

LFC Requester:

RubyAnn Esquibel

**AGENCY BILL ANALYSIS - 2026 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

[AgencyAnalysis.nmlegis.gov](http://AgencyAnalysis.nmlegis.gov) and email to [billanalysis@dfa.nm.gov](mailto:billanalysis@dfa.nm.gov)*(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: February 12, 2026 Check all that apply:Bill Number: SB 189 CS Original  Correction   
Amendment  Substitute 

Sponsor: Sen. Berghmans Agency Name and Code: University of New Mexico-952  
 Short Title: REPRODUCTIVE HEALTH CARE COVERAGE Number: \_\_\_\_\_  
 Person Writing: Kelly O'Donnell  
 Phone: 505-659-5702 Email: kodonnell@unm.edu

**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		

**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>		\$100	\$200	\$300	recurring	operating

(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:

#### Committee Substitute

The STBTC Committee Substitute for SB 189 retains the introduced bill’s core insurance mandates (expanded coverage and elimination of cost sharing/prior authorization barriers for specified sexual, reproductive, and gender-affirming services) but adds a financing and implementation framework. The substitute creates the Reproductive Health Care Access Fund, provides for a surcharge on certain ACA-created accounts, and includes an appropriation.

The committee substitute also adds a Medicaid provision requiring reimbursement to certain federally defined “prohibited entities” using state-only funds when federal reimbursement is unavailable. Finally, the substitute broadens and reframes gender-affirming coverage by shifting from “gender-affirming care” defined around treatment of gender incongruence to “gender-affirming health care” expressly including psychological/behavioral services and broader supportive care.

#### Original Bill

Senate Bill 189 expands insurance coverage requirements for sexual, reproductive, and gender-affirming health care. The bill requires most group health plans, individual insurance policies, health maintenance organizations, and nonprofit health care plans to cover the full cost of abortion care and gender-affirming care, prohibiting cost sharing such as deductibles, copayments, coinsurance, prior authorization, utilization review, or other delays, with limited exceptions for high-deductible health plans and certain limited-benefit plans.

The bill also strengthens contraceptive coverage mandates by requiring coverage without cost sharing for a broad range of FDA-approved contraceptives, associated clinical services, over-the-counter contraception, and up to a twelve-month supply dispensed at one time, while limiting insurer restrictions such as step therapy, quantity limits, or prior authorization. In addition, it establishes special enrollment periods based on pregnancy across multiple insurance markets, expands Medicaid reimbursement rules for family planning, abortion-related services, lactation support, and gender-affirming care, and aligns these requirements across the Health Care Purchasing Act, Insurance Code, Health Maintenance Organization Law, Nonprofit Health Care Plan Law, and the Public Assistance Act. The provisions apply to policies and plans delivered, issued, renewed, extended, or amended on or after January 1, 2027.

### **FISCAL IMPLICATIONS**

SB 189 is likely to modestly increase UNM’s employee health plan costs by shifting more of the cost of abortion care, gender-affirming health care, and certain contraceptive services from employees to the plan and by potentially expanding enrollment.

### **SIGNIFICANT ISSUES**

### **PERFORMANCE IMPLICATIONS**

**ADMINISTRATIVE IMPLICATIONS**

**CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

**TECHNICAL ISSUES**

**OTHER SUBSTANTIVE ISSUES**

**ALTERNATIVES**

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

**AMENDMENTS**