

State of New Mexico
House of Representatives

FIFTY-FOURTH LEGISLATURE
SECOND SESSION

February 14, 2020

HOUSE FLOOR AMENDMENT number _____ to HOUSE BILL 292, as amended

Amendment sponsored by Representative Gregg Schmedes

1. On page 1, line 11, strike "LIMITS" and insert in lieu thereof "A FOUR-YEAR LIMIT".

2. On page 1, line 23, strike "Group" and insert in lieu thereof "From January 1, 2021 through December 31, 2025, group".

3. On page 2, between lines 8 and 9, insert the following new section:

"SECTION 2. A new section of the New Mexico Insurance Code is enacted to read:

"[NEW MATERIAL] HEALTH CARE PLANS--PREFERRED FORMULARY INSULIN DRUGS OR MEDICALLY NECESSARY ALTERNATIVES--COST-SHARING CAP.--From January 1, 2021 through December 31, 2025, the total amount an individual with diabetes is required to pay for preferred formulary prescription insulin drugs or medically necessary alternatives shall be capped at an amount not to exceed a total of fifty dollars (\$50.00) per thirty-day supply, regardless of the amount or number of prescription drugs or types of insulin prescribed to meet the covered person's insulin health needs; provided that nothing in this section shall prevent an insurer from reducing an insured's cost sharing by an amount greater than the amount specified in this section. This section applies to all health care plans, policies or certificates and individual or group health maintenance organization contracts, whether for profit or not-for-profit and by whatever name that comes under the purview of the office of superintendent of insurance."

4. Renumber the succeeding sections accordingly.

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5. On page 3, line 5, strike "The" and insert in lieu thereof "From January 1, 2021 through December 31, 2025, the".

6. On page 8, line 2, strike "The" and insert in lieu thereof "From January 1, 2021 through December 31, 2025, the".

7. On page 11, line 23, strike "3" and insert in lieu thereof "4".

8. On page 11, line 25, strike "4" and insert in lieu thereof "5".



Gregg Schmedes

Adopted _____
(Chief Clerk)

Not Adopted _____
(Chief Clerk)

Date _____