

LFC Requester:

Emily Hilla

AGENCY BILL ANALYSIS - 2025 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: 10/1/2025

Check all that apply:

Bill Number: 232474-2SA

Original ☐ Correction ☐Amendment ☐ Substitute ☐

Sponsor: Senator Lopez, Senator Nava,
Rep Thomson

**Agency Name
and Code
Number:**

Office of Superintendent of
Insurance - 440

**Short
Title:**

Person Writing

Viara Ianakieva

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Email Viara.ianakieva@osi.n**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
N/A	N/A	N/A	N/A

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
N/A	N/A	N/A	N/A	N/A

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	N/A	N/A	N/A	N/A	N/A	N/A

(Parenthesis () Indicate Expenditure Decreases)

SECTION III: NARRATIVE

BILL SUMMARY

Sections 1 – 7 of this bill amend NMSA 1978, Sections 24-5-1, 24-5-2, 24-5A-1, 24-5A-3, 24-5A-5, 59A-18-16.2(G)(2) to remove references to the federal Advisory Committee on Immunization Practices (ACIP) of the federal Center for Disease Control and Prevention (CDC), and replaces these references with the Department of Health (DOH). The bill expands the scope of the Public Health Act by granting the DOH rulemaking authority and makes updates to agency references and immaterial terminology for accuracy. These sections would be effective immediately pursuant to an emergency clause.

The amendment to NMSA 1978, Section 59A-18-16.2(G)(2) will generally require health insurers providing major medical insurance in the individual, small and large group markets that fall under the jurisdiction of the Office of Superintendent of Insurance, to follow the recommendations of the Department of health for immunization standards and thresholds.

Sections 8-13 default NMSA 1978, Sections 24-5-1, 24-5-2, 24-5A-1, 24-5A-3, 24-5A-5, 59A-18-16.2(G)(2) back to the original version of the statutes that include references to the ACIP. The effective date for these sections is July 1, 2026.

FISCAL IMPLICATIONS

None for the Office of Superintendent of Insurance.

SIGNIFICANT ISSUES

None identified at this time.

PERFORMANCE IMPLICATIONS

None identified at this time.

ADMINISTRATIVE IMPLICATIONS

Section 14 sets an effective date of July 1, 2026, for the provisions outlined in Sections 8-13. However, individual and small group plans, which are subject to the Office of Superintendent of Insurance's jurisdiction, generally have a January 1 effective date. Implementing changes mid-plan year would introduce inconsistency and unpredictability with the immunization standards used during the plan design, including rate-setting, creating operational challenges and potential compliance issues for the insurers as well as possibly disturbing coverage of immunization benefits for members.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None identified at this time.

TECHNICAL ISSUES

None identified at this time.

OTHER SUBSTANTIVE ISSUES

None identified at this time.

ALTERNATIVES

None identified at this time.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

The Department of Health will not be able to set immunization policy and potentially streamline public health responses. This could create unpredictability for insurers and possible immunization coverage concerns for members.

AMENDMENTS

OSI recommends updating Section 14 to address the administrative implications stated above as follows:

Pg.31 The provisions of Sections 8 through 13 of these acts are effective ~~July 1, 2026,~~ after December 31, 2026.