

SENATE BILL 3

57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SPECIAL SESSION, 2025

INTRODUCED BY

Linda M. López

AN ACT

RELATING TO VACCINATION; REQUIRING RULES FOR THE IMMUNIZATION
OF CHILDREN ATTENDING LICENSED CHILD CARE AND LICENSED EARLY
CHILDHOOD CARE PROGRAMS AND PUBLIC, PRIVATE, HOME OR PAROCHIAL
SCHOOLS TO BE BASED ON THE RECOMMENDATIONS OF THE DEPARTMENT OF
HEALTH OR THE AMERICAN ACADEMY OF PEDIATRICS; REQUIRING THE
DEPARTMENT OF HEALTH TO RECOMMEND IMMUNIZATIONS FOR ADULTS
BASED ON GUIDANCE FROM THE AMERICAN ACADEMY OF FAMILY
PHYSICIANS, THE AMERICAN COLLEGE OF OBSTETRICIANS AND
GYNECOLOGISTS, THE AMERICAN COLLEGE OF PHYSICIANS OR THE
DEPARTMENT OF HEALTH; REQUIRING VACCINES PURCHASED PURSUANT TO
THE STATEWIDE VACCINE PURCHASING PROGRAM TO BE RECOMMENDED BY
THE DEPARTMENT OF HEALTH; PROHIBITING CERTAIN HEALTH INSURANCE
PLANS FROM IMPOSING COST-SHARING REQUIREMENTS ON IMMUNIZATIONS
RECOMMENDED BY THE DEPARTMENT OF HEALTH; REPEALING AND
REENACTING SECTIONS OF THE NMSA 1978; DECLARING AN EMERGENCY.

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underscored material = new
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BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 24-5-1 NMSA 1978 (being Laws 1959, Chapter 329, Section 1, as amended) is amended to read:

"24-5-1. IMMUNIZATION REGULATIONS.--

A. The public health division of the department of health shall, after consultation with the ~~[state board of]~~ public education department and the early childhood education and care department, promulgate rules ~~[and regulations]~~ governing the immunization against diseases deemed to be dangerous to the public health, to be required of children attending licensed child care and licensed early childhood care programs and public, private, home or parochial schools in the state. Rules promulgated pursuant to this subsection shall establish the immunizations required and the manner and frequency of their administration ~~[shall conform to]~~ in accordance with recommendations ~~[of]~~ from the ~~[advisory committee on immunization practices of the United States]~~ department of health ~~[and human services and]~~ or the American academy of pediatrics. The public health division shall supervise and secure the enforcement of the required immunization program.

B. The public health division of the department of health shall promulgate rules governing the immunization against diseases deemed to be dangerous to the public health,

1 to be recommended for adults residing in the state. Rules
2 promulgated pursuant to this subsection shall establish the
3 immunizations recommended and the recommended manner and
4 frequency of their administration in accordance with guidance
5 from the American academy of family physicians, the American
6 college of obstetricians and gynecologists, the American
7 college of physicians or the department of health."

8 SECTION 2. Section 24-5-2 NMSA 1978 (being Laws 1959,
9 Chapter 329, Section 2, as amended) is amended to read:

10 "24-5-2. UNLAWFUL TO ENROLL IN SCHOOL OR LICENSED CHILD
11 CARE PROGRAMS UNIMMUNIZED--UNLAWFUL TO REFUSE TO PERMIT
12 IMMUNIZATION.--It is unlawful for any [student] child to enroll
13 in school or a licensed child care or licensed early childhood
14 care program unless [he] the child has been immunized as
15 required under the rules [and regulations] of the public health
16 [services] division of the department of health [and
17 environment department] and can provide satisfactory evidence
18 of such immunization; provided that, if [he] the child produces
19 satisfactory evidence of having begun the process of
20 immunization, [he] the child may enroll and attend school or
21 the child care program as long as the immunization process is
22 being accomplished in the prescribed manner. It is unlawful
23 for any parent to refuse or neglect to have [his] the parent's
24 child immunized, as required by this section, unless the child
25 is properly exempted."

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1 SECTION 3. Section 24-5A-1 NMSA 1978 (being Laws 2015,
2 Chapter 5, Section 1) is amended to read:

3 "24-5A-1. SHORT TITLE.--~~[This act]~~ Chapter 24, Article 5A
4 NMSA 1978 may be cited as the "Vaccine Purchasing Act"."

