LAWS 2025 (1st S.S.)

1st Special Session, Fifty-Seventh Legislature

Certificate of Authentication

CERTIFICATE OF AUTHENTICATION

STATE OF NEW MEXICO)
) **SS:**
OFFICE OF THE SECRETARY OF STATE)

I, MAGGIE TOULOUSE OLIVER, Secretary of State of the State of New Mexico, do hereby certify that the printed law contained herein is a true and correct copy of the **ENROLLED AND ENGROSSED LAW** that was passed by the Fifty-Seventh State Legislature of New Mexico in its First Special Session, which convened on the 1st day of October, 2025, and adjourned on the 2nd day of October, 2025, in Santa Fe, the Capital of the State, as said copies appear on file in my office.

I further certify that in preparing the following law for publication, the texts of the **ORIGINAL ENROLLED AND ENGROSSED ACT** have been photographically reproduced without changes and that any errors must be attributed to the original, as certified by the Enrolling and Engrossing and Judiciary Committees of the Fifty-Seventh Legislature of the State of New Mexico, First Special Session.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of New Mexico.

Done in the City of Santa Fe,
the State Capital, this 14th day of
October 2025.

Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State

LAWS 2025 (1st S.S.), CHAPTER 1

House Bill 2, w/ec
Approved October 3, 2025

AN ACT

RELATING TO HEALTH CARE COVERAGE; ADJUSTING ELIGIBILITY REQUIREMENTS FOR PARTICIPATING IN THE NEW MEXICO HEALTH INSURANCE EXCHANGE; DECLARING AN EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Chapter 1 Section 1 Laws 2025

SECTION 1. 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;

(2) reduce premiums for small businesses and their employees purchasing health care coverage in the fully insured small group market;

(3) provide resources for planning, design and implementation of health care coverage initiatives for uninsured New Mexico residents;

(4) provide resources for administration of state health care coverage initiatives for uninsured New Mexico residents;

(5) cover a portion or all of the net premium health benefit contributions for state employees enrolled in health benefit plans covered by the Health Care Purchasing Act who do not qualify for medicaid and:

(a) have a modified adjusted gross income up to two hundred fifty percent of the federal poverty level; or

(b) purchase employee-only coverage and receive an annual salary from the state of fifty thousand dollars ($50,000) or less; and

(6) cover a portion or all of the net premiums for members of the New Mexico national guard who qualify for a federal TRICARE reserve select policy.

C. If the federal Patient Protection and Affordable Care Act or other federal coverage programs that enable New Mexico residents to secure affordable comprehensive health care coverage are repealed in full or in part by an act of congress, invalidated by the United States supreme court or administered by the United States department of health and human services in a way that eliminates or reduces access to comprehensive health care coverage for New Mexico residents through medicaid or the New Mexico health insurance exchange, the fund may be used to maintain coverage through the New Mexico health insurance exchange, medical assistance programs or other programs established or 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."

Chapter 1 Section 2 Laws 2025

SECTION 2. Section 59A-23F-12 NMSA 1978 (being Laws 2021, Chapter 136, Section 5, as amended) is amended to read:

"59A-23F-12. HEALTH CARE AFFORDABILITY PLAN--RULEMAKING--REPORTING REQUIREMENTS.--

A. Rules covering the following provisions may be amended as the health care authority determines:

(1) providing enhanced premium and cost-sharing assistance to individuals and families for the purchase of qualified health plans on the New Mexico health insurance exchange. In providing this assistance, the health care authority shall develop health care affordability criteria designed to reduce the amount that individuals pay in premiums and out-of-pocket medical expenses for qualified health plans offered on the New Mexico health insurance exchange; and

(2) establishing income eligibility parameters for the health care affordability criteria for plan year 2023 and each subsequent calendar year based on available funds. New Mexico residents who qualify shall:

(a) have a household income below four hundred percent of the federal poverty level and qualify for the advanced premium tax credit under the federal Patient Protection and Affordable Care Act; or

(b) meet all eligibility criteria for the advanced premium tax credit under the federal Patient Protection and Affordable Care Act except for household income requirements.

B. If the federal Patient Protection and Affordable Care Act is repealed in full or in part by an act of congress, invalidated by the United States supreme court or administered by the United States department of health and human services in a way that alters eligibility criteria for the advanced premium tax credit in a manner that would cause significant coverage loss for New Mexico residents, the health care authority may promulgate rules to minimize loss of coverage by expanding eligibility to cover individuals at risk of losing coverage due to such changes, subject to available funds.

C. The health care authority, in consultation with the superintendent, the New Mexico medical insurance pool, the department of health and stakeholder groups, including health care providers that serve uninsured residents, health insurance carriers and consumer advocacy groups, may update the plan for extending health care coverage access to uninsured New Mexico residents who do not qualify for federal premium assistance or, except by reason of incarceration, qualified health plans, through the New Mexico health insurance exchange. The plan shall include:

(1) details about health care benefits;

(2) health care affordability criteria designed to reduce the amount that individuals pay in premiums and out-of-pocket medical expenses under the plan and that result in, to the greatest extent possible, health care costs comparable to costs for New Mexico residents for whom assistance is provided under Subsection A of this section; and

(3) income eligibility parameters that prioritize eligibility for New Mexico residents with incomes under two hundred percent of the federal poverty level.

D. On or before October 31, 2024 and each October 31 thereafter, the health care authority shall submit a report to the legislative finance committee and the legislative health and human services committee that includes:

(1) a summary of the affordability criteria implemented pursuant to Subsections A, B and C of this section;

(2) the estimated number of uninsured New Mexico residents who enrolled in coverage following implementation of the affordability criteria pursuant to Subsections A, B and C of this section; and

(3) the amount in reduced costs and coverage assistance the initiatives provided in the current and previous calendar years by income level, county and coverage source."

Chapter 1 Section 3 Laws 2025

SECTION 3. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.

