FISCAL IMPACT REPORT

BILL NUMBER: Senate Bill 130
SHORT TITLE: No Cost-Sharing of Certain Drugs

SPONSOR: Hickey
LAST UPDATE: **ORIGINAL DATE:** 01/28/2026 **ANALYST:** Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*
(dollars in thousands)

Agency/Program	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Public School Insurance Authority	0	**$200.0-$460.0**	**$450.0-$1,000.0**	**$650.0-$1,460.0**	Recurring	**Other state funds**
Medicaid	0	**$34.8**	**$34.8**	**$69.6**	Recurring	**Medicaid funding**
State Health Benefits	0	**$16.3**	**$32.5**	**$48.8**	Recurring	**Other state funds**
Retiree Health Care Authority	0	**$135.0-$270.0**	**$295.0-$585.0**	**$430.0-$855.0**	Recurring	**RHCA Benefit Fund**
Total	**0**	**$386.1-$781.1**	**$812.3-$1,652.3**	**$1,198.4-$2,433.4**	Recurring	Choose an item.

Parentheses ( ) indicate expenditure decreases.
*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency or Agencies Providing Analysis
Health Care Authority
Office of the Superintendent of Insurance
New Mexico Public School Insurance Authority
Retiree Health Care Authority

SUMMARY

Synopsis of Senate Bill 130.

Senate Bill 130 (SB130) is concerned with eliminating copays on tests used for estimating risk of coronary artery disease and medications used to treat disorders of blood lipids, including cholesterol.

There are two repeated sections, making the same requirements of each form of insurance:

Coverage of coronary artery screening and blood cholesterol tests. Screening for coronary artery disease and measurement of cholesterol and other lipid levels are to be provided without cost sharing for patients over the age of 49, except for patients at increased risk of coronary artery disease, as determined by symptoms suggestive of or family history of coronary artery disease.

Co-payment free cholesterol lowering drugs. Generic medications used to lower cholesterol levels are to be provided free of cost sharing; if those are insufficient to achieve a specified cholesterol level or are not tolerated by the patient, second-level cholesterol-lowering drugs are to be provided without co-pay.

Section of Bill	Section of NMSA 1978	Subject of section	Type of Insurance Covered
1	13-7-24	Coverage of coronary artery screening and blood cholesterol tests	Group health coverage, self-insurance, including Health Care Purchasing Act policies
2	New	Co-payment free cholesterol lowering drugs	Group health coverage, self-insurance, including Health Care Purchasing Act policies*
3	27-2-12.31	Coverage of coronary artery screening and blood cholesterol tests	Medical assistance coverage
4	New	Co-payment free cholesterol lowering drugs	Individual or group health insurance policy, health care plan or certificate of health insurance*
5	59A-23-7.16	Coverage of coronary artery screening and blood cholesterol tests	Individual or group health insurance policy, health care plan or certificate of health insurance
6	New (part of 59A-23)	Co-payment free cholesterol lowering drugs	Group or blanket health insurance policy, health care plan or certificate of health insurance*
7	59A-46-50.5	Coverage of coronary artery screening and blood cholesterol tests	Group or blanket health insurance policy, health care plan or certificate of health insurance
8	New (part of Health Maintenance Organization Law)	Co-payment free cholesterol lowering drugs	Individual or group health maintenance organization contract*
9	59A-47-45.7	Coverage of coronary artery screening and blood cholesterol tests	Group health care plan, other than a small group health care plan
10	New (part of Nonprofit Health Care Plan Law	Co-payment free cholesterol lowering drugs	Individual or group health care plan*

*Policies for short-term travel, accidents only and catastrophic plans are exempted from the requirements.

Section 11 of the bill amends Section 61-11-6 NMSA 1978, which deals with the powers and duties of the Board of Pharmacy. A twenty-first duty is added requiring the board to promulgate rules for assessing cardiovascular risk and prescribing lipid-lowering therapy or cardiovascular plaque-reducing drugs.

