

1 SENATE BILL 130

2 **57TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2026**

3 INTRODUCED BY

4 Martin Hickey

10 AN ACT

11 RELATING TO HEALTH CARE; AMENDING THE HEALTH CARE PURCHASING
12 ACT AND SECTIONS OF THE NEW MEXICO INSURANCE CODE TO PROHIBIT
13 COST SHARING FOR GENERIC MEDICATIONS USED FOR THE TREATMENT OF
14 CHOLESTEROL DISORDER, SECOND-LINE STEP THERAPY MEDICATIONS AND
15 CORONARY ARTERY CALCIUM SCREENING UNDER CERTAIN CIRCUMSTANCES;
16 BROADENING ELIGIBILITY FOR CORONARY ARTERY CALCIUM SCREENING
17 AND CHOLESTEROL LIPID PANELS; EXCEPTING CERTAIN PLANS; CREATING
18 NEW DUTIES FOR THE BOARD OF PHARMACY.

19
20 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

21 SECTION 1. Section 13-7-24 NMSA 1978 (being Laws 2020,
22 Chapter 79, Section 1) is amended to read:

23 "13-7-24. [HEART] CORONARY ARTERY CALCIUM [SCAN]
24 SCREENING AND CHOLESTEROL LIPID PANELS COVERAGE.--

25 A. Group health coverage, including any form of

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1 self-insurance, offered, issued or renewed under the Health
2 Care Purchasing Act shall provide coverage for eligible
3 insureds to receive a [heart] coronary artery calcium [sean]
4 screening and cholesterol lipid panels.

5 B. Coverage provided pursuant to this section
6 shall:

7 (1) be limited to the provision of a [heart]
8 coronary artery calcium [sean] screening to an eligible insured
9 at the discretion of a health care provider to be used as a
10 clinical management tool;

11 (2) be provided every five years if an
12 eligible insured has previously received a [heart] coronary
13 artery calcium score of zero; [and]

14 (3) not be required for future [heart]
15 coronary artery calcium [seans] screenings if an eligible
16 insured receives a [heart] coronary artery calcium score
17 greater than zero; and

18 (4) not impose cost sharing on an eligible
19 insured over the age of forty-nine, unless the eligible insured
20 has a strong family history of coronary artery disease or
21 symptoms that are diagnosed as coronary artery disease by the
22 eligible insured's health care provider.

23 [C. At its discretion or as required by law, an
24 insurer may offer or refuse coverage for further cardiac
25 testing or procedures for eligible insureds based upon the

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1 results of a heart artery calcium scan.

2 D.] C. The provisions of this section shall not
3 apply to short-term travel, accident-only or limited or
4 specified-disease policies, plans or certificates of health
5 insurance, catastrophic plans as defined under 42 USCA Section
6 18022(e) or high-deductible health plans with health savings
7 accounts until a covered person's deductible has been met,
8 unless otherwise permitted by federal law.

9 [E.] D. As used in this section:

10 [(1) "eligible insured" means an insured who:
11 (a) is a person between the ages of
12 forty-five and sixty-five; and
13 (b) has an intermediate risk of
14 developing coronary heart disease as determined by a health
15 care provider based upon a score calculated from an evidence-
16 based algorithm widely used in the medical community to assess
17 a person's ten-year cardiovascular disease risk, including a
18 score calculated using a pooled cohort equation;

19 (2) "health care provider" means a physician,
20 physician assistant, nurse practitioner or other health care
21 professional authorized to furnish health care services within
22 the scope of the professional's license; and

23 (3) "heart] (1) "cholesterol lipid panels"
24 means blood tests that measure one or more of the following:

25 (a) total cholesterol;

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(b) low-density lipoprotein cholesterol;

(c) high-density lipoprotein

cholesterol;

(d) lipoprotein (a);

(e) triglycerides; and

(f) high-sensitivity c-reactive protein;

(2) "coronary artery calcium [seen] screening"

means a computed tomography scan measuring coronary artery calcium for atherosclerosis and abnormal artery structure and function;

(3) "cost sharing" means deductibles,

copayments or coinsurance; and

(4) "health care provider" means a physician, a nurse practitioner or other health care professional authorized to furnish health care services within the professional's license."

