

LFC Requestor: Emily Hilla

2026 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: Senate

Category: Bill

Number: 70

Type: Introduced

Date (of THIS analysis): 1/23/2026

Sponsor(s): William P. Soules

Short Title: UNIVERSAL BASIC INCOME PILOT PROJECT

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		
\$80,000	\$	Nonrecurring. Total expenditure is for 2 years (FY27 and FY28)	General Fund

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	\$330	\$330	\$0	\$660	N/A	N/A

Personnel would be required to design the study, recruit participation, and to seek research approvals through the New Mexico State University Institutional Review Board (IRB) to assure ethical human subjects protections. Time for hiring, study of protocol development, and IRB applications are estimated to take between 6 and 9 months. Additional personnel would be needed to administer and maintain enrollment, verify compliance with pilot requirements, and to administer payments.

- An Epidemiologist-Senior FTE is calculated at the hourly midpoint and average fringe benefits at 40%: Pay band C10 midpoint \$91,957 x 1.36 benefits + \$8,000 IT and supplies = \$132,654
 - For an Accountant, Pay band C5 midpoint \$57,096 x 1.36 benefits + \$8,000 IT and supplies + 40% fringe = \$85,651
 - For a Program Manager, Pay band C8 midpoint \$75,962 x 1.36 benefits + \$8,000 IT and supplies = \$111,308
- Total Annual Staff Cost: \$329,613

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

Senate Bill 70 (SB70) proposes to make an appropriation; require the Department of Health (DOH) to establish a universal basic income pilot program and evaluate the impact of universal basic income on pregnant people; require the Early Childhood Education and Care Department (ECECD) or an approved entity to conduct home visits for pilot program participants. The DOH would also be required to report program findings to the Legislative Education Study Committee no later than December 1, 2028.

The pilot program would develop an application process for pregnant people with an income at or below 150% of the Federal Poverty Level (FPL) to voluntarily participate in a test or control group. Once admitted to the program, participants in the intervention (“test”) group would receive a basic income of one thousand five hundred dollars (\$1,500)

per month through the duration of the program and home visitation from ECECD (or another entity as approved by the agency). To maintain participation in the intervention group, participants will be required to complete surveys and research forms; attend prenatal care as determined by a health care provider as defined pursuant to the Public Health Act (NM Stat § 24-1-1). Pilot program participants who do not complete all required components of the program shall be moved to the control group for the remainder of the program.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

As of 2026, New Mexico was the third-most impoverished state in the nation ([S1701: Poverty Status in the Past 12 months - Census Bureau Table](#)). Since 1995, New Mexico's rate of childhood poverty has consistently been about 30% higher than national averages ([NM-IBIS - Summary Health Indicator Report - Population Demographic Characteristics - Poverty Among Children Under Age 18](#)). Poverty is associated with negative long-term health outcomes across the lifespan, higher rates of infant mortality, earlier death, and higher rates of adverse childhood health experiences ([Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults - American Journal of Preventive Medicine](#) ([ajpmonline.org](#)), [Childhood Poverty, Adverse Childhood Experiences, and Adult Health Outcomes - PubMed](#) ([nih.gov](#))). Basic income programs, referred to interchangeably as guaranteed income programming, are one tool governments are using to mitigate poverty and its associated health disparities ([Umbrella Review BI final.pdf](#)) ([stanford.edu](#)). Basic income programs are defined as any program that transfers money directly to program participants. A cross-synthesis study of basic income programs reports positive outcomes associated with implementation of guaranteed income programming ([Umbrella Review BI final.pdf](#)) ([stanford.edu](#)). Guaranteed income programs are associated with reductions in poverty, improvements in health and education outcomes. Critics of basic income programs have voiced concerns about reducing labor market participation, studies have found that results are mixed—often, where labor market participation is reduced, it is replaced with other activities like caregiving ([Umbrella Review BI final.pdf \(stanford.edu\)](#)) Over 150 basic income pilot projects have been launched in the US to date, 68 of them currently active. ([Global Map of Basic Income Experiments](#) | The Stanford Basic Income Lab) In 2022, the City of Santa Fe introduced a guaranteed income program, Santa Fe LEAP, to support parents seeking a degree from Santa Fe Community College with 400 dollars a month in guaranteed income. Persons who make up to 200% of the federal poverty guidelines are eligible for these benefits. In addition to the pilot projects mentioned above, Washington State non-profit Hummingbird Indigenous Family Services expanded their Nest Program with providing basic income to 150 families with monthly payments of \$1,250. The payments will start at pregnancy and continue up to the child's third birthday. To take part in the program there is an interview as well as an application to apply for the program [The Nest \(Guaranteed Income\)](#) ([hummingbird-ifs.org](#)).

Unfortunately, since the program was recently launched, evaluation data has not yet been available however, participants interviewed by the Seattle Times shared improved mental health, family stability, food security, housing, social and cultural support ([New guaranteed basic income program in WA aims to help Native parents](#)).

The NM Maternal Mortality Review Committee has found that unemployment was an environmental stressor present for 61% of pregnancy-related deaths 2015-2020 [PowerPoint Presentation](#) (nmlegis.gov)

The pilot study design, including compulsory participation in health services or home visiting, introduces regulatory and ethical considerations for study participants and for service providers. Automatic assignment to a control group at different points in the study introduces several kinds of bias and challenges for the research protocol. As written, SB70 requires subjective, provider-based interpretations of recommended prenatal care for each participating individual. Variation in 'non-compliance' could carry many different demographic and geographic factors.

