

LFC Requestor: LFC Contractor

2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: Senate

Category: Bill

Number: 172

Type: Introduced

Date (of THIS analysis): 01/29/2025

Sponsor(s): L. Trujillo, C. Nava, DW. Johnson, and J. Anyanonu

Short Title: Immigrant Health Care Workforce Development Act

Reviewing Agency: Agency 665 - Department of Health

Analysis Contact Person: Arya Lamb

Phone Number: 505-470-4141

e-Mail: arya.lamb@doh.nm.gov

Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$0	\$1,500.00	Non-recurring	General Fund

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	N/A	N/A

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$0	\$0	\$0	N/A	N/A

Section III: Relationship to other legislation

Duplicates: None.

Conflicts with: None.

Companion to: None.

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None.

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

Senate Bill 172 (SB 172) would enact the Immigrant Health Care Workforce Development Act which would:

Establish and maintain an Immigrant Health Care Professional Acceleration Program that would support underemployed immigrant health care workers by providing educational and career navigation, training (and funding for that training), and support and guidance, including financial support; provides criteria that one must meet to be eligible for participation to include a commitment to work in an underserved area for at least one, but not more than three years.

As part of the above program and in partnership with a licensed health care provider, develop and operate an Immigrant Primary Care Readiness Pathway that would support qualified immigrant international medical graduates seeking to become licensed primary care physicians in New Mexico by preparing them to enter a primary care residency program and to take licensing examinations while providing them with a stipend; provides criteria that one must meet to be eligible for participation to include a commitment to work in an underserved area for three years post-licensure.

Establish and maintain an Immigrant Primary Care Residency Grant that would fund primary care residency positions in New Mexico designated for eligible immigrant international medical graduates; provides criteria that the health care educational program must meet to be eligible for grant funding; prioritizes grant funding to those programs serving underserved communities.

Create the Immigrant Health Care Workforce Development Fund that would be the source of funding to the Workforce Solutions Department to implement and administer the provisions of the Act.

Authorizes the Secretary of the Workforce Solutions Department to appoint an Immigrant Health Care Workforce Advisory Committee that would serve to advise the Secretary on aspects related

to the Act; identifies the number of members of the committee and who they should represent; addresses other issues including compensation for committee members and reporting requirements.

1.5 million would be appropriated to the Workforce Solutions Department for fiscal year 2026 to implement and administer the provisions of the Immigrant Health Care Workforce Development Act, including hiring three full-time-equivalent department staff and providing program grants.

Requires the Workforce Solutions Department to adopt rules as necessary to carry out the provisions of this Act.

Amends Sections 61-6-6 ('Definitions') and 61-6-11 (Physician Licensure') of NMSA to address the new requirements, to include establishing criteria for issuance of certain license types.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

The State of New Mexico continues to see a shortage in medical providers. Especially those medical providers who are specialists in certain medical conditions, including neurologists, cardiologists, and gynecologists.

(https://digitalrepository.unm.edu/nmhc_workforce/10/)

The American Medical Association supports programs, like the one proposed in SB 172 that assist with matching international medical graduates with residency programs in the United States. (<https://www.ama-assn.org/education/international-medical-education/challenges-matching-international-medical-graduates-and>)

SB 172 provides several opportunities for 'underemployed immigrant health care workers' and international medical graduates to receive training and support that would allow health care workers to obtain health care jobs in New Mexico. This would assist in more providers in our rural communities.

According to the 2024 report published by the New Mexico Health Care workforce Committee, New Mexico continues to fall below acceptable benchmarks for the number of primary care physicians necessary to meet the needs of its residents. The data used in the report for physicians shows that in 2021 New Mexico would have needed 334 physicians to meet the needs of residents. While the number of providers did slightly improve since 2019, we continue to see a shortage of medical providers in New Mexico. As our

population continues to age, we can anticipate the need for more primary care and specialty providers to meet the needs of the population.

(https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1012&context=nmhc_workforce)

Data shows an increase in the number of employed physicians, increasing from 41.8% of licensed physicians being employed in 2012 to 77.6% in 2024. However, the increase in employed physicians still falls short of meeting the needs of our communities. During this time frame we also saw a decrease of 25% in the number of physicians who work in a private practice, as most are associated with larger medical groups which are better equipped to handle administrative, economic, and regulatory issues. (<https://www.nmlegis.gov/handouts/ALFC%20061124%20Item%2014%20Healthcare%20Workforce.pdf>)

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

If yes, describe how.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

Goal 1: We expand equitable access to services for all New Mexicans

Goal 2: We ensure safety in New Mexico healthcare environments

Goal 3: We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?

Yes No N/A

- If there is an appropriation, is it included in the LFC Budget Request?

Yes No N/A

- Does this bill have a fiscal impact on NMDOH? Yes No

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None.

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

8. DISPARITIES ISSUES

None.

9. HEALTH IMPACT(S)

By increasing the number of health care workers in underserved areas, especially primary care physicians, more people would have access to health care services. This has the potential to improve access to preventive health care, acute and chronic disease management as well as behavioral health care, thereby improving health status of the population.

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If SB 172 is not enacted, there would be no program with a specific mandate to train and support underemployed immigrant health care workers and no program with a specific mandate to support the training and licensure of immigrant international medical graduates into primary care fields.

12. AMENDMENTS

None.