

SENATE BILL

**57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SPECIAL SESSION, 2025**

INTRODUCED BY

DISCUSSION DRAFT

AN ACT

RELATING TO VACCINATION; REQUIRING RULES FOR THE IMMUNIZATION  
OF CHILDREN ATTENDING CHILD CARE PROGRAMS AND PUBLIC, PRIVATE,  
HOME OR PAROCHIAL SCHOOLS TO BE BASED ON THE RECOMMENDATIONS OF  
THE DEPARTMENT OF HEALTH OR THE AMERICAN ACADEMY OF PEDIATRICS;  
REQUIRING THE DEPARTMENT OF HEALTH TO RECOMMEND IMMUNIZATIONS  
FOR ADULTS BASED ON GUIDANCE FROM THE AMERICAN ACADEMY OF  
FAMILY PHYSICIANS, THE AMERICAN COLLEGE OF OBSTETRICIANS AND  
GYNECOLOGISTS, THE AMERICAN COLLEGE OF PHYSICIANS OR THE  
DEPARTMENT OF HEALTH; REQUIRING VACCINES PURCHASED PURSUANT TO  
THE STATEWIDE VACCINE PURCHASING PROGRAM TO BE RECOMMENDED BY  
THE DEPARTMENT OF HEALTH; PROHIBITING CERTAIN HEALTH INSURANCE  
PLANS FROM IMPOSING COST-SHARING REQUIREMENTS ON IMMUNIZATIONS  
RECOMMENDED BY THE DEPARTMENT OF HEALTH; REPEALING AND  
REENACTING SECTIONS OF THE NMSA 1978; DECLARING AN EMERGENCY.

.232474.2SA

underscored material = new  
[bracketed material] = delete

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

2 SECTION 1. Section 24-5-1 NMSA 1978 (being Laws 1959,  
3 Chapter 329, Section 1, as amended) is amended to read:

4 "24-5-1. IMMUNIZATION REGULATIONS.--

5 A. The public health division of the department of  
6 health shall, after consultation with the ~~[state board of]~~  
7 public education department and the early childhood education  
8 and care department, promulgate rules ~~[and regulations]~~  
9 governing the immunization against diseases deemed to be  
10 dangerous to the public health, to be required of children  
11 attending child care programs and public, private, home or  
12 parochial schools in the state. Rules promulgated pursuant to  
13 this subsection shall establish the immunizations required and  
14 the manner and frequency of their administration ~~[shall conform~~  
15 ~~to]~~ in accordance with recommendations ~~[of]~~ from the ~~[advisory~~  
16 ~~committee on immunization practices of the United States]~~  
17 department of health ~~[and human services and]~~ or the American  
18 academy of pediatrics. The public health division shall  
19 supervise and secure the enforcement of the required  
20 immunization program.

21 B. The public health division of the department of  
22 health shall promulgate rules governing the immunization  
23 against diseases deemed to be dangerous to the public health,  
24 to be recommended for adults residing in the state. Rules  
25 promulgated pursuant to this subsection shall establish the

.232474.2SA

1 immunizations recommended and the recommended manner and  
2 frequency of their administration in accordance with guidance  
3 from the American academy of family physicians, the American  
4 college of obstetricians and gynecologists, the American  
5 college of physicians or the department of health."

6 SECTION 2. Section 24-5-2 NMSA 1978 (being Laws 1959,  
7 Chapter 329, Section 2, as amended) is amended to read:

8 "24-5-2. UNLAWFUL TO ENROLL IN SCHOOL OR CHILD CARE  
9 PROGRAMS UNIMMUNIZED--UNLAWFUL TO REFUSE TO PERMIT  
10 IMMUNIZATION.--It is unlawful for any [~~student~~] child to enroll  
11 in school or a child care program unless [~~he~~] the child has  
12 been immunized as required under the rules [~~and regulations~~] of  
13 the public health [~~services~~] division of the department of  
14 health [~~and environment department~~] and can provide  
15 satisfactory evidence of such immunization; provided that, if  
16 [~~he~~] the child produces satisfactory evidence of having begun  
17 the process of immunization, [~~he~~] the child may enroll and  
18 attend school or the child care program as long as the  
19 immunization process is being accomplished in the prescribed  
20 manner. It is unlawful for any parent to refuse or neglect to  
21 have [~~his~~] the parent's child immunized, as required by this  
22 section, unless the child is properly exempted."

