

LFC Requester:

Eric Chenier

**AGENCY BILL ANALYSIS - 2026 REGULAR SESSION**

**WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO**  
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**SECTION I: GENERAL INFORMATION**

*{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}*

**Date Prepared:** 1/29/26 **Bill Number:** HB210 **Original**  **Amendment**  **Substitute**

**Short Title:** SUBSCRIPTIONS TO HEALTH INFORMATION EXCHANGE

**Sponsor:** Rep.Liz Thomson

**Name and Code Number:** HCA 630

**Person Writing:** Jerid Ortiz (MAD); and Jason Martinez (BHSD)

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**SECTION II: FISCAL IMPACT**

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
\$0.0	\$4,813.0	Nonrecurring	General Funds

(Parenthesis ( ) indicate expenditure decreases)

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
\$0	\$0	\$0	NA	NA

(Parenthesis ( ) indicate revenue decreases)

## ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	\$0	\$0	\$0	\$0	NA	NA

(Parenthesis ( ) Indicate Expenditure Decreases)

### SECTION III: NARRATIVE

#### **BILL SUMMARY**

House Bill 210 appropriates \$4,813,000 from New Mexico's general fund to the Health Care Authority for fiscal year 2027. The funding is intended to encourage health care facilities to share patient health information with the state's designated nonprofit, Health Information Exchange (HIE). The bill also provides for HIE subscription support for participating health care facilities. Any funds not spent by the end of FY 2027 will revert to the general fund.

#### **FISCAL IMPLICATIONS**

The appropriation could allow HCA to assist up to 16,092 providers with start-up costs. Annual subscription funding would support providers during the first year of implementation. Beginning in year two, providers would assume ongoing subscription costs.

Funding could also be used to build Interfaces. \$1.5 million/year could cover 20 Hospitals, 20 Behavioral health clinics, 5 Urgent Cares/Emergency, 8 FQHCs, 20 Ambulatory clinics, 4 hospice/home health care and EMS/Image Trend. Exact organizations could be altered.

#### Annual HIE Subscriptions:

1. Medicaid Licensed Providers (16,092 providers) = \$2,413,800/year
2. Annual Image Trend/EMS = \$270,000

Total Annual Funding = \$4,813,800

#### **SIGNIFICANT ISSUES**

This funding would primarily benefit providers that have an Electronic Health Record (EHR) system in place, or relevant infrastructure to participate. Smaller or rural providers may not have the ability to engage with these funds, limiting the outreach of the initiative.

Getting more health care facilities connected to the state's designated HIE is a positive development for HCA. The more complete the data the HIE possesses, the clearer picture we gain of the state of health care throughout New Mexico. The wording of the bill is a bit vague in terms of what "encourage" means, but anything that can cover the nonrecurring expense of establishing a connection, in addition to the ongoing subscription costs, can only be a positive.

**PERFORMANCE IMPLICATIONS**

None for HCA

**ADMINISTRATIVE IMPLICATIONS**

The HCA would have to determine which providers would qualify for this funding and how to distribute the funding fairly. The agency would also have to oversee expenditures to ensure they comply with the intended use in the bill.

**CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

None for HCA.

**TECHNICAL ISSUES**

None for HCA

**OTHER SUBSTANTIVE ISSUES**

None

**ALTERNATIVES**

None

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Status quo

**AMENDMENTS**

None