LAWS 2025 (1st S.S.), CHAPTER 2

House Bill 1, partial veto
Approved October 3, 2025

AN ACT

RELATING TO GENERAL APPROPRIATIONS; MAKING APPROPRIATIONS FROM LEGISLATIVE CASH BALANCES FOR NECESSARY EXPENSES OF THE FIRST SPECIAL SESSION OF THE FIFTY-SEVENTH LEGISLATURE; MAKING AN APPROPRIATION TO THE ADMINISTRATIVE OFFICE OF THE COURTS FOR BEHAVIORAL HEALTH PILOTS AND PROGRAMS; MAKING APPROPRIATIONS TO THE DEPARTMENT OF FINANCE AND ADMINISTRATION AND THE INDIAN AFFAIRS DEPARTMENT FOR EDUCATIONAL TELEVISION AND PUBLIC RADIO, THE HEALTH CARE AUTHORITY FOR FOOD ASSISTANCE, HEALTH CARE AND MEDICAL SERVICES ASSISTANCE AND STAFFING AND INFORMATION TECHNOLOGY COSTS, THE REGULATION AND LICENSING DEPARTMENT FOR A SUPPLEMENTAL REQUEST AND IMPLEMENTATION OF AN INTERSTATE COMPACT AND NEW MEXICO STATE UNIVERSITY FOR A COLLEGE ASSISTANCE EDUCATIONAL PROGRAM; MAKING CERTAIN TRANSFERS; REVERTING CERTAIN BALANCES FROM A LAWS 2023 GENERAL FUND APPROPRIATION TO THE HUMAN SERVICES DEPARTMENT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Chapter 2 Section 1 Laws 2025

SECTION 1. SPECIAL SESSION--APPROPRIATIONS.--

A. The following amounts are appropriated from legislative cash balances for expenditure in fiscal year 2026 for the following expenses of the first special session of the fifty-seventh legislature. Any unexpended balance remaining at the end of fiscal year 2026 shall revert to legislative cash balances:

(1) for the expense of the house of representatives, one hundred five thousand dollars ($105,000) to be disbursed on vouchers signed by the speaker and the chief clerk of the house of representatives or the chief clerk's designee;

(2) for the expense of the senate, seventy thousand dollars ($70,000) to be disbursed on vouchers signed by the chair of the committees' committee and the chief clerk of the senate or the chief clerk's designee; and

(3) for the expense of the legislative council service, sixty-five thousand dollars ($65,000) to be disbursed on vouchers signed by the director of the legislative council service or the director's designee.

B. Following adjournment of the first special session of the fifty-seventh legislature, expenditures authorized in this section shall be disbursed on vouchers signed by the director of the legislative council service or the director's designee.

Chapter 2 Section 2 Laws 2025

SECTION 2. APPROPRIATION--ADMINISTRATIVE OFFICE OF THE COURTS.--One million dollars ($1,000,000) is appropriated from the general fund to the administrative office of the courts for expenditure in fiscal years 2026 and 2027 for the expansion of assisted outpatient treatment programs, competency diversion pilot programs and other behavioral health pilot programs. Any unexpended balance remaining at the end of fiscal year 2027 shall revert to the general fund.

Chapter 2 Section 3 Laws 2025

SECTION 3. APPROPRIATIONS--EDUCATIONAL TELEVISION AND PUBLIC RADIO.--

A. Five million five hundred sixty thousand nine hundred sixty-two dollars ($5,560,962) is appropriated from the general fund to the department of finance and administration [~~for expenditure in fiscal years 2026 and 2027~~] for educational television and public radio. [~~Any unexpended balance remaining at the end of fiscal year 2027 shall revert to the general fund~~]. *LINE ITEM VETO*

B. Four hundred twenty-nine thousand five hundred twenty-seven dollars ($429,527) is appropriated from the general fund to the Indian affairs department [~~for~~

~~expenditure in fiscal years 2026 and 2027~~] for educational television and public radio provided by and for Indian nations, tribes and pueblos. [~~Any unexpended balance remaining at the end of fiscal year 2027 shall revert to the general fund.~~] *LINE ITEM VETO*

Chapter 2 Section 4 Laws 2025

SECTION 4. APPROPRIATIONS--HEALTH CARE AUTHORITY.--

A. The following amounts are appropriated from the general fund to the health care authority for expenditure in fiscal years 2026 and 2027. Any unexpended balance remaining at the end of fiscal year 2027 shall revert to the general fund:

(1) four million six hundred thousand dollars ($4,600,000) to maintain the [~~minimum federal~~] supplemental nutrition assistance program benefit for elders and people with disabilities; *LINE ITEM VETO*

(2) twelve million dollars ($12,000,000) to maintain the [~~minimum federal~~] supplemental nutrition assistance program benefit for lawfully present residents; *LINE ITEM VETO*

(3) one million two hundred forty-six thousand dollars ($1,246,000) to prevent layoffs of employees administering the [~~federal~~] supplemental nutrition assistance program [~~nutrition education and obesity prevention grant program~~] at the university of New Mexico and New Mexico state university; *LINE ITEM VETO*

(4) eight million dollars ($8,000,000) to support food banks, food pantries, regional distribution organizations and partner agencies in the state to ensure access to nutritious food, including two million five hundred thousand dollars ($2,500,000) for capacity building, transportation, logistics and operational expenses;

(5) two million dollars ($2,000,000) to support educational-based centers and food pantry and food distribution programs in consultation with the early childhood education and care department, the public education department and the higher education department;

(6) one million five hundred thousand dollars ($1,500,000) to, in consultation with the workforce solutions department, support individuals in meeting work and volunteer requirements necessary to qualify for benefits under the federal supplemental nutrition assistance program and the state medicaid program;

(7) four million four hundred thousand dollars ($4,400,000) for additional staffing and administrative costs for the income support division of the authority;

(8) two million two hundred thousand dollars ($2,200,000) for services, additional staffing and administrative costs for the medical assistance division of the authority; and

(9) ten million dollars ($10,000,000) for updates to information technology and other costs related to changes to eligibility requirements for medicaid and the federal supplemental nutrition assistance program made by Public Law No. 119–21.