5 SECTION 4. Section 24-5A-2 NMSA 1978 (being Laws 2015,
6 Chapter 5, Section 2) is amended to read:

7 "24-5A-2. DEFINITIONS.--As used in the Vaccine Purchasing
8 Act:

9 ~~[A. "advisory committee on immunization practices"~~
10 ~~means the group of medical and public health experts that~~
11 ~~develops recommendations on how to use vaccines to control~~
12 ~~diseases in the United States, established under Section 222 of~~
13 ~~the federal Public Health Service Act;~~

14 ~~B.]~~ A. "department" means the department of health;

15 ~~[C.]~~ B. "fund" means the vaccine purchasing fund;

16 ~~[D.]~~ C. "group health plan" means an employee
17 welfare benefit plan to the extent that the plan provides
18 medical care to employees or their dependents under the federal
19 Employee Retirement Income Security Act of 1974 directly or
20 through insurance, reimbursement or other means;

21 ~~[E.]~~ D. "health insurance coverage" means benefits
22 consisting of medical care provided directly or through
23 insurance or reimbursement or other means under any hospital or
24 medical service policy or certificate, hospital or medical
25 service plan contract or health maintenance organization

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1 contract offered by a health insurance issuer;

2 ~~[F.]~~ E. "health insurer" means any entity subject
3 to regulation by the office of superintendent ~~[of insurance]~~
4 that:

5 (1) provides or is authorized to provide
6 health insurance or health benefit plans;

7 (2) administers health insurance or health
8 benefit coverage; or

9 (3) otherwise provides a plan of health
10 insurance or health benefits;

11 ~~[G.]~~ F. "insured child" means a child under the age
12 of nineteen who is eligible to receive health insurance
13 coverage from a health insurer or medical care pursuant to a
14 group health plan;

15 ~~[H.]~~ G. "office of superintendent" means the office
16 of superintendent of insurance;

17 ~~[I.]~~ H. "policy" means any contract of health
18 insurance between a health insurer and the insured and all
19 clauses, riders, endorsements and parts thereof;

20 ~~[J.]~~ I. "provider" means an individual or
21 organization licensed, certified or otherwise authorized or
22 permitted by law to provide vaccinations to insured children;
23 and

24 ~~[K.]~~ J. "vaccines for children program" means the
25 federally funded program that provides vaccines at no cost to

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1 eligible children pursuant to Section 1928 of the federal
2 Social Security Act."

3 SECTION 5. Section 24-5A-3 NMSA 1978 (being Laws 2015,
4 Chapter 5, Section 3) is amended to read:

5 "24-5A-3. STATEWIDE VACCINE PURCHASING PROGRAM.--

6 A. The department shall establish and administer a
7 statewide vaccine purchasing program to:

8 (1) expand access to childhood immunizations
9 recommended by the [~~advisory committee on immunization~~
10 ~~practices~~] department pursuant to Section 24-5-1 NMSA 1978;

11 (2) maintain and improve immunization rates;

12 (3) facilitate the acquisition by providers of
13 vaccines for childhood immunizations recommended by the
14 [~~advisory committee on immunization practices~~] department
15 pursuant to Section 24-5-1 NMSA 1978; and

16 (4) leverage public and private funding and
17 resources for the purchase, storage and distribution of
18 vaccines for childhood immunizations recommended by the
19 [~~advisory committee on immunization practices~~] department
20 pursuant to Section 24-5-1 NMSA 1978.

21 B. The department shall:

22 (1) purchase vaccines for all children in New
23 Mexico, including children eligible for the vaccines for
24 children program and insured children;

25 (2) invoice each health insurer and group

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1 health plan to reimburse the department for the cost of
2 vaccines provided directly or indirectly by the department to
3 such health insurer's or group health plan's insured children;

4 (3) maintain a list of registered providers
5 who receive vaccines for insured children that are purchased by
6 the state and provide such list to each health insurer and
7 group health plan with every invoice;

8 (4) report the failure of a health insurer to
9 reimburse the department within thirty days of the date of the
10 invoice to the office of superintendent;

11 (5) report the failure of a health insurer or
12 group health plan to reimburse the department within thirty
13 days of the date of the invoice to the ~~[office of the attorney~~
14 ~~general]~~ state department of justice for collection; and

15 (6) credit all receipts collected from health
16 insurers and group health plans pursuant to the Vaccine
17 Purchasing Act to the fund.

