

SENATE HEALTH AND PUBLIC AFFAIRS COMMITTEE SUBSTITUTE FOR
SENATE BILL 130

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

AN ACT

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

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

SECTION 1. A new section of Chapter 59A, Article 22 NMSA
1978 is enacted to read:

"[NEW MATERIAL] CORONARY ARTERY CALCIUM SCREENING AND
CHOLESTEROL LIPID PANELS COVERAGE.--

A. An individual or group health insurance policy,

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1 health care plan or certificate of health insurance that is
2 delivered, issued for delivery or renewed in this state shall
3 provide coverage for an eligible insured to receive a coronary
4 artery calcium screening and low-density lipoprotein panels.

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

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

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

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

17 (4) not impose cost sharing on an eligible
18 insured over the age of forty-nine, unless the eligible insured
19 has a first degree relative with a medical history of a
20 myocardial infarction before the age of forty.

21 C. The provisions of this section do not apply to
22 short-term travel, accident-only or limited or specified
23 disease policies, plans or certificates of health insurance,
24 catastrophic plans as defined under 42 USCA Section 18022(e) or
25 high-deductible health plans with health savings accounts until

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1 an eligible insured's deductible has been met, unless otherwise
2 permitted by federal law.

3 D. As used in this section:

4 (1) "cholesterol lipid panels" means blood
5 tests that measure one or more of the following:

- 6 (a) total cholesterol;
- 7 (b) low-density lipoprotein cholesterol;
- 8 (c) high-density lipoprotein
9 cholesterol;
- 10 (d) lipoprotein (a);
- 11 (e) triglycerides; and
- 12 (f) high-sensitivity c-reactive protein;

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

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

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

22 SECTION 2. A new section of Chapter 59A, Article 22 NMSA
23 1978 is enacted to read:

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

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1 A. An individual or group health insurance policy,
2 health care plan or certificate of health insurance that is
3 delivered, issued for delivery or renewed in this state that
4 provides coverage for cholesterol-lowering medications shall
5 not impose cost sharing on generic medications.

6 B. Cost sharing shall not be imposed on second-line
7 step therapy medications if generic medications:

8 (1) fail to lower low-density lipoprotein in
9 the blood to below sixty milligrams per deciliter or another
10 level deemed appropriate by a patient's health care provider;
11 or

12 (2) generate adverse reactions not tolerated
13 by the patient, as determined by the prescribing health care
14 provider.

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

22 D. For the purposes of this section, "cost sharing"
23 means a copayment, coinsurance, a deductible or any other form
24 of financial obligation of the enrollee other than a premium or
25 a share of a premium, or any combination of any of these

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1 financial obligations, as defined by the terms of an individual
 2 or group health insurance policy, health care plan or
 3 certificate of health insurance."

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

6 "59A-23-7.16. [~~HEART~~] CORONARY ARTERY CALCIUM [~~SCAN~~]
 7 SCREENING AND CHOLESTEROL LIPID PANELS COVERAGE.--

8 A. A group health plan, other than a small group
 9 health plan or a blanket health insurance policy or contract
 10 that is delivered, issued for delivery or renewed in this state
 11 shall provide coverage for eligible insureds to receive a
 12 [~~heart~~] coronary artery calcium [~~scan~~] screening and
 13 cholesterol lipid panels.

14 B. Coverage provided pursuant to this section
 15 shall:

16 (1) be limited to the provision of a [~~heart~~]
 17 coronary artery calcium [~~scan~~] screening to an eligible insured
 18 at the discretion of a health care provider to be used as a
 19 clinical management tool;

20 (2) be provided every five years if an
 21 eligible insured has previously received a [~~heart~~] coronary
 22 artery calcium score of zero; [~~and~~]

23 (3) not be required for future [~~heart~~]
 24 coronary artery calcium [~~scans~~] screenings if an eligible
 25 insured receives a [~~heart~~] coronary artery calcium score

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1 greater than zero; and

2 (4) not impose cost sharing on an eligible
3 insured over the age of forty-nine, unless the eligible insured
4 has a first degree relative with a medical history of a
5 myocardial infarction before the age of forty.

