

NEW MEXICO

ADDRESS CONSOLIDATION AND PROMOTE COMPETITION	Consolidation Oversight	Facility Fee Limits	Anti-Competitive Contract Provisions		
MEDICAL DEBT PREVENTION	Balance Billing and Short-Term Insurance	Charity Care and Community Benefit	Reducing Financial Consequences		
CURB EXCESS COSTS IN THE SYSTEM	Premium Rate Review	Hospital Price Regulation	Affordable Coverage	Prescription Drug Pricing	Medicaid Costs
MEDICAID SERVICES AND IMMIGRANT COVERAGE	Medicaid Administration	Medicaid Covered Services	Medicaid Eligibility	Immigrant Coverage	
IMPROVE OVERSIGHT, ACCOUNTABILITY AND TRANSPARENCY	Health Care Spending Oversight	Prescription Drug Affordability Board	All-Payer Claims Database	Price Transparency	
REDUCE COST-SHARING FOR PATIENTS	Prescription Drugs	Behavioral Health	Preventive Care	Maternal and Reproductive Health Care	Cancer Screening and Testing Services

The Health Care Value Hub (“the Hub”) is proud to launch the 2025 Health Care Affordability Policy Snapshot (“Affordability Snapshot”). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state’s health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable [Data and Source Document](#) available on the [Dashboard](#) page. Definitions and descriptions for each policy category can be found in the Glossary.

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	Requires health systems or providers to notify the state of consolidation transactions	Under the Health Care Consolidation Oversight Act as revised in HB 586 (2025), New Mexico hospitals are required to notify the state Healthcare Authority of proposed mergers, acquisitions and other changes in control of hospitals.
Authority to Modify or Reject Consolidation Transactions	Has authority to approve, set conditions, or disapprove consolidation transactions	The State Healthcare Authority has authority to approve, set conditions for, or disapprove transactions.
Affordability Criteria included in Transaction Review	Includes consumer affordability or price growth in review criteria, approval conditions, or both	Review criteria include ensuring the transaction will not reduce the availability, accessibility, affordability or quality of care for patients.



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No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	 State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	 State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	 The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	



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Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	 No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	 No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	 Non-competes generally unenforceable or prohibited	New Mexico voids noncompete agreements for clinical healthcare practitioners, making them unenforceable after the termination, renewal, or extension of an employment agreement. However, nondisclosure and non-solicitation provisions, along with clauses requiring repayment of bonuses, education, or training incentives, may still be enforced under certain conditions.
Restricts Most-Favored Nation Contract Provisions	 No law restricting Most Favored Nation contract provisions	



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No Source, or Limited Information Found

Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	 Does not prohibit balance billing for out-of-network ground ambulance services	
Prohibits Short-Term, Limited Duration (STLD) Health Plans	 State law has eliminated short-term, limited duration health plans	STLD health plans aren't explicitly banned in the state, but strict regulations have effectively removed them from the market.

Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	 State law does not require hospitals to provide free or discounted care to low-income patients	New Mexico does not mandate hospitals to provide charity care. However, the state's Indigent Hospital and County Health Care Program allows hospitals to seek reimbursement for charity care provided to eligible patients.
Hospital Charity Care Screening Requirements	 State law requires health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	Hospitals and other health care facilities in New Mexico are required to offer and, if requested, conduct screenings for available public insurance, other assistance programs, and financial assistance provided by the facility.
Hospital Charity Care Notification Requirement	 State does not require health care providers to notify patients of charity care options before collecting payment	
Hospital Community Benefit Reporting Requirement	 State law requires hospitals to annually report the amount of charity care provided	Health care facilities and third-party health care providers in New Mexico are required to annually report to how indigent care funds and safety net care pool funds are used, including details on indigent patient care and bad debt related to financial assistance.



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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	New Mexico prohibits selling a patients medical debt to another party, including a medical debt collector, if that patient earns at or below 200% of the Federal Poverty Level (FPL).
Limits on Liens or Foreclosures due to Medical Debt	State law prohibits initiating a lien or foreclosure to collect medical debt	New Mexico law prohibits hospitals or debt collectors from placing a lien or seizing a patient's property to collect medical debt from patients earning below 200 percent of the federal poverty level.
Limits Wage Garnishment due to Medical Debt	State law exceeds federal wage garnishment protections for residents with medical debt	New Mexico law bans wage garnishment to collect on outstanding medical debt if the patient earns less than 200% FPL.
Limits on the Amount of Interest Charged to Medical Debt	The state has not enacted a law to limit interest rates for medical debt	

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 No Source, or Limited Information Found

Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	 Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	 Has the authority to modify or reject premium rate increases*	New Mexico has the authority to approve or deny rate filings in in the individual, large group, and small group market. We are unable to corroborate whether the state has approval authority over fully-insured large group health plans in 2025.
Affordability Criteria Included in Premium Rate Review	 Does not incorporate affordability criteria into premium rate review	



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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	 State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	In 2025, New Mexico passed SB 376 authorizing the Health Care Authority to set reference-based prices for hospital services and prohibiting hospitals from billing employees above that amount. However, as of June 2025, no reference-based pricing system has been implemented.
Hospital Global Budgets	 State has not implemented hospital global budgets	



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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	 State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	 State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	 State does not operate a Basic Health Plan	
State-Based Premium Subsidies	 Supplementary state-funded premium subsidies are available to eligible residents	New Mexico offers premium subsidies to residents that earn up to 400% FPL. The program is funded by the Health Care Affordability Fund, which will also cover losses if federal subsidies expire after 2025, ensuring households under 400% FPL continue to receive support in 2026.



