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**AGENCY BILL ANALYSIS
2025 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, EMAIL ANALYSIS TO:

LFC@NMLEGIS.GOV

and

DFA@STATE.NM.US

{Include the bill no. in the email subject line, e.g., HB2, and only attach one bill analysis and related documentation per email message}

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Click all that apply:

Original ☒ **Amendment** ☐
Correction ☐ **Substitute** ☐

Date 2025-01-29

Bill No: HB15

Sponsor: Anaya, Marianna
Short HEALTH CARE
Title: STRATEGIC

**Agency Name
and Code** NMHED
Number: _____

Person Writing Leakakos, Joseph
Phone: 5054128059 **Email** joseph.leakakos@hed.

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

| Appropriation | | Recurring or Nonrecurring | Fund Affected |
|---------------|----------|------------------------------|------------------|
| FY25 | FY26 | | |
| N/A | \$2,000. | Nonrecurring | General Fund |
| | | | |
| | | | |

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

| Estimated Revenue | | | Recurring or Nonrecurring | Fund Affected |
|-------------------|------|------|---------------------------------|------------------|
| FY25 | FY26 | FY27 | | |
| | | | | |

| | | | | |
|-----|-----|-----|-----|-----|
| N/A | N/A | N/A | N/A | N/A |
| | | | | |
| | | | | |

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

| | FY25 | FY26 | FY27 | 3 Year Total Cost | Recurring or Nonrecurring | Fund Affected |
|--------------|-------------|-------------|-------------|------------------------------|--------------------------------------|--------------------------|
| Total | N/A | N/A | N/A | N/A | N/A | N/A |

(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

House Bill 15 (HB15) creates the Health Care Strategic Recruitment Program (HCSRП) in the New Mexico Department of Workforce Solutions (NMDWS). The HCSRП assists in the recruitment of qualified health care providers to serve in health care fields that have shortages. NMDWS is to work with New Mexico Health Care Authority (NMHCA), New Mexico Department of Health (NMDOH), and New Mexico Higher Education Department (NMHED) to identify the professions and practices that the HCSRП will target.

HB15 creates a non-recurring appropriation of two million dollars (\$2,000,000) from the General Fund to NMDWS for expenditure in FY26. Any unexpended or unencumbered balance remaining at the end of FY26 shall revert to the General Fund.

FISCAL IMPLICATIONS

HB15 creates a non-recurring appropriation of two million dollars (\$2,000,000) from the General Fund to NMDWS for expenditure in FY26. Any unexpended or unencumbered balance remaining at the end of FY26 shall revert to the General Fund.

SIGNIFICANT ISSUES

HB15 creates the HCSRP. The HCSRP assists in the recruitment of qualified health care professionals who:

- graduated within the last ten years from a New Mexico public higher education institution (HEI) with a degree or certificate in a health care shortage field; and
- do not currently work in health care in the state.

Further, the HCSRP will, among other roles:

- assist recruitment efforts by New Mexico communities, health care facilities, and health care practices for health care shortage fields;
- engage in outreach to New Mexico graduates who are qualified to work in health care shortage fields;
- provide navigators to help applicants through the process of licensing and credentialing;
- track and compile statistics related to relevant alumni contacts from HEIs, for relevant recruitment and retention incentive programs, and on other data that the Governor or Legislature may deem important; and
- report annually to the Governor and Legislature on the success of the program.

New Mexico is experiencing a growing shortage of healthcare professionals, leading New Mexicans to struggle to access health care. These shortages include a thirty percent (30%) reduction in primary care physicians from 2017-2021 along with decreases in other medical doctors, registered nurses, emergency medical technicians, and more. This shortage will be exacerbated by retirement by the nearly forty percent (40%) of the state's doctors aged 60 or older. (<https://www.thinknewmexico.org/health-care-worker-shortage/>.)

Further, 32 of New Mexico's 33 counties were designated health professional shortage areas (HSPAs) in 2023 (<https://searchlightnm.org/where-have-all-the-doctors-and-nurses-gone/>), HSPAs defined as "geographic areas, populations, or facilities" that have a shortage of primary, dental, or mental health care providers" (<https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation>).

HB15 empowers NMDWS to take the lead along with the partner agencies listed above to address these health care shortages. NMHED analysis will leave specifics relating to NMDWS to their analysis, though, from an agency that works closely with NMDWS regarding higher education employment outcomes, HB15 could help provide clearer pathways between higher education and the workforce for these health care roles. The language of the bill does not directly call out current or future higher education students, though it does seem that HB15 would affect those students. The HCSRP could help inform HEIs NMHED and HEIs as to what programs are in-need in order to educate and train more providers in those degree or certificate programs. This clarity around health care needs could also inform students' choices in degree or certificate based on higher job prospects and increased support after graduation.

NMHED's formal participation in the HCSRP will be to collaborate with NMDWS, NMHCA, and NMDOH to develop rules to identify the health care professions and allied health practices that will be targeted in the HCSRP. But, as stated above, there are likely other ways in which the

HCSRП could aid NMHED and HEIs in terms of opportunities and pathways in health care shortage fields, and there are current programs at NMHED that could support HCSRП.

NMHED oversees the Health Professional Loan Repayment Program (HPLRP), a program focused on providing repayment of student loans for practicing health professionals conditioned on service commitments including practicing full-time in designated medical shortage areas (<https://hed.nm.gov/financial-aid/loan-repayment-programs/health-professional>). It could be useful to see how HCSRП and HPLRP could support each other.

NMHED also oversees the New Mexico Opportunity and Lottery Scholarships that provide tuition-free college for New Mexicans (<https://www.reachhighernm.com/>). Similar to HPLRP, these scholarships could support students pursuing degrees or certificates in health care shortage fields. While HB15 identifies qualified health care providers who have already graduated within the past 10 years, it would make sense to think about current and future students also serving in health care shortage fields.

One issue with HB15 is that it is a nonrecurring appropriation for FY26, and it does not speak to how HCSRП would be funded in future years if it provides the desired benefit.

Another issue is, as stated above, it does not directly speak to current or future higher education students who might want to serve in a health care shortage field. The bill does not explicitly rule out these students, but it could be useful to think more broadly than the already-graduated students identified in the bill.

PERFORMANCE IMPLICATIONS

HB15 requires that NMDWS report annually to the Governor and the Legislature on the success of HCSRП, including information such as the impact on successful job attainment, the number of potential applications to the program, reasons that an applicant may or may not want to apply for the program, and the obstacles that applicants face during the application process, among other information.

ADMINISTRATIVE IMPLICATIONS

HB15 may require additional staff to administer the program in NMDWS or to oversee the supporting work of other agencies.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

There are a number of previous and current bills related to supporting health care in rural and other areas in New Mexico. Some of these are current bills and some did not pass in previous sessions, but they speak to a recurring interest in providing support for health care shortage areas. As a short handful of examples:

- 2025 House Bill 226 increases the tax credit that certain healthcare professional can receive for serving in a rural health care underserved area.

- 2023 House Bill 38 increased the types of health care providers who qualify for the rural health care tax credit.
- 2023 House Bill 47 provided loans for certain projects related to rural health care.

Further, as mentioned above, HPLRP along with the New Mexico Opportunity and Lottery Scholarships, all overseen by NMHED, serve related or potentially related issues that are addressed in HB15.

TECHNICAL ISSUES

N/A

OTHER SUBSTANTIVE ISSUES

N/A

ALTERNATIVES

The agencies listed above could run analysis to determine health care shortage fields as part of planning for how to address the same issues identified in HB15, without the funding or bill to support the creation of HCSRP.

NMHED or HEIs could use known data about health care shortage fields, possibly as identified in the previous sentence, to inform students of areas of need in these fields or incentivize students to enter these fields.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

HCSRP will not be created at NMDWS, and an appropriation will not be provided for HCSRP.

AMENDMENTS

N/A