- Numerous pilots are underway at the municipal and state level:
 - New York City, NY: The Bridge Project ([BridgeProject.org](#)),
 - Michigan: Rx Kids ([RxKids.org](#)),
 - California: [California Abundant Birth Project](#),
 - Delaware: [Universal Basic Income program helping pregnant women with challenging circumstances](#)
 - Philadelphia, PA: [Guaranteed Income Pilot Projects](#)
- Published evidence from the U.S. and globally indicates that cash payments during pregnancy have **causal** impacts on short- and long-term outcomes throughout infancy, childhood, and adulthood Center on Poverty & Social Policy at Columbia University ([Poverty and Social Policy Brief Vol. 7 No. 6](#)). Further, research shows improved prenatal care utilization and health outcomes, stabilization of families, child maltreatment, strengthened civic engagement, employment, housing and economic outcomes ([Prenatal Care Utilization \(2025\)](#); [Maltreatment \(2025\)](#); [Civic Engagement \(2025\)](#); [Housing \(2025\)](#); [Economic Impact Analysis \(2025\)](#);)
- Cash transfer programs and studies on conditional universal income describe many ethical considerations in published literature <https://academic.oup.com/heapol/article/35/6/718/5828348>
- Some promising outcomes are observed in unconditional studies and can be compared to those with conditions (Lagarde, Haines and Palmer 2009). <https://jamanetwork.com/journals/jama/article-abstract/209295>
- Similar bills were introduced in 2024 (SB164, Universal Basic Income and Pregnancy) and 2025 (SB 102, Universal Basic Income and Pregnancy) and both ended API.

Commented [RR1]: language from 2024 agency analysis (UNIVERSAL BASIC INCOME & PREGNANCY)

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No
- Is this proposal related to the NMDOH Strategic Plan? Yes No

Pilot program requirements for participation in the intervention group require prenatal care with a licensed health care provider, which may improve screening and treatment of early syphilis and prevent congenital syphilis, contributing to DOH's Strategic Priority Area 2 - **Tactical Initiative 2.2.2: Reduction in Early and Congenital Syphilis** ([FY25-FY27 Strategic Plan Update](#)).

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

Cost for staffing is calculated above for pilot implementation and study personnel.

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

8. DISPARITIES ISSUES

- Poverty during pregnancy contributes to significant health disparities affecting both mothers and infants. Approximately 25% of New Mexicans live at or below the federal

poverty level, with a substantial portion residing in rural areas which lack adequate healthcare services. This economic hardship is linked to limited access to prenatal care, higher rates of maternal and infant mortality, and increased prevalence of chronic health conditions (<https://ibis.doh.nm.gov/indicator/summary/PopDemoChildPov.html>).

- The state faces a shortage of healthcare providers, particularly in rural regions and for maternity care, exacerbating disparities. Notably, 33.3% of New Mexico's counties are classified as maternity care deserts, areas with no or limited access to maternity care services. Consequently, 23.3% of birthing individuals receive inadequate prenatal care, a rate higher than the national average of 14.8% (<https://www.marchofdimes.org/peristats/reports/new-mexico/maternity-care-deserts>).
- The NM Maternal Mortality Review Committee Annual Report (2023) showed racial/ethnic disparities, with American Indian/Alaska Natives having the highest pregnancy-associated mortality ratio of any race/ethnic group. The top 2 causes of pregnancy-associated death were mental health conditions and injury. Unemployment was the most common environmental stressor. (<https://nmlegis.gov/handouts/LHHS%20112823%20Item%2010%20MMRC.pdf>)
- Many health outcomes are much worse for people with lower household incomes. In 2023, 23.2% of NM adults had fair or poor health, and the percentages were much higher for adults in households with incomes less than \$15,000, and \$15,000 - \$24,999 (53.9% and 38.7% respectively). Those with an annual household income less than \$15,000 have 5.2 times higher prevalence of fair or poor health than those with an annual household income of \$75,000 or greater. In 2023, 16.0% of NM adults experienced poor mental health, and the percentages were higher for adults in households with incomes less than \$15,000, and \$15,000 - \$24,999 (35.2% and 19.9% respectively). Despite New Mexico's success in expanding health insurance and healthcare access, in 2023 Health insurance coverage for NM adults was 87.7% and is lowest for adults with household income less than \$50,000 (89.2% under \$25,000, 81.1% for \$15,000 – 24,999, and 80.6% for \$25,000 to \$49,999). <https://www.nmhealth.org/about/erd/ibeb/brfss/>
- The 2025 Kids Count Data Book lists New Mexico as one of the states facing the biggest challenges ([2025 KIDS COUNT Data Book - The Annie E. Casey Foundation](#)).
- By providing economic support for pregnant individuals, SB 70 may increase access to maternal care and thus reduce rates of maternal and infant mortality. Pregnant individuals may also experience reduced risk of fair or poor health and poor mental health.

9. HEALTH IMPACT(S)

- SB 70 impacts pregnant people with household incomes at or below 150% of poverty, their infants and other household members.

- The projected fiscal impact on intervention group participants from this population could have a positive impact, as it would provide a universal basic income during the two-year study period. Projected fiscal impact to specific demographic over time.
- The NM Maternal Mortality Review Committee has found that unemployment was an environmental stressor present for 61% of pregnancy-related deaths that occurred between 2015 and 2020. [Annual Report 2023 PowerPoint](#).
- Impacts of guaranteed income include financial stability, access to housing, more time, choice and opportunity. Proximal outcomes specifically for maternal and child health include better maternal health, infant brain development, vaccinations to age 2, and fewer behavioral disorders (Nishimura et al, 2025 [Guaranteed income and health in the United States and Canada: a scoping review - PMC](#))

10. ALTERNATIVES

None.

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

If Senate Bill 70 is not passed, the Department of Health will not be required to establish a universal basic income pilot program and evaluate the impact of universal basic income on pregnant people; the Early Childhood Education and Care Department or an approved entity will not be required to conduct home visits for pilot program participants.

12. AMENDMENTS

None.