23 SECTION 3. Section 24-5A-1 NMSA 1978 (being Laws 2015,  
24 Chapter 5, Section 1) is amended to read:

25 "24-5A-1. SHORT TITLE.--[~~This act~~] Chapter 24, Article 5A

.232474.2SA

1 NMSA 1978 may be cited as the "Vaccine Purchasing Act".

2 SECTION 4. Section 24-5A-2 NMSA 1978 (being Laws 2015,  
3 Chapter 5, Section 2) is amended to read:

4 "24-5A-2. DEFINITIONS.--As used in the Vaccine Purchasing  
5 Act:

6 ~~[A. "advisory committee on immunization practices"~~  
7 ~~means the group of medical and public health experts that~~  
8 ~~develops recommendations on how to use vaccines to control~~  
9 ~~diseases in the United States, established under Section 222 of~~  
10 ~~the federal Public Health Service Act;~~

11 ~~B.]~~ A. "department" means the department of health;

12 ~~[C.]~~ B. "fund" means the vaccine purchasing fund;

13 ~~[D.]~~ C. "group health plan" means an employee  
14 welfare benefit plan to the extent that the plan provides  
15 medical care to employees or their dependents under the federal  
16 Employee Retirement Income Security Act of 1974 directly or  
17 through insurance, reimbursement or other means;

18 ~~[E.]~~ D. "health insurance coverage" means benefits  
19 consisting of medical care provided directly or through  
20 insurance or reimbursement or other means under any hospital or  
21 medical service policy or certificate, hospital or medical  
22 service plan contract or health maintenance organization  
23 contract offered by a health insurance issuer;

24 ~~[F.]~~ E. "health insurer" means any entity subject  
25 to regulation by the office of superintendent ~~[of insurance]~~

.232474.2SA

1 that:

2 (1) provides or is authorized to provide  
3 health insurance or health benefit plans;

4 (2) administers health insurance or health  
5 benefit coverage; or

6 (3) otherwise provides a plan of health  
7 insurance or health benefits;

8 ~~[G.]~~ F. "insured child" means a child under the age  
9 of nineteen who is eligible to receive health insurance  
10 coverage from a health insurer or medical care pursuant to a  
11 group health plan;

12 ~~[H.]~~ G. "office of superintendent" means the office  
13 of superintendent of insurance;

14 ~~[I.]~~ H. "policy" means any contract of health  
15 insurance between a health insurer and the insured and all  
16 clauses, riders, endorsements and parts thereof;

17 ~~[J.]~~ I. "provider" means an individual or  
18 organization licensed, certified or otherwise authorized or  
19 permitted by law to provide vaccinations to insured children;  
20 and

21 ~~[K.]~~ J. "vaccines for children program" means the  
22 federally funded program that provides vaccines at no cost to  
23 eligible children pursuant to Section 1928 of the federal  
24 Social Security Act."

25 **SECTION 5.** Section 24-5A-3 NMSA 1978 (being Laws 2015,  
.232474.2SA

Chapter 5, Section 3) is amended to read:

"24-5A-3. STATEWIDE VACCINE PURCHASING PROGRAM.--

A. The department shall establish and administer a statewide vaccine purchasing program to:

(1) expand access to childhood immunizations recommended by the ~~[advisory committee on immunization practices]~~ department pursuant to Section 24-5-1 NMSA 1978;

(2) maintain and improve immunization rates;

(3) facilitate the acquisition by providers of vaccines for childhood immunizations recommended by the ~~[advisory committee on immunization practices]~~ department pursuant to Section 24-5-1 NMSA 1978; and

(4) leverage public and private funding and resources for the purchase, storage and distribution of vaccines for childhood immunizations recommended by the ~~[advisory committee on immunization practices]~~ department pursuant to Section 24-5-1 NMSA 1978.

B. The department shall:

(1) purchase vaccines for all children in New Mexico, including children eligible for the vaccines for children program and insured children;

(2) invoice each health insurer and group health plan to reimburse the department for the cost of vaccines provided directly or indirectly by the department to such health insurer's or group health plan's insured children;

.232474.2SA

1 (3) maintain a list of registered providers  
2 who receive vaccines for insured children that are purchased by  
3 the state and provide such list to each health insurer and  
4 group health plan with every invoice;

5 (4) report the failure of a health insurer to  
6 reimburse the department within thirty days of the date of the  
7 invoice to the office of superintendent;

8 (5) report the failure of a health insurer or  
9 group health plan to reimburse the department within thirty  
10 days of the date of the invoice to the ~~[office of the attorney~~  
11 ~~general]~~ state department of justice for collection; and

12 (6) credit all receipts collected from health  
13 insurers and group health plans pursuant to the Vaccine  
14 Purchasing Act to the fund.

15 C. No later than July 1, 2015 and July 1 of each  
16 year thereafter, the department shall estimate the amount to be  
17 expended annually by the department to purchase, store and  
18 distribute vaccines recommended by the ~~[advisory committee on~~  
19 ~~immunization practices]~~ department pursuant to Section 24-5-1  
20 NMSA 1978 to all insured children in the state, including a  
21 reserve of ten percent of the amount estimated.

