

1 HOUSE BILL 570

2 **57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025**

3 INTRODUCED BY

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10 AN ACT

11 RELATING TO INSURANCE; AMENDING AND ENACTING SECTIONS OF THE  
12 PRIOR AUTHORIZATION ACT TO PROHIBIT THE IMPOSITION OF PRIOR  
13 AUTHORIZATION REQUIREMENTS FOR CERTAIN COVERED SERVICES AND  
14 PRESCRIPTION MEDICATION.  
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16 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

17 SECTION 1. Section 59A-22B-1 NMSA 1978 (being Laws 2019,  
18 Chapter 187, Section 3) is amended to read:

19 "59A-22B-1. SHORT TITLE.--~~[Sections 3 through 7 of this~~  
20 ~~act]~~ Chapter 59A, Article 22B NMSA 1978 may be cited as the  
21 "Prior Authorization Act"."

22 SECTION 2. A new section of the Prior Authorization Act  
23 is enacted to read:

24 "[NEW MATERIAL] PRIOR AUTHORIZATION FOR CHEMOTHERAPY  
25 SERVICES PROHIBITED.--

.229604.1

underscoring material = new  
[bracketed material] = delete

underscored material = new  
[bracketed material] = delete

1           A. A health insurer shall not require prior  
2 authorization for covered chemotherapy services.

3           B. A health insurer may require a health care  
4 provider to provide notification to the health insurer after  
5 the initiation of chemotherapy services.

6           C. A health insurer may require a health care  
7 provider to develop and submit a treatment plan for a covered  
8 person receiving chemotherapy services in a manner that is  
9 compliant with federal law."

10           SECTION 3. A new section of the Prior Authorization Act  
11 is enacted to read:

12           "[NEW MATERIAL] PRIOR AUTHORIZATION FOR DIALYSIS SERVICES  
13 PROHIBITED.--

14           A. A health insurer shall not require prior  
15 authorization for covered dialysis services.

16           B. A health insurer may require a health care  
17 provider to provide notification to the health insurer after  
18 the initiation of dialysis services.

19           C. A health insurer may require a health care  
20 provider to develop and submit a treatment plan for a covered  
21 person receiving dialysis services in a manner that is  
22 compliant with federal law."

23           SECTION 4. A new section of the Prior Authorization Act  
24 is enacted to read:

25           "[NEW MATERIAL] PRIOR AUTHORIZATION FOR ELDER CARE

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underscored material = new  
[bracketed material] = delete

1 SERVICES PROHIBITED.--

2 A. A health insurer shall not require prior  
3 authorization for covered elder care services.

4 B. A health insurer may require a health care  
5 provider to provide notification to the health insurer after  
6 the initiation of elder care services.

7 C. A health insurer may require a health care  
8 provider to develop and submit a treatment plan for a covered  
9 person receiving elder care services in a manner that is  
10 compliant with federal law."

11 SECTION 5. A new section of the Prior Authorization Act  
12 is enacted to read:

13 "[NEW MATERIAL] PRIOR AUTHORIZATION FOR HOME HEALTH CARE  
14 SERVICES PROHIBITED.--

15 A. A health insurer shall not require prior  
16 authorization for covered home health care services.

17 B. A health insurer may require a health care  
18 provider to provide notification to the health insurer after  
19 the initiation of home health care services.

20 C. A health insurer may require a health care  
21 provider to develop and submit a treatment plan for a covered  
22 person receiving home health care services in a manner that is  
23 compliant with federal law."

24 SECTION 6. Section 59A-22B-8 NMSA 1978 (being Laws 2023,  
25 Chapter 114, Section 13, as amended) is amended to read:

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underscoring material = new  
~~[bracketed material] = delete~~

1 "59A-22B-8. PRIOR AUTHORIZATION FOR PRESCRIPTION DRUGS OR  
2 STEP THERAPY FOR CERTAIN CONDITIONS PROHIBITED.--

3 A. Coverage for medication approved by the federal  
4 food and drug administration that is prescribed for the  
5 treatment of an autoimmune disorder, cancer, diabetes, high  
6 blood pressure or a substance use disorder, pursuant to a  
7 medical necessity determination, shall not be subject to prior  
8 authorization, except in cases in which a biosimilar,  
9 interchangeable biologic or generic version is available.

10 B. A health insurer shall not impose step therapy  
11 requirements before authorizing coverage for medication  
12 approved by the federal food and drug administration that is  
13 prescribed for the treatment of an autoimmune disorder, cancer,  
14 diabetes, high blood pressure or a substance use disorder,  
15 pursuant to a medical necessity determination, except in cases  
16 in which a biosimilar, interchangeable biologic or generic  
17 version is available."