B. Three million dollars ($3,000,000) is appropriated from the general fund to the health care authority for expenditure in fiscal year 2026 to contract for health care services provided by nonprofit health care facilities not eligible under federal law to receive medicaid funding. Any unexpended balance remaining at the end of fiscal year 2026 shall revert to the general fund.

C. Seventeen million three hundred thousand dollars ($17,300,000) is appropriated from the health care affordability fund to the health care authority for expenditure in fiscal year 2026 to reduce health care premiums and cost sharing for New Mexico residents who purchase health care coverage on the New Mexico health insurance exchange contingent on enactment of House Bill 2 or similar legislation of the first special session of the fifty-seventh legislature. Any unexpended balance remaining at the end of fiscal year 2026 shall revert to the health care affordability fund.

Chapter 2 Section 5 Laws 2025

SECTION 5. APPROPRIATIONS--REGULATION AND LICENSING DEPARTMENT.--The following amounts are appropriated from the general fund to the regulation and licensing department for expenditure in fiscal year 2026. Any unexpended balance remaining at the end of fiscal year 2026 shall revert to the general fund:

A. seven million eight hundred seventy-nine thousand six hundred six dollars ($7,879,606) for projected shortfalls in operating expenses and to remediate cash deficits; and

B. one hundred thousand dollars ($100,000) to implement interstate compacts regarding health care professionals.

Chapter 2 Section 6 Laws 2025

SECTION 6. APPROPRIATION--NEW MEXICO STATE UNIVERSITY.--Four hundred fifty thousand dollars ($450,000) is appropriated from the general fund to the board of regents of New Mexico state university for expenditure in fiscal year 2026 for the university's college assistance program to provide post-secondary educational needs of United States citizens and permanent legal residents who worked as migratory seasonal farmworkers, dairy workers and ranch workers. [~~Any unexpended balance remaining at the end of fiscal year 2026 shall revert to the general fund.~~] *LINE ITEM VETO*

Chapter 2 Section 7 Laws 2025

SECTION 7. TRANSFERS.--

A. Thirty million dollars ($30,000,000) is transferred from the general fund to the appropriation contingency fund.

B. Fifty million dollars ($50,000,000) is transferred from the general fund to the rural health care delivery fund.

Chapter 2 Section 8 Laws 2025

SECTION 8. REVERSION OF BALANCES FROM LAWS 2023 GENERAL FUND APPROPRIATION TO THE HUMAN SERVICES DEPARTMENT.--On the effective date of this act, one hundred twenty million dollars ($120,000,000) of the unexpended balance of the appropriation to the human services department for the medical assistance program in the other category as provided in Laws 2023, Chapter 210, Section 4 shall revert to the general fund operating reserve, and within thirty days of the effective date of this act, the department of finance and administration shall transfer such unexpended balance to the general fund operating reserve.

LAWS 2025 (1st S.S.), CHAPTER 3

Senate Bill 1, aa, w/ec
Approved October 3, 2025

AN ACT

RELATING TO HEALTH; EXPANDING THE PERMISSIBLE USES OF THE RURAL HEALTH CARE DELIVERY FUND TO ALLOW FOR GRANTS TO HEALTH CARE PROVIDERS AND FACILITIES IN HIGH-NEEDS GEOGRAPHIC HEALTH PROFESSIONAL SHORTAGE AREAS AND TO STABILIZE THE PROVISION OF EXISTING HEALTH CARE SERVICES; DECLARING AN EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Chapter 3 Section 1 Laws 2025

SECTION 1. Section 24A-1-17 NMSA 1978 (being Laws 2024, Chapter 39, Section 38) is amended to read:

"24A-1-17. RURAL HEALTH CARE DELIVERY FUND--GRANTS--APPLICATIONS--AWARDS.--

A. The "rural health care delivery fund" is created as a nonreverting fund in the state treasury. The fund consists of appropriations, gifts, grants, donations, income

from investment of the fund and any other revenue credited to the fund. The authority shall administer the fund, and money in the fund is appropriated to the authority to carry out the provisions of this section. Expenditures shall be by warrant of the secretary of finance and administration pursuant to vouchers signed by the secretary or the secretary's authorized representative.

B. A rural health care provider or rural health care facility may apply to the authority for a grant to:

(1) defray operating losses, including rural health care provider or rural health care facility start-up costs, incurred in providing inpatient, outpatient, primary, specialty or behavioral health care services to New Mexico residents; or

(2) stabilize the provision of existing health care services when those services are at risk of reduction or closure.

C. The authority may award a grant from the rural health care delivery fund to a rural health care provider or rural health care facility that is providing a new or expanded health care service as approved by the authority that covers operating losses for the new or expanded health care service, subject to the following conditions and limitations:

(1) the rural health care provider or rural health care facility meets state licensing requirements to provide health care services and is an enrolled medicaid provider that actively serves medicaid recipients;

(2) grants are for one year and for no more than the first five years of operation as a newly constructed rural health care facility or the operation of a new or expanded health care service;

(3) grants are limited to covering operating losses for which recognized revenue is not sufficient;

(4) the rural health care provider or rural health care facility provides adequate cost data, as defined by rule of the authority, based on financial and statistical records that can be verified by qualified auditors and which data are based on an approved method of cost finding and the accrual basis of accounting and can be confirmed as having been delivered through review of claims;

(5) grant award amounts shall be reconciled by the authority to audited operating losses after the close of the grant period;

(6) in the case of a rural health care provider, the provider commits to:

(a) a period of operation equivalent to the number of years grants are awarded; and

(b) actively serve medicaid recipients throughout the duration of the grant period; and

(7) in prioritizing grant awards, the authority shall consider the health needs of the state and the locality and the long-term sustainability of the new or expanded service.