18 C. No later than July 1, 2015 and July 1 of each
19 year thereafter, the department shall estimate the amount to be
20 expended annually by the department to purchase, store and
21 distribute vaccines recommended by the ~~[advisory committee on~~
22 ~~immunization practices]~~ department pursuant to Section 24-5-1
23 NMSA 1978 to all insured children in the state, including a
24 reserve of ten percent of the amount estimated.

25 D. No later than September 1, 2015 and each quarter

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1 thereafter, the department shall invoice each health insurer
2 and each group health plan for one-fourth of its proportionate
3 share of the estimated amount and reserve pursuant to
4 Subsection C of this section, calculated pursuant to Subsection
5 B of Section ~~[6 of the Vaccine Purchasing Act]~~ 24-5A-6 NMSA
6 1978.

7 E. The department may update its estimated amount
8 to be expended annually and its reserve to take into account
9 increases or decreases in the cost of vaccines or the costs of
10 additional vaccines that the department determines should be
11 included in the statewide vaccine purchasing program and adjust
12 the amount invoiced to each health insurer and group health
13 plan the following quarter."

14 SECTION 6. Section 24-5A-5 NMSA 1978 (being Laws 2015,
15 Chapter 5, Section 5) is amended to read:

16 "24-5A-5. AUTHORIZED USES OF THE VACCINE PURCHASING
17 FUND.--

18 A. The fund shall be used for the purchase, storage
19 and distribution of vaccines, as recommended by the ~~[advisory~~
20 ~~committee on immunization practices]~~ department pursuant to
21 Section 24-5-1 NMSA 1978, for insured children who are not
22 eligible for the vaccines for children program.

23 B. The department shall credit any balance
24 remaining in the fund at the end of the fiscal year toward the
25 department's purchase of vaccines the following year; provided

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1 that the department maintains a reserve of ten percent of the
2 amount estimated to be expended in the following year.

3 C. The fund shall not be used:

4 (1) for the purchase, storage and distribution
5 of vaccines for children who are eligible for the vaccines for
6 children program;

7 (2) for administrative expenses associated
8 with the statewide vaccine purchasing program; or

9 (3) to pass through a federally negotiated
10 discount pursuant to 42 U.S.C. 1396s."

11 SECTION 7. Section 59A-18-16.2 NMSA 1978 (being Laws
12 2011, Chapter 144, Section 12, as amended) is amended to read:

13 "59A-18-16.2. HEALTH INSURANCE OR HEALTH PLAN FORM AND
14 RATE FILINGS--SUPERINTENDENT--RULEMAKING--COMPLIANCE WITH
15 FEDERAL LAW.--

16 A. A small group health plan and a health insurance
17 issuer or multiple employer welfare arrangement offering a
18 small group or individual health insurance plan that provides
19 benefits other than excepted benefits shall:

20 (1) provide the essential health benefits
21 defined by the superintendent under Subsection B of this
22 section;

23 (2) limit cost sharing for such coverage in
24 accordance with Subsection D of this section; and

25 (3) provide coverage without cost sharing for

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1 preventive benefits in accordance with Subsection E of this
2 section.

3 B. The superintendent shall define by rule the
4 essential health benefits package to include at least the
5 following general categories and the items and services covered
6 within the categories:

- 7 (1) ambulatory patient services;
- 8 (2) emergency services;
- 9 (3) hospitalization;
- 10 (4) maternity and newborn care;
- 11 (5) mental health and substance use disorder
12 services, including behavioral health treatment;
- 13 (6) prescription drugs;
- 14 (7) rehabilitative and habilitative services
15 and devices;
- 16 (8) laboratory services;
- 17 (9) preventive and wellness services and
18 chronic disease management; and
- 19 (10) pediatric services, including oral and
20 vision care.

21 C. In defining the essential health benefits
22 pursuant to Subsection B of this section, the superintendent
23 shall:

- 24 (1) ensure that such essential health benefits
25 reflect an appropriate balance among the categories described

1 in that subsection, so that benefits are not unduly weighted
2 toward any category;

3 (2) not make coverage decisions, determine
4 reimbursement rates, establish incentive programs or design
5 benefits in ways that discriminate against individuals because
6 of their age, disability or expected length of life;

7 (3) take into account the health care needs of
8 diverse segments of the population, including women, children,
9 persons with disabilities and other groups;

10 (4) ensure that health benefits established as
11 essential not be subject to denial to individuals against their
12 wishes on the basis of the individual's age or expected length
13 of life or of the individual's present or predicted disability,
14 degree of medical dependency or quality of life;

15 (5) provide that if a plan is offered through
16 the New Mexico health insurance exchange, another health
17 insurance plan offered through the New Mexico health insurance
18 exchange shall not fail to be treated as a qualified health
19 plan solely because the plan does not offer coverage of
20 benefits offered through the standalone plan that are otherwise
21 required; and

22 (6) periodically update the essential health
23 benefits under Subsection B of this section to address any gaps
24 in access to coverage or changes in the evidence base
25 identified by the superintendent.

