

LFC Requester:

Emily Hilla

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: 1/22/2026 *Check all that apply:*
Bill Number: SB 33 Original Correction
 Amendment Substitute

Sponsor: Jeff Steinborn Nicole Tobiassen **Agency Name and Code** 449 Board of Nursing
Short RIGHT TO TRY **Number:** _____
Title: INDIVIDUALIZED **Person Writing** Sheena Ferguson
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SECTION II: FISCAL IMPACT**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
0	0	0	0

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
0	0	0	0	0

(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	0	0	0	0	0	0

(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: A bill that would give patients with life-threatening or severely debilitating illnesses the right to try an investigational treatment option.

FISCAL IMPLICATIONS: None for the Board of Nursing. The patient could have a significant financial impact.

Note: major assumptions underlying fiscal impact should be documented.

Note: if additional operating budget impact is estimated, assumptions and calculations should be reported in this section.

SIGNIFICANT ISSUES: None.

PERFORMANCE IMPLICATIONS: None.

ADMINISTRATIVE IMPLICATIONS: None.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP: None.

TECHNICAL ISSUES: Suggest standardizing language to “health care provider” throughout the bill for clarity, rather than a mix of “physician” and “health care provider”.

P. 2 [2-3] refers to the “patient’s treating physician”; P. 2 [11] refers to “patient’s physician”; P. 4 [4] refers to the “patient’s physician”; P. 4 [10] refers to the “patient’s physician”; P. 4 [22] refers to the “physician’s”; P. 6 [21 & 22 & 25] refers to a “health care provider”; and P. 7 [2 & 9] refers to a “health care provider”.

OTHER SUBSTANTIVE ISSUES: None.

ALTERNATIVES: None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL: Patients with no recourse for treatment of a life-threatening or debilitating condition will have no process for seeking investigational treatments.

AMENDMENTS: See above.