22 D. No later than September 1, 2015 and each quarter  
23 thereafter, the department shall invoice each health insurer  
24 and each group health plan for one-fourth of its proportionate  
25 share of the estimated amount and reserve pursuant to

1 Subsection C of this section, calculated pursuant to Subsection  
2 B of Section [~~6 of the Vaccine Purchasing Act~~] 24-5A-6 NMSA  
3 1978.

4 E. The department may update its estimated amount  
5 to be expended annually and its reserve to take into account  
6 increases or decreases in the cost of vaccines or the costs of  
7 additional vaccines that the department determines should be  
8 included in the statewide vaccine purchasing program and adjust  
9 the amount invoiced to each health insurer and group health  
10 plan the following quarter."

11 SECTION 6. Section 24-5A-5 NMSA 1978 (being Laws 2015,  
12 Chapter 5, Section 5) is amended to read:

13 "24-5A-5. AUTHORIZED USES OF THE VACCINE PURCHASING  
14 FUND.--

15 A. The fund shall be used for the purchase, storage  
16 and distribution of vaccines, as recommended by the [~~advisory~~  
17 ~~committee on immunization practices~~] department pursuant to  
18 Section 24-5-1 NMSA 1978, for insured children who are not  
19 eligible for the vaccines for children program.

20 B. The department shall credit any balance  
21 remaining in the fund at the end of the fiscal year toward the  
22 department's purchase of vaccines the following year; provided  
23 that the department maintains a reserve of ten percent of the  
24 amount estimated to be expended in the following year.

25 C. The fund shall not be used:

.232474.2SA



1 (1) for the purchase, storage and distribution  
2 of vaccines for children who are eligible for the vaccines for  
3 children program;

4 (2) for administrative expenses associated  
5 with the statewide vaccine purchasing program; or

6 (3) to pass through a federally negotiated  
7 discount pursuant to 42 U.S.C. 1396s."

8 SECTION 7. Section 59A-18-16.2 NMSA 1978 (being Laws  
9 2011, Chapter 144, Section 12, as amended) is amended to read:

10 "59A-18-16.2. HEALTH INSURANCE OR HEALTH PLAN FORM AND  
11 RATE FILINGS--SUPERINTENDENT--RULEMAKING--COMPLIANCE WITH  
12 FEDERAL LAW.--

13 A. A small group health plan and a health insurance  
14 issuer or multiple employer welfare arrangement offering a  
15 small group or individual health insurance plan that provides  
16 benefits other than excepted benefits shall:

17 (1) provide the essential health benefits  
18 defined by the superintendent under Subsection B of this  
19 section;

20 (2) limit cost sharing for such coverage in  
21 accordance with Subsection D of this section; and

22 (3) provide coverage without cost sharing for  
23 preventive benefits in accordance with Subsection E of this  
24 section.

25 B. The superintendent shall define by rule the  
26 .232474.2SA

1 essential health benefits package to include at least the  
2 following general categories and the items and services covered  
3 within the categories:

- 4 (1) ambulatory patient services;
- 5 (2) emergency services;
- 6 (3) hospitalization;
- 7 (4) maternity and newborn care;
- 8 (5) mental health and substance use disorder  
9 services, including behavioral health treatment;
- 10 (6) prescription drugs;
- 11 (7) rehabilitative and habilitative services  
12 and devices;
- 13 (8) laboratory services;
- 14 (9) preventive and wellness services and  
15 chronic disease management; and
- 16 (10) pediatric services, including oral and  
17 vision care.

18 C. In defining the essential health benefits  
19 pursuant to Subsection B of this section, the superintendent  
20 shall:

- 21 (1) ensure that such essential health benefits  
22 reflect an appropriate balance among the categories described  
23 in that subsection, so that benefits are not unduly weighted  
24 toward any category;

- 25 (2) not make coverage decisions, determine

1 reimbursement rates, establish incentive programs or design  
2 benefits in ways that discriminate against individuals because  
3 of their age, disability or expected length of life;

4 (3) take into account the health care needs of  
5 diverse segments of the population, including women, children,  
6 persons with disabilities and other groups;

7 (4) ensure that health benefits established as  
8 essential not be subject to denial to individuals against their  
9 wishes on the basis of the individual's age or expected length  
10 of life or of the individual's present or predicted disability,  
11 degree of medical dependency or quality of life;

12 (5) provide that if a plan is offered through  
13 the New Mexico health insurance exchange, another health  
14 insurance plan offered through the New Mexico health insurance  
15 exchange shall not fail to be treated as a qualified health  
16 plan solely because the plan does not offer coverage of  
17 benefits offered through the standalone plan that are otherwise  
18 required; and

19 (6) periodically update the essential health  
20 benefits under Subsection B of this section to address any gaps  
21 in access to coverage or changes in the evidence base  
22 identified by the superintendent.