SECTION 2. A new section of the Health Care Purchasing Act is enacted to read:

"NEW MATERIAL] COVERAGE FOR MEDICATIONS USED FOR THE
TREATMENT OF CHOLESTEROL DISORDER.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that provides coverage for cholesterol-lowering medications shall not impose cost sharing on generic medications.

1 B. If generic medications fail to lower cholesterol
2 in the blood to below sixty milligrams per deciliter or
3 generate adverse reactions not tolerated by the patient, as
4 determined by the prescribing health care provider, cost
5 sharing shall not be imposed on second-line step therapy
6 medications.

7 C. The provisions of this section do not apply to
8 excepted benefit plans as provided pursuant to the Short-Term
9 Health Plan and Excepted Benefit Act, catastrophic plans as
10 defined pursuant to 42 USCA Section 18022(e) or high-deductible
11 health plans with health savings accounts until an eligible
12 insured's deductible has been met, unless otherwise allowed
13 pursuant to federal law.

14 D. For the purposes of this section, "cost sharing"
15 means a copayment, coinsurance, a deductible or any other form
16 of financial obligation of an enrollee other than a premium or
17 a share of a premium, or any combination of any of these
18 financial obligations, as defined by the terms of a group
19 health plan."

20 SECTION 3. Section 27-2-12.31 NMSA 1978 (being Laws 2020,
21 Chapter 79, Section 2) is amended to read:

22 "27-2-12.31. [HEART] CORONARY ARTERY CALCIUM [SCAN]
23 SCREENING AND CHOLESTEROL LIPID PANELS COVERAGE...

24 A. In accordance with federal law, the secretary
25 shall adopt and promulgate rules that provide medical

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1 assistance coverage for eligible enrollees to receive a [heart]
2 coronary artery calcium [sean] screening and cholesterol lipid
3 panels.

4 B. Medical assistance coverage provided pursuant to
5 this section shall:

6 (1) be limited to the provision of a [heart]
7 coronary artery calcium [sean] screening to an eligible
8 enrollee at the discretion of a health care provider to be used
9 as a clinical management tool;

10 (2) be provided every five years if an
11 eligible enrollee has previously received a [heart] coronary
12 artery calcium score of zero; [and]

13 (3) not be required for future [heart]
14 coronary artery calcium [seans] screenings if an eligible
15 enrollee receives a [heart] coronary artery calcium score
16 greater than zero; and

17 (4) not impose cost sharing on an eligible
18 enrollee over the age of forty-nine, unless the eligible
19 enrollee has a strong family history of coronary artery disease
20 or symptoms that are diagnosed as coronary artery disease by
21 the eligible enrollee's health care provider.

22 [C. At its discretion or as required by law, a
23 managed care organization providing medical assistance may
24 offer or refuse coverage for further cardiac testing or
25 procedures for eligible enrollees based upon the results of a

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1 ~~heart artery calcium scan.~~

2 D.] C. The provisions of this section shall not
3 apply to short-term travel, accident-only or limited or
4 specified-disease policies, plans or certificates of health
5 insurance, catastrophic plans as defined under 42 USCA Section
6 18022(e) or high-deductible health plans with health savings
7 accounts until a covered person's deductible has been met,
8 unless otherwise permitted by federal law.

9 [E.] D. As used in this section:

10 [(1) ~~"eligible enrollee"~~ means an enrollee
11 who:

12 (a) ~~is a person between the ages of~~
13 ~~forty-five and sixty-five; and~~

14 (b) ~~has an intermediate risk of~~
15 ~~developing coronary heart disease as determined by a health~~
16 ~~care provider based upon a score calculated from an evidence-~~
17 ~~based algorithm widely used in the medical community to assess~~
18 ~~a person's ten-year cardiovascular disease risk, including a~~
19 ~~score calculated using a pooled cohort equation;~~

20 (2) ~~"health care provider"~~ means a physician,
21 physician assistant, nurse practitioner or other health care
22 professional authorized to furnish health care services within
23 the scope of the professional's license; and