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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	 State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	 Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in New Mexico are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	 State does not participate in a drug purchasing consortium*	
Drug Coupon Prohibitions	 State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	 State Medicaid does not carve out any drug classes from their MCO benefits*	
Mandatory Generics in Medicaid Fee-for-Service (FFS)	 Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	New Mexico has policies or tools to promote mandatory generics.



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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	 Medicaid Pharmacy Supplemental Rebate Agreement (SRA) not in place	
Drug Rebate Transparency and Reporting Requirements	 Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	 State does not prohibit pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager Reimbursement and Clawbacks	 State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	 State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	 State prohibits copay accumulator programs	



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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	 State does not require MLR remittances for its Medicaid managed care population	New Mexico does not have MLR remittance requirements in place.
Medicaid Site Neutral Payments	 State has not enacted Medicaid site neutral payment legislation*	



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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	 State partners with MCOs to operate their Medicaid program	Most Medicaid eligible adults and children receive coverage through Turquoise Care, New Mexico's Medicaid MCO program. Native Americans can choose between MCO or fee-for-service coverage.
Medicaid Vendor — Eligibility and Enrollment	 State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	 State integrates Medicare-Medicaid to coordinate care for the dually eligible population	New Mexico has either or a combination of both highly integrated or fully integrated dual eligible special needs programs (HIDE/FIDE), as well as program of all-inclusive care for the elderly (PACE).



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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	 State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	 State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	 State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	 State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	 State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	 State Medicaid program offers no coverage for either eye exams or eyeglasses for adults	While some of New Mexico's Medicaid Managed Care Organization's include enhanced vision benefits, the state does not require coverage for eye exams and eyeglasses for adults.
Medicaid Coverage for Dental Services	 State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	



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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	 State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	New Mexico has a trigger law in place that requires some action to mitigate the fiscal impact of the loss of federal funds if the enhanced federal matching rate drops.
Retroactive Medicaid	 State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	.
Adult Medicaid Continuous Eligibility	 State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	 State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	 State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	New Mexico has an approved waiver to provide Medicaid pre-release coverage for individuals who are incarcerated 90 days before release, with implementation planned for summer 2025 but not confirmed as of June 1.
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	 State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond \$2,000 for an individual applicant and \$3,000 for joint applicants	
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	 Life insurance exemption limits do not exceed \$1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	 State does not exempt retirement savings from Medicaid eligibility determinations	



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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	 Does not cover pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option or post-partum coverage	
Immigrant Children without a Five-Year Bar	 State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	 Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	 Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	 Does not offer coverage for adults regardless of immigration status	

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	 State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	 APCD is operated by the state	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	 The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	 The state has not established Upper Payment Limits for prescription drugs	



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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	❌ State does not have a public-facing price transparency tool	
Prescription Drug Price Reporting Requirement	● Organizations are required to report prescription drug price information to a state entity	Effective January 1, 2025, drug manufacturers, pharmacy services administrative organizations, health insurers, and pharmacy benefits managers, to report prescription drug price trends to the Superintendent of Insurance.

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	❌ State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	❌ State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	● State monitors and reports hospital spending, primary care spending, or both	In 2021, New Mexico established the Primary Care Council which monitors and analyze primary care spending statewide on an annual basis. In 2024, the New Mexico Health Care Authority was established to monitor hospital and healthcare spending.



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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	New Mexico caps the out-of-pocket costs for a 30-day supply of prescription insulin at \$25.00.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector (s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	New Mexico prohibits insurers from imposing any cost-sharing for treatments for sexually transmitted infections, including HIV and relevant strains of hepatitis.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State requires private insurers to cover at least one annual mental health wellness exam without cost-sharing	New Mexico has passed legislation eliminating cost-sharing for behavioral health services until January 1, 2027.

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	 State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	 The state does not require individual and small group health plans to offer coverage for in-vitro fertilization or fertility preservation services	
Individual and Small Group Health Plans Required to Cover Doula Services	 State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	 The state does not require individual and small group health plans to cover abortion services	



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No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	 State law requires insurers to cover cervical cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	 State law requires insurers to cover breast cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	 State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	



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No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	 State law does not require coverage or waive cost-sharing for prostate cancer screening exams*	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	 State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	 State requires coverage of biomarker testing for cancer screening but allows cost-sharing	New Mexico’s law requires state-regulated health plans, including Medicaid, to cover medically necessary biomarker testing for cancer or other conditions when supported by medical and scientific evidence, but these tests may still be subject to standard deductibles and coinsurance.



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