

LFC Requester:

Eric Chenier

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

[AgencyAnalysis.nmlegis.gov](https://www.nmlegis.gov/AgencyAnalysis) and email to billanalysis@dfa.nm.gov*(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: 1/23/25

Check all that apply:

Bill Number: SB80Original Correction Amendment Substitute Sponsor: Sen. StefanicsShort Title: Medicare Supplemental Open Enrollment

Agency Name

and Code HCA-630

Number:

Person Writing Roy BurtPhone: 505-699-8924 Email roy.burt@hca.nm.gov**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
\$0.0	\$0.0	NA	NA

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
\$0.0	\$0.0	\$0.0	NA	NA

(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	\$0.0	\$0.0	\$0.0	\$0.0	NA	NA

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: Senate Bill 80 (SB80) adds a definition of “eligible policyholder” which means a Medicare beneficiary who is sixty-five years or older and insured under a Medicaid Supplement policy.

New language is added regarding an annual open enrollment period. Every issuer (defined in existing law as “insurance companies, fraternal benefit societies, nonprofit health care plans, health maintenance organizations and any other entities that deliver or issue for delivery in this state Medicare supplement policies or certificates”), participating in the market for Medicare Supplement policies must offer an annual open enrollment to all eligible policyholders. Additional new language states that each eligible policyholder’s open enrollment period shall begin the first day of the month of their birthday. During the open enrollment period an eligible policyholder can purchase any Medicare Supplement policy offered in the state. Furthermore, an issuer cannot deny, delay or condition the issuance based on health status, claims, etc. An issuer must notify the eligible policyholder of their open enrollment period, their rights, and any changes to their policy.

FISCAL IMPLICATIONS

No MAD/HCA impact. No impact on State Health Benefits.

SIGNIFICANT ISSUES

The Medical Assistance Division has reviewed and determined there is no impact to Medicaid. State Health Benefits has reviewed and determined there is no impact on SHB health plans.

PERFORMANCE IMPLICATIONS

NA

ADMINISTRATIVE IMPLICATIONS

NA

No IT impact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

NA

TECHNICAL ISSUES

NA

OTHER SUBSTANTIVE ISSUES

NA

ALTERNATIVES

NA

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status Quo

AMENDMENTS

None