24 (3) ~~"heart]~~ (1) "cholesterol lipid panels"
25 means blood tests that measure one or more of the following:

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(a) total cholesterol;
(b) low-density lipoprotein cholesterol;
(c) high-density lipoprotein
cholesterol;
(d) lipoprotein (a);
(e) triglycerides; and
(f) high-sensitivity c-reactive protein;

(2) "coronary artery calcium [scan] screening"
means a computed tomography scan measuring coronary artery calcium for atherosclerosis and abnormal artery structure and function;

(3) "cost sharing" means deductibles, copayments or coinsurance; and

(4) "health care provider" means a physician, physician assistant, nurse practitioner or other health care professional authorized to furnish health care services within the scope of the professional's license."

SECTION 4. A new section of Chapter 59A, Article 22 NMSA 1978 is enacted to read:

"NEW MATERIAL] COVERAGE FOR MEDICATIONS USED FOR THE
TREATMENT OF CHOLESTEROL DISORDER.--

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state that provides coverage for cholesterol-lowering medications shall

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1 not impose cost sharing on generic medications.

2 B. If generic medications fail to lower cholesterol
3 in the blood to below sixty milligrams per deciliter or
4 generate adverse reactions not tolerated by the patient, as
5 determined by the prescribing health care provider, cost
6 sharing shall not be imposed on second-line step therapy
7 medication.

8 C. The provisions of this section do not apply to
9 excepted benefit plans as provided pursuant to the Short-Term
10 Health Plan and Excepted Benefit Act, catastrophic plans as
11 defined pursuant to 42 USCA Section 18022(e) or high-deductible
12 health plans with health savings accounts until an eligible
13 insured's deductible has been met, unless otherwise allowed
14 pursuant to federal law.

15 D. For the purposes of this section, "cost sharing"
16 means a copayment, coinsurance, a deductible or any other form
17 of financial obligation of the enrollee other than a premium or
18 a share of a premium, or any combination of any of these
19 financial obligations, as defined by the terms of an individual
20 or group health insurance policy, health care plan or
21 certificate of health insurance."

22 SECTION 5. Section 59A-23-7.16 NMSA 1978 (being Laws
23 2020, Chapter 79, Section 3) is amended to read:

24 "59A-23-7.16. [HEART] CORONARY ARTERY CALCIUM [SCAN]
25 SCREENING AND CHOLESTEROL LIPID PANELS COVERAGE--

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1 A. A group health plan, other than a small group
2 health plan or a blanket health insurance policy or contract
3 that is delivered, issued for delivery or renewed in this state
4 shall provide coverage for eligible insureds to receive a
5 [heart] coronary artery calcium [sean] screening and
6 cholesterol lipid panels.

7 B. Coverage provided pursuant to this section
8 shall:

9 (1) be limited to the provision of a [heart]
10 coronary artery calcium [sean] screening to an eligible insured
11 at the discretion of a health care provider to be used as a
12 clinical management tool;

13 (2) be provided every five years if an
14 eligible insured has previously received a [heart] coronary
15 artery calcium score of zero; [and]

16 (3) not be required for future [heart]
17 coronary artery calcium [seans] screenings if an eligible
18 insured receives a [heart] coronary artery calcium score
19 greater than zero; and

20 (4) not impose cost sharing on an eligible
21 insured over the age of forty-nine, unless the eligible insured
22 has a strong family history of coronary artery disease or
23 symptoms that are diagnosed as coronary artery disease by the
24 eligible insured's health care provider.

25 [C. At its discretion or as required by law, an

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1 ~~insurer may offer or refuse coverage for further cardiac~~
2 ~~testing or procedures for eligible insureds based upon the~~
3 ~~results of a heart artery calcium scan.~~

4 ~~D.] C.~~ The provisions of this section do not apply
5 to short-term travel, accident-only or limited or specified-
6 disease policies, plans or certificates of health insurance,
7 catastrophic plans as defined under 42 USCA Section 18022(e) or
8 high-deductible health plans with health savings accounts until
9 a covered person's deductible has been met, unless otherwise
10 permitted by federal law.