D. Grants shall not be used for operations outside of New Mexico.

E. As used in this section:

(1) "allowable costs" means necessary and proper costs defined by rule of the authority based on medicare reimbursement principles, including reasonable direct expenses, but not including general overhead and management fees paid to a parent corporation;

(2) "health care services" means services for the diagnosis, prevention, treatment, cure or relief of a physical, dental, behavioral or mental health condition, substance use disorder, illness, injury or disease and for medical or behavioral health ground transportation;

(3) "medicaid" means the medical assistance program established pursuant to Title 19 of the federal Social Security Act and rules issued pursuant to that act;

(4) "medicaid provider" means a person that provides medicaid-related services to medicaid recipients;

(5) "medicaid recipient" means a person whom the authority has determined to be eligible to receive medicaid-related services in the state;

(6) "operating losses" means the projected difference between recognized revenue and allowable costs for a grant request period;

(7) "recognized revenue" means operating revenue, including revenue directly related to the rendering of patient care services and revenue from nonpatient care services to patients and persons other than patients; the value of donated commodities; supplemental payments; distributions from the safety net care pool fund; and distributions of federal funds;

(8) "rural health care facility" means a health care facility licensed in the state that provides inpatient or outpatient physical or behavioral health services or programmatic services:

(a) in a county that has a population of one hundred thousand or fewer according to the most recent federal decennial census;

(b) in a high-needs geographic health professional shortage area as designated by the United States health resources and services administration; or

(c) in a tribally operated health care facility;

(9) "rural health care provider" means an individual health professional licensed by the appropriate board, a medical or behavioral health ground transportation entity licensed by the public regulation commission or a health facility organization licensed by the authority to provide health care diagnosis and treatment of physical or behavioral health or programmatic services:

(a) in a county that has a population of one hundred thousand or fewer according to the most recent federal decennial census; or

(b) in a high-needs geographic health professional shortage area as designated by the United States health resources and services administration; and

(10) "start-up costs" means the planning, development and operation of rural health care services, including legal fees; accounting fees; costs associated with leasing equipment, a location or property; depreciation of equipment costs; and staffing costs. "Start-up costs" does not mean the construction or purchase of land or buildings."

Chapter 3 Section 2 Laws 2025

SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.

LAWS 2025 (1st S.S.), CHAPTER 4

Senate Bill 2, w/ec
Approved October 3, 2025

AN ACT

RELATING TO CRIMINAL COMPETENCY; PROVIDING FOR A METROPOLITAN COURT TO RETAIN JURISDICTION OF A CASE IN WHICH THE QUESTION OF A DEFENDANT'S COMPETENCY IS RAISED UNLESS THE METROPOLITAN COURT DETERMINES THAT THE DEFENDANT IS NOT COMPETENT TO STAND TRIAL; DECLARING AN EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Chapter 4 Section 1 Laws 2025

SECTION 1. Section 31-9-1 NMSA 1978 (being Laws 1988, Chapter 107, Section 1 and Laws 1988, Chapter 108, Section 1, as amended) is amended to read:

"31-9-1. DETERMINATION OF COMPETENCY--RAISING THE ISSUE.--

A. When a party or the court raises a question as to a defendant's competency to stand trial in a criminal case, the proceeding shall be suspended until the issue is determined.

B. Unless the case is dismissed upon motion of a party or through diversion, if the question of a defendant's competency is raised in a court other than a district court or metropolitan court, the case shall be transferred to the district court; provided that if the question of a defendant's competency is raised in a metropolitan court and the court determines that the defendant is not competent to stand trial, the case shall be transferred to the district court."

Chapter 4 Section 2 Laws 2025

SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.

LAWS 2025 (1st S.S.), CHAPTER 5

Senate Bill 3, w/o ec
Approved October 8, 2025

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.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Chapter 5 Section 1 Laws 2025

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 public education department and the early childhood education and care department, promulgate rules 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 in accordance with recommendations from the department of health 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, to be recommended for adults residing in the state. Rules promulgated pursuant to this subsection shall establish the immunizations recommended and the recommended manner and frequency of their administration in accordance with 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."

Chapter 5 Section 2 Laws 2025

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

"24-5-2. UNLAWFUL TO ENROLL IN SCHOOL OR LICENSED CHILD CARE PROGRAMS UNIMMUNIZED--UNLAWFUL TO REFUSE TO PERMIT IMMUNIZATION.--It is unlawful for any child to enroll in school or a licensed child care or licensed early childhood care program unless the child has been immunized as required under the rules of the public health division of the department of health and can provide satisfactory evidence of such immunization; provided that, if the child produces satisfactory evidence of having begun the process of immunization, the child may enroll and attend school or the child care program as long as the immunization process is being accomplished in the prescribed manner. It is unlawful for any parent to refuse or neglect to have the parent's child immunized, as required by this section, unless the child is properly exempted."

Chapter 5 Section 3 Laws 2025

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

"24-5A-1. SHORT TITLE.--Chapter 24, Article 5A NMSA 1978 may be cited as the "Vaccine Purchasing Act"."

Chapter 5 Section 4 Laws 2025

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

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

A. "department" means the department of health;

B. "fund" means the vaccine purchasing fund;

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

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

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

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

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

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

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

G. "office of superintendent" means the office of superintendent of insurance;

H. "policy" means any contract of health insurance between a health insurer and the insured and all clauses, riders, endorsements and parts thereof;

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

J. "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."

Chapter 5 Section 5 Laws 2025

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

"24-5A-3. 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 department pursuant to Section 24-5-1 NMSA 1978;

(2) maintain and improve immunization rates;

(3) facilitate the acquisition by providers of vaccines for childhood immunizations recommended by the department pursuant to Section 24-5-1 NMSA 1978; and

(4) leverage public and private funding and resources for the purchase, storage and distribution of vaccines for childhood immunizations recommended by the department pursuant to Section 24-5-1 NMSA 1978.

