are delivered through contractors, DOH would have administrative oversight responsibilities.

- Is this proposal related to the [NMDOH Strategic Plan \(FY25-27\)](#)? Yes No

The proposed legislation would contribute to DOH’s Strategic Priority Areas 1 – Access and Linkage to Health Care, Objective 1.1; Improving Access to Behavioral Health and Substance Use Disorder Treatment.

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the [Executive Budget Recommendation](#)?
 Yes No N/A
- If there is an appropriation, is it included in the [LFC Budget Recommendations](#)?
 Yes No N/A

- Does this bill have a fiscal impact on NMDOH? Yes No

HB198 appropriates \$2,000,000 to DOH to provide behavioral health treatment and training to first responders. DOH would incur administrative costs related to procurement/contracting, oversight, reporting, and program evaluation. If implementation is done through contracted services, DOH may still need a modest level of internal staffing/contract support depending on reporting and compliance requirements.

4. ADMINISTRATIVE IMPLICATIONS

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

Administrative impacts include one DOH staff member issuing RFPs or contract amendments, coordinating with responder agencies, ensuring confidentiality protections and referral pathways, monitoring contractor performance, and reporting outcomes.

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

If enacted, the proposed program would benefit first responders statewide, including rural/frontier responders where staffing shortages and access barriers are more acute, and provide access to culturally competent, confidential behavioral health services for responders in underserved areas (e.g., rural EMS/fire) where workforce shortages and long travel distances can worsen burnout and reduce help-seeking.

9. HEALTH IMPACT(S)

This appropriation and subsequent program would directly benefit first responders and their families and indirectly, their communities and the public through improved responder readiness and reduced impairment-related risk. National sources indicate elevated suicide risk in EMS (1.39x general population) and highlight responder suicide as a public health priority ([Vigil et al \(2019\)](#); CDC/SAMHSA).

10. ALTERNATIVES

None.

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

If HB198 is not enacted, DOH would not receive funds to expand behavioral health treatment and training for first responders.

12. AMENDMENTS

None.