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1 D. A group health plan and a health insurance
2 issuer offering a group or individual health insurance plan
3 shall not establish a restricted lifetime or annual limit on
4 the dollar value of benefits for any participant or beneficiary
5 with respect to benefits that are essential health benefits, as
6 determined by the superintendent. The provisions of this
7 subsection shall not be construed to prevent a group health
8 plan or health insurance plan from placing annual or lifetime
9 per-beneficiary limits on specific covered benefits that are
10 not essential health benefits, to the extent that these limits
11 are otherwise permitted under federal or state law.

12 E. The superintendent shall adopt and promulgate
13 rules specifying the maximum cost-sharing amounts for which an
14 insured may be held liable for payment of covered benefits
15 under any health insurance plan that provides benefits other
16 than excepted benefits, including deductibles, coinsurance,
17 copayments or similar charge, and any other expenditure
18 required of an insured individual with respect to essential
19 health benefits covered under the plan, but not including
20 premiums, balance billing amounts for non-network providers or
21 spending for non-covered services.

22 F. Any rules that the office of superintendent of
23 insurance intends to adopt and promulgate pursuant to this
24 section shall be adopted no later than the first day of
25 February of the year prior to the first plan year for which the

1 rules would be effective.

2 G. A group health plan and a health insurance
3 issuer offering a group or individual health insurance plan
4 that provides benefits other than excepted benefits shall
5 provide coverage for and shall not impose any cost-sharing
6 requirements for:

7 (1) items or services that have in effect a
8 rating of "A" or "B" in the current recommendations of the
9 United States preventive services task force;

10 (2) immunizations that have in effect a
11 recommendation from the [~~advisory committee on immunization~~
12 ~~practices of the federal centers for disease control and~~
13 ~~prevention~~] department of health, with respect to the insured
14 for which immunization is considered;

15 (3) with respect to infants, children and
16 adolescents, preventive care and screenings provided for in the
17 comprehensive guidelines supported by the health resources and
18 services administration of the United States department of
19 health and human services; and

20 (4) with respect to women, additional
21 preventive care and screenings to those described in Paragraph
22 (1) of this subsection, as provided for in comprehensive
23 guidelines supported by the health resources and services
24 administration of the United States department of health and
25 human services.

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1 H. The provisions of Subsection G of this section
2 shall not be construed to prohibit a health insurance plan or
3 health insurance issuer from providing coverage for services in
4 addition to those recommended by the United States preventive
5 services task force or to deny coverage for services that are
6 not described in this section. The superintendent shall
7 establish by rule a minimum interval between the date on which
8 a recommendation described in Paragraphs (1) and (2) of
9 Subsection G of this section or a guideline under Paragraph (3)
10 of Subsection G of this section is issued and the plan year
11 with respect to which the requirement described in Subsection G
12 of this section is effective with respect to the service
13 described in such recommendation or guideline; provided that
14 the interval shall not be less than one year from the date the
15 federal recommendation or guideline is published.

16 I. If a health insurance plan is offered as a
17 qualified health plan through the New Mexico health insurance
18 exchange, the insurer offering the qualified health plan shall
19 also offer that plan through the health insurance exchange as a
20 plan that restricts enrollment to individuals who, as of the
21 beginning of a plan year, have not attained the age of twenty-
22 one years.

23 J. The superintendent shall adopt rules:

24 (1) to define terms used regarding forms,
25 rates, reviews and blocks of business that an insurer or health

1 care plan submits in filing matters;

2 (2) to govern any additional filing
3 requirements the superintendent deems appropriate;

4 (3) to provide notice of hearings and the
5 grounds on which the hearings have been requested;

6 (4) to meet criteria for review in accordance
7 with federal law; and

8 (5) that the superintendent deems appropriate
9 to carry out the provisions of Chapter 59A, Article 18 NMSA
10 1978.

11 K. Except as provided by state or federal rule or
12 law, nothing in this section shall be construed to prohibit a
13 health insurance carrier from appropriately using reasonable
14 health care cost management techniques.