23 D. A group health plan and a health insurance  
24 issuer offering a group or individual health insurance plan  
25 shall not establish a restricted lifetime or annual limit on

1 the dollar value of benefits for any participant or beneficiary  
2 with respect to benefits that are essential health benefits, as  
3 determined by the superintendent. The provisions of this  
4 subsection shall not be construed to prevent a group health  
5 plan or health insurance plan from placing annual or lifetime  
6 per-beneficiary limits on specific covered benefits that are  
7 not essential health benefits, to the extent that these limits  
8 are otherwise permitted under federal or state law.

9 E. The superintendent shall adopt and promulgate  
10 rules specifying the maximum cost-sharing amounts for which an  
11 insured may be held liable for payment of covered benefits  
12 under any health insurance plan that provides benefits other  
13 than excepted benefits, including deductibles, coinsurance,  
14 copayments or similar charge, and any other expenditure  
15 required of an insured individual with respect to essential  
16 health benefits covered under the plan, but not including  
17 premiums, balance billing amounts for non-network providers or  
18 spending for non-covered services.

19 F. Any rules that the office of superintendent of  
20 insurance intends to adopt and promulgate pursuant to this  
21 section shall be adopted no later than the first day of  
22 February of the year prior to the first plan year for which the  
23 rules would be effective.

24 G. A group health plan and a health insurance  
25 issuer offering a group or individual health insurance plan

1 that provides benefits other than excepted benefits shall  
2 provide coverage for and shall not impose any cost-sharing  
3 requirements for:

4 (1) items or services that have in effect a  
5 rating of "A" or "B" in the current recommendations of the  
6 United States preventive services task force;

7 (2) immunizations that have in effect a  
8 recommendation from the [~~advisory committee on immunization~~  
9 ~~practices of the federal centers for disease control and~~  
10 ~~prevention~~] department of health, with respect to the insured  
11 for which immunization is considered;

12 (3) with respect to infants, children and  
13 adolescents, preventive care and screenings provided for in the  
14 comprehensive guidelines supported by the health resources and  
15 services administration of the United States department of  
16 health and human services; and

17 (4) with respect to women, additional  
18 preventive care and screenings to those described in Paragraph  
19 (1) of this subsection, as provided for in comprehensive  
20 guidelines supported by the health resources and services  
21 administration of the United States department of health and  
22 human services.

23 H. The provisions of Subsection G of this section  
24 shall not be construed to prohibit a health insurance plan or  
25 health insurance issuer from providing coverage for services in

1 addition to those recommended by the United States preventive  
2 services task force or to deny coverage for services that are  
3 not described in this section. The superintendent shall  
4 establish by rule a minimum interval between the date on which  
5 a recommendation described in Paragraphs (1) and (2) of  
6 Subsection G of this section or a guideline under Paragraph (3)  
7 of Subsection G of this section is issued and the plan year  
8 with respect to which the requirement described in Subsection G  
9 of this section is effective with respect to the service  
10 described in such recommendation or guideline; provided that  
11 the interval shall not be less than one year from the date the  
12 federal recommendation or guideline is published.

13 I. If a health insurance plan is offered as a  
14 qualified health plan through the New Mexico health insurance  
15 exchange, the insurer offering the qualified health plan shall  
16 also offer that plan through the health insurance exchange as a  
17 plan that restricts enrollment to individuals who, as of the  
18 beginning of a plan year, have not attained the age of twenty-  
19 one years.

20 J. The superintendent shall adopt rules:

21 (1) to define terms used regarding forms,  
22 rates, reviews and blocks of business that an insurer or health  
23 care plan submits in filing matters;

24 (2) to govern any additional filing  
25 requirements the superintendent deems appropriate;

1 (3) to provide notice of hearings and the  
2 grounds on which the hearings have been requested;

3 (4) to meet criteria for review in accordance  
4 with federal law; and

5 (5) that the superintendent deems appropriate  
6 to carry out the provisions of Chapter 59A, Article 18 NMSA  
7 1978.

8 K. Except as provided by state or federal rule or  
9 law, nothing in this section shall be construed to prohibit a  
10 health insurance carrier from appropriately using reasonable  
11 health care cost management techniques.

