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FISCAL IMPACT REPORT

	Sens.	Trujillo and Nava/Reps. Johnson and	LAST UPDATED		
SPONSOR Anya		nonu	ORIGINAL DATE	02/03/2025	
		Immigrant Health Care Workforce	BILL		
SHORT TITLE		Development	NUMBER	Senate Bill 172	

ANALYST Rommel

APPROPRIATION* (dollars in thousands)

FY25	FY26	Recurring or Nonrecurring	Fund Affected
	\$1,500	Recurring	General Fund

Parentheses () indicate expenditure decreases.

Relates to House Bill 15

Sources of Information

LFC Files

Agency Analysis Received From
Workforce Solutions Department (WSD)
Health Care Authority (HCA)
University of New Mexico Health Sciences Center (UNM-HSC)

SUMMARY

Synopsis of Senate Bill 172

Senate Bill 172 (SB172) appropriates \$1.5 million from the general fund to the Workforce Solutions Department (WSD) to implement and administer the provisions of the Immigrant Health Care Workforce Development Act, including hiring three FTE and providing program grants.

Sections 3 through 5 create a primary care physician readiness pathway for medical doctors who have completed a post-graduate training program in a country outside of the United States and Canada and have been licensed to practice medicine in a country other than the United States or Canada for at least three years. Physicians must be certified by the Educational Commission for Foreign Medical Graduates (ECMFG).

Section 6 establishes a primary care residency grant to assist placement of immigrant international medical graduates in residency positions.

Section 7 creates the "immigrant health care workforce development fund" as a non-reverting fund.

^{*}Amounts reflect most recent analysis of this legislation.

Section 8 establishes an advisory committee appointed by the secretary of WSD.

Section 10 amends 61-6-6 NMSA 1978, the Medical Practice Act, adding definitions of "qualified international medical graduate" and "underserved community".

Section 11 adds a new subsection to 66-6-11 NMSA 1978 that allows the New Mexico Medical Board to issue to a qualified international medical graduate a provisional license to practice medicine valid for a period not to exceed two years. After two years under the provisional license, the board may issue an unrestricted license if all requirements are met. A qualified physician must have an offer of full-time employment in a New Mexico medical facility.

The effective date of this bill is July 1, 2025.

FISCAL IMPLICATIONS

The appropriation of \$1.5 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY26 shall revert to the general fund.

WSD estimates that \$1.5 million would provide four years of full operations at full capacity.

SIGNIFICANT ISSUES

Virtually all of New Mexico faces shortages in primary care physicians. Currently there are about five primary care physicians per 10 thousand people in New Mexico. Assuming no redistribution of the current workforce, an additional 334 primary care physicians would be needed for all New Mexico counties to meet the national benchmark (8.5 per 10 thousand population).¹

Costs for medical licensing exams, ECFMG certification, and visa application fees are significant barriers for immigrant healthcare workers, including those that have already completed a residency abroad. Grants authorized by SB172 may support immigrant physician residencies but the bill does not specify any grant funding for individual physicians who have already completed their residency abroad.

SB172 does not consider the immigration status of potential recruits. University of New Mexico Health Sciences Center (UNM-HSC) currently works only with practitioners with J1 visas, which are sponsored by the ECFMG.

UNM-HSC notes the following regarding immigrant physician residencies:

There is no existing fast-track one-year training program for immigrants that can be utilized, and no Accreditation Council for Graduate Medical Education pathway to provide this experience. Additionally, residency programs are confined to the National Resident Matching Program requirements, limiting the selection of immigrant applicants.

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

¹ 2024 New Mexico Healthcare Workforce Committee Report.

ADMINISTRATIVE IMPLICATIONS

The New Mexico Medical Board will promulgate rules regarding an evaluation program for immigrant healthcare workers. The hiring medical facility will be responsible for evaluating nonclinical skills and standards appropriate for medical practice in New Mexico.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to House Bill 15 which would create a healthcare strategic recruitment program to address healthcare shortage areas. HB15 seeks to recruit persons who have graduated within the last 10 years from a New Mexico public postsecondary educational institution in a degree- or certificate-granting educational program in a healthcare shortage field but are not currently working in healthcare in the state.

OTHER SUBSTANTIVE ISSUES

WSD provided the following statistics:

- As of 2023, 20 percent of active physicians in New Mexico completed their medical education outside the U.S. or Canada, including 29 percent of internal medicine physicians and 19 percent of family medicine physicians, according to the Association of American Medical Colleges.
- Nearly 10 percent of registered nurses in New Mexico are immigrants, according to the American Immigration Council.
- In 2024, 24 percent of all medical school graduates who matched into a residency program in New Mexico completed their medical education abroad, including 28.9 percent of residents matching into primary care specialties.

HR/hj