B. The department shall:

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

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

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

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

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

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

C. No later than July 1, 2015 and July 1 of each year thereafter, the department shall estimate the amount to be expended annually by the department to purchase, store and distribute vaccines recommended by the department pursuant to Section 24-5-1 NMSA 1978 to all insured children in the state, including a reserve of ten percent of the amount estimated.

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

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

Chapter 5 Section 6 Laws 2025

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

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

A. The fund shall be used for the purchase, storage and distribution of vaccines, as recommended by the department pursuant to Section 24-5-1 NMSA 1978, for insured children who are not eligible for the vaccines for children program.

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

C. The fund shall not be used:

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

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

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

Chapter 5 Section 7 Laws 2025

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

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

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

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

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

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

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

(1) ambulatory patient services;

(2) emergency services;

(3) hospitalization;

(4) maternity and newborn care;

(5) mental health and substance use disorder services, including behavioral health treatment;

(6) prescription drugs;

(7) rehabilitative and habilitative services and devices;

(8) laboratory services;

(9) preventive and wellness services and chronic disease management; and

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) immunizations that have in effect a recommendation from the department of health, with respect to the insured for which immunization is considered;

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

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

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

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

J. The superintendent shall adopt rules:

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

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

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

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

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

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

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

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

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

(3) liability insurance;

(4) workers' compensation or similar insurance;

(5) automobile medical payment insurance;

(6) credit-only insurance;

(7) coverage for on-site medical clinics;

(8) other similar insurance coverage specified in regulations under which benefits for medical care are secondary or incidental to other benefits;

(9) the following benefits if offered separately:

(a) limited scope dental or vision benefits;

(b) benefits for long-term care, nursing home care, home health care, community-based care or any combination of those benefits; and

(c) other similar limited benefits specified in regulations;

(10) the following benefits, offered as independent noncoordinated benefits:

(a) coverage only for a specified disease or illness; or

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

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

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

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

Chapter 5 Section 8 Laws 2025

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

"24-5-1. IMMUNIZATION REGULATIONS.--The public health division of the department of health shall, after consultation with the public education department, promulgate rules governing the immunization against diseases deemed to be dangerous to the public health, to be required of children attending public, private, home or parochial schools in the state. The immunizations required and the manner and frequency of their administration shall conform to recommendations of the advisory committee on immunization practices of the United States department of health and human services and the American academy of pediatrics. The public health division shall supervise and secure the enforcement of the required immunization program."

Chapter 5 Section 9 Laws 2025

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

"24-5-2. UNLAWFUL TO ENROLL IN SCHOOL UNIMMUNIZED--UNLAWFUL TO REFUSE TO PERMIT IMMUNIZATION.--It is unlawful for any student to enroll in school unless the student has been immunized as required under the rules of the public health division of the department of health and can provide satisfactory evidence of such immunization; provided that, if the student produces satisfactory evidence of having begun the process of immunization, the student may enroll and attend school as long as the immunization process is being accomplished in the prescribed manner. It is unlawful for any parent to refuse or neglect to have the parent's child immunized, as required by this section, unless the child is properly exempted."

Chapter 5 Section 10 Laws 2025

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

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

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

B. "department" means the department of health;

C. "fund" means the vaccine purchasing fund;

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

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

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

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

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

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

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

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

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

Chapter 5 Section 11 Laws 2025

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

B. The department shall:

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

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

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

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

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

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

C. No later than July 1, 2015 and July 1 of each year thereafter, the department shall estimate the amount to be expended annually by the department to purchase, store and distribute vaccines recommended by the advisory committee on immunization practices to all insured children in the state, including a reserve of ten percent of the amount estimated.

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

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

Chapter 5 Section 12 Laws 2025

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

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

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

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

C. The fund shall not be used:

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

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

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

Chapter 5 Section 13 Laws 2025

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

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

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

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

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

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

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

(1) ambulatory patient services;

(2) emergency services;

(3) hospitalization;

(4) maternity and newborn care;

(5) mental health and substance use disorder services, including behavioral health treatment;

(6) prescription drugs;

(7) rehabilitative and habilitative services and devices;

(8) laboratory services;

(9) preventive and wellness services and chronic disease management; and

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

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

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

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

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

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

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

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

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

E. The superintendent shall adopt and promulgate rules specifying the maximum cost-sharing amounts for which an insured may be held liable for payment of covered benefits under any health insurance plan that provides benefits other than excepted benefits, including deductibles, coinsurance, copayments or similar charge, and any other expenditure required of an insured individual with respect to essential

health benefits covered under the plan, but not including premiums, balance billing amounts for non-network providers or spending for non-covered services.

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

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

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

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

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

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

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

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

J. The superintendent shall adopt rules:

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

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

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

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

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

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

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

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

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

(3) liability insurance;

(4) workers' compensation or similar insurance;

(5) automobile medical payment insurance;

(6) credit-only insurance;

(7) coverage for on-site medical clinics;

(8) other similar insurance coverage specified in regulations under which benefits for medical care are secondary or incidental to other benefits;

(9) the following benefits if offered separately:

(a) limited scope dental or vision benefits;

(b) benefits for long-term care, nursing home care, home health care, community-based care or any combination of those benefits; and

(c) other similar limited benefits specified in regulations;

(10) the following benefits, offered as independent noncoordinated benefits:

(a) coverage only for a specified disease or illness; or

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

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

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

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

Chapter 5 Section 14 Laws 2025

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

2025 (1st S.S.) OFFICIAL ROSTER OF THE STATE OF NEW MEXICO

LAWS
of the
State of
New Mexico

Passed by the

FIRST SPECIAL SESSION

of the

FIFTY-SEVENTH LEGISLATURE

STATE OF NEW MEXICO

Which convened in the city of Santa Fe, at the Capitol at the Hour of 12:00 Noon on the 1st day of October 2025, and adjourned on the 2nd day of October 2025.