15 L. As used in this section, "excepted benefits"
16 means benefits furnished pursuant to the following:

17 (1) coverage-only accident or disability
18 income insurance;

19 (2) coverage issued as a supplement to
20 liability insurance;

21 (3) liability insurance;

22 (4) workers' compensation or similar
23 insurance;

24 (5) automobile medical payment insurance;

25 (6) credit-only insurance;

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- 1 (7) coverage for on-site medical clinics;
2 (8) other similar insurance coverage specified
3 in regulations under which benefits for medical care are
4 secondary or incidental to other benefits;
5 (9) the following benefits if offered
6 separately:
7 (a) limited scope dental or vision
8 benefits;
9 (b) benefits for long-term care, nursing
10 home care, home health care, community-based care or any
11 combination of those benefits; and
12 (c) other similar limited benefits
13 specified in regulations;
14 (10) the following benefits, offered as
15 independent noncoordinated benefits:
16 (a) coverage only for a specified
17 disease or illness; or
18 (b) hospital indemnity or other fixed
19 indemnity insurance; and
20 (11) the following benefits if offered as a
21 separate insurance policy:
22 (a) medicare supplemental health
23 insurance as defined pursuant to Section 1882(g)(1) of the
24 federal Social Security Act; and
25 (b) coverage supplemental to the

1 coverage provided pursuant to Chapter 55 of Title 10 USCA and
2 similar supplemental coverage provided to coverage pursuant to
3 a group health plan."

4 SECTION 8. Section 24-5-1 NMSA 1978 (being Laws 1959,
5 Chapter 329, Section 1, as amended by Section 1 of this act) is
6 repealed and a new Section 24-5-1 NMSA 1978 is enacted to read:

7 "24-5-1. [NEW MATERIAL] IMMUNIZATION REGULATIONS.--The
8 public health division of the department of health shall, after
9 consultation with the public education department, promulgate
10 rules governing the immunization against diseases deemed to be
11 dangerous to the public health, to be required of children
12 attending public, private, home or parochial schools in the
13 state. The immunizations required and the manner and frequency
14 of their administration shall conform to recommendations of the
15 advisory committee on immunization practices of the United
16 States department of health and human services and the American
17 academy of pediatrics. The public health division shall
18 supervise and secure the enforcement of the required
19 immunization program."

20 SECTION 9. Section 24-5-2 NMSA 1978 (being Laws 1959,
21 Chapter 329, Section 2, as amended by Section 2 of this act) is
22 repealed and a new Section 24-5-2 NMSA 1978 is enacted to read:

23 "24-5-2. [NEW MATERIAL] UNLAWFUL TO ENROLL IN SCHOOL
24 UNIMMUNIZED--UNLAWFUL TO REFUSE TO PERMIT IMMUNIZATION.--It is
25 unlawful for any student to enroll in school unless the student

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1 has been immunized as required under the rules of the public
2 health division of the department of health and can provide
3 satisfactory evidence of such immunization; provided that, if
4 the student produces satisfactory evidence of having begun the
5 process of immunization, the student may enroll and attend
6 school as long as the immunization process is being
7 accomplished in the prescribed manner. It is unlawful for any
8 parent to refuse or neglect to have the parent's child
9 immunized, as required by this section, unless the child is
10 properly exempted."

11 SECTION 10. Section 24-5A-2 NMSA 1978 (being Laws 2015,
12 Chapter 5, Section 2, as amended by Section 4 of this act) is
13 repealed and a new Section 24-5A-2 NMSA 1978 is enacted to
14 read:

15 "24-5A-2. [NEW MATERIAL] DEFINITIONS.--As used in the
16 Vaccine Purchasing Act:

17 A. "advisory committee on immunization practices"
18 means the group of medical and public health experts that
19 develops recommendations on how to use vaccines to control
20 diseases in the United States, established under Section 222 of
21 the federal Public Health Service Act;

22 B. "department" means the department of health;

23 C. "fund" means the vaccine purchasing fund;

24 D. "group health plan" means an employee welfare
25 benefit plan to the extent that the plan provides medical care

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1 to employees or their dependents under the federal Employee
2 Retirement Income Security Act of 1974 directly or through
3 insurance, reimbursement or other means;

4 E. "health insurance coverage" means benefits
5 consisting of medical care provided directly or through
6 insurance or reimbursement or other means under any hospital or
7 medical service policy or certificate, hospital or medical
8 service plan contract or health maintenance organization
9 contract offered by a health insurance issuer;