11 [E.] D. As used in this section:

12 [(1) "eligible insured" means an insured who:
13 (a) is a person between the ages of
14 forty-five and sixty-five; and
15 (b) has an intermediate risk of
16 developing coronary heart disease as determined by a health
17 care provider based upon a score calculated from an evidence-
18 based algorithm widely used in the medical community to assess
19 a person's ten-year cardiovascular disease risk, including a
20 score calculated using a pooled cohort equation;
21 (2) "health care provider" means a physician,
22 physician assistant, nurse practitioner or other health care
23 professional authorized to furnish health care services within
24 the scope of the professional's license; and
25 (3) "heart] (1) "cholesterol lipid panels"

means blood tests that measure one or more of the following:

- (a) total cholesterol;
- (b) low-density lipoprotein cholesterol;
- (c) high-density lipoprotein cholesterol;
- (d) lipoprotein (a);
- (e) triglycerides; and
- (f) high-sensitivity c-reactive protein;

(2) "coronary artery calcium [scan] screening"
means a computed tomography scan measuring coronary artery calcium for atherosclerosis and abnormal artery structure and function;

(3) "cost sharing" means deductibles, copayments or coinsurance; and

(4) "health care provider" means a physician, physician assistant, nurse practitioner or other health care professional authorized to furnish health care services within the scope of the professional's license."

SECTION 6. A new section of Chapter 59A, Article 23 NMSA 1978 is enacted to read:

"[NEW MATERIAL] COVERAGE FOR MEDICATIONS USED FOR THE
TREATMENT OF CHOLESTEROL DISORDER.--

A. A group or blanket health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state that

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1 provides coverage for cholesterol-lowering medications shall
2 not impose cost sharing on generic medications.

3 B. If generic medications fail to lower cholesterol
4 in the blood to below sixty milligrams per deciliter or
5 generate adverse reactions not tolerated by the patient, as
6 determined by the prescribing health care provider, cost
7 sharing shall not be imposed on second-line step therapy
8 medications.

9 C. The provisions of this section do not apply to
10 excepted benefit plans as provided pursuant to the Short-Term
11 Health Plan and Excepted Benefit Act, catastrophic plans as
12 defined pursuant to 42 USCA Section 18022(e) or high-deductible
13 health plans with health savings accounts until an eligible
14 insured's deductible has been met, unless otherwise allowed
15 pursuant to federal law.

16 D. For the purposes of this section, "cost sharing"
17 means a copayment, coinsurance, a deductible or any other form
18 of financial obligation of an insured other than a premium or a
19 share of a premium, or any combination of any of these
20 financial obligations, as defined by the terms of a group or
21 blanket health insurance policy, health care plan or
22 certificate of health insurance."

23 SECTION 7. Section 59A-46-50.5 NMSA 1978 (being Laws
24 2020, Chapter 79, Section 4) is amended to read:

25 "59A-46-50.5. [HEART] CORONARY ARTERY CALCIUM [SCAN]
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1 SCREENING AND CHOLESTEROL LIPID PANELS COVERAGE.--

2 A. A group health maintenance organization
3 contract, other than a small group health maintenance
4 organization contract, that is delivered, issued for delivery
5 or renewed in this state shall provide coverage for eligible
6 enrollees to receive a [heart] coronary artery calcium [sean]
7 screening and cholesterol lipid panels.

8 B. Coverage provided pursuant to this section
9 shall:

10 (1) be limited to the provision of a [heart]
11 coronary artery calcium [sean] screening to an eligible
12 enrollee at the discretion of a health care provider to be used
13 as a clinical management tool;

14 (2) be provided every five years if an
15 eligible enrollee has previously received a [heart] coronary
16 artery calcium score of zero; [and]

17 (3) not be required for future [heart]
18 coronary artery calcium [seans] screenings if an eligible
19 enrollee receives a [heart] coronary artery calcium score
20 greater than zero; and

21 (4) not impose cost sharing on an eligible
22 enrollee over the age of forty-nine, unless the eligible
23 enrollee has a strong family history of coronary artery disease
24 or symptoms that are diagnosed as coronary artery disease by
25 the eligible enrollee's health care provider.