Prepared for Publication by
Maggie Toulouse Oliver, Secretary of State

OFFICIAL ROSTER
OF THE
STATE OF NEW MEXICO

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Ben R. Luján, Democrat, Santa Fe

UNITED STATES REPRESENTATIVES
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Gabriel Vasquez, Democrat, 2nd Congressional District – Las Cruces
Teresa Leger Fernández, Democrat, 3rd Congressional District – Santa Fe

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Howie C. Morales, Democrat	Lieutenant Governor
Maggie Toulouse Oliver, Democrat	Secretary of State
Joseph M. Maestas, Democrat	State Auditor State Treasurer Attorney General

Laura M. Montoya, Democrat	Commissioner of Public Lands
Raúl Torrez, Democrat	Public Regulation Commissioner
Stephanie Garcia Richard, Democrat	Public Regulation Commissioner
Gabriel Aguilera	Public Regulation Commissioner
Greg Nibert	
Pat O'Connell	

JUSTICES OF THE SUPREME COURT

David K. Thomson, Chief Justice
Justice C. Shannon Bacon
Justice Michael E. Vigil
Justice Julie J. Vargas
Justice Briana H. Zamora

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J. Miles Hanisee
Zachary A. Ives
Shammara H. Henderson
Jane B. Yohalem
Gerald E. Baca
Katherine A. Wray

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DISTRICT JUDGES

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Santa Fe, Los Alamos and Rio Arriba Counties

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Division II	Maria Sanchez-Gagne	Santa Fe
Division III	Shannon Broderick Bulman	Santa Fe
Division IV	Denise M. Thomas	Santa Fe
Division V	Jason Lidyard	Santa Fe
Division VI	Bryan Biedscheid	Santa Fe
Division VII	T. Glenn Ellington	Santa Fe
Division VIII	Anastasia R. Martin	Santa Fe
Division IX	Matthew J. Wilson	Santa Fe
Division X	Kathleen McGarry Ellenwood	Santa Fe

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Division II	Matthew Chavez	Albuquerque
Division III	Brett R. Loveless	Albuquerque
Division IV	Beatrice J. Brickhouse	Albuquerque
Division V	Nancy J. Franchini	Albuquerque
Division VI	Daniel E. Ramczyk	Albuquerque
Division VII	Alma C. Roberson	Albuquerque
Division VIII	Catherine Begaye	Albuquerque
Division IX	Cindy Leos	Albuquerque
Division X	Bruce Fox	Albuquerque
Division XI	Bryan T. Fox	Albuquerque
Division XII	Elaine P. Lujan	Albuquerque
Division XIII	Lisa Chavez Ortega	Albuquerque
Division XIV	Marie Ward	Albuquerque
Division XV	Courtney B. Weaks	Albuquerque
Division XVI	Jennifer J. Wernersbach	Albuquerque
Division XVII	Erin B. O'Connell	Albuquerque
Division XVIII	Denise Barela-Shepherd	Albuquerque
Division XIX	Diana Garcia	Albuquerque
Division XX	Britt M. Baca	Albuquerque
Division XXI	Emeterio L. Rudolfo	Albuquerque
Division XXII	Amber Chavez Baker	Albuquerque
Division XXIII	Joshua A. Allison	Albuquerque
Division XXIV	Crystal Lees	Albuquerque
Division XXV	Jane Levy	Albuquerque
Division XXVI	Joseph Montano	Albuquerque
Division XXVII	Victor Lopez	Albuquerque
Division XXVIII	Clara Moran	Albuquerque
Division XXIX	Lucy Solimon	Albuquerque
Division XXX	David Murphy	Albuquerque

THIRD JUDICIAL DISTRICT
Doña Ana County

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Division III	Conrad F. Perea	Las Cruces
Division IV	Rebecca C. Duffin	Las Cruces
Division V	Casey B. Fitch	Las Cruces
Division VI	James T. Martin	Las Cruces
Division VII	Douglas R. Driggers	Las Cruces
Division VIII	Grace B. Duran	Las Cruces
Division IX	Richard M. Jacquez	Las Cruces

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Guadalupe, Mora and San Miguel Counties

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Division II	Abigail P. Aragon	Las Vegas
Division III	Flora Gallegos	Las Vegas

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Lea, Eddy and Chaves Counties

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Division II	Thomas E. Lilley	Chaves
Division III	Efren A. Cortez	Lea
Division IV	Mark Sánchez	Lea
Division V	Jane Shuler Gray	Eddy
Division VI	James M. Hudson	Chaves
Division VII	Michael H. Stone	Lea
Division VIII	Jared G. Kallunki	Chaves
Division IX	Lisa Riley	Eddy
Division X	Dustin K. Hunter	Chaves
Division XI	Lee A. Kirksey	Lea
Division XII	AnneMarie Lewis	Eddy

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Grant, Hidalgo and Luna Counties

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Division II	Jennifer E. DeLaney	Deming
Division III	James B. Foy	Silver City
Division IV	Jarod K. Hofacket	Deming

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Catron, Sierra, Socorro and Torrance Counties

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Division II	Roscoe A. Woods	Sierra
Division III	Shannon Murdock-Poff	Torrance

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Colfax, Union and Taos Counties

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Division II	Steven A. Romero	Raton
Division III	Jeffrey A. Shannon	Clayton

NINTH JUDICIAL DISTRICT
Curry and Roosevelt Counties

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Division II	Drew D. Tatum	Clovis
Division III	Fred T. Van Soelen	Clovis
Division IV	Donna J. Mowrer	Portales