10 F. "health insurer" means any entity subject to
11 regulation by the office of superintendent that:

12 (1) provides or is authorized to provide
13 health insurance or health benefit plans;

14 (2) administers health insurance or health
15 benefit coverage; or

16 (3) otherwise provides a plan of health
17 insurance or health benefits;

18 G. "insured child" means a child under the age of
19 nineteen who is eligible to receive health insurance coverage
20 from a health insurer or medical care pursuant to a group
21 health plan;

22 H. "office of superintendent" means the office of
23 superintendent of insurance;

24 I. "policy" means any contract of health insurance
25 between a health insurer and the insured and all clauses,

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riders, endorsements and parts thereof;

J. "provider" means an individual or organization licensed, certified or otherwise authorized or permitted by law to provide vaccinations to insured children; and

K. "vaccines for children program" means the federally funded program that provides vaccines at no cost to eligible children pursuant to Section 1928 of the federal Social Security Act."

SECTION 11. Section 24-5A-3 NMSA 1978 (being Laws 2015, Chapter 5, Section 3, as amended by Section 5 of this act) is repealed and a new Section 24-5A-3 NMSA 1978 is enacted to read:

"24-5A-3. [NEW MATERIAL] STATEWIDE VACCINE PURCHASING PROGRAM.--

A. The department shall establish and administer a statewide vaccine purchasing program to:

(1) expand access to childhood immunizations recommended by the advisory committee on immunization practices;

(2) maintain and improve immunization rates;

(3) facilitate the acquisition by providers of vaccines for childhood immunizations recommended by the advisory committee on immunization practices; and

(4) leverage public and private funding and resources for the purchase, storage and distribution of

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1 vaccines for childhood immunizations recommended by the
2 advisory committee on immunization practices.

3 B. The department shall:

4 (1) purchase vaccines for all children in New
5 Mexico, including children eligible for the vaccines for
6 children program and insured children;

7 (2) invoice each health insurer and group
8 health plan to reimburse the department for the cost of
9 vaccines provided directly or indirectly by the department to
10 such health insurer's or group health plan's insured children;

11 (3) maintain a list of registered providers
12 who receive vaccines for insured children that are purchased by
13 the state and provide such list to each health insurer and
14 group health plan with every invoice;

15 (4) report the failure of a health insurer to
16 reimburse the department within thirty days of the date of the
17 invoice to the office of superintendent;

18 (5) report the failure of a health insurer or
19 group health plan to reimburse the department within thirty
20 days of the date of the invoice to the state department of
21 justice for collection; and

22 (6) credit all receipts collected from health
23 insurers and group health plans pursuant to the Vaccine
24 Purchasing Act to the fund.

25 C. No later than July 1, 2015 and July 1 of each

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1 year thereafter, the department shall estimate the amount to be
2 expended annually by the department to purchase, store and
3 distribute vaccines recommended by the advisory committee on
4 immunization practices to all insured children in the state,
5 including a reserve of ten percent of the amount estimated.

6 D. No later than September 1, 2015 and each quarter
7 thereafter, the department shall invoice each health insurer
8 and each group health plan for one-fourth of its proportionate
9 share of the estimated amount and reserve pursuant to
10 Subsection C of this section, calculated pursuant to Subsection
11 B of Section 24-5A-6 NMSA 1978.

12 E. The department may update its estimated amount
13 to be expended annually and its reserve to take into account
14 increases or decreases in the cost of vaccines or the costs of
15 additional vaccines that the department determines should be
16 included in the statewide vaccine purchasing program and adjust
17 the amount invoiced to each health insurer and group health
18 plan the following quarter."

19 SECTION 12. Section 24-5A-5 NMSA 1978 (being Laws 2015,
20 Chapter 5, Section 5, as amended by Section 6 of this act) is
21 repealed and a new Section 24-5A-5 NMSA 1978 is enacted to
22 read:

23 "24-5A-5. [NEW MATERIAL] AUTHORIZED USES OF THE VACCINE
24 PURCHASING FUND.--

25 A. The fund shall be used for the purchase, storage
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1 and distribution of vaccines, as recommended by the advisory
2 committee on immunization practices, for insured children who
3 are not eligible for the vaccines for children program.

4 B. The department shall credit any balance
5 remaining in the fund at the end of the fiscal year toward the
6 department's purchase of vaccines the following year; provided
7 that the department maintains a reserve of ten percent of the
8 amount estimated to be expended in the following year.

