

LFC Requester:

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AGENCY BILL ANALYSIS - 2026 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

[AgencyAnalysis.nmlegis.gov](https://www.legis.nm.gov/AgencyAnalysis) 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: February 3, 2026 *Check all that apply:*
Bill Number: HB 283 Original Correction
 Amendment Substitute

Sponsor: Representative Pamela Herndon **Agency Name and Code** Regulation and Licensing Department – 420
Short Title: Medical Use of Cannabis in Health Care Facilities **Number:** _____
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SECTION II: FISCAL IMPACT**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
N/A	N/A	N/A	N/A

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
N/A	N/A	N/A	N/A	N/A

(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	N/A	N/A	N/A	N/A	N/A	N/A

(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: House Bill 283 (HB 283) amends the Lynn and Erin Compassionate Use Act (LECUA) to add a new section, which would require health care facilities in New Mexico to permit the use of medical cannabis by qualified patients, while prohibiting smoking or vaping. Facilities must develop written guidelines for cannabis use and storage, including requiring locked containers. HB 283 allows facilities to impose reasonable restrictions to ensure safe operations and provides a conditional exemption from compliance if federal agencies initiate enforcement or issue a rule that expressly prohibits cannabis use in such settings. A “health care facility” is defined as a hospital, outpatient facility, diagnostic or treatment center, rehabilitation center, freestanding hospice, or similar medical care site, but does not include facilities that primarily provide rehabilitation and treatment for substance use disorders.

FISCAL IMPLICATIONS: No fiscal or significant operational impact on the Regulation and Licensing Department (RLD) are anticipated if HB 283 is enacted.

SIGNIFICANT ISSUES: HB 283 authorizes medical cannabis use by qualified patients in health care facilities, but the Cannabis Regulation Act (CRA) defines a “cannabis consumption area” as a licensed premises where cannabis may be served and consumed (§ 26-2C-2(B) NMSA 1978) and prohibits unlicensed commercial cannabis activity (§ 26-2C-6(A) NMSA 1978). While the CRA § 26-2C-25 NMSA 1978, permits personal use in private settings, the statutes are silent on whether a health care facility qualifies as such. This creates legal ambiguity as to whether HB 283 permits a form of cannabis consumption that would otherwise require licensure under the CRA, potentially establishing a narrow carveout from the CRA’s established licensing framework.

The LECUA defines and regulates primary caregivers (§ 26-2B-3(M) NMSA 1978) as individuals responsible for managing a patient’s use of medical cannabis. HB 283 does not reference this framework or clarify whether caregivers may assist patients within a facility, despite the likelihood that medical cannabis patients in health care settings, particularly inpatient facilities may need help with administration and access.

HB 283 also does not clarify whether medical cannabis use within the contemplated facilities must be self-administered or whether staff or caregivers may assist, creating additional legal ambiguity. As a result, facilities may attempt to restrict use entirely, denying access to patients who cannot self-administer the cannabis despite being a qualified medical patient and wishing to use cannabis. Additionally, the bill does not identify what recourse, if any, is available to patients if a health care facility intentionally or unintentionally fails to comply, leaving enforcement and accountability mechanisms unclear.

While LECUA § 26-2B-4 NMSA 1978 exempts qualified patients and caregivers from criminal and civil penalties for lawful medical cannabis use, it does not specify whether these protections apply within health care facilities. HB 283 does not incorporate or extend these protections explicitly, creating uncertainty as to whether cannabis use in such settings, particularly if assisted by health care facility staff, would be shielded under current law.

The LECUA centralized regulation of medical cannabis patients and caregivers within the Department of Health (DOH), but HB 283 imposes new obligations on health care facilities

without specifying whether DOH or any other agency will oversee implementation or ensure that facilities develop meaningful guidelines for the use and storage of medical cannabis. The bill requires each facility to adopt its own policies but fails to identify a regulatory authority or source for those guidelines, leaving institutions without clear direction and increasing the risk of inconsistent, inadequate, or overly restrictive practices. This lack of agency designation results in regulatory ambiguity.

PERFORMANCE IMPLICATIONS: N/A

ADMINISTRATIVE IMPLICATIONS: N/A

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP: See Significant Issues Section

TECHNICAL ISSUES: N/A

OTHER SUBSTANTIVE ISSUES: N/A

ALTERNATIVES: N/A

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL: HB 283 is not enacted, the use of medical cannabis in health care facilities will remain unaddressed in statute, leaving facility policies and patient access subject to institutional discretion and legal uncertainty.

AMENDMENTS: N/A