6 ~~[C. At its discretion or as required by law, an~~
7 ~~insurer may offer or refuse coverage for further cardiac~~
8 ~~testing or procedures for eligible insureds based upon the~~
9 ~~results of a heart artery calcium scan.~~

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

17 ~~[E.]~~ D. As used in this section:

18 ~~[(1) "eligible insured" means an insured who:~~

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

21 ~~(b) has an intermediate risk of~~
22 ~~developing coronary heart disease as determined by a health~~
23 ~~care provider based upon a score calculated from an evidence-~~
24 ~~based algorithm widely used in the medical community to assess~~
25 ~~a person's ten-year cardiovascular disease risk, including a~~

1 ~~score calculated using a pooled cohort equation;~~

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

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

- 8 (a) total cholesterol;
- 9 (b) low-density lipoprotein cholesterol;
- 10 (c) high-density lipoprotein
- 11 cholesterol;
- 12 (d) lipoprotein (a);
- 13 (e) triglycerides; and
- 14 (f) high-sensitivity c-reactive protein;

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

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

21 (4) "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."

25 SECTION 4. A new section of Chapter 59A, Article 23 NMSA

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1 1978 is enacted to read:

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

4 A. A group or blanket health insurance policy,
5 health care plan or certificate of health insurance that is
6 delivered, issued for delivery or renewed in this state that
7 provides coverage for cholesterol-lowering medications shall
8 not impose cost sharing on generic medications.

9 B. Cost sharing shall not be imposed on second-line
10 step therapy medications if generic medications:

11 (1) fail to lower low-density lipoprotein in
12 the blood to below sixty milligrams per deciliter or another
13 level deemed appropriate by a patient's health care provider;
14 or

15 (2) generate adverse reactions not tolerated
16 by the patient, as determined by the prescribing health care
17 provider.

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

25 D. For the purposes of this section, "cost sharing"

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1 means a copayment, coinsurance, a deductible or any other form
 2 of financial obligation of an insured other than a premium or a
 3 share of a premium, or any combination of any of these
 4 financial obligations, as defined by the terms of a group or
 5 blanket health insurance policy, health care plan or
 6 certificate of health insurance."

7 SECTION 5. Section 59A-46-50.5 NMSA 1978 (being Laws
 8 2020, Chapter 79, Section 4) is amended to read:

9 "59A-46-50.5. [~~HEART~~] CORONARY ARTERY CALCIUM [SCAN]
 10 SCREENING AND CHOLESTEROL LIPID PANELS COVERAGE.--

11 A. A group health maintenance organization
 12 contract, other than a small group health maintenance
 13 organization contract, that is delivered, issued for delivery
 14 or renewed in this state shall provide coverage for eligible
 15 enrollees to receive a [~~heart~~] coronary artery calcium [~~scan~~]
 16 screening and cholesterol lipid panels.

17 B. Coverage provided pursuant to this section
 18 shall:

19 (1) be limited to the provision of a [~~heart~~]
 20 coronary artery calcium [~~scan~~] screening to an eligible
 21 enrollee at the discretion of a health care provider to be used
 22 as a clinical management tool;

23 (2) be provided every five years if an
 24 eligible enrollee has previously received a [~~heart~~] coronary
 25 artery calcium score of zero; [~~and~~]

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1 (3) not be required for future ~~[heart]~~
2 coronary artery calcium ~~[scans]~~ screenings if an eligible
3 enrollee receives a ~~[heart]~~ coronary artery calcium score
4 greater than zero; and

5 (4) not impose cost sharing on an eligible
6 enrollee over the age of forty-nine, unless the eligible
7 enrollee has a first degree relative with a medical history of
8 a myocardial infarction before the age of forty.

9 ~~[C. At its discretion or as required by law, a~~
10 ~~carrier may offer or refuse coverage for further cardiac~~
11 ~~testing or procedures for eligible enrollees based upon the~~
12 ~~results of a heart artery calcium scan.~~

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

20 ~~[E.]~~ D. As used in this section:

21 ~~[(1) "eligible enrollee" means an enrollee~~
22 ~~who:~~

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

25 ~~(b) has an intermediate risk of~~

1 ~~developing coronary heart disease as determined by a health~~
 2 ~~care provider based upon a score calculated from an evidence-~~
 3 ~~based algorithm widely used in the medical community to assess~~
 4 ~~a person's ten-year cardiovascular disease risk, including a~~
 5 ~~score calculated using a pooled cohort equation;~~

6 ~~(2) "health care provider" means a physician,~~
 7 ~~physician assistant, nurse practitioner or other health care~~
 8 ~~professional authorized to furnish health care services within~~
 9 ~~the scope of the professional's license; and~~

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

- 12 (a) total cholesterol;
- 13 (b) low-density lipoprotein cholesterol;
- 14 (c) high-density lipoprotein
 15 cholesterol;
- 16 (d) lipoprotein (a);
- 17 (e) triglycerides; and
- 18 (f) high-sensitivity c-reactive protein;

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

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

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

1 physician assistant, nurse practitioner or other health care
2 professional authorized to furnish health care services within
3 the scope of the professional's license."

