

LFC Requester:

Eric Chenier

AGENCY BILL ANALYSIS - 2026 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

AgencyAnalysis.nmlegis.gov 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: HM 35 Original Correction
 Amendment Substitute

Sponsor: Rep. Jones **Agency Name and Code** University of New Mexico-952
Short Title: PEDIATRIC PALLIATIVE & CONCURRENT CARE **Number:** _____
Person Writing Kelly O'Donnell
Phone: 505-659-5702 **Email** kodonnell@unm.edu

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

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		

(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						

(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 Memorial 35 requests that the New Mexico Health Care Authority develop and submit a Medicaid state plan amendment to create a pediatric palliative care benefit that allows children with serious or life-limiting conditions to receive palliative services concurrently with curative treatment. The memorial emphasizes that current Medicaid hospice rules limit access and discourage use, and notes evidence that pediatric palliative care can improve quality of life, reduce avoidable hospital use, and generate savings. It asks the authority to design a benefit with interdisciplinary, family-centered services and quality measures, consult with providers and advocates, report progress to legislative committees by October 1, 2026, and explore complementary strategies to strengthen pediatric hospice capacity statewide.

FISCAL IMPLICATIONS

SIGNIFICANT ISSUES

HM 35 assembles the correct stakeholders and has the components of a comprehensive palliative care program.

UNMH's pediatric hospice currently has a census of 8, but has served as many as 16 patients at a time.

Implementing palliative care for pediatrics at UNMH would be of tremendous value to patients and families who need this type of coordinated care but would require roughly \$104M in additional revenue, assuming 110 pediatric and 98 neonatal referrals annually.

A survey of pediatric palliative care programs by the Children's Hospital Association (CHA) found the following funding sources:

- 55.8% from hospital operating funds
- 28.2% from philanthropy
- 10.3% from billing revenue
- 5.8% other sources (presumably grants)

Roughly two-thirds of Children's Hospitals in the US have pediatric palliative care programs.

Benefits of Palliative Care Programs

- Decreased length of hospital stay, including fewer ICU days
- Decreased readmission rate
- Reduction in terminal-care inappropriate resuscitations
- Helps coordinate and manage transitions of care
- Symptom reduction and management
- Patient and family satisfaction with care increases and quality of life is improved

New Mexico's rurality and CMS limitations on service area (60 mile radius) make the home component of these programs difficult to deliver due to lack of pediatric hospice and home health agencies experienced in pediatric care. Consequently, UNMH has at times worked with

adult hospice programs in other counties to provide consultative services for the children in their areas.

PERFORMANCE IMPLICATIONS

ADMINISTRATIVE IMPLICATIONS

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

AMENDMENTS