

LFC Requester:**Harry Rommel****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:** 1/29/25*Check all that apply:***Bill Number:** SB172Original Correction Amendment Substitute **Sponsor:** Sen Trujillo**Agency Name****and Code** HCA-630**Number:****Short** Immigrant Healthcare**Person Writing** Kresta Opperman**Title:** Workforce Development**Phone:** (505)231- **Email** Kresta.opperman@hca**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
\$0.0	\$0.0	NA	NA

(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	\$0.0	\$0.0	\$0.0	NA	NA

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: Not known

Duplicates/Relates to Appropriation in the General Appropriation Act: SB172 relates to HB15 and SB176

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: Senate Bill 172(SB172) would enact the immigrant health care workforce development act; providing for an immigrant health care professional acceleration program; providing for an immigrant primary care physician readiness pathway; providing for an immigrant primary care residency grant program; creating the immigrant health care workforce development fund; creating the immigrant health care workforce advisory group; amending definitions in the medical practice act; making an appropriation.

FISCAL IMPLICATIONS

None for the HCA.

SIGNIFICANT ISSUES

Language in Section 6A conflicts with policy. According to the National Resident Matching Program (NRMP) policy, it is not permissible to designate spots for certain types of individuals. Doing so may put programs at risk. Residency Match All In Policy: <https://www.nrmp.org/policy/main-residency-match-all-in-policy/>. However, DWS anticipates getting a waiver for this policy.

SB172 addresses two significant health care issues in New Mexico; a shortage of primary care physicians (PCPs) in general, and a greater shortage of PCPs in rural areas. It is unclear where / how the immigrant candidates eligible for this program will be identified. If the immigrant candidate may not be in the US on a J1 visa, or other non-immigrant employment - based Visa, what is the preferred immigration status of the candidate? Must an immigrant candidate be in the US with established citizenship? Obtaining citizenship is a lengthy process, and the qualified candidate must have been in medical practice in the last 3 years. Can an immigrant candidate apply from outside the US? What Visa status will be available to these candidates if not J1? How are health care educational programs to identify qualified candidates?

Although SB172 acknowledges that RLD does not directly or indirectly license any of the potential immigrant candidates, the Medical Board and the Board of Osteopaths would, and it is unclear whether they support this program. Past State efforts to employ foreign medical professionals during the Covid pandemic met with significant delays in licensure. Even though SB172 creates a new, temporary level of licensure, how would this program avoid such delays?

Did RLD consider Advance Practice Nurse Candidates for this program? All of the issues identified above would still be present, but it might enlarge the qualified candidate pool.

PERFORMANCE IMPLICATIONS

Implementing SB172 could increase available health care workers and improve access to quality health care across the state, especially in rural and frontier where the state faces access to care challenges.

The federal Centers for Medicare and Medicaid Services (CMS) established network adequacy standards in Medicaid managed care for certain providers while granting flexibility to the states to set and enforce state-specific Medicaid network standards. New Mexico has Medicaid network standards in place that address this requirement. CMS also requires that the adequacy of Medicaid

networks maintained by a managed care organization (MCO) be evaluated annually.

ADMINISTRATIVE IMPLICATIONS

None for the HCA.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

SB172 appears relates to HB15 and SB 176

TECHNICAL ISSUES

None for the HCA.

OTHER SUBSTANTIVE ISSUES

None for the HCA.

ALTERNATIVES

None suggested.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status quo

AMENDMENTS

No known amendments at this time.