4 SECTION 6. A new section of the Health Maintenance
5 Organization Law is enacted to read:

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

8 A. An individual or group health maintenance
9 organization contract that is delivered, issued for delivery or
10 renewed in this state that provides coverage for cholesterol-
11 lowering medications shall not impose cost sharing on generic
12 medications.

13 B. Cost sharing shall not be imposed on second-line
14 step therapy medications if generic medications:

15 (1) fail to lower low-density lipoprotein in
16 the blood to below sixty milligrams per deciliter or another
17 level deemed appropriate by a patient's health care provider;
18 or

19 (2) generate adverse reactions not tolerated
20 by the patient, as determined by the prescribing health care
21 provider.

22 C. The provisions of this section do not apply to
23 excepted benefit plans as provided pursuant to the Short-Term
24 Health Plan and Excepted Benefit Act, catastrophic plans as
25 defined pursuant to 42 USCA Section 18022(e) or high-deductible

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1 health plans with health savings accounts until an enrollee's
 2 deductible has been met, unless otherwise allowed pursuant to
 3 federal law.

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

10 SECTION 7. Section 59A-47-45.7 NMSA 1978 (being Laws
 11 2020, Chapter 79, Section 5) is amended to read:

12 "59A-47-45.7. [~~HEART~~] CORONARY ARTERY CALCIUM [SCAN]
 13 SCREENING AND CHOLESTEROL LIPID PANELS COVERAGE.--

14 A. A group health care plan, other than a small
 15 group health care plan, that is delivered, issued for delivery
 16 or renewed in this state shall provide coverage for eligible
 17 subscribers to receive a [~~heart~~] coronary artery calcium [scan]
 18 screening and cholesterol lipid panels.

19 B. Coverage provided pursuant to this section
 20 shall:

21 (1) be limited to the provision of a [~~heart~~]
 22 coronary artery calcium [scan] screening to an eligible
 23 subscriber at the discretion of a health care provider to be
 24 used as a clinical management tool;

25 (2) be provided every five years if an

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1 eligible subscriber has previously received a ~~[heart]~~ coronary
2 artery calcium score of zero; ~~[and]~~

3 (3) not be required for future ~~[heart]~~
4 coronary artery calcium ~~[scans]~~ screenings if an eligible
5 subscriber receives a ~~[heart]~~ coronary artery calcium score
6 greater than zero; and

7 (4) not impose cost sharing on an eligible
8 subscriber over the age of forty-nine, unless the eligible
9 subscriber has a first degree relative with a medical history
10 of a myocardial infarction before the age of forty.

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

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

22 ~~[E.]~~ D. As used in this section:

23 ~~[(1) "eligible subscriber" means a subscriber~~
24 ~~who:~~

25 ~~(a) is a person between the ages of~~

1 ~~forty-five and sixty-five; and~~

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

8 ~~(2) "health care provider" means a physician,~~
9 ~~physician assistant, nurse practitioner or other health care~~
10 ~~professional authorized to furnish health care services within~~
11 ~~the scope of the professional's license; and~~

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

- 14 ~~(a) total cholesterol;~~
15 ~~(b) low-density lipoprotein cholesterol;~~
16 ~~(c) high-density lipoprotein~~
17 ~~cholesterol;~~
18 ~~(d) lipoprotein (a);~~
19 ~~(e) triglycerides; and~~
20 ~~(f) high-sensitivity c-reactive protein;~~

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

25 ~~(3) "cost sharing" means deductibles,~~

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1 copayments or coinsurance; and

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

6 SECTION 8. A new section of the Nonprofit Health Care
7 Plan Law is enacted to read:

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

10 A. An individual or group health care plan that is
11 delivered, issued for delivery or renewed in this state that
12 provides coverage for cholesterol-lowering medications shall
13 not impose cost sharing on generic medications.