12 L. As used in this section, "excepted benefits"  
13 means benefits furnished pursuant to the following:

14 (1) coverage-only accident or disability  
15 income insurance;

16 (2) coverage issued as a supplement to  
17 liability insurance;

18 (3) liability insurance;

19 (4) workers' compensation or similar  
20 insurance;

21 (5) automobile medical payment insurance;

22 (6) credit-only insurance;

23 (7) coverage for on-site medical clinics;

24 (8) other similar insurance coverage specified  
25 in regulations under which benefits for medical care are

1 secondary or incidental to other benefits;

2 (9) the following benefits if offered  
3 separately:

4 (a) limited scope dental or vision  
5 benefits;

6 (b) benefits for long-term care, nursing  
7 home care, home health care, community-based care or any  
8 combination of those benefits; and

9 (c) other similar limited benefits  
10 specified in regulations;

11 (10) the following benefits, offered as  
12 independent noncoordinated benefits:

13 (a) coverage only for a specified  
14 disease or illness; or

15 (b) hospital indemnity or other fixed  
16 indemnity insurance; and

17 (11) the following benefits if offered as a  
18 separate insurance policy:

19 (a) medicare supplemental health  
20 insurance as defined pursuant to Section 1882(g)(1) of the  
21 federal Social Security Act; and

22 (b) coverage supplemental to the  
23 coverage provided pursuant to Chapter 55 of Title 10 USCA and  
24 similar supplemental coverage provided to coverage pursuant to  
25 a group health plan."

.232474.2SA



1           **SECTION 8.** Section 24-5-1 NMSA 1978 (being Laws 1959,  
2 Chapter 329, Section 1, as amended by Section 1 of this act) is  
3 repealed and a new Section 24-5-1 NMSA 1978 is enacted to read:

4           "24-5-1. [NEW MATERIAL] IMMUNIZATION REGULATIONS.--The  
5 public health division of the department of health shall, after  
6 consultation with the public education department, promulgate  
7 rules governing the immunization against diseases deemed to be  
8 dangerous to the public health, to be required of children  
9 attending public, private, home or parochial schools in the  
10 state. The immunizations required and the manner and frequency  
11 of their administration shall conform to recommendations of the  
12 advisory committee on immunization practices of the United  
13 States department of health and human services and the American  
14 academy of pediatrics. The public health division shall  
15 supervise and secure the enforcement of the required  
16 immunization program."

17           **SECTION 9.** Section 24-5-2 NMSA 1978 (being Laws 1959,  
18 Chapter 329, Section 2, as amended by Section 2 of this act) is  
19 repealed and a new Section 24-5-2 NMSA 1978 is enacted to read:

20           "24-5-2. [NEW MATERIAL] UNLAWFUL TO ENROLL IN SCHOOL  
21 UNIMMUNIZED--UNLAWFUL TO REFUSE TO PERMIT IMMUNIZATION.--It is  
22 unlawful for any student to enroll in school unless the student  
23 has been immunized as required under the rules of the public  
24 health division of the department of health and can provide  
25 satisfactory evidence of such immunization; provided that, if

1 the student produces satisfactory evidence of having begun the  
2 process of immunization, the student may enroll and attend  
3 school as long as the immunization process is being  
4 accomplished in the prescribed manner. It is unlawful for any  
5 parent to refuse or neglect to have the parent's child  
6 immunized, as required by this section, unless the child is  
7 properly exempted."

8 SECTION 10. Section 24-5A-2 NMSA 1978 (being Laws 2015,  
9 Chapter 5, Section 2, as amended by Section 4 of this act) is  
10 repealed and a new Section 24-5A-2 NMSA 1978 is enacted to  
11 read:

12 "24-5A-2. [NEW MATERIAL] DEFINITIONS.--As used in the  
13 Vaccine Purchasing Act:

14 A. "advisory committee on immunization practices"  
15 means the group of medical and public health experts that  
16 develops recommendations on how to use vaccines to control  
17 diseases in the United States, established under Section 222 of  
18 the federal Public Health Service Act;

19 B. "department" means the department of health;

20 C. "fund" means the vaccine purchasing fund;

21 D. "group health plan" means an employee welfare  
22 benefit plan to the extent that the plan provides medical care  
23 to employees or their dependents under the federal Employee  
24 Retirement Income Security Act of 1974 directly or through  
25 insurance, reimbursement or other means;

.232474.2SA

1           E. "health insurance coverage" means benefits  
2     consisting of medical care provided directly or through  
3     insurance or reimbursement or other means under any hospital or  
4     medical service policy or certificate, hospital or medical  
5     service plan contract or health maintenance organization  
6     contract offered by a health insurance issuer;

7           F. "health insurer" means any entity subject to  
8     regulation by the office of superintendent that:

9                 (1) provides or is authorized to provide  
10    health insurance or health benefit plans;

