1	SENATE BILL 376
2	57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025
3	INTRODUCED BY
4	Elizabeth "Liz" Stefanics and George K. Muñoz
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10	AN ACT
11	RELATING TO STATE EMPLOYEE BENEFITS; AMENDING THE CONTRIBUTION
12	PERCENTAGES FOR STATE EMPLOYEE HEALTH BENEFITS; AUTHORIZING THE
13	SECRETARY OF HEALTH CARE AUTHORITY TO USE FUNDS APPROPRIATED
14	FROM THE HEALTH CARE AFFORDABILITY FUND TO REDUCE OR ELIMINATE
15	PREMIUMS FOR CERTAIN GOVERNMENT EMPLOYEES.
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17	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:
18	SECTION 1. Section 10-7-4 NMSA 1978 (being Laws 1941,
19	Chapter 188, Section 1, as amended) is amended to read:
20	"10-7-4. GROUP INSURANCECAFETERIA PLANCONTRIBUTIONS
21	FROM PUBLIC FUNDS
22	A. All state departments and institutions and all
23	political subdivisions of the state, excluding municipalities,
24	counties and political subdivisions of the state with twenty-
25	five employees or fewer, shall cooperate in providing group
	.229406.3SA

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1 term life, medical or disability income insurance for the 2 benefit of eligible employees or salaried officers of the respective departments, institutions and political 3 4 subdivisions. 5 The group insurance contributions of the state Β. 6 or any of its departments or institutions, including 7 institutions of higher education, shall be made as follows: 8 at least seventy-five percent of the cost (1) 9 of the insurance of an employee whose annual salary is less 10 than fifteen thousand dollars (\$15,000); 11 (2) at least seventy percent of the cost of 12 the insurance of an employee whose annual salary is fifteen thousand dollars (\$15,000) or more but less than twenty 13 14 thousand dollars (\$20,000); 15 at least sixty-five percent of the cost of (3) 16 the insurance of an employee whose annual salary is twenty 17 thousand dollars (\$20,000) or more but less than twenty-five 18 thousand dollars (\$25,000); and 19 (4) at least sixty percent of the cost of the 20 insurance of an employee whose annual salary is twenty-five 21 thousand dollars (\$25,000) or more. 22 The group insurance contributions of school C. 23 districts and charter schools shall be made as follows: 24 (1) at least eighty percent of the cost of the 25 insurance of an employee whose annual salary is less than fifty .229406.3SA

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1 thousand dollars (\$50,000); 2 at least seventy percent of the cost of (2) 3 the insurance of an employee whose annual salary is fifty 4 thousand dollars (\$50,000) or more but less than sixty thousand 5 dollars (\$60,000); and 6 (3) at least sixty percent of the cost of the 7 insurance of an employee whose annual salary is sixty thousand 8 dollars (\$60,000) or more. 9 Effective July 1, 2004, the group insurance D. 10 contributions of the state or any of its executive, judicial or 11 legislative departments, including agencies, boards or 12 commissions, shall be made as follows; provided that the 13 contribution percentage shall be the same for all affected 14 public employees in a given salary bracket: 15 (1) up to eighty percent of the cost of the 16 insurance of an employee whose annual salary is less than 17 thirty thousand dollars (\$30,000); 18 (2) up to seventy percent of the cost of the 19 insurance of an employee whose annual salary is thirty thousand 20 dollars (\$30,000) or more but less than forty thousand dollars 21 (\$40,000); and 22 (3) up to sixty percent of the cost of the 23 insurance of an employee whose annual salary is forty thousand 24 dollars (\$40,000) or more. 25 Ε. Except as provided in Subsection H of this .229406.3SA

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1 section, effective July 1, [2005] 2025, the group insurance 2 contributions of the state or any of its executive, judicial or legislative departments, including agencies, boards or 3 4 commissions, shall be [made as follows; provided that the 5 contribution percentage shall be the same for all affected 6 public employees in a given salary bracket; 7 (1) up to eighty percent of the cost of the insurance of an employee whose annual salary is less than fifty 8 9 thousand dollars (\$50,000); 10 (2) up to seventy percent of the cost of the 11 insurance of an employee whose annual salary is fifty thousand 12 dollars (\$50,000) or more but less than sixty thousand dollars 13 (\$60,000); and 14 (3) up to sixty percent of the cost of the 15 insurance of an employee whose annual salary is sixty thousand 16 dollars (\$60,000) or more] eighty percent of the cost of 17 insurance. 18 Effective July 1, 2013, the employer shall pay F. 19 one hundred percent of basic life insurance premiums for 20 employees, and employees who choose to carry disability 21 insurance shall pay one hundred percent of the premium. 22 The state shall not make any group insurance G. 23 contributions for legislators. A legislator shall be eligible 24 for group benefits only if the legislator contributes one 25 hundred percent of the cost of the insurance.

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H. An employer shall pay one hundred percent of the employee group insurance contributions due and payable on or after July 1, 2016 for an employee who is injured while performing a public safety function or duty and, as a result of the injury, is placed on approved workers' compensation leave.