1 [C. At its discretion or as required by law, a
2 carrier may offer or refuse coverage for further cardiac
3 testing or procedures for eligible enrollees based upon the
4 results of a heart artery calcium scan.

5 D.] C. The provisions of this section do not apply
6 to short-term travel, accident-only or limited or specified-
7 disease policies, plans or certificates of health insurance,
8 catastrophic plans as defined under 42 USCA Section 18022(e) or
9 high-deductible health plans with health savings accounts until
10 a covered person's deductible has been met, unless otherwise
11 permitted by federal law.

12 [E.] D. As used in this section:

13 [(1) "eligible enrollee" means an enrollee
14 who:

15 (a) is a person between the ages of
16 forty-five and sixty-five; and

17 (b) has an intermediate risk of
18 developing coronary heart disease as determined by a health
19 care provider based upon a score calculated from an evidence-
20 based algorithm widely used in the medical community to assess
21 a person's ten-year cardiovascular disease risk, including a
22 score calculated using a pooled cohort equation;

23 (2) "health care provider" means a physician,
24 physician assistant, nurse practitioner or other health care
25 professional authorized to furnish health care services within

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1 the scope of the professional's license; and

2 (3) "heart" (1) "cholesterol lipid panels"

3 means blood tests that measure one or more of the following:

4 (a) total cholesterol;

5 (b) low-density lipoprotein cholesterol;

6 (c) high-density lipoprotein

7 cholesterol;

8 (d) lipoprotein (a);

9 (e) triglycerides; and

10 (f) high-sensitivity c-reactive protein;

11 (2) "coronary artery calcium [seen] screening"

12 means a computed tomography scan measuring coronary artery

13 calcium for atherosclerosis and abnormal artery structure and

14 function;

15 (3) "cost sharing" means deductibles,

16 copayments or coinsurance; and

17 (4) "health care provider" means a physician,

18 physician assistant, nurse practitioner or other health care

19 professional authorized to furnish health care services within

20 the scope of the professional's license."

21 SECTION 8. A new section of the Health Maintenance
22 Organization Law is enacted to read:

23 "[NEW MATERIAL] COVERAGE FOR MEDICATIONS USED FOR THE
24 TREATMENT OF CHOLESTEROL DISORDER.--

25 A. An individual or group health maintenance

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organization contract that is delivered, issued for delivery or renewed in this state that provides coverage for cholesterol-lowering medications shall not impose cost sharing on generic medications.

B. If generic medications fail to lower cholesterol in the blood to below sixty milligrams per deciliter or generate adverse reactions not tolerated by the patient, as determined by the prescribing health care provider, cost sharing shall not be imposed on second-line step therapy medications.

C. The provisions of this section do not apply to excepted benefit plans as provided pursuant to the Short-Term Health Plan and Excepted Benefit Act, catastrophic plans as defined pursuant to 42 USCA Section 18022(e) or high-deductible health plans with health savings accounts until an eligible insured's deductible has been met, unless otherwise allowed pursuant to federal law.

D. For the purposes of this section, "cost sharing" means a copayment, coinsurance, a deductible or any other form of financial obligation of an enrollee other than a premium or a share of a premium, or any combination of any of these financial obligations, as defined by the terms of an individual or group health maintenance organization contract."

SECTION 9. Section 59A-47-45.7 NMSA 1978 (being Laws 2020, Chapter 79, Section 5) is amended to read:

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1 "59A-47-45.7. [HEART] CORONARY ARTERY CALCIUM [SCAN]
2 SCREENING AND CHOLESTEROL LIPID PANELS COVERAGE.--
3 A. A group health care plan, other than a small
4 group health care plan, that is delivered, issued for delivery
5 or renewed in this state shall provide coverage for eligible
6 subscribers to receive a [heart] coronary artery calcium [scan]
7 screening and cholesterol lipid panels.
8 B. Coverage provided pursuant to this section
9 shall:
10 (1) be limited to the provision of a [heart]
11 coronary artery calcium [scan] screening to an eligible
12 subscriber at the discretion of a health care provider to be
13 used as a clinical management tool;
14 (2) be provided every five years if an
15 eligible subscriber has previously received a [heart] coronary
16 artery calcium score of zero; [and]
17 (3) not be required for future [heart]
18 coronary artery calcium [seans] screenings if an eligible
19 subscriber receives a [heart] coronary artery calcium score
20 greater than zero; and
21 (4) not impose cost sharing on an eligible
22 subscriber over the age of forty-nine, unless the eligible
23 subscriber has a strong family history of coronary artery
24 disease or symptoms that are diagnosed as coronary artery
25 disease by the eligible subscriber's health care provider.

