

LFC Requester:

Emily Hilla

### AGENCY BILL ANALYSIS - 2026 REGULAR SESSION

#### SECTION I: GENERAL INFORMATION

*{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}*

Date Prepared: 1/22/2026

Check all that apply:

Bill Number: HB 15

Original  Correction

Amendment  Substitute

Sponsor: Rep. Marianna Anaya

Agency Name and Code Number: 305 – New Mexico

Department of Justice

Person Writing

Short Title: Medical Injury Collaborative

Analysis: Kalista Wilson

Restoration Act

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#### SECTION II: FISCAL IMPACT

##### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		

(Parenthesis ( ) indicate expenditure decreases)

##### REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		

(Parenthesis ( ) indicate revenue decreases)

#### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	<b>FY26</b>	<b>FY27</b>	<b>FY28</b>	<b>3 Year Total Cost</b>	<b>Recurring or Nonrecurring</b>	<b>Fund Affected</b>
<b>Total</b>						

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:  
 Duplicates/Relates to Appropriation in the General Appropriation Act

**SECTION III: NARRATIVE**

*This analysis is neither a formal Opinion nor an Advisory Letter issued by the New Mexico Department of Justice. This is a staff analysis in response to a committee or legislator’s request. The analysis does not represent any official policy or legal position of the NM Department of Justice.*

**BILL SUMMARY**

Synopsis: House Bill 15 creates a new Section under Chapter 44 (Miscellaneous Civil Law Matters).

Section 1 names the short title “Medical Injury Collaborative Resolution Act.”

Section 2 defines the terms “adverse health care outcome,” “adverse outcome conference,” “health care provider,” and “patient.”

Section 3 allows for a patient or their representative and a provider to enter into an adverse outcome conference in which statements made cannot be used to establish fault or negligence. Section 3 subsection C explains that statements made outside of the adverse outcome conference are not provided protections under HB 15 even if those statements are made in an adverse outcome conference. Section 3 subsection D states that when a provider makes a compensation offer during an adverse outcome conference, that offer shall remain open for 15 days. Section 3 subsection E states that parties in an adverse outcome that enter into a settlement as a result of said conference shall negotiate terms, a form of release, and shall “obtain court approval as necessary” for such agreements.

Section 4 states that a health care provider may request an adverse outcome conference by giving written notice to the patient or their representative of the provider’s desire for participation. Such notice must include an explanation of specified patient’s rights, a copy of Section 41-5-13 NMSA 1978 (the statute of limitations under the Medical Malpractice Act), and an explanation that statements made within the adverse outcome conference do not establish fault or negligence. Section 4 subsection B provides that a patient or their representative may request an adverse outcome conference through written notice of their desire for a conference that includes the patient’s name, date of birth, and a statement of the adverse health care outcome at issue.

**FISCAL IMPLICATIONS**

N/A

**SIGNIFICANT ISSUES**

N/A

**PERFORMANCE IMPLICATIONS**

## **ADMINISTRATIVE IMPLICATIONS**

### **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

The definitions of “health care provider” and “patient” in this bill potentially conflict with the definition of “health care provider” in other statutes including the Medical Malpractice Act.

The bill defines “patient” as “a person who suffered an adverse health care outcome,” whereas the Medical Malpractice Act defines patient as “a natural person who received or should have received health care from a health care provider, under a contract, express or implied.”

This bill defines “health care provider” as “a person, a corporation, an organization, a facility or an institution licensed or certified by this state to provide medical services that is involved in an adverse health care outcome,” whereas the Medical Malpractice Act defines “health care provider” as “a person, corporation, organization, facility or institution licensed or certified by this state to provide health care or professional services as a doctor of medicine, hospital, outpatient health care facility, doctor of osteopathy, chiropractor, podiatrist, nurse anesthetist, physician's assistant, certified nurse practitioner, clinical nurse specialist or certified nurse-midwife or a business entity that is organized, incorporated or formed pursuant to the laws of New Mexico that provides health care services primarily through natural persons identified in this subsection. ‘Health care provider’ does not mean a person or entity protected pursuant to the Tort Claims Act or the Federal Tort Claim Act.”

### **TECHNICAL ISSUES**

N/A

### **OTHER SUBSTANTIVE ISSUES**

This proposed bill appears to be attempting to implement 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.

### **ALTERNATIVES**

N/A

### **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Status quo.

### **AMENDMENTS**

N/A