14 B. Cost sharing shall not be imposed on second-line
15 step therapy medications if generic medications:

16 (1) fail to lower low-density lipoprotein in
17 the blood to below sixty milligrams per deciliter or another
18 level deemed appropriate by a patient's health care provider;
19 or

20 (2) generate adverse reactions not tolerated
21 by the patient, as determined by the prescribing health care
22 provider.

23 C. The provisions of this section do not apply to
24 excepted benefit plans as provided pursuant to the Short-Term
25 Health Plan and Excepted Benefit Act, catastrophic plans as

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1 defined pursuant to 42 USCA Section 18022(e) or high-deductible
 2 health plans with health savings accounts until a subscriber's
 3 deductible has been met, unless otherwise allowed pursuant to
 4 federal law.

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

11 SECTION 9. Section 61-11-6 NMSA 1978 (being Laws 1969,
 12 Chapter 29, Section 5, as amended) is amended to read:

13 "61-11-6. POWERS AND DUTIES OF BOARD.--

14 A. The board shall:

15 (1) promulgate rules in accordance with the
 16 provisions of the State Rules Act to carry out the provisions
 17 of the Pharmacy Act in accordance with the provisions of the
 18 Uniform Licensing Act;

19 (2) provide for examinations of applicants for
 20 licensure as pharmacists;

21 (3) provide for the issuance and renewal of
 22 licenses for pharmacists;

23 (4) require and establish criteria for
 24 continuing education as a condition of renewal of licensure for
 25 pharmacists;

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1 (5) provide for the issuance and renewal of
2 licenses for pharmacist interns and for their training,
3 supervision and discipline;

4 (6) provide for the licensing of retail
5 pharmacies, nonresident pharmacies, wholesale drug
6 distributors, drug manufacturers, hospital pharmacies, nursing
7 home drug facilities, industrial and public health clinics and
8 all places where dangerous drugs are stored, distributed,
9 dispensed or administered and provide for the inspection of the
10 facilities and activities;

11 (7) enforce the provisions of all laws of the
12 state pertaining to the practice of pharmacy and the
13 manufacture, production, sale or distribution of drugs or
14 cosmetics and their standards of strength and purity;

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

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

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

24 (11) make an annual report to the governor;

25 (12) appoint and employ, in the board's

1 discretion, a qualified person who is not a member of the board
 2 to serve as executive director and define the executive
 3 director's duties and responsibilities; except that the power
 4 to deny, revoke or suspend any license or registration
 5 authorized by the Pharmacy Act shall not be delegated by the
 6 board;

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

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

13 (15) have the authority to employ a competent
 14 attorney to give advice and counsel in regard to any matter
 15 connected with the duties of the board, to represent the board
 16 in any legal proceedings and to aid in the enforcement of the
 17 laws in relation to the pharmacy profession and to fix the
 18 compensation to be paid to the attorney; provided, however,
 19 that the attorney shall be compensated from the money of the
 20 board, including that provided for in Section 61-11-19 NMSA
 21 1978;

22 (16) register and regulate qualifications,
 23 training and permissible activities of pharmacy technicians;

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

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underscoring material = new
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1 (18) promulgate rules that prescribe the
2 activities and duties of pharmacy owners and pharmacists in the
3 provision of pharmaceutical care, emergency prescription
4 dispensing, drug regimen review and patient counseling in each
5 practice setting;

6 (19) promulgate, after approval by the New
7 Mexico medical board and the board of nursing, rules and
8 protocols for the prescribing of dangerous drug therapy,
9 including vaccines and immunizations, and the appropriate
10 notification of the primary or appropriate physician of the
11 person receiving the dangerous drug therapy; ~~and~~

12 (20) have the authority to authorize emergency
13 prescription dispensing; and

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

19 B. The board may:

20 (1) delegate its authority to the executive
21 director to issue temporary licenses as provided in Section
22 61-11-14 NMSA 1978;

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

25 (3) delegate its authority to the executive

1 director to authorize emergency prescription dispensing
2 procedures during civil or public health emergencies."

3 SECTION 10. APPLICABILITY.--The provisions of this act
4 apply to group health insurance policies, health care plans or
5 certificates of health insurance that are delivered, issued for
6 delivery or renewed in this state on or after January 1, 2027.

7 SECTION 11. EFFECTIVE DATE.--The effective date of the
8 provisions of this act is January 1, 2027.

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