

LFC Requester:

Julisa Rodriguez

**AGENCY BILL ANALYSIS - 2026 REGULAR SESSION**

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(Analysis must be uploaded as a PDF)**

**SECTION I: GENERAL INFORMATION**

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

**Date Prepared:** 1/23/26 **Bill Number:** HB129 **Original**  **Amendment**  **Substitute**

**Short Title:** HEALTH CARE PROVIDER COVERAGE

**Sponsor:** Rep. Pamela Herndon

**Name and Code Number:** HCA 630

**Person Writing:** JoLou Trujillo-Ottino

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**SECTION II: FISCAL IMPACT**

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
\$0.0	\$0.0		

(Parenthesis ( ) indicate expenditure decreases)

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
\$0.0	\$0.0	\$0.0		

(Parenthesis ( ) indicate revenue decreases)

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

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	\$0.0	\$0.0	\$0.0	\$0.0		

(Parenthesis ( ) Indicate Expenditure Decreases)

### SECTION III: NARRATIVE

#### **BILL SUMMARY**

Synopsis: HB0129 requires health coverage carriers to cover all types of health care providers who are working within their legal scopes of practice by making similar changes to the Health Care Purchasing Act, the New Mexico Insurance Code, the Health Maintenance Organization Law, and the Nonprofit Health Care Plan Law. In addition, the bill repeals four sections of the insurance code that prohibit discrimination against certain provider types that would be rendered obsolete by this bill and replaces such language to add new sections of the insurance code, including the Health Care Purchasing Act. The new language requires that any plan under the Health Care Purchasing Act include “with respect to participation” any type of health care provider who is acting within the scope of that provider’s license, certification, or legal authority to practice in the New Mexico.

The bill also specifically states health coverage carriers will not:

- Be required to contract with any health care provider willing to accept the terms and conditions for participation established by the group.
- Be precluded from establishing varying reimbursement rates based on quality or performance measures.

For the purposes of the new sections, health care provider is defined as “...a person who is licensed, certified or otherwise authorized to provide services relating to physical or behavioral health care in the ordinary course of business in the state.”

#### **FISCAL IMPLICATIONS**

**State Health Benefits (SHB)** - Considering that all provider types are likely already covered within their legal scopes of practice today and this bill seems to modernize the language and approach.

**MAD** The bill as currently written does not apply to Medicaid so no financial impact is expected  
None for ITD

#### **SIGNIFICANT ISSUES**

**SHB** – None  
**MAD**-None  
None for ITD

**PERFORMANCE IMPLICATIONS**

**SHB** – None

None for ITD

**ADMINISTRATIVE IMPLICATIONS**

**SHB** – None

MAD-None

None for ITD

**CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

This bill is a duplicate of SB0015.

**TECHNICAL ISSUES**

None

**OTHER SUBSTANTIVE ISSUES**

None

**ALTERNATIVES**

None

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

**SHB** - None

**AMENDMENTS**

None