

LFC Requester:

Allegra Hernandez

AGENCY BILL ANALYSIS - 2026 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO

AgencyAnalysis.nmlegis.gov and email to billanalysis@dfa.nm.gov*(Analysis must be uploaded as a PDF)***SECTION I: GENERAL INFORMATION***{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}*Date Prepared: 1-26-2026

Check all that apply:

Bill Number: SB130Original Correction Amendment Substitute Sponsor: Senator Martin HickeyAgency Name
and CodeOffice fo Superintendent of
Insurance-440

Number:

Person Writing

Viara IanakievaShort
Title:NO COST-SHARING OF
CERTAIN DRUGSEmail Viara.Ianakieva@osi.nPhone: 505-508-9073 : m.gov**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
N/A	N/A	N/A	N/A

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
N/A	N/A	N/A	N/A	N/A

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total						

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: Senate Bill 278 (2025)
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Senate Bill 130 (SB130) Amends or adds new material to the Health Care Purchasing Act, the Public Assistance Act, and the Insurance Code to prohibit cost sharing for generic medications to treat cholesterol disorder, second-line step therapy medication, and coronary artery calcium screening. SB130 broadens eligibility for calcium screening and cholesterol lipid panels with some exceptions described below. The bill requires health care insurers to provide coverage for generic cholesterol-lowering medications without cost sharing and prohibits cost sharing on second-line step therapy cholesterol medications if generic medications fail.

SB130 requires health care insurers to provide coverage for coronary artery calcium screening and cholesterol lipid panels at the discretion of a health care provider, and prohibits a health care insurer from imposing cost sharing on an eligible patient over age 49, unless the insured has a strong family history or symptoms of coronary artery disease.

The provisions in SB130 do not apply to catastrophic health care plans defined under 42 USC 18022(e), or to high-deductible health care plans with health savings accounts, until a deductible has been met unless federal law permits otherwise.

Section 3 of SB 130 requires the Secretary of the Health Care Authority to promulgate rules that provide medical assistance coverage for screening and cholesterol lipid panels. Section 11 of SB130 amends Section 61-11-6 NMSA 1978 of the Pharmacy Act, to require the Board of Pharmacy to adopt rules and establish protocols for the assessment of cardiovascular risk and prescribing of lipid-lowering or cardiovascular plaque-reducing drug therapies.

The effective date is January 1, 2027

FISCAL IMPLICATIONS

The proposed legislation does not create a new coverage mandate, and as such, does not trigger any possible cost defrayal for the statute under the Affordable Care Act.

At this time, we are unable to predict any potential premium impacts. A comprehensive analysis will require additional time and data to ensure accuracy.

SIGNIFICANT ISSUES

None.

PERFORMANCE IMPLICATIONS

None.

ADMINISTRATIVE IMPLICATIONS

None.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None.

TECHNICAL ISSUES

None.

OTHER SUBSTANTIVE ISSUES

None.

ALTERNATIVES

OSI recommends using 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.”

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Cholesterol-lowering medications will be subject to cost-sharing.

AMENDMENTS

None.