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FISCAL IMPACT REPORT

BILL NUMBER: House Bill 15

SHORT TITLE: Medical Injury Collaborative Resolution Act

SPONSOR: Rep. Anaya/Sen. Wirth

LAST UPDATE: _____ **ORIGINAL DATE:** 2/2/2026 **ANALYST:** Hernandez

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*

(dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
AOC	Indeterminate but minimal	Indeterminate but minimal	Indeterminate but minimal			

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency or Agencies Providing Analysis

Office of the Superintendent of Insurance
Health Care Authority
New Mexico Medical Board
University of New Mexico Health Sciences
New Mexico Attorney General
Administrative Office of the Courts

SUMMARY

Synopsis of House Bill 15

House Bill 15 (HB15) creates the Medical Injury Collaborative Resolution Act. The act would create a process in which a patient and healthcare provider may settle a potential dispute after an “adverse health outcome” without involving the courts. Statements made during the conference and arbitration process cannot be used to establish fault or negligence.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, which is May 20, 2026.

FISCAL IMPLICATIONS

The Administrative Office of the Courts (AOC) notes the judiciary would have to create a new case type and engage in rulemaking, which will cost an indeterminate but minimal amount.

SIGNIFICANT ISSUES

The New Mexico Attorney General's (NMAG) office highlights that HB15 is attempting to implement practices that may be used to mitigate the number of medical malpractice claims:

[These are] what are called communication and resolution programs (CRPs), also known as early disclosure, disclosure apology and offer or communication and optimal resolution (CANDOR), with several states having enacted similar types of legislation, including Colorado, Iowa, Massachusetts, and Oregon.

AOC notes:

Because the settlement process proposed by this bill occurs outside the formal judicial process, in many instances settlements will need to be presented to the court without a corresponding pending case. This would require court clerks to docket a new case, assign to a judge, and schedule a hearing. The statute also does not expressly grant jurisdiction to courts to consider extrajudicial settlements.

Moreover, AOC points out that proposed settlements presented for court approval are public record—absent a statutory or rule-based sealing provision—which could create issues for both providers and patients.

TECHNICAL ISSUES

AOC highlights the ambiguity in the language surrounding when court approval is required and, if a court must approve a settlement, how a determination should be made. HB15 should clarify these issues.

NMAG notes the definitions of “healthcare provider” and “patient” present a potential conflict with definitions in the Medical Malpractice Act.

The Office of Superintendent of Insurance notes it is unclear whether the patient compensation fund (PCF)—which is established under the New Mexico Medical Malpractice Act and provides a second layer of malpractice coverage and caps the amount of certain damages awarded against member healthcare providers—would be obligated to contribute funds toward the settlement if the healthcare provider is a participant of the PCF.

AH/ct/hg/sgs