1 [C. At its discretion or as required by law, a
2 health care plan may offer or refuse coverage for further
3 cardiac testing or procedures for eligible subscribers based
4 upon the results of a heart artery calcium scan.

5 D.] C. The provisions of this section do not apply
6 to short-term travel, accident-only or limited or specified-
7 disease policies, plans or certificates of health insurance,
8 catastrophic plans as defined under 42 USCA Section 18022(e) or
9 high-deductible health plans with health savings accounts until
10 a covered person's deductible has been met, unless otherwise
11 permitted by federal law.

12 [E.] D. As used in this section:

13 [(1) "eligible subscriber" means a subscriber
14 who:

15 (a) is a person between the ages of
16 forty-five and sixty-five; and

17 (b) has an intermediate risk of
18 developing coronary heart disease as determined by a health
19 care provider based upon a score calculated from an evidence-
20 based algorithm widely used in the medical community to assess
21 a person's ten-year cardiovascular disease risk, including a
22 score calculated using a pooled cohort equation;

23 (2) "health care provider" means a physician,
24 physician assistant, nurse practitioner or other health care
25 professional authorized to furnish health care services within

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1 the scope of the professional's license; and

2 (3) "heart" (1) "cholesterol lipid panels"

3 means blood tests that measure one or more of the following:

4 (a) total cholesterol;

5 (b) low-density lipoprotein cholesterol;

6 (c) high-density lipoprotein

7 cholesterol;

8 (d) lipoprotein (a);

9 (e) triglycerides; and

10 (f) high-sensitivity c-reactive protein;

11 (2) "coronary artery calcium [seen] screening"

12 means a computed tomography scan measuring coronary artery
13 calcium for atherosclerosis and abnormal artery structure and
14 function;

15 (3) "cost sharing" means deductibles,
16 copayments or coinsurance; and

17 (4) "health care provider" means a physician,
18 physician assistant, nurse practitioner or other health care
19 professional authorized to furnish health care services within
20 the scope of the professional's license."

21 SECTION 10. A new section of the Nonprofit Health Care
22 Plan Law is enacted to read:

23 "[NEW MATERIAL] COVERAGE FOR MEDICATIONS USED FOR THE
24 TREATMENT OF CHOLESTEROL DISORDER.--

25 A. An individual or group health care plan that is

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delivered, issued for delivery or renewed in this state that provides coverage for cholesterol-lowering medications shall not impose cost sharing on generic medications.

B. If generic medications fail to lower cholesterol in the blood to below sixty milligrams per deciliter or generate adverse reactions not tolerated by the patient, as determined by the prescribing health care provider, cost sharing shall not be imposed on second-line step therapy medications.

C. The provisions of this section do not apply to excepted benefit plans as provided pursuant to the Short-Term Health Plan and Excepted Benefit Act, catastrophic plans as defined pursuant to 42 USCA Section 18022(e) or high-deductible health plans with health savings accounts until an eligible insured's deductible has been met, unless otherwise allowed pursuant to federal law.

D. For the purposes of this section, "cost sharing" means a copayment, coinsurance, a deductible or any other form of financial obligation of a subscriber other than a premium or a share of a premium, or any combination of any of these financial obligations, as defined by the terms of an individual or group health care plan."

