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## FISCAL IMPACT REPORT

**BILL NUMBER:** House Bill 31  
**SHORT TITLE:** EMS Personnel Licensure Interstate Compact

**SPONSOR:** Mathews/Dow/Silva/Jones  
**LAST UPDATE:** 1/21/2026      **ORIGINAL DATE:** 1/20/2026      **ANALYST:** Hanika-Ortiz

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT\* (dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Department of Health	No fiscal impact	Indeterminate but minimal	Indeterminate but minimal		Nonrecurring	Other state funds

Parentheses ( ) indicate expenditure decreases.

\*Amounts reflect most recent analysis of this legislation.

Relates to House Bills 10, 11, 12, 13, 14, 32, 33, 44, 45, and 50

### Sources of Information

LFC Files

#### Agency or Agencies Providing Analysis

Regulation and Licensing Department  
New Mexico Medical Board  
Department of Health

### SUMMARY

#### Synopsis of House Bill 31

House Bill 31 (HB31) enacts the Emergency Medical Services (EMS) Personnel Licensure Interstate Compact to facilitate the movement across state lines of EMS personnel. Sections 1 to 5 cover the purpose of the compact, which is to improve access to EMS personnel through mutual recognition of state licenses. Obtaining a license under the compact would require an unrestricted home license, and the licensee would be subject to the laws of the remote state. Section 6 discusses when EMS transports to or from a remote state, or to or from a home state, and other approved situations.

Section 7 ensures compatibility with the federal Emergency Management Assistance Compact (EMAC) during a disaster. Section 8 expedites licensure for military members. Section 9 outlines how adverse actions against a licensee are handled. Section 10 authorizes participating states to issue subpoenas and such. Section 11 establishes an oversight commission staffed with delegates from participating states. Section 12 creates an integrated database which contains licensure, adverse actions, and information on investigations of all licensees practicing under the compact.

Section 13 details the EMS Compact Commission's rulemaking authority. Section 14 provides mechanisms for dispute resolution between the states and enforcement of rules; Section 15 specifies that implementation will begin when adopted by the tenth state; and Section 16 says the compact is to be liberally construed and remain in effect even if parts have been invalidated.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, which is May 20, 2026.

## **FISCAL IMPLICATIONS**

EMS personnel are licensed in the state by the Department of Health (DOH), not by employers, based on approved education, exams, and background checks, and practice under medical direction. Under the EMS compact, states may charge a fee for a privilege to practice for out-of-state EMS providers that want to work in New Mexico. This is how the nurse compact and other professional compacts handle fees.

HB31 allows for assessments in the future if necessary to carry out the work of the commission. To promote transparency and public safety, there is a shared database for member states to track licensure, investigations, and disciplinary actions. This may require DOH staff and resources to integrate it with the department's current systems. The commission also has formal rulemaking authority, dispute resolution mechanisms, and enforcement powers, including sanctions for noncompliant states. States may withdraw from the compact by repealing the statute with notice.

According to DOH, providers from compact member states would be required to enroll as New Mexico Medicaid providers and follow all applicable provider requirements to be reimbursed.

## **SIGNIFICANT ISSUES**

The bill enters New Mexico into an interstate licensing compact for EMS personnel. Benefits include EMS personnel working across state lines without the need for multiple licenses. This could be especially important for border regions and emergency operations. Compacts can help ensure that participating states uphold similar education, training, and certification requirements.

EMS personnel are required to practice within an authorized scope of practice and under the supervision of a medical director. Member states retain the authority to restrict, suspend, or revoke licenses or interstate privileges, with mandatory reporting of adverse actions to the database.

For New Mexico to participate in this compact, the Legislature would need to pass this legislation without any substantive changes.

## **PERFORMANCE IMPLICATIONS**

The EMS compact has been operational since 2020 and is in effect in 25 states.

## **ADMINISTRATIVE IMPLICATIONS**

DOH may need to conform statutes and rules to match compact requirements.

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

In addition to HB31, the Legislature is also considering other workforce compacts:

House Bill 10 Physician Assistant Interstate Compact  
House Bill 11 Audiology and Speech-Language Pathology Compact  
House Bill 12 Physical Therapy Licensure Compact  
House Bill 13 Occupational Therapy Licensure Compact  
House Bill 14 Dentist and Dental Hygienist Compact  
House Bill 32 Counseling Licensure Compact  
House Bill 33 Psychology Interjurisdictional Compact  
House Bill 44 Dentist and Dental Hygienist Compact  
House Bill 45 Physician Assistant Licensure Compact  
House Bill 50 Social Work Licensure Interstate Compact

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

States that adopt workforce compacts score higher in the competitive portion of the federal Rural Health Transformation grant program. New Mexico was awarded \$211.5 million per year for five years. If the state does not follow through with joining the compacts, New Mexico could lose out on hundreds of millions of dollars of future year funding.

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