

April 4, 2019

HOUSE EXECUTIVE MESSAGE NO. 29

The Honorable Brian Egolf, Jr., Speaker of the House and
Members of the House of Representatives
State Capitol Building
Santa Fe, NM 87501

Honorable Speaker Egolf and Members of the House:

Pursuant to my authority under Article IV, Section 22 of the New Mexico Constitution, I have vetoed HOUSE BILL 58 (“HB 58”), enacted by the Fifty-Fourth Legislature, First Session, 2019.

HB 58 would require Medicaid and most public and state-regulated private health plans in New Mexico to cover coronary artery calcification (CAC) testing through the use of computed tomography (CT) scans for eligible patients once every five years with no deductible. Under the bill, eligible patients are defined as men ages 30-75 and women ages 40-75 with at least one of the following conditions: (i) hypertension; (ii) hyperlipidemia; (iii) diabetes; (iv) smoking; or (v) a family history of heart disease. While I agree with the Legislature that preventative screenings have an important role to play in early detection and treatment of cardiovascular disease (CVD), the current scientific data in this area are insufficient to justify coverage of CT scans to measure CAC as a broad-based screening tool.

HB 58’s mandate is not sufficiently evidence-based. The United States Preventive Services Task Force (“USPSTF”) is a national panel of experts in disease prevention and evidence-based medicine that has applied rigorous analyses regarding the risks and benefits of clinical screening and preventive services for cardiovascular disease and has assigned A and B grades to other preventive services based on strong or moderate certainty of a substantial or moderate benefit. In July 2018, the USPSTF concluded that there was insufficient evidence to assess the balance of benefits and harms of adding coronary artery calcium measurement to traditional risk assessments for CVD in asymptomatic men and women with no history of CVD. While the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (“Task Force”) has identified CAC testing as a useful tool for patients at “borderline” or “intermediate” risk of coronary heart disease, that population of patients is much narrower than the group of eligible patients for which insurance coverage for CAC testing would be mandated by HB 58. Moreover, the Task Force has stated that more data is needed to support the efficacy of using CAC testing among several subgroups, including adults under 45 years old. HB 58, by contrast, requires

that insurance plans and Medicaid cover CAC screening for women between the ages of 40 and 75 and men between the ages of 30 and 75.

The Medicaid and insurance coverage mandate of HB 58 will likely increase the use of a test that—to date—has only been proven to be an appropriate preventive tool for a select group of people and not for the broader population HB 58 would require insurers to cover. I applaud the Legislature’s effort to address the problem of cardiovascular disease and to promote early detection. However, until scientific data supports the use of CAC testing as a broad screening tool, it would be inappropriate to issue a sweeping mandate requiring the coverage of CAC CT scans, and thereby dedicate significant resources and potentially cause a rise in health insurance premiums for New Mexicans for what is at present an insufficiently evidence-based policy. However, I am open to re-evaluating this position and reconsidering an insurance coverage mandate for CAC tests if the evolving scientific data more definitively supports the broad use of CAC screening in the future.

Respectfully yours,

Michelle Lujan Grisham
Governor

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Time: _____ a.m. p.m.

Date: _____ 2019

By _____
Secretary of State

Time: _____ a.m. p.m.

Date: _____ 2019

By _____
Chief Clerk of the House