I. As used in this section, "cost of the insurance" means the premium required to be paid to provide coverages. Any contributions of the political subdivisions of the state, except the public schools and political subdivisions of the state with twenty-five employees or fewer, shall not exceed sixty percent of the cost of the insurance.

J. When a public employee elects to participate in a cafeteria plan as authorized by the Cafeteria Plan Act and enters into a salary reduction agreement with the governmental employer, the provisions of Subsections B through G of this section with respect to the maximum contributions that can be made by the employer are not violated and will still apply. The employer percentage or dollar contributions as provided in Subsections B through E of this section shall be determined by the employee's gross salary prior to any salary reduction agreement.

K. Any group medical insurance plan offered pursuant to this section shall include effective costcontainment measures to control the growth of health care costs. If a state agency that is responsible for providing .229406.3SA

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1 state employee health benefits under the Health Care Purchasing 2 Act establishes a reference-based pricing program for 3 in-network or out-of-network hospital services, hospitals 4 subject to the program shall not charge or collect from a 5 member of the health benefit plan an amount in addition to the maximum payment established by the secretary of health care 6 7 authority, except that a hospital may charge an amount for 8 cost-sharing that is authorized by the terms of the member's 9 health benefit plan. The responsible public body that 10 administers a plan offered pursuant to this section shall 11 report annually by September 1 to appropriate interim 12 legislative committees on the effectiveness of the cost-13 containment measures required by this subsection.

L. Within available revenue, school districts, charter schools and participating entities pursuant to the Public School Insurance Authority Act may contribute up to one hundred percent of the cost of the insurance of all employees and institutions of higher education may contribute up to eighty percent of the cost of the insurance of all employees.

M. When the secretary of health care authority submits the health care authority's annual budget request to the legislature, the secretary shall include a budget request for purchasing state employee health benefits that reflects actuarially sound rate adjustments. Beginning July 1, 2025, the secretary shall set actuarially sound rates sufficient to .229406.3SA

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cover projected claims, subject to legislative appropriation.

N. The secretary of health care authority shall establish a program to make state health benefit premiums more affordable for certain employees using appropriations from the health care affordability fund. The secretary shall establish a system for determining eligibility for the program and may annually update program eligibility and contribution criteria."

SECTION 2. Section 59A-23F-11 NMSA 1978 (being Laws 2021, Chapter 136, Section 4, as amended) is amended to read: "59A-23F-11. HEALTH CARE AFFORDABILITY FUND.--

A. The "health care affordability fund" is created in the state treasury. The fund consists of distributions, appropriations, gifts, grants and donations. Money in the fund at the end of a fiscal year shall not revert to any other fund. The health care authority shall administer the fund, and money in the fund is subject to appropriation by the legislature for purposes provided by this section. Disbursements from the fund shall be made by warrant of the secretary of finance and administration pursuant to vouchers signed by the secretary of health care authority or the secretary's authorized representative.

B. The purpose of the fund is to:

(1) reduce health care premiums and cost sharing for New Mexico residents who purchase health care coverage on the New Mexico health insurance exchange; .229406.3SA

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1 (2) reduce premiums for small businesses and 2 their employees purchasing health care coverage in the fully 3 insured small group market; 4 (3) provide resources for planning, design and 5 implementation of health care coverage initiatives for uninsured New Mexico residents; [and] 6 7 provide resources for administration of (4) state health care coverage initiatives for uninsured New Mexico 8 9 residents; 10 (5) cover a portion or all of the net premium 11 health benefit contributions for state employees enrolled in 12 health benefit plans covered by the Health Care Purchasing Act 13 who do not qualify for medicaid and have a modified adjusted 14 gross income up to two hundred fifty percent of the federal 15 poverty level; and 16 (6) cover a portion or all of the net premiums 17 for members of the New Mexico national guard who qualify for a 18 federal TRICARE reserve select policy. 19 C. If the federal Patient Protection and Affordable 20 Care Act is repealed in full or in part by an act of congress 21 or invalidated by the United States supreme court and 22 eliminates or reduces comprehensive health care coverage for 23 New Mexico residents through medicaid or the New Mexico health 24 insurance exchange, the fund may be used to maintain coverage 25 through the New Mexico health insurance exchange or through .229406.3SA - 8 -

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medical assistance programs administered by the health care authority; provided that coverage is prioritized for New Mexico residents with incomes below two hundred percent of the federal poverty level.

D. Prior to July 1, 2025, the staff of the legislative finance committee shall conduct a program evaluation to measure the impact of changes to the health insurance premium surtax and the creation of the health care affordability fund as it relates to the purpose of the fund.

E. Prior to July 1 of each year, the health care authority shall provide actuarial data from the health care affordability fund to the legislative finance committee.

F. Prior to July 1 of each year, the secretary of health care authority, in consultation with the superintendent, the secretary of taxation and revenue and the chief executive officer of the New Mexico health insurance exchange, shall work with the legislative finance committee and the department of finance and administration to develop and report on performance measures relating to the health care affordability fund and any programs or initiatives funded by the fund."

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