

LFC Requestor:

2026 LEGISLATIVE SESSION  
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 306s

Type: Substitution

Date (of THIS analysis): 02/11/2026

Sponsor(s): Reena Szczepanski and Elizabeth "Liz" Stefanics

Short Title: Fair Pricing for Routine Medical Care Act

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		
\$0	\$0	N/A	N/A

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 26	FY 27	FY 28		
\$ 0	\$0	\$0	N/A	N/A

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	\$0	\$0	\$0	\$0	N/A	N/A

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### 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 306 substitution (HB306s) would prohibit health care facility fees from being charged to patients for specific services and require disclosure of facility fees to patients and reporting facility fees to the All-Payer Claims Database (APCD).

Is this an amendment or substitution?  Yes  No

The Committee Substitute narrows the bill to regulate only "hospitals and health systems" instead of all "health care providers," changes the rural exemption from specific federal hospital designations to any hospital/clinic in a rural area, and adds two patient protections: uninsured patients cannot be charged facility fees directly, and patients who cancel due to facility fee concerns cannot be charged cancellation fees. **These changes do not fundamentally alter the initial analysis submitted by NMDOH.**

Is there an emergency clause?  Yes  No

b) Significant Issues

Health care costs are a deterrent to seeking care for many New Mexicans. A 2024 Consumer Healthcare Experience State Survey of more than 1,400 New Mexico adults found that 73% of all respondents had gone without or delayed health care due to cost in the last year ([New Mexico Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action Across Party Lines – Healthcare Value Hub](#)). “Facility fees”, an overhead charge for being seen at a medical facility, can contribute to this.

The legislation would eliminate such fees for some outpatient services. The Health Care Cost Institute found last year that outpatient services provided by hospitals are consistently more expensive than those provided in physicians' offices because of facility fees ([Facility Fees: What are they and how do they impact health care prices? - Health Care Cost Institute](#)).

The All-Payer Claims Database (APCD), currently maintained by the Department of Health, can mitigate some problems of high healthcare costs. It can be used to estimate prices paid to health care facilities for common medical tests and procedures, which can lead to savings in healthcare costs. Evidence from a similar database in New Hampshire found a reduction in patients' and insurers' costs for some services. A 2020 report from The Commonwealth Fund, a health care research foundation, found that such databases can provide useful data to patients, providers and state policymakers.

([https://www.commonwealthfund.org/sites/default/files/2020-12/McCarthy\\_State\\_APCDs\\_Part2\\_v2.pdf](https://www.commonwealthfund.org/sites/default/files/2020-12/McCarthy_State_APCDs_Part2_v2.pdf))

The current IT infrastructure in place for APCD data collection is set up to collect data from private and public payers, instead of collecting data directly from hospitals and facilities. Changing this functionality to enable facilities to report on facility fees may require some additional time to make technical changes and onboard reporting facilities. While there may be additional costs associated with these efforts, it is anticipated those costs will be minimal.

## 2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?  
 Yes  No  
If yes, describe how.
- Is this proposal related to the NMDOH Strategic Plan?  Yes  No

## 3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?  
 Yes  No  N/A
- If there is an appropriation, is it included in the LFC Budget Request?  
 Yes  No  N/A
- Does this bill have a fiscal impact on NMDOH?  Yes  No

## 4. ADMINISTRATIVE IMPLICATIONS

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

The current IT infrastructure in place for APCD data collection, including the data submission manual, is set up only to collect data from the private and public payers, instead of collecting data from hospitals (APCD Overview - page 1 : <https://prod.nmhealth.org/publication/view/help/7900/> ). To collect the data related to the facility fee directly from the hospitals as stated in HB306s, NMDOH may need additional staffing and IT infrastructure.

## **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

None

## **8. DISPARITIES ISSUES**

None

## **9. HEALTH IMPACT(S)**

Given the widespread prevalence of cost proving a deterrent to seeking health care, eliminating facility fees from outpatient treatment could improve access to these services, and improve health outcomes for many New Mexicans. HB 306 would also require facilities to disclose fees to patients and to report facility fees to the All-Payer Claims Database. This could improve healthcare cost transparency and access to health care.

## **10. ALTERNATIVES**

None

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

If HB306s is not enacted health care facility fees will still be charged to patients for certain services and facilities will not be required to disclose facility fees to patients or be required to report the fees to the All-Payer Claims Database.

## **12. AMENDMENTS**

None