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FISCAL IMPACT REPORT

BILL NUMBER: CS/House Bill 31/HJCS/aSHPAC

SHORT TITLE: EMS Personnel Licensure Interstate Compact

SPONSOR: House Judiciary Committee

LAST ORIGINAL
UPDATE: 2/17/2026 **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	\$250.0	\$250.0	\$500.0	Recurring	General Fund/OSF

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 SHPAC Amendment to the HJC Substitute for HB31

The Senate Health and Public Affairs Committee amendment to the House Judiciary Committee substitute for House Bill 31 strikes language that would have required lawsuits involving the commission to be filed only in the state where the commission's main office is located. The amendment also clarifies who receives immunity, by limiting coverage to officers and employees, and indemnification coverage, by limiting it to the executive director and staff.

The change preserves the state's judicial authority which will avoid out-of-state litigation. In addition, instead of a broad group, the commission will defend and indemnify its core staff.

Synopsis of HJC Substitute for House Bill 31

The House Judiciary Committee Substitute for House Bill 31 (HB31/HJCS) enacts the Emergency Medical Services (EMS) Personnel Licensure Interstate Compact to facilitate the movement across state lines of EMS personnel. Sections 1 to 5 cite state authority and objectives

which include improving access to EMS across state lines through mutual recognition of state licenses. Obtaining a privilege under the compact would require an unrestricted home license, and licensee privileges would be subject to laws of the remote state. Section 6 discusses when EMS personnel transport to or from a remote state or home state, and other approved situations.

Section 7 ensures compatibility with the federal Emergency Management Assistance Compact (EMAC) during a disaster. Section 8 expedites privileges for military members. Section 9 outlines how adverse actions against a license privilege 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 licensees with privileges practicing under the compact. Section 13 details the EMS compact commission's duties and rulemaking authority. Section 14 provides mechanisms for dispute resolution between states and enforcement of rules; Section 15 specifies implementation begins when adopted by the tenth state; and Section 16 says the compact is to be liberally construed, does not supersede state law or rules related to EMS licensure, and remains 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 fees for granting a privilege to practice, based on a member state home license, for out-of-state EMS providers that want to work in New Mexico. This is how the nurse compact and other professional compacts typically handle fees.

HB31/HJCS allows for assessments on member states to carry out the work of the commission. To promote transparency and public safety, there is a shared database for member states to track privileges, investigations, and disciplinary actions. This will 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.

DOH notes the need for two additional FTE and associated operating funding at an annual cost of \$250 thousand. One FTE would support data coordination, and a second FTE would support regulatory oversight, reviews of scope-of-practice, medical direction alignment, and response to adverse actions involving out-of-state EMS clinicians practicing in New Mexico. This effort may require an additional general fund operating appropriation if compact fees are not sufficient.

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

HB31/HJCS adds New Mexico specific administrative and transparency provisions but keeps the core provisions for the interstate licensure system intact. Benefits include EMS personnel such as

licensed first responders, technicians, and paramedics working across state lines without the need for multiple state licenses. This is important for border regions and emergency operations. The compact also ensures 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 licensing privileges, with mandatory reporting of adverse actions to the shared database.

PERFORMANCE IMPLICATIONS

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

ADMINISTRATIVE IMPLICATIONS

DOH commented that implementation of HB31/HJCS will require the department to assume new administrative, regulatory, and coordination responsibilities associated with participation in the compact. DOH may also 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 adopted interstate licensure compacts for doctors, physician assistants, psychologists and emergency medical services personnel were told they'd score higher in the competitive portion of the federal Rural Health Transformation program. New Mexico was awarded \$211.5 million per year for five years. If the state does not follow through with joining these four compacts, New Mexico could lose out on hundreds of millions of dollars of future year funding.

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