11                (2) administers health insurance or health  
12    benefit coverage; or

13                (3) otherwise provides a plan of health  
14    insurance or health benefits;

15           G. "insured child" means a child under the age of  
16    nineteen who is eligible to receive health insurance coverage  
17    from a health insurer or medical care pursuant to a group  
18    health plan;

19           H. "office of superintendent" means the office of  
20    superintendent of insurance;

21           I. "policy" means any contract of health insurance  
22    between a health insurer and the insured and all clauses,  
23    riders, endorsements and parts thereof;

24           J. "provider" means an individual or organization  
25    licensed, certified or otherwise authorized or permitted by law

1 to provide vaccinations to insured children; and

2 K. "vaccines for children program" means the  
3 federally funded program that provides vaccines at no cost to  
4 eligible children pursuant to Section 1928 of the federal  
5 Social Security Act."

6 SECTION 11. Section 24-5A-3 NMSA 1978 (being Laws 2015,  
7 Chapter 5, Section 3, as amended by Section 5 of this act) is  
8 repealed and a new Section 24-5A-3 NMSA 1978 is enacted to  
9 read:

10 "24-5A-3. [NEW MATERIAL] STATEWIDE VACCINE PURCHASING  
11 PROGRAM.--

12 A. The department shall establish and administer a  
13 statewide vaccine purchasing program to:

14 (1) expand access to childhood immunizations  
15 recommended by the advisory committee on immunization  
16 practices;

17 (2) maintain and improve immunization rates;

18 (3) facilitate the acquisition by providers of  
19 vaccines for childhood immunizations recommended by the  
20 advisory committee on immunization practices; and

21 (4) leverage public and private funding and  
22 resources for the purchase, storage and distribution of  
23 vaccines for childhood immunizations recommended by the  
24 advisory committee on immunization practices.

25 B. The department shall:

.232474.2SA

1 (1) purchase vaccines for all children in New  
2 Mexico, including children eligible for the vaccines for  
3 children program and insured children;

4 (2) invoice each health insurer and group  
5 health plan to reimburse the department for the cost of  
6 vaccines provided directly or indirectly by the department to  
7 such health insurer's or group health plan's insured children;

8 (3) maintain a list of registered providers  
9 who receive vaccines for insured children that are purchased by  
10 the state and provide such list to each health insurer and  
11 group health plan with every invoice;

12 (4) report the failure of a health insurer to  
13 reimburse the department within thirty days of the date of the  
14 invoice to the office of superintendent;

15 (5) report the failure of a health insurer or  
16 group health plan to reimburse the department within thirty  
17 days of the date of the invoice to the state department of  
18 justice for collection; and

19 (6) credit all receipts collected from health  
20 insurers and group health plans pursuant to the Vaccine  
21 Purchasing Act to the fund.

22 C. No later than July 1, 2015 and July 1 of each  
23 year thereafter, the department shall estimate the amount to be  
24 expended annually by the department to purchase, store and  
25 distribute vaccines recommended by the advisory committee on

.232474.2SA

1 immunization practices to all insured children in the state,  
2 including a reserve of ten percent of the amount estimated.

3 D. No later than September 1, 2015 and each quarter  
4 thereafter, the department shall invoice each health insurer  
5 and each group health plan for one-fourth of its proportionate  
6 share of the estimated amount and reserve pursuant to  
7 Subsection C of this section, calculated pursuant to Subsection  
8 B of Section 24-5A-6 NMSA 1978.

9 E. The department may update its estimated amount  
10 to be expended annually and its reserve to take into account  
11 increases or decreases in the cost of vaccines or the costs of  
12 additional vaccines that the department determines should be  
13 included in the statewide vaccine purchasing program and adjust  
14 the amount invoiced to each health insurer and group health  
15 plan the following quarter."

16 SECTION 12. Section 24-5A-5 NMSA 1978 (being Laws 2015,  
17 Chapter 5, Section 5, as amended by Section 6 of this act) is  
18 repealed and a new Section 24-5A-5 NMSA 1978 is enacted to  
19 read:

20 "24-5A-5. [NEW MATERIAL] AUTHORIZED USES OF THE VACCINE  
21 PURCHASING FUND.--

22 A. The fund shall be used for the purchase, storage  
23 and distribution of vaccines, as recommended by the advisory  
24 committee on immunization practices, for insured children who  
25 are not eligible for the vaccines for children program.

.232474.2SA

1           B. The department shall credit any balance  
2 remaining in the fund at the end of the fiscal year toward the  
3 department's purchase of vaccines the following year; provided  
4 that the department maintains a reserve of ten percent of the  
5 amount estimated to be expended in the following year.

