LFC Requester:	Eric Chenier
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# **AGENCY BILL ANALYSIS - 2025 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	INFORMATI	ON

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

**Date Prepared**: 2/10/2025 *Check all that apply:* **Bill Number:** *SB39* Original X Correction Amendment Substitute

> Elizabeth Stefanic, Reena Szczepanski, Mimi Stewart and

**Sponsor:** Carrie Hamblen

Prior Authorizations for Rare

Diseases

Short

Title:

**Agency Name** 

and Code Number:

Office of Superintendent of Insurance - 440

**Person Writing** Viara Ianakieva

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## **SECTION II: FISCAL IMPACT**

## **APPROPRIATION (dollars in thousands)**

Appropriation		Recurring	Fund	
FY25	FY26	or Nonrecurring	Affected	
N/A	N/A	N/A	N/A	

(Parenthesis ( ) indicate expenditure decreases)

### **REVENUE** (dollars in thousands)

Estimated Revenue			Recurring	Fund
FY25	FY26	FY27	or Nonrecurring	Affected
N/A	N/A	N/A	N/A	N/A

(Parenthesis ( ) indicate revenue decreases)

## ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	N/A	N/A	N/A	N/A	N/A	

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: Duplicates/Relates to Appropriation in the General Appropriation Act

# **SECTION III: NARRATIVE**

### **BILL SUMMARY**

Senate Bill 39 (SB39) amends the Prior Authorization Act, NMSA 1978, Section 59A-22B-8 to prohibit prior authorization &/or step therapy for medications that are prescribed, for on-label or off-label use, for the treatment of a rare disease. Rare disease is defined in SB39 as a disease or medical condition that affects fewer than two hundred thousand people in the United States. Off-label use is defined as a medication or medication dosage not approved by the FDA for treatment of a specific condition or disease but has sufficient evidence to consider the medication/dosage medically necessary for treatment. Medical necessity determination requirements have been updated such that they must be completed by a health care professional from the same or similar practice specialty that typically manages the disease or condition in question. Lastly, medical necessity determinations are required to be completed within 7 days, or 24 hours in cases where the condition or disease may seriously jeopardize a person's life/health, affect a person's ability to regain maximum function, or subject a person to severe and intolerable pain. Medical necessity determinations not completed within the specified time limits will be deemed automatically approved.

### FISCAL IMPLICATIONS

None

#### **SIGNIFICANT ISSUES**

None.

#### PERFORMANCE IMPLICATIONS

OSI may receive an increased number of grievances related to medically