Division V	David P. Reeb	Clovis

TENTH JUDICIAL DISTRICT
Quay, DeBaca, and Harding Counties

Division I	Timothy Rose	Tucumcari

ELEVENTH JUDICIAL DISTRICT
McKinley and San Juan Counties

Division I	Bradford J. Dalley	Farmington
Division II	Bradley L. Keeler	Gallup
Division III	Sarah V. Weaver	Farmington
Division IV	Curtis R. Gurley	Aztec
Division V	R. David Pederson	Gallup
Division VI	Brenna Clani-Washinawatok	Aztec
Division VII	Douglas W. Decker	Gallup
Division VIII	Stephen M. Wayne	Aztec

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Lincoln and Otero Counties

Division I	Stephen P. Ochoa	Alamogordo
Division II	Lori Gibson Willard	Alamogordo
Division III	Daniel A. Bryant	Alamogordo
Division IV	Angie K. Schneider	Alamogordo
Division V	John P. Sugg	Carrizozo

THIRTEENTH JUDICIAL DISTRICT
Cibola, Sandoval & Valencia Counties

Division I	James Lawrence Sanchez	Los Lunas
Division II	George P. Eichwald	Bernalillo
Division III	Allen R. Smith	Los Lunas
Division IV	Amanda Sanchez Villalobos	Grants
Division V	James A. Noel	Bernalillo
Division VI	Cindy M. Mercer	Los Lunas
Division VII	Christopher G. Perez	Bernalillo
Division VIII	Cheryl H. Johnston	Bernalillo
Division IX	Allison P. Martinez	Bernalillo

DISTRICT ATTORNEYS

First Judicial District	Mary V. Carmack-Altwies	Santa Fe, Los Alamos & Rio
Second Judicial District	Sam Bregman	Arriba
Third Judicial District	Fernando Macias	Bernalillo
Fourth Judicial District	Thomas A. Clayton	Doña Ana
Fifth Judicial District	Dianna Luce	

Sixth Judicial District	Norman Wheeler	San Miguel, Mora & Guadalupe
Seventh Judicial District	Clint Wellborn	Eddy, Chaves & Lea
Eighth Judicial District	Marcus J. Montoya	Grant, Luna & Hidalgo
Ninth Judicial District	Quentin Ray	Socorro, Torrance, Sierra & Catron
Tenth Judicial District	Heidi Adams	Taos, Colfax & Union
Eleventh Judicial District	Jack Fortner	Curry & Roosevelt
	Bernadine Martin	Quay, Harding & DeBaca
Twelfth Judicial District	Ryan Suggs	San Juan
Thirteenth Judicial District	Barbara Romo	McKinley
		Otero & Lincoln
		Cibola, Sandoval & Valencia

STATE SENATORS SERVING IN THE FIFTY-SEVENTH LEGISLATURE
STATE OF NEW MEXICO
FIRST SPECIAL SESSION
CONVENED OCTOBER 1, 2025

District	County	Name	City
1	San Juan	William E. Sharer	Farmington
2	San Juan	Steve D. Lanier	Aztec
3	McKinley and San Juan	Shannon D. Pinto	Tohatchi
4	Cibola, McKinley and San Juan	George K. Muñoz	Gallup
5	Los Alamos, Rio Arriba, Sandoval and Santa Fe	Leo Jaramillo	Española
6	Los Alamos, Rio Arriba, Santa Fe and Taos	Roberto "Bobby" Gonzales	Ranchos de Taos
7	Curry, Harding, Quay, and Union	Pat Woods	Broadview
8	Colfax, Guadalupe, Harding, Mora, Quay, San Miguel & Taos	Pete Campos	Las Vegas
9	Bernalillo and Sandoval	Cindy Nava	Bernalillo
10	Bernalillo	Katy M. Duhigg	Albuquerque
11	Bernalillo	Linda M. López	Albuquerque
12	Bernalillo and Sandoval	Jay C. Block	Rio Rancho
13	Bernalillo	M. Debbie O'Malley	Albuquerque
14	Bernalillo	Michael Padilla	Albuquerque
15	Bernalillo	Heather Jean Berghmans	Albuquerque
16	Bernalillo	Antoinette Sedillo Lopez	Albuquerque
17	Bernalillo	Mimi Stewart	Albuquerque
18	Bernalillo	Natalie R. Figueroa	Albuquerque

19	Bernalillo, Sandoval, Santa Fe and Torrance	Ant L. Thornton	Albuquerque
20	Bernalillo	Martin E. Hickey	Albuquerque
21	Bernalillo	Nicole L. Tobiassen	Albuquerque
22	Bernalillo, McKinley, Rio Arriba, Sandoval and San Juan	Benny Shendo Jr.	Jemez Pueblo
23	Bernalillo	Harold J. Pope Jr.	Albuquerque
24	Santa Fe	Linda M. Trujillo	Santa Fe
25	Santa Fe	Peter Wirth	Santa Fe
26	Bernalillo	Antonio Maestas	Albuquerque
27	Chaves, Curry, De Baca, Lea, and Roosevelt	Patrick Henry Boone IV	Elida
28	Grant, Hidalgo and Luna	Gabriel J. Ramos	Silver City
29	Socorro and Valencia	Joshua A. Sanchez	Bosque
30	Bernalillo, Cibola, McKinley Socorro and Valencia	Angel M. Charley	Acoma
31	Doña Ana and Otero	Joseph Cervantes	Las Cruces
32	Chavez and Eddy	Candy Spence Ezzell	Roswell
33	Chaves, Lincoln and Otero	Nicholas Allan Paul	Alamogordo
34	Eddy and Otero	James G. Townsend	Artesia
35	Catron, Doña Ana, Grant, Hidalgo, Luna, Sierra and Socorro	Crystal Diamond Brantley	Elephant Butte
36	Doña Ana	Jeff Steinborn	Las Cruces
37	Doña Ana	William P. Soules	Las Cruces
38	Doña Ana	Carrie Hamblen	Las Cruces
39	San Miguel, Santa Fe, Torrance, and Valencia	Elizabeth "Liz" Stefanics	Cerrillos
40	Sandoval	Craig W. Brandt	Rio Rancho
41	Eddy and Lea	David M. Gallegos	Eunice
42	Chaves, Eddy and Lea	Larry R. Scott	Hobbs

