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FISCAL IMPACT REPORT

SPONSOR	Armstrong/Vincent/Jones/Thomson/Hoch man-Vigil	LAST UPDATED	
		ORIGINAL DATE	3/8/2025
SHORT TITLE	Emergency Medical Svcs. Licensure Compact	BILL NUMBER	House Bill 412
		ANALYST	Hanika-Ortiz

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
HCA	No fiscal impact	Indeterminate but minimal	Indeterminate but minimal		Recurring	Other state funds

Parentheses () indicate expenditure decreases.
 *Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency Analysis Received From
 Regulation and Licensing Department (RLD)
 Department of Health (DOH)
 Department of Public Safety (DPS)
 Health Care Authority (HCA)

SUMMARY

Synopsis of House Bill 412

House Bill 412 (HB412) enacts the Emergency Medical Services (EMS) Personnel Licensure Interstate Compact to facilitate the movement across state lines of EMS personnel. Sections 1 to 5 cover the purpose of the compact, which is to improve access to EMS personnel through mutual recognition of state licenses. Obtaining a license under the compact would require an unrestricted home license, and the licensee would be subject to the laws of the remote state.

Section 6 discusses when EMS transports to or from a remote state, or to or from a home state, and other approved situations. Section 7 ensures compatibility with the Emergency Management Assistance Compact (EMAC) during a disaster. Section 8 expedites licensure for military members. Section 9 outlines how adverse actions against a licensee is 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 all licensees practicing under the Compact. Section 13 details rulemaking authority. Section 14 provides mechanisms for dispute resolution between the states and enforcement of rules; Section 15 specifies that implementation will begin when adopted by the tenth state; and Section 16 says the compact is to be liberally construed and remain 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 if enacted, or June 20, 2025.

FISCAL IMPLICATIONS

Emergency Medical Services personnel are licensed in the state by the Department of Health. The Health Care Authority notes that EMS personnel from compact states would be required to enroll as a New Mexico Medicaid provider and follow all applicable provider requirements to be reimbursed.

SIGNIFICANT ISSUES

The EMS compact has been operational since 2020 and is in effect in 24 states. By March 15, 2025, all participating states must comply with federal criminal background check requirements.

The bill enters New Mexico into an interstate licensing compact for EMS personnel. Benefits include EMS personnel working across state lines without the need for multiple licenses. This could be especially important for border regions and emergency operations. Compacts can help ensure that participating states uphold similar education, training, and certification requirements. For New Mexico to participate in this compact, the Legislature would need to pass this legislation without any substantive changes and implement a criminal background reporting requirement.

DOH remarks all levels of EMT and paramedic education in New Mexico are required to originate from EMS educational programs that have received national accreditation. The bill is not clear in that regard. Additionally, there is no notification requirement for an individual exercising their privilege to practice in New Mexico, which is not consistent with other caregiver compacts, such as the nursing compact, which requires notification of the licensing and regulatory entity.

ADMINISTRATIVE IMPLICATIONS

DOH explains that under 7.27.2.10 NMAC, individuals licensed or certified in another state may currently apply for an EMS license. Individuals holding a certification with the national registry of EMTs at any level must also be licensed or certified by a state to be eligible for reciprocity.

HCA also comments administrative rule requires New Mexico Medicaid cover medically necessary services by providers within 100 miles of the border to the same extent and using the same coverage rules as for an in-state provider. Further, New Mexico Medicaid covers more than 100 geographical miles outside the border using the same coverage rules as for an in-state provider when the delivery of services is an emergency. EMS falls within this provision.

OTHER SUBSTANTIVE ISSUES

DOH cautions the bill could inadvertently exacerbate staffing challenges for EMS in New Mexico, if wages or working conditions are perceived to be more favorable in compact states.