

LFC Requester:

RubyAnn Esquibel

**AGENCY BILL ANALYSIS - 2026 REGULAR SESSION**

**WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO**

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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:** 1/30/26

*Check all that apply:*

**Bill Number:** HB209

Original  Correction

Amendment  Substitute

**Sponsor:** Joshua N. Hernandez, Harlan  
Vincent and Andrea Reeb  
**Short Title:** FIREFIGHTER NO-COST  
CANCER SCREENING

**Agency Name and Code Number:** New Mexico Retiree Health Care  
Authority 34300  
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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)**

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

(Parenthesis ( ) Indicate Expenditure Decreases)

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

### **SECTION III: NARRATIVE**

#### **BILL SUMMARY**

##### **Synopsis:**

House Bill 209 amends the Health Care Purchasing Act to require group health coverage plans, including self-insured plans, to provide no-cost preventive cancer screenings for firefighters. Covered screenings must follow the most recent cancer screening guidelines issued by the International Association of Fire Fighters and may not include cost sharing such as deductibles, copayments, or coinsurance. The bill applies to firefighters who are members of fire departments that are part of or administered by the state or a political subdivision.

#### **FISCAL IMPLICATIONS**

The fiscal impact of House Bill 209 depends in part on how the term “firefighter” is interpreted under the Health Care Purchasing Act. The bill defines a firefighter as any member of a fire department that is part of or administered by the state or a political subdivision. The statutory language does not expressly refer to retired firefighters, former members, or retiree health plans. Based on the plain-language definition and its use of the present-tense term “member,” the bill is reasonably interpreted to apply to active firefighters currently serving in a fire department. While the New Mexico Retiree Health Care Authority participates in the Health Care Purchasing Act, the bill does not clearly state legislative intent to extend this benefit to retired firefighters enrolled in retiree health plans administered under the Act. Absent clarifying statutory language or implementing guidance, application of this requirement to retired firefighters remains ambiguous and could require further interpretation or legislative clarification.

If clarified and determined to apply to retired firefighters, additional time would be required to identify the affected retiree population, assess utilization of cancer screenings, and evaluate the potential downstream impact of diagnoses and treatment costs that may be incurred by group health plans.

#### **SIGNIFICANT ISSUES**

House Bill 209 may raise implementation and coordination considerations related to the treatment of cancers identified through required screenings. While preventive cancer screenings would be covered under group health plans, subsequent diagnostic services and treatment would ordinarily be paid through the health plan unless a separate workers’ compensation claim is filed and accepted establishing the condition as a compensable occupational disease. Determining whether and when costs should transition from group health coverage to workers’ compensation would require additional administrative coordination among health plans, employers, and workers’ compensation carriers. To the extent treatment costs are initially borne by self-insured group health plans, particularly pre-Medicare retiree plans funded by member premiums, such costs would be shared across the broader covered population. If occupational cancer claims are not promptly or consistently shifted to workers’ compensation, this could contribute to increased claims experience and upward pressure on premiums for all members participating in self-insured plans.

#### **PERFORMANCE IMPLICATIONS**

If House Bill 209 were interpreted to apply to retired firefighters, the operational and fiscal implications would differ by retiree plan type. For pre-Medicare retirees enrolled in self-funded group health plans administered by the New Mexico Retiree Health Care Authority under the

Health Care Purchasing Act, the requirement to provide no-cost cancer screenings would directly affect plan design and claims expenditures. In contrast, Medicare-eligible retirees receive primary coverage through Medicare Parts A and B, with supplemental coverage administered by the Authority to cover remaining eligible costs. Preventive cancer screenings for Medicare retirees are generally governed by federal Medicare coverage rules, which may already include certain screenings and cost-sharing limitations. As a result, the applicability and fiscal impact of House Bill 209 on Medicare retiree plans would likely be limited or indirect, depending on whether the screenings are covered by Medicare or would otherwise fall to the supplemental or prescription drug components of retiree coverage.

#### **ADMINISTRATIVE IMPLICATIONS**

Implementation may require system configuration changes, updates to eligibility and coding processes, and coordination with carriers and administrators to properly identify covered firefighters and apply no-cost screening requirements in accordance with the bill.

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

None identified at this time.

#### **TECHNICAL ISSUES**

The bill references cancer screening guidelines issued by the International Association of Fire Fighters but does not specify how updates to those guidelines will be adopted, communicated, or operationalized by plan administrators.

#### **OTHER SUBSTANTIVE ISSUES**

The bill does not address coordination between group health coverage and workers' compensation when cancers identified through screening may qualify as occupational diseases.

#### **ALTERNATIVES**

None identified

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

Current preventive cancer screening coverage and cost-sharing requirements for firefighters would remain unchanged.

#### **AMENDMENTS**

None