STATE REPRESENTATIVES SERVING IN THE FIFTY-SEVENTH LEGISLATURE
STATE OF NEW MEXICO
FIRST SPECIAL SESSION
CONVENED OCTOBER 1, 2025

District	County	Name	City
1	San Juan	Rod Montoya	Farmington
2	San Juan	P. Mark Duncan	Kirtland
3	San Juan	William A. Hall II	Aztec
4	San Juan	Joseph Franklin Hernandez	Shiprock
5	McKinley and San Juan	D. Wonda Johnson	Rehoboth

6	Cibola and McKinley	Martha Garcia	Pine Hill
7	Valencia	Tanya R. Mirabal Moya	Los Lunas
8	Valencia	Brian G. Baca	Los Lunas
9	McKinley	Patricia A. Lundstrom	Gallup
10	Bernalillo	G. Andrés Romero	Albuquerque
11	Bernalillo	Javier Martínez	Albuquerque
12	Bernalillo	Art De La Cruz	Albuquerque
13	Bernalillo	Patricia Roybal Caballero	Albuquerque
14	Bernalillo	Miguel P. García	Albuquerque
15	Bernalillo	Dayan Hochman-Vigil	Albuquerque
16	Bernalillo	Yanira Gurrola	Albuquerque
17	Bernalillo	Cynthia D. Borrego	Albuquerque
18	Bernalillo	Marianna A. Anaya	Albuquerque
19	Bernalillo	Janelle Anyanonu	Albuquerque
20	Bernalillo	Meredith A. Dixon	Albuquerque
21	Bernalillo	Debra M. Sariñana	Albuquerque
22	Bernalillo and Torrance	Stefani Lord	Sandia Park
23	Sandoval	Alan T. Martinez	Rio Rancho
24	Bernalillo	Elizabeth "Liz" Thomson	Albuquerque
25	Bernalillo	Cristina Parajón	Albuquerque
26	Bernalillo	Eleanor Chávez	Albuquerque
27	Bernalillo	Marian Matthews	Albuquerque
28	Bernalillo	Pamelya Herndon	Albuquerque
29	Bernalillo	Joy Garratt	Albuquerque
30	Bernalillo	Elizabeth Diane Torres-Velásquez	Albuquerque
31	Bernalillo	Nicole Chavez	Albuquerque
32	Doña Ana, Hidalgo and Luna	Jenifer Marie Jones	Deming
33	Doña Ana	Micaela Lara Cadena	Mesilla
34	Doña Ana	Raymundo Lara	Chamberino
35	Doña Ana	Angelica Rubio	Las Cruces
36	Doña Ana	Nathan P. Small	Las Cruces
37	Doña Ana	Joanne J. Ferrary	Las Cruces
38	Doña Ana, Sierra and Socorro	Rebecca Dow	Truth or Consequences
39	Catron, Grant and Hidalgo	Luis M. Terrazas	Santa Clara
40	Colfax, Mora, Rio Arriba San Miguel and Taos	Joseph L. Sanchez	Alcalde
41	Rio Arriba, Sandoval, Santa Fe and Taos	Susan K. Herrera	Embudo
42	Taos	Kristina Ortez	Taos
43	Los Alamos, Sandoval and Santa Fe	Christine Chandler	Los Alamos
44	Bernalillo and Sandoval	Kathleen M. Cates	Rio Rancho
45	Santa Fe	Linda Michelle Serrato	Santa Fe

46	Santa Fe	Andrea Romero	Santa Fe
47	Santa Fe	Reena C. Szczepanski	Santa Fe
48	Santa Fe	Tara L. Lujan	Santa Fe
49	Catron, Sierra, Socorro and Valencia	Gail Armstrong	Magdalena
50	Sandoval and Santa Fe	Matthew McQueen	Santa Fe
51	Otero	John Block	Alamogordo
52	Doña Ana	Doreen Y. Gallegos	Las Cruces
53	Doña Ana and Otero	Sarah Angelina Silva	Las Cruces
54	Chaves, Eddy and Otero	Jonathan Allen Henry	Artesia
55	Eddy and Lea	Cathrynn N. Brown	Carlsbad
56	Lincoln and Otero	Harlan H. Vincent	Ruidoso Downs
57	Sandoval	Catherine Jeanette Cullen	Rio Rancho
58	Chaves	Angelita Mejia	Dexter
59	Chaves	Mark B. Murphy	Roswell
60	Sandoval	Joshua N. Hernandez	Rio Rancho
61	Lea	Randall T. Pettigrew	Lovington
62	Lea	Elaine Sena Cortez	Hobbs
63	Curry, DeBaca, Guadalupe, Roosevelt and San Miguel	Martin R. Zamora	Clovis
64	Chaves, Curry and Roosevelt	Andrea R. Reeb	Clovis
65	Rio Arriba, Sandoval and San Juan	Derrick J. Lente	Sandia Pueblo
66	Chaves, Eddy and Lea	Jimmy G. Mason	Artesia
67	Colfax, Curry, Harding, Quay, San Miguel and Union	Jack Chatfield	Mosquero
68	Bernalillo	Charlotte L. Little	Albuquerque
69	Bernalillo, Cibola, McKinley, San Juan, Socorro and Valencia	Michelle P. Abeyta	To'hajilee
70	San Miguel and Torrance	Anita Amalia Gonzales	Las Vegas