

LFC Requester:

Kelly Klundt

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

AgencyAnalysis.nmlegis.gov and email to billanalysis@dfa.nm.gov*(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: 1/22/25

Check all that apply:

Bill Number: SB12Original x Correction Amendment Substitute Sponsor: Sen. Sedillo-LopezShort Title: Out of State TelehealthProviders

Agency Name

and Code

HCA-630

Number:

Person Writing

JoLou Ottino-Trujillo

Phone:

Email Jolou.Ottino-**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
-	-	-	-

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
\$0.0	\$0.0	\$0.0	NA	NA

(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	\$0.0	Indeterminate	Indeterminate	Indeterminate	Recurring	General Fund/ Federal Fund

(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

Synopsis:

This bill amends the New Mexico Telehealth Act to expand the scope of telehealth services and the roles of health care providers. Under the bill, out-of-state providers who do not hold a New Mexico telehealth license would be permitted to provide second opinions and consultations for prospective treatment to patients in New Mexico.

The definition of “health care provider” is broadened to include additional professionals, such as certified peer support workers and any health care professional with a Medicaid provider identification number issued by the New Mexico Health Care Authority. The terms “consultation for prospective treatment,” “second opinion,” and “out-of-state health care provider” are formally defined in the bill. The bill does not alter the scope of practice for health care providers or authorize services in settings or manners otherwise prohibited by law.

FISCAL IMPLICATIONS

State Health Benefits

There is no known direct fiscal impact on State Health Benefits. Broadening the types of out-of-state practitioners as telehealth providers may reduce barriers to access for certain services. Any increase in utilization is likely marginal and offset by potential savings from timely care or avoided higher-cost interventions.

Medical Assistance Division

The state’s Medicaid program allows broad use of telehealth services as described in [8.310.2 NMAC](#). This bill may increase the utilization of telehealth services but also may allow Medicaid members to access care in a more timely manner so the impact to budget is likely small.

SIGNIFICANT ISSUES

SB 12 seeks to address access to health care in New Mexico by leveraging telehealth services. Allowing out-of-state providers to offer second opinions and consultations can increase access to specialists for patients in remote or underserved areas. While the bill encourages health insurers and Medicaid to cover telehealth services, it does not mandate such coverage. Without mandates, the potential for inequities in access remains if certain plans do not fully embrace telehealth.

SB 12 introduces greater flexibility by allowing out-of-state providers to deliver specific services without a New Mexico telehealth license. While this could enhance access, it may raise concerns about regulatory oversight, quality assurance, and accountability for out-of-state providers. For telehealth to be effective, patients must have access to reliable technology and internet connectivity. The bill does not address these potential barriers, which may limit its impact in rural or lower-income areas lacking adequate infrastructure.

Certified peer support worker services are a Medicaid paid service; however, certified peer support workers are not individually enrolled in Medicaid as a provider type. Services are billed through the behavioral health agency in which they are employed. Each individual would have to obtain a business license to enroll as an independent provider. The current Medicaid and Managed Care Organization (MCO) enrollment process does not have the structure in place to enroll certified peer support workers as a provider type. This may result in an additional administrative burden for certified peer support workers both in state and out of state.

PERFORMANCE IMPLICATIONS

This provision can reduce barriers to care, especially in cases where local provider capacity is limited. Expanding the list of eligible telehealth providers could lead to a more comprehensive approach to care, particularly for mental health and community-based services, with the inclusion of certified peer support workers and other professionals.

ADMINISTRATIVE IMPLICATIONS

No IT impact.

Medicaid will have to make some adjustments to the provider portal to allow providers with out-of-state licenses to enroll. Medicaid MCOs will also likely have some system adjustments. Overall, this will be a small administrative lift. However, with certified peer support workers this may create some issues as they do not hold a license, but a certificate, and it is not a universal training program across states. Medicaid will need to create a provider enrollment process for in-state and out-of-state certified peer support workers in order to be reimbursed for and services provided.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

None.

OTHER SUBSTANTIVE ISSUES

The bill aligns with broader national efforts to expand telehealth use, particularly in response to lessons learned during the COVID-19 Public Health Emergency. It reflects an approach to leveraging technology for healthcare delivery.

ALTERNATIVES

N/A

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Capacity to offer telehealth services will not be expanded.

AMENDMENTS