The effective date of this bill is January 1, 2027.

FISCAL IMPLICATIONS

There is no appropriation in Senate Bill 130. HCA estimates additional costs to the Medicaid program and to state health benefits, as do the Public School Insurance Authority (PSIA) and the Retiree Health Care Authority (RHCA) due primarily to increased utilization of these tests and medications if there is no cost sharing for them. In addition, RHCA points out that second-tier medications for hypertension are likely to be used more often if cost sharing for these expensive medications is no longer assessed. The figures included in the table represent these agencies' estimates of the increased costs.

SIGNIFICANT ISSUES

According to the American Heart Association, a "A coronary artery calcium (CAC) test is a kind of heart scan. X-rays take detailed images of the arteries that supply blood to the heart muscle. The images show any calcium deposits in your coronary arteries. Higher amounts of calcium in the arteries suggest more severe disease."

The Cleveland Clinic indicates that

> A calcium scoring test can assist healthcare providers in making treatment decisions for people with borderline risk of heart disease. Calcium score testing results could help you if you're between ages 40 and 70 and at increased risk for heart disease but don't have symptoms.
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> People at increased risk include those who:
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> - Have a family history of heart disease.
> - Use tobacco products now or in the past.
> - Have a history of high cholesterol, diabetes or high blood pressure.
> - Have overweight (a body mass index, or BMI, higher than 25) or obesity (a BMI higher than 30).
> - Have an inactive lifestyle.
> - Have other, non-traditional risk factors.
>
> If you're younger than 40 years old and high cholesterol runs in your family (familial hypercholesterolemia), you might consider calcium score testing… Anything above zero means there's some evidence of coronary artery disease (CAD)… Higher scores indicate that you could be at risk for a heart attack.

According to the Centers for Disease Control, coronary artery disease killed 371,506 people in the United States in 2022. Coronary artery disease and other forms of heart disease are the leading cause of death for most ethnic groups in the United States: 919,032 for all forms of heart disease in 2022.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Related to 2020 House Bill 126, which required coronary artery screening for at-risk individuals aged 45 to 65 years. Its provisions were included in the Health Care Purchasing Act as Section 59A-23-7.16 NMSA 1978.

TECHNICAL ISSUES

HCA points out that "strong family history" is not defined. Nationally, efforts to increase health screen accessibility more commonly use family history to expand, not limit, eligibility for cost-free screenings." Similarly, the bill appears to restrict cost-sharing-free coronary artery screening from those at high risk due to previous coronary artery screening resulting in a non-zero calcium score or a family history of coronary artery disease. It would seem as if the intention was to extend cost-free screening to these high-risk patients before they reach the age of 49.

Section 11 would appear to ask pharmacists to assess cardiovascular risk and prescribe medications intended to reduce that risk, which may exceed the practical capacity of many pharmacists given existing workload constraints.

The sections on cholesterol-lowering drugs fail to differentiate between "good cholesterol" (high-density lipoproteins or HDL) and "bad cholesterol" (low-density lipoproteins, or LDL). Total cholesterol is almost never below 60 mg/dl, and the American Heart Association recommends concern only when the LDL level is greater than 70 mg/dl.

OSI recommends as following: "Use language that aligns with the intent of the bill while allowing for individualized treatment decisions. For example, 'a recommended LDL of 60 mg/dl, unless otherwise specified by the patient's clinician who is managing the individual's cholesterol levels.'"

AMENDMENTS

Section 11-A19 of the bill requires the Board of Pharmacy, in conjunction with the medical board, to promulgate rules authorizing pharmacists to prescribe "dangerous drug therapy, including vaccines and immunizations," and to notify a physician when such therapy is provided. Vaccines and immunizations are not typically classified as dangerous drugs by medical providers, and pharmacists may not view physician notification as necessary following routine vaccination, making the requirement impractical in many pharmacy settings.

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