

1 SENATE BILL 21

2 **57TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2026**

3 INTRODUCED BY

4 Elizabeth "Liz" Stefanics and Pete Campos and Martin Hickey
5 and Rex Wilson and Reena Szczepanski

10 AN ACT

11 RELATING TO HEALTH INSURANCE; REQUIRING ISSUERS OF MEDICARE
12 SUPPLEMENT POLICIES TO PROVIDE OPEN ENROLLMENT PERIODS.

14 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

15 **SECTION 1.** Section 59A-24A-3 NMSA 1978 (being Laws 1989,
16 Chapter 28, Section 3, as amended) is amended to read:

17 "59A-24A-3. DEFINITIONS.--As used in the Medicare
18 Supplement Act:

19 A. "applicant" means:

20 (1) in the case of an individual medicare
21 supplement policy, the person who seeks to contract for
22 insurance benefits; [and] or

23 (2) in the case of a group medicare supplement
24 policy, the proposed certificate holder;

25 B. "certificate" means any certificate delivered or

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underscored material = new
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1 issued for delivery in this state under a group medicare
2 supplement policy;

3 C. "certificate form" means the document on which a
4 certificate is delivered or issued for delivery;

5 D. "eligible policyholder" means a beneficiary of
6 medicare coverage provided pursuant to part A or part B of
7 Title 18 of the federal Social Security Act, as amended, who is
8 sixty-five years of age or older;

9 [D.] E. "issuer" means insurance companies,
10 fraternal benefit societies, nonprofit health care plans,
11 health maintenance organizations and any other entities that
12 deliver or issue for delivery in this state medicare supplement
13 policies or certificates;

14 [E.] F. "medicare" means the federal Health
15 Insurance for the Aged Act, Title XVIII of the Social Security
16 Amendments of 1965, as then constituted or later amended;

17 [F.] G. "medicare supplement policy" means:
18 (1) a group policy as defined in Chapter 59A,
19 Article 23 NMSA 1978;
20 (2) an individual policy as defined in Chapter
21 59A, Article 22 NMSA 1978; or
22 (3) a group or individual certificate issued
23 pursuant to the Nonprofit Health Care Plan Law or the Health
24 Maintenance Organization [Aet] Law that is advertised, marketed
25 or designed as a supplement to reimbursements under medicare

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[bracketed material] = delete

1 for the hospital, medical or surgical expenses of persons
2 eligible for medicare;

3 [G.] H. "policy form" means the document on which a
4 policy is delivered or issued for delivery by the issuer; and

5 [H.] I. "superintendent" means the superintendent
6 of insurance."

7 SECTION 2. A new section of the Medicare Supplement Act
8 is enacted to read:

9 "[NEW MATERIAL] ANNUAL OPEN ENROLLMENT.--

10 A. Every issuer participating in the market for
11 medicare supplement policies shall offer an annual open
12 enrollment period to all eligible policyholders. Each eligible
13 policyholder's open enrollment period shall commence with the
14 first day of the eligible policyholder's birthday month and
15 remain open for at least sixty days thereafter. During the
16 open enrollment period:

17 (1) each eligible policyholder may purchase
18 any medicare supplement policy of an equal or lesser value to
19 the eligible policyholder's current medicare supplement policy
20 offered in this state; and

21 (2) an issuer shall:

22 (a) guarantee the issuance of any
23 medicare supplement policy offered in this state; and

24 (b) not deny, delay or condition the
25 issuance or effectiveness, or discriminate in the price of

1 coverage, of a medicare supplement policy based on the health
2 status, claims, experience, receipt of health care or medical
3 condition of an eligible policyholder.

4 B. A medicare supplement policy obtained by an
5 eligible policyholder pursuant to Subsection A of this section
6 shall not have any coverage exclusions related to preexisting
7 conditions that would have been covered under the eligible
8 policyholder's previous medicare supplement policy.

9 C. At least thirty days before the beginning of an
10 eligible policyholder's open enrollment period, but not more
11 than sixty days before the beginning of the open enrollment
12 period, the issuer of an eligible policyholder's medicare
13 supplement policy shall notify the eligible policyholder of:

14 (1) the dates on which the open enrollment
15 period begins and ends;

16 (2) the rights provided to the eligible
17 policyholder by this section; and

18 (3) any modifications to the medicare
19 supplement policy currently held by the eligible policyholder
20 or any adjustments to the premiums charged for that policy.

21 D. The form and content of the notification
22 required pursuant to Subsection C of this section shall be
23 filed with and approved by the superintendent prior to
24 distribution to eligible policyholders."