9 C. The fund shall not be used:

10 (1) for the purchase, storage and distribution
11 of vaccines for children who are eligible for the vaccines for
12 children program;

13 (2) for administrative expenses associated
14 with the statewide vaccine purchasing program; or

15 (3) to pass through a federally negotiated
16 discount pursuant to 42 U.S.C. 1396s."

17 SECTION 13. Section 59A-18-16.2 NMSA 1978 (being Laws
18 2011, Chapter 144, Section 12, as amended by Section 7 of this
19 act) is repealed and a new Section 59A-18-16.2 NMSA 1978 is
20 enacted to read:

21 "59A-18-16.2. [NEW MATERIAL] HEALTH INSURANCE OR HEALTH
22 PLAN FORM AND RATE FILINGS--SUPERINTENDENT--RULEMAKING--
23 COMPLIANCE WITH FEDERAL LAW.--

24 A. A small group health plan and a health insurance
25 issuer or multiple employer welfare arrangement offering a

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1 small group or individual health insurance plan that provides
2 benefits other than excepted benefits shall:

3 (1) provide the essential health benefits
4 defined by the superintendent under Subsection B of this
5 section;

6 (2) limit cost sharing for such coverage in
7 accordance with Subsection D of this section; and

8 (3) provide coverage without cost sharing for
9 preventive benefits in accordance with Subsection E of this
10 section.

11 B. The superintendent shall define by rule the
12 essential health benefits package to include at least the
13 following general categories and the items and services covered
14 within the categories:

- 15 (1) ambulatory patient services;
16 (2) emergency services;
17 (3) hospitalization;
18 (4) maternity and newborn care;
19 (5) mental health and substance use disorder
20 services, including behavioral health treatment;
21 (6) prescription drugs;
22 (7) rehabilitative and habilitative services
23 and devices;
24 (8) laboratory services;
25 (9) preventive and wellness services and

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1 chronic disease management; and

2 (10) pediatric services, including oral and
3 vision care.

4 C. In defining the essential health benefits
5 pursuant to Subsection B of this section, the superintendent
6 shall:

7 (1) ensure that such essential health benefits
8 reflect an appropriate balance among the categories described
9 in that subsection, so that benefits are not unduly weighted
10 toward any category;

11 (2) not make coverage decisions, determine
12 reimbursement rates, establish incentive programs or design
13 benefits in ways that discriminate against individuals because
14 of their age, disability or expected length of life;

15 (3) take into account the health care needs of
16 diverse segments of the population, including women, children,
17 persons with disabilities and other groups;

18 (4) ensure that health benefits established as
19 essential not be subject to denial to individuals against their
20 wishes on the basis of the individual's age or expected length
21 of life or of the individual's present or predicted disability,
22 degree of medical dependency or quality of life;

23 (5) provide that if a plan is offered through
24 the New Mexico health insurance exchange, another health
25 insurance plan offered through the New Mexico health insurance

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1 exchange shall not fail to be treated as a qualified health
2 plan solely because the plan does not offer coverage of
3 benefits offered through the standalone plan that are otherwise
4 required; and

5 (6) periodically update the essential health
6 benefits under Subsection B of this section to address any gaps
7 in access to coverage or changes in the evidence base
8 identified by the superintendent.

9 D. A group health plan and a health insurance
10 issuer offering a group or individual health insurance plan
11 shall not establish a restricted lifetime or annual limit on
12 the dollar value of benefits for any participant or beneficiary
13 with respect to benefits that are essential health benefits, as
14 determined by the superintendent. The provisions of this
15 subsection shall not be construed to prevent a group health
16 plan or health insurance plan from placing annual or lifetime
17 per-beneficiary limits on specific covered benefits that are
18 not essential health benefits, to the extent that these limits
19 are otherwise permitted under federal or state law.

20 E. The superintendent shall adopt and promulgate
21 rules specifying the maximum cost-sharing amounts for which an
22 insured may be held liable for payment of covered benefits
23 under any health insurance plan that provides benefits other
24 than excepted benefits, including deductibles, coinsurance,
25 copayments or similar charge, and any other expenditure

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1 required of an insured individual with respect to essential
2 health benefits covered under the plan, but not including
3 premiums, balance billing amounts for non-network providers or
4 spending for non-covered services.

5 F. Any rules that the office of superintendent of
6 insurance intends to adopt and promulgate pursuant to this
7 section shall be adopted no later than the first day of
8 February of the year prior to the first plan year for which the
9 rules would be effective.