6           C. The fund shall not be used:

7                   (1) for the purchase, storage and distribution  
8 of vaccines for children who are eligible for the vaccines for  
9 children program;

10                   (2) for administrative expenses associated  
11 with the statewide vaccine purchasing program; or

12                   (3) to pass through a federally negotiated  
13 discount pursuant to 42 U.S.C. 1396s."

14           **SECTION 13.** Section 59A-18-16.2 NMSA 1978 (being Laws  
15 2011, Chapter 144, Section 12, as amended by Section 7 of this  
16 act) is repealed and a new Section 59A-18-16.2 NMSA 1978 is  
17 enacted to read:

18           "59A-18-16.2. [NEW MATERIAL] HEALTH INSURANCE OR HEALTH  
19 PLAN FORM AND RATE FILINGS--SUPERINTENDENT--RULEMAKING--  
20 COMPLIANCE WITH FEDERAL LAW.--

21           A. A small group health plan and a health insurance  
22 issuer or multiple employer welfare arrangement offering a  
23 small group or individual health insurance plan that provides  
24 benefits other than excepted benefits shall:

25                   (1) provide the essential health benefits

.232474.2SA

1 defined by the superintendent under Subsection B of this  
2 section;

3 (2) limit cost sharing for such coverage in  
4 accordance with Subsection D of this section; and

5 (3) provide coverage without cost sharing for  
6 preventive benefits in accordance with Subsection E of this  
7 section.

8 B. The superintendent shall define by rule the  
9 essential health benefits package to include at least the  
10 following general categories and the items and services covered  
11 within the categories:

12 (1) ambulatory patient services;

13 (2) emergency services;

14 (3) hospitalization;

15 (4) maternity and newborn care;

16 (5) mental health and substance use disorder  
17 services, including behavioral health treatment;

18 (6) prescription drugs;

19 (7) rehabilitative and habilitative services  
20 and devices;

21 (8) laboratory services;

22 (9) preventive and wellness services and  
23 chronic disease management; and

24 (10) pediatric services, including oral and  
25 vision care.



1 C. In defining the essential health benefits  
2 pursuant to Subsection B of this section, the superintendent  
3 shall:

4 (1) ensure that such essential health benefits  
5 reflect an appropriate balance among the categories described  
6 in that subsection, so that benefits are not unduly weighted  
7 toward any category;

8 (2) not make coverage decisions, determine  
9 reimbursement rates, establish incentive programs or design  
10 benefits in ways that discriminate against individuals because  
11 of their age, disability or expected length of life;

12 (3) take into account the health care needs of  
13 diverse segments of the population, including women, children,  
14 persons with disabilities and other groups;

15 (4) ensure that health benefits established as  
16 essential not be subject to denial to individuals against their  
17 wishes on the basis of the individual's age or expected length  
18 of life or of the individual's present or predicted disability,  
19 degree of medical dependency or quality of life;

20 (5) provide that if a plan is offered through  
21 the New Mexico health insurance exchange, another health  
22 insurance plan offered through the New Mexico health insurance  
23 exchange shall not fail to be treated as a qualified health  
24 plan solely because the plan does not offer coverage of  
25 benefits offered through the standalone plan that are otherwise

1 required; and

2 (6) periodically update the essential health  
3 benefits under Subsection B of this section to address any gaps  
4 in access to coverage or changes in the evidence base  
5 identified by the superintendent.

6 D. A group health plan and a health insurance  
7 issuer offering a group or individual health insurance plan  
8 shall not establish a restricted lifetime or annual limit on  
9 the dollar value of benefits for any participant or beneficiary  
10 with respect to benefits that are essential health benefits, as  
11 determined by the superintendent. The provisions of this  
12 subsection shall not be construed to prevent a group health  
13 plan or health insurance plan from placing annual or lifetime  
14 per-beneficiary limits on specific covered benefits that are  
15 not essential health benefits, to the extent that these limits  
16 are otherwise permitted under federal or state law.

17 E. The superintendent shall adopt and promulgate  
18 rules specifying the maximum cost-sharing amounts for which an  
19 insured may be held liable for payment of covered benefits  
20 under any health insurance plan that provides benefits other  
21 than excepted benefits, including deductibles, coinsurance,  
22 copayments or similar charge, and any other expenditure  
23 required of an insured individual with respect to essential  
24 health benefits covered under the plan, but not including  
25 premiums, balance billing amounts for non-network providers or

.232474.2SA

1 spending for non-covered services.

2 F. Any rules that the office of superintendent of  
3 insurance intends to adopt and promulgate pursuant to this  
4 section shall be adopted no later than the first day of  
5 February of the year prior to the first plan year for which the  
6 rules would be effective.

