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HOUSE BILL 279

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

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 COUNCIL SERVICE TO RETAIN CONTRACTORS WHO 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 3 NMSA 1978 is enacted to read:

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

A. On or before September 1, 2025, the legislative council service shall retain at least one contractor that is capable of performing actuarial reviews of legislative

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1 proposals that may change the health insurance or health plan
2 coverage or compliance requirements. A contractor retained by
3 the legislative council service shall have experience in
4 conducting actuarial reviews on health care policy and health
5 insurance premiums.

6 B. Every year, each member of the legislature may
7 request the legislative council service to perform an actuarial
8 review of one piece of legislation that may change the coverage
9 requirements for health insurers. For each regular legislative
10 session, the legislative council service shall provide
11 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 council service,
16 the director of the legislative council service 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 council service,
23 the director of the legislative council service 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 council service, the director of the legislative
6 council service 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 council service, the director of the legislative
13 council service 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 the proposal is submitted to the
18 legislative council service by October 1 of a given year.

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

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

24 (2) estimates of changes in the rates of
25 utilization of specific health care services that may result

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1 from the legislative proposal;

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

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

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

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

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

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

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

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

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1 (11) an analysis on whether the legislative
2 proposal is supported by:

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

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

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

9 (d) nationally recognized clinical
10 practice guidelines.

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

15 F. No later than January 1 of each year, the
16 legislative council service shall prepare a written report
17 containing the results of the actuarial reviews conducted
18 pursuant to this section and shall:

19 (1) deliver the report to the New Mexico
20 legislative council;

21 (2) deliver the report to the legislative
22 finance committee; and

23 (3) make the report available on the
24 legislature's website.

25 G. For the purposes of this section:

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1 (1) "contractor" means an entity retained by
2 the legislative council service for the purpose of providing
3 actuarial reviews of legislative proposals that may change the
4 coverage requirements for health insurers;

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

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

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

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

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

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

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1 condition or health care need; or
2 (e) impose limits or conditions on a
3 contract between a health insurer and health care provider; and
4 (4) "legislative proposal" does not mean a
5 proposal that would:
6 (a) amend the scope of practice of a
7 licensed health care professional; or
8 (b) make state law consistent with
9 federal law."

10 SECTION 2. APPROPRIATION.--One hundred thousand dollars
11 (\$100,000) is appropriated from the general fund to the
12 legislative council service for expenditure in fiscal year 2026
13 to procure contractors to perform actuarial reviews of
14 legislative proposals that may change the coverage requirements
15 for health insurance plans. Any unexpended or unencumbered
16 balance remaining at the end of fiscal year 2026 shall revert
17 to the general fund.