10 G. A group health plan and a health insurance
11 issuer offering a group or individual health insurance plan
12 that provides benefits other than excepted benefits shall
13 provide coverage for and shall not impose any cost-sharing
14 requirements for:

15 (1) items or services that have in effect a
16 rating of "A" or "B" in the current recommendations of the
17 United States preventive services task force;

18 (2) immunizations that have in effect a
19 recommendation from the advisory committee on immunization
20 practices of the federal centers for disease control and
21 prevention, with respect to the insured for which immunization
22 is considered;

23 (3) with respect to infants, children and
24 adolescents, preventive care and screenings provided for in the
25 comprehensive guidelines supported by the health resources and

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1 services administration of the United States department of
2 health and human services; and

3 (4) with respect to women, additional
4 preventive care and screenings to those described in Paragraph
5 (1) of this subsection, as provided for in comprehensive
6 guidelines supported by the health resources and services
7 administration of the United States department of health and
8 human services.

9 H. The provisions of Subsection G of this section
10 shall not be construed to prohibit a health insurance plan or
11 health insurance issuer from providing coverage for services in
12 addition to those recommended by the United States preventive
13 services task force or to deny coverage for services that are
14 not described in this section. The superintendent shall
15 establish by rule a minimum interval between the date on which
16 a recommendation described in Paragraphs (1) and (2) of
17 Subsection G of this section or a guideline under Paragraph (3)
18 of Subsection G of this section is issued and the plan year
19 with respect to which the requirement described in Subsection G
20 of this section is effective with respect to the service
21 described in such recommendation or guideline; provided that
22 the interval shall not be less than one year from the date the
23 federal recommendation or guideline is published.

24 I. If a health insurance plan is offered as a
25 qualified health plan through the New Mexico health insurance

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1 exchange, the insurer offering the qualified health plan shall
2 also offer that plan through the health insurance exchange as a
3 plan that restricts enrollment to individuals who, as of the
4 beginning of a plan year, have not attained the age of twenty-
5 one years.

6 J. The superintendent shall adopt rules:

7 (1) to define terms used regarding forms,
8 rates, reviews and blocks of business that an insurer or health
9 care plan submits in filing matters;

10 (2) to govern any additional filing
11 requirements the superintendent deems appropriate;

12 (3) to provide notice of hearings and the
13 grounds on which the hearings have been requested;

14 (4) to meet criteria for review in accordance
15 with federal law; and

16 (5) that the superintendent deems appropriate
17 to carry out the provisions of Chapter 59A, Article 18 NMSA
18 1978.

19 K. Except as provided by state or federal rule or
20 law, nothing in this section shall be construed to prohibit a
21 health insurance carrier from appropriately using reasonable
22 health care cost management techniques.

23 L. As used in this section, "excepted benefits"
24 means benefits furnished pursuant to the following:

25 (1) coverage-only accident or disability

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1 income insurance;
2 (2) coverage issued as a supplement to
3 liability insurance;
4 (3) liability insurance;
5 (4) workers' compensation or similar
6 insurance;
7 (5) automobile medical payment insurance;
8 (6) credit-only insurance;
9 (7) coverage for on-site medical clinics;
10 (8) other similar insurance coverage specified
11 in regulations under which benefits for medical care are
12 secondary or incidental to other benefits;
13 (9) the following benefits if offered
14 separately:
15 (a) limited scope dental or vision
16 benefits;
17 (b) benefits for long-term care, nursing
18 home care, home health care, community-based care or any
19 combination of those benefits; and
20 (c) other similar limited benefits
21 specified in regulations;
22 (10) the following benefits, offered as
23 independent noncoordinated benefits:
24 (a) coverage only for a specified
25 disease or illness; or

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1 (b) hospital indemnity or other fixed
2 indemnity insurance; and

3 (11) the following benefits if offered as a
4 separate insurance policy:

5 (a) medicare supplemental health
6 insurance as defined pursuant to Section 1882(g)(1) of the
7 federal Social Security Act; and

8 (b) coverage supplemental to the
9 coverage provided pursuant to Chapter 55 of Title 10 USCA and
10 similar supplemental coverage provided to coverage pursuant to
11 a group health plan."

12 SECTION 14. DELAYED EFFECTIVE DATE.--The provisions of
13 Sections 8 through 13 of this act are effective July 1, 2026.

14 SECTION 15. EMERGENCY.--It is necessary for the public
15 peace, health and safety that this act take effect immediately.

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