

LFC Requester:

Eric Chenier

AGENCY BILL ANALYSIS - 2026 REGULAR SESSION

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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: 1/30/26 **Bill Number:** HB244 **Original** **Amendment** **Substitute**

Short Title: HOSPITAL PRICE TRANSPARENCY ACT

Sponsor: Rep. Alan Martinez

Name and Code Number: HCA 630

Person Writing: Kresta Opperman

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SECTION II: FISCAL IMPACT**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
\$0.0	\$0.0	NA	NA

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
\$0.0	\$0.0	\$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
	\$0.0	\$172.50	\$0.0	\$172.50	Recurring	General Fund

	\$0.0	\$2.04	\$2.04	\$4.08	Recurring	Federal Fund
Total	\$0.0	\$174.54	\$2.04	\$176.58	Recurring	Total

(Parenthesis () Indicate Expenditure Decreases)

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: HB244 enacts the hospital price transparency act requiring hospitals to provide pricing information for services and items provided at hospitals. Hospitals shall publish information on the hospital's publicly accessible website in a consumer-friendly manner and include a price estimator tool allowing patients to generate personalized cost estimates.

The Health Care Authority shall implement and enforce the Act. The HCA may audit hospital's websites and establish a process to allow individuals the ability to submit complaints for alleged noncompliance with the Act. Upon determination that a hospital is not in compliance HCA shall issue a letter to the hospital to remedy the noncompliance. The hospital must then submit confirmation that corrective action has been taken. A hospital may not initiate or pursue a collection against a patient or the patient's guarantor for a debt owed for an item or service if the item or service is related to noncompliance with the Act.

FISCAL IMPLICATIONS

HB244 allows for HCA to establish an electronic form for submission of complaints for alleged violations of the act and accept complaints via telephone. If the electronic form was hosted on the public facing Unified Portal (UP), it is anticipated to cost approximately \$172,500.00 to implement. If telephone calls were taken at the Consolidated Customer Service Center (CCSC), the cost would be approximately \$17.00 per call. If HCA received ten calls per month, the cost would be \$170.00 per month or \$2,040.00 per year. Processing of civil penalties outlined in the bill will be outside of the IT system.

SIGNIFICANT ISSUES

The pricing of goods and services in the healthcare system is complex. To that end the amount a hospital charges for a service can be significantly different than the rates reimbursed by Medicare, Medicaid, or a commercial plan respectively. The rates reimbursed can be much lower than the published website potentially adding confusion exactly where it attempts to remove confusion.

HB244 does not specify what division or program within the HCA will have oversight of the Hospital Price Transparency Act. The HCA would need to identify which division would have the responsibility to establish regulation, procedures, and oversight of activities requires by the Act. For example, the HCA Division of Health Improvement (DHI) could incorporate a review of the website for required postings into its current survey activities. However, the other oversight activities are out of scope for DHI.

Given the NM Attorney General's enforcement authority, long history of expertise in the Unfair Practices Act, and strong consumer protection division infrastructure, this function may be more

appropriately served by the NMDOJ with HCA surveyors providing referrals to the NMDOJ rather than serving in the ultimate enforcement role. The bill could expressly direct the NMDOJ coordinate with and utilize the subject matter experts at the HCA as witnesses when engaging in an enforcement action.

PERFORMANCE IMPLICATIONS

The bill calls for electronic reporting of the pricing information and the monitoring of electronic website information, which is not currently within the scope of the DHI survey process. New processes would need to be established between the oversight agency and the Consolidated Customer Service Center (CCSC) to triage and assign complaints for investigation. The HCA would need to promulgate new regulations to establish reporting requirements, administration, oversight and enforcement. Existing staff will be required to investigate complaints, compile data, and prepare reports to the legislative finance committee and the interim legislative health and human services committee. Survey staff would need training and expertise in the various billing and procedural codes which are used in care. This expertise is currently outside the scope of DHI.

The only aspect of this that DHI could incorporate into current survey activities is a review of the website for required postings. The other oversight activities are out of scope for DHI.

The work that will need to be done to host the electronic form on the Unified Portal (UP) needs to be rolled into the UP roadmap and prioritized. Other items on the roadmap may be de-emphasized or pushed back to meet this requirement.

ADMINISTRATIVE IMPLICATIONS

None

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None.

TECHNICAL ISSUES

None.

OTHER SUBSTANTIVE ISSUES

None

ALTERNATIVES

None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status quo.

AMENDMENTS

None