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HOUSE BILL 259

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

INTRODUCED BY

Nicole Chavez and Elaine Sena Cortez

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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1 reviews of legislative proposals that may change the health  
2 insurance or health plan coverage or compliance requirements.

3 A contractor retained by the legislative finance committee  
4 shall have experience in conducting actuarial reviews on health  
5 care policy and health insurance premiums.

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

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

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

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1 reviewed;

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

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

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

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

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

25 (2) estimates of changes in the rates of

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

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

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

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

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

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

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

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

23 (10) an evaluation of whether coverage for any  
24 health care services included in the legislative proposal is or  
25 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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1 (2) "health insurer" means a health  
2 maintenance organization, nonprofit health care plan, provider  
3 service network, medicaid managed care organization or third-  
4 party payer or its agent;

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

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

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

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

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

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

25 (4) "legislative proposal" does not mean a

1 proposal that would:

2 (a) amend the scope of practice of a  
3 licensed health care professional; or

4 (b) make state law consistent with  
5 federal law."

6 SECTION 2. APPROPRIATION.--One hundred thousand dollars  
7 (\$100,000) is appropriated from the general fund to the  
8 legislative finance committee for expenditure in fiscal year  
9 2027 to procure contractors to perform actuarial reviews of  
10 legislative proposals that may change the coverage requirements  
11 for health insurance plans. Any unexpended balance remaining  
12 at the end of fiscal year 2027 shall revert to the general  
13 fund.

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