

HOUSE BILL 259

57TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2026

INTRODUCED BY

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AN ACT

RELATING TO HEALTH CARE; CREATING AN OPTIONAL PROCESS FOR ACTUARIAL REVIEWS OF PROPOSED LEGISLATION THAT MAY CHANGE THE COVERAGE REQUIREMENTS FOR HEALTH INSURERS; REQUIRING THE LEGISLATIVE FINANCE COMMITTEE TO RETAIN CONTRACTORS THAT PERFORM ACTUARIAL REVIEWS OF LEGISLATIVE PROPOSALS; MAKING AN APPROPRIATION.

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

SECTION 1. A new section of Chapter 2, Article 5 NMSA 1978 is enacted to read:

"NEW MATERIAL] ACTUARIAL REVIEWS OF PROPOSED HEALTH CARE
LEGISLATION.--

A. On or before September 1, 2026, subject to appropriation, the legislative finance committee shall retain at least one contractor that is capable of performing actuarial

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reviews of legislative proposals that may change the health insurance or health plan coverage or compliance requirements. A contractor retained by the legislative finance committee shall have experience in conducting actuarial reviews on health care policy and health insurance premiums.

B. Every year, each member of the legislature may request the legislative finance committee to perform an actuarial review of one piece of legislation that may change the coverage requirements for health insurers. For each regular legislative session, the legislative finance committee shall provide actuarial reviews of proposed legislation for:

(1) up to two members of the majority party of the house of representatives. If more than two members of the majority party of the house of representatives submit an actuarial review request to the legislative finance committee, the director of the legislative finance committee shall notify the speaker of the house of representatives, who shall select two legislative proposals to be actuarially reviewed;

(2) up to two members of the minority party of the house of representatives. If more than two members of the minority party of the house of representatives submit an actuarial review request to the legislative finance committee, the director of the legislative finance committee shall notify the minority floor leader of the house of representatives, who shall select two legislative proposals to be actuarially

reviewed;

(3) up to two members of the majority party of the senate. If more than two members of the majority party of the senate submit an actuarial review request to the legislative finance committee, the director of the legislative finance committee shall notify the president pro tempore of the senate, who shall select two legislative proposals to be actuarially reviewed; and

(4) up to two members of the minority party of the senate. If more than two members of the minority party of the senate submit an actuarial review request to the legislative finance committee, the director of the legislative finance committee shall notify the minority floor leader of the senate, who shall select two legislative proposals to be actuarially reviewed.

C. A legislative proposal shall only be eligible for actuarial review if a request for actuarial review is submitted to the legislative finance committee by October 1 of a given year.

D. An actuarial review performed by a contractor shall provide, at a minimum:

(1) an estimate of the number of New Mexico residents who will be directly affected by the legislative proposal;

(2) estimates of changes in the rates of

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utilization of specific health care services that may result from the legislative proposal;

(3) estimates concerning any changes in consumer cost sharing that would result from the legislative proposal;

(4) estimates of any increases or decreases in health insurance premiums;

(5) an estimate of the out-of-pocket health care cost changes associated with the legislative proposal;

(6) an estimate of the potential long-term health care cost changes associated with the legislative proposal;

(7) identification of potential health benefits for individuals or communities that would result from the legislative proposal;

(8) to the extent practicable, the social and economic impacts of the legislative proposal, including potential impacts to health care providers, provider networks and other health insurance markets;

(9) an estimate of the impact on state spending related to programs administrated pursuant to the Health Care Purchasing Act and the Public Assistance Act;

(10) an evaluation of whether coverage for any health care services included in the legislative proposal is or could be available without passage of the legislative proposal;

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1 and

2 (11) an analysis of whether the legislative
3 proposal is supported by:

4 (a) determinations made by the United
5 States food and drug administration;

6 (b) coverage determinations made by the
7 federal centers for medicare and medicaid services;

8 (c) determinations made by the United
9 States preventive services task force; and

10 (d) nationally recognized clinical
11 practice guidelines.

12 E. If an actuarial review performed by a contractor
13 requires the analysis of health data, the actuarial review
14 shall rely on health data collected pursuant to the Health
15 Information System Act whenever practicable.

16 F. No later than January 1 of each year, the
17 legislative finance committee shall prepare a written report
18 containing the results of the actuarial reviews conducted
19 pursuant to this section and shall make the report available on
20 the legislature's website.

21 G. For the purposes of this section:

22 (1) "contractor" means an entity retained by
23 the legislative finance committee for the purpose of providing
24 actuarial reviews of legislative proposals that may change the
25 coverage requirements for health insurers;

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(2) "health insurer" means a health maintenance organization, nonprofit health care plan, provider service network, medicaid managed care organization or third-party payer or its agent;

(3) "legislative proposal" means a proposal that would statutorily require a health insurer to:

(a) provide coverage or increase the amount of coverage for the treatment of a particular disease, condition or health care need;

(b) provide coverage or increase the amount of coverage for a particular type of health care treatment or service or equipment, supply or prescription drug used in connection with a health care treatment or service;

(c) provide coverage for care delivered by a specific health care provider;

(d) follow a particular benefit design or cost-sharing requirement for: 1) the treatment of a particular disease, condition or health care need; 2) a particular type of health care treatment or service; or 3) the provision of medical equipment, supplies or prescription drugs used in connection with treating a particular disease, condition or health care need; or

(e) impose limits or conditions on a contract between a health insurer and health care provider; and

(4) "legislative proposal" does not mean a

proposal that would:

- (a) amend the scope of practice of a licensed health care professional; or
- (b) make state law consistent with federal law."

SECTION 2. APPROPRIATION.--One hundred thousand dollars (\$100,000) is appropriated from the general fund to the legislative finance committee for expenditure in fiscal year 2027 to procure contractors to perform actuarial reviews of legislative proposals that may change the coverage requirements for health insurance plans. Any unexpended balance remaining at the end of fiscal year 2027 shall revert to the general fund.

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