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FISCAL IMPACT REPORT

BILL NUMBER: Senate Memorial 29

SHORT TITLE: Health Care Barriers and Gaps

SPONSOR: Pinto/López

LAST ORIGINAL 2/17/2026
UPDATE: _____ DATE: _____ ANALYST: Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
UNM HSC		\$100.0-\$300.0		\$100.0-\$300.0	Nonrecurring	General Fund

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency or Agencies Providing Analysis

Higher Education Department

Agency or Agencies That Were Asked for Analysis but did not Respond

University of New Mexico

Because of the short timeframe between the introduction of this bill and its first hearing, LFC has yet to receive analysis from state, education, or judicial agencies. This analysis could be updated if that analysis is received.

SUMMARY

Synopsis of Senate Memorial 29

Senate Memorial 29 asks that the University of New Mexico Health Sciences Center (UNM-HSC) perform a study of health facilities throughout the state to determine what communication barriers and gaps exist that prevent attaining the best outcomes of medical care.

In addition, UNM-HSC is asked to share the data obtained in this study of gaps and barriers with those who are training medical interpreters.

FISCAL IMPLICATIONS

Memorials contain no appropriation and are not enforceable as law. However, UNM would incur significant costs related to collecting and collating the data requested.

SIGNIFICANT ISSUES

It is clear that the ability to understand and communicate with a medical professional is vital to both satisfaction with and efficacy of a medical encounter. Patients frequently express dissatisfaction with encounters during which they do not feel they have been listened to or they have not understood clearly what a medical professional has said.

In [an article](#) in the *Journal of Medicine and Life*, authors C.M. Chichirez and V.L. Purcarea summarize some of the data available as follows:

Studies in the medical services domain noted that interactions between patients and healthcare professionals affect both patients' satisfaction and perceived quality of the medical services that they receive and can contribute to a better performance of the medical unit.

Communication in the medical act is an active process of transmission and reception of information, and at least one of the partners of communication must have active listening skills, understanding of the message, and answering some questions for interpretation of non-verbal language, motivating the speaker to support the conversation.

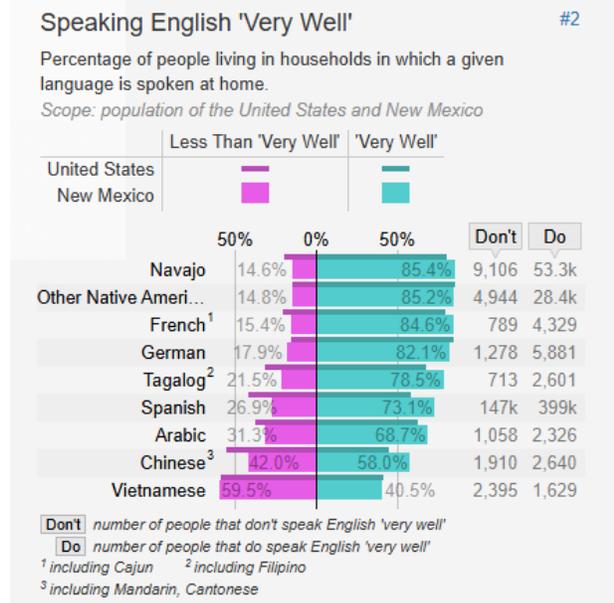
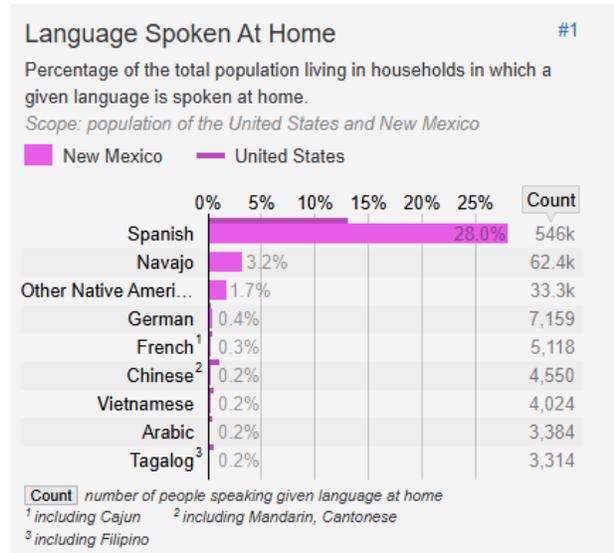
First, the listening must be active, which involves besides mental participation (attention and concentration) also a physical mobilization. ... At the same time, listening must be total, meaning that in addition to receiving and understanding the verbal message, particular attention must be given to the non-verbal component (gesture signals).

The article assumes the patient and the medical professional speak the same language; where that is not true, achieving that connection between caregiver and patient is all the more difficult. Many hospital systems have interpreters available for the most common languages they encounter and also subscribe to interpretation services available for less common languages by telephone.

The Higher Education Department (HED) points to the importance of practitioners and interpreters forming connections with their patients:

Beyond literal translation, interpreters must also convey cultural meaning, recognizing culturally specific ways of describing illness or beliefs about health to build trust and mutual understanding. Like all healthcare professionals, medical interpreters are required to maintain strict confidentiality and comply with privacy laws such as the Health Insurance Portability and Accountability Act (HIPAA).

According to [Statistical Atlas.com](#) in 2018, New Mexico ranked third among the states in the percentage of families speaking Spanish at home, at 28 percent (546 thousand people) and a variety of other languages were the primary language of choice in the homes of another 121 thousand New Mexicans. Thus, a total of 34.2 percent spoke a language other than English at home, even though many who speak another language speak and understand English very well. HED points out that almost 10 percent of New Mexicans have limited English proficiency, and that there are many languages spoken within the state. These figures are summarized in the tables below:



Source: [Statistical Atlas.com](https://www.statisticalatlas.com)

These are the eight Native American languages spoken in New Mexico.

Native American Languages in New Mexico

In New Mexico there are eight Native American Languages spoken. There are eleven New Mexico counties with Native American lands.

TIWA	TEWA	KERES	TOWA
Isleta Pueblo	Nambe Pueblo	Acoma Pueblo	Jemez Pueblo
Picuris Pueblo	Pojoaque Pueblo	Cochiti Pueblo	
Sandía Pueblo	San Ildefonso Pueblo	Laguna Pueblo	
Taos Pueblo	Ohkay Owingeh Pueblo	San Felipe Pueblo	
	Santa Clara Pueblo	Santa Ana Pueblo	
	Tesuque Pueblo	Santo Domingo Pueblo	
		Zia Pueblo	

ZUNI	NAVAJO	MESCALERO APACHE	JICARILLA APACHE
Zuni Pueblo	Navajo Nation	Mescalero Apache	Jicarilla Apache Nation
	Alamo Navajo Band		
	To'hajilee Navajo Band		
	Ramah Navajo Band		

Source: [New Mexico Secretary of State](#)

TECHNICAL ISSUES

HED points to two possible refinements to the memorial:

- SM29 does not identify which medical facilities would be included in the study, leaving unclear whether the focus would be on hospitals, community health centers, rural clinics, tribal health facilities, or other provider types.
- The memorial does not include requirements for data collection, reporting, or interagency data-sharing, which may limit the study's ability to produce actionable findings.

LAC/rl/hg