7 G. A group health plan and a health insurance  
8 issuer offering a group or individual health insurance plan  
9 that provides benefits other than excepted benefits shall  
10 provide coverage for and shall not impose any cost-sharing  
11 requirements for:

12 (1) items or services that have in effect a  
13 rating of "A" or "B" in the current recommendations of the  
14 United States preventive services task force;

15 (2) immunizations that have in effect a  
16 recommendation from the advisory committee on immunization  
17 practices of the federal centers for disease control and  
18 prevention, with respect to the insured for which immunization  
19 is considered;

20 (3) with respect to infants, children and  
21 adolescents, preventive care and screenings provided for in the  
22 comprehensive guidelines supported by the health resources and  
23 services administration of the United States department of  
24 health and human services; and

25 (4) with respect to women, additional

.232474.2SA

1 preventive care and screenings to those described in Paragraph  
2 (1) of this subsection, as provided for in comprehensive  
3 guidelines supported by the health resources and services  
4 administration of the United States department of health and  
5 human services.

6 H. The provisions of Subsection G of this section  
7 shall not be construed to prohibit a health insurance plan or  
8 health insurance issuer from providing coverage for services in  
9 addition to those recommended by the United States preventive  
10 services task force or to deny coverage for services that are  
11 not described in this section. The superintendent shall  
12 establish by rule a minimum interval between the date on which  
13 a recommendation described in Paragraphs (1) and (2) of  
14 Subsection G of this section or a guideline under Paragraph (3)  
15 of Subsection G of this section is issued and the plan year  
16 with respect to which the requirement described in Subsection G  
17 of this section is effective with respect to the service  
18 described in such recommendation or guideline; provided that  
19 the interval shall not be less than one year from the date the  
20 federal recommendation or guideline is published.

21 I. If a health insurance plan is offered as a  
22 qualified health plan through the New Mexico health insurance  
23 exchange, the insurer offering the qualified health plan shall  
24 also offer that plan through the health insurance exchange as a  
25 plan that restricts enrollment to individuals who, as of the

1 beginning of a plan year, have not attained the age of twenty-  
2 one years.

3 J. The superintendent shall adopt rules:

4 (1) to define terms used regarding forms,  
5 rates, reviews and blocks of business that an insurer or health  
6 care plan submits in filing matters;

7 (2) to govern any additional filing  
8 requirements the superintendent deems appropriate;

9 (3) to provide notice of hearings and the  
10 grounds on which the hearings have been requested;

11 (4) to meet criteria for review in accordance  
12 with federal law; and

13 (5) that the superintendent deems appropriate  
14 to carry out the provisions of Chapter 59A, Article 18 NMSA  
15 1978.

16 K. Except as provided by state or federal rule or  
17 law, nothing in this section shall be construed to prohibit a  
18 health insurance carrier from appropriately using reasonable  
19 health care cost management techniques.

20 L. As used in this section, "excepted benefits"  
21 means benefits furnished pursuant to the following:

22 (1) coverage-only accident or disability  
23 income insurance;

24 (2) coverage issued as a supplement to  
25 liability insurance;

.232474.2SA

- 1 (3) liability insurance;  
2 (4) workers' compensation or similar  
3 insurance;  
4 (5) automobile medical payment insurance;  
5 (6) credit-only insurance;  
6 (7) coverage for on-site medical clinics;  
7 (8) other similar insurance coverage specified  
8 in regulations under which benefits for medical care are  
9 secondary or incidental to other benefits;  
10 (9) the following benefits if offered  
11 separately:  
12 (a) limited scope dental or vision  
13 benefits;  
14 (b) benefits for long-term care, nursing  
15 home care, home health care, community-based care or any  
16 combination of those benefits; and  
17 (c) other similar limited benefits  
18 specified in regulations;  
19 (10) the following benefits, offered as  
20 independent noncoordinated benefits:  
21 (a) coverage only for a specified  
22 disease or illness; or  
23 (b) hospital indemnity or other fixed  
24 indemnity insurance; and  
25 (11) the following benefits if offered as a

1 separate insurance policy:

2 (a) medicare supplemental health  
3 insurance as defined pursuant to Section 1882(g)(1) of the  
4 federal Social Security Act; and

5 (b) coverage supplemental to the  
6 coverage provided pursuant to Chapter 55 of Title 10 USCA and  
7 similar supplemental coverage provided to coverage pursuant to  
8 a group health plan."

9 SECTION 14. DELAYED EFFECTIVE DATE.--The provisions of  
10 Sections 8 through 13 of this act are effective July 1, 2026.

11 SECTION 15. EMERGENCY.--It is necessary for the public  
12 peace, health and safety that this act take effect immediately.

13 - 31 -  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25