SECTION 11. Section 61-11-6 NMSA 1978 (being Laws 1969, Chapter 29, Section 5, as amended) is amended to read:

"61-11-6. POWERS AND DUTIES OF BOARD.--

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1 A. The board shall:

2 (1) promulgate rules in accordance with the
3 provisions of the State Rules Act to carry out the provisions
4 of the Pharmacy Act in accordance with the provisions of the
5 Uniform Licensing Act;

6 (2) provide for examinations of applicants for
7 licensure as pharmacists;

8 (3) provide for the issuance and renewal of
9 licenses for pharmacists;

10 (4) require and establish criteria for
11 continuing education as a condition of renewal of licensure for
12 pharmacists;

13 (5) provide for the issuance and renewal of
14 licenses for pharmacist interns and for their training,
15 supervision and discipline;

16 (6) provide for the licensing of retail
17 pharmacies, nonresident pharmacies, wholesale drug
18 distributors, drug manufacturers, hospital pharmacies, nursing
19 home drug facilities, industrial and public health clinics and
20 all places where dangerous drugs are stored, distributed,
21 dispensed or administered and provide for the inspection of the
22 facilities and activities;

23 (7) enforce the provisions of all laws of the
24 state pertaining to the practice of pharmacy and the
25 manufacture, production, sale or distribution of drugs or

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cosmetics and their standards of strength and purity;

(8) conduct hearings upon charges relating to the discipline of a registrant or licensee or the denial, suspension or revocation of a registration or a license in accordance with the Uniform Licensing Act;

(9) cause the prosecution of any person violating the Pharmacy Act, the New Mexico Drug, Device and Cosmetic Act or the Controlled Substances Act;

(10) keep a record of all proceedings of the board;

(11) make an annual report to the governor;

(12) appoint and employ, in the board's discretion, a qualified person who is not a member of the board to serve as executive director and define the executive director's duties and responsibilities; except that the power to deny, revoke or suspend any license or registration authorized by the Pharmacy Act shall not be delegated by the board;

(13) appoint and employ inspectors necessary to enforce the provisions of all acts under the administration of the board, which inspectors shall be pharmacists and have all the powers and duties of peace officers;

(14) provide for other qualified employees necessary to carry out the provisions of the Pharmacy Act;

(15) have the authority to employ a competent

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1 attorney to give advice and counsel in regard to any matter
2 connected with the duties of the board, to represent the board
3 in any legal proceedings and to aid in the enforcement of the
4 laws in relation to the pharmacy profession and to fix the
5 compensation to be paid to the attorney; provided, however,
6 that the attorney shall be compensated from the money of the
7 board, including that provided for in Section 61-11-19 NMSA
8 1978;

9 (16) register and regulate qualifications,
10 training and permissible activities of pharmacy technicians;

11 (17) provide a registry of all persons
12 licensed as pharmacists or pharmacist interns in the state;

13 (18) promulgate rules that prescribe the
14 activities and duties of pharmacy owners and pharmacists in the
15 provision of pharmaceutical care, emergency prescription
16 dispensing, drug regimen review and patient counseling in each
17 practice setting;

18 (19) promulgate, after approval by the New
19 Mexico medical board and the board of nursing, rules and
20 protocols for the prescribing of dangerous drug therapy,
21 including vaccines and immunizations, and the appropriate
22 notification of the primary or appropriate physician of the
23 person receiving the dangerous drug therapy; [and]

24 (20) have the authority to authorize emergency
25 prescription dispensing; and

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(21) promulgate rules and establish protocols for the assessment of cardiovascular risk and the prescribing of lipid-lowering or cardiovascular plaque-reducing dangerous drug therapies based on a person's level of cardiovascular risk in accordance with standards of care.

B. The board may:

(1) delegate its authority to the executive director to issue temporary licenses as provided in Section 61-11-14 NMSA 1978;

(2) provide by rule for the electronic transmission of prescriptions; and

(3) delegate its authority to the executive director to authorize emergency prescription dispensing procedures during civil or public health emergencies."

SECTION 12. APPLICABILITY.--The provisions of this act apply to group health insurance policies, health care plans or certificates of health insurance that are delivered, issued for delivery or renewed in this state on or after January 1, 2027.

SECTION 13. EFFECTIVE DATE.--The effective date of the provisions of this act is January 1, 2027.

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