AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

<u>AgencyAnalysis.nmlegis.gov</u> and email to <u>billanalysis@dfa.nm.gov</u> (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:	March 11, 2025	Check all that apply:			
Bill Number:	HB 579	Original	Х	Correction	
		Amendment		Substitute	

		Agency Name				
		and Code		University of New Mexico-952		
Sponsor:	Representative Jenifer Jones	Number	·:			
Short	NM Resident Physician	Person V	Writing	Kelly (D'Donnell	
Title:	Recruitment Program	Phone:	505-659-5702	Email	kodonnell@unm.edu	

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropr	iation	Recurring	Fund	
FY25	FY26	or Nonrecurring	Affected	
	\$1,200.0	Nonrecurring	General Fund	

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring	Fund
FY25	FY26	FY27	or Nonrecurring	Affected

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total						

(Parenthesis () Indicate Expenditure Decreases)

SECTION III: NARRATIVE

BILL SUMMARY

<u>Synopsis:</u> SB 579 creates the New Mexico Resident Physician Recruitment Program in the Graduate Medical Education Office at UNM to provide rotations at New Mexico hospitals and clinics for resident physicians. The bill appropriates \$1.2 million from the state general fund to UNM for use in FY2026 to fund additional residence options within the state to broaden recruitment opportunities.

FISCAL IMPLICATIONS

SIGNIFICANT ISSUES

New Mexico has a severe shortage of healthcare providers, particularly outside the metropolitan areas. Rural residencies are critical for addressing the physician shortage in rural areas by increasing the likelihood that medical graduates will practice in rural communities; research shows that physicians who train in rural settings are more likely to settle in rural areas after completing their residency.¹ Core support for GME programming at UNM comes from CMS (Medicare and Medicaid). UNM receives annual Research and Public Service Project funding for GME. Medicare reimburses hospitals for a portion of their GME costs, based on a cost report submitted by the hospital to CMS. The addition of one-time funding for rural rotations in 2026, after the number of residents is already finalized, will reduce the costs for which UNMH can receive reimbursement, essentially supplanting federal funds and decreasing the net benefits of the appropriation.

Typically, resident rotations are 4 weeks in length.

PERFORMANCE IMPLICATIONS

ADMINISTRATIVE IMPLICATIONS

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

AMENDMENT

¹ Hawes EM, Fraher E, Crane S, et al. Rural Residency Training as a Strategy to Address Rural Health Disparities: Barriers to Expansion and Possible Solutions. J Grad Med Educ. 2021;13(4):461-465. doi:10.4300/JGME-D-21-00274.1 And Goodfellow A, Ulloa JG, Dowling PT, et al. Predictors of primary care physician practice location in underserved urban and rural areas in the United States: a systematic literature review. Acad Med. 2016;91(9):1313–1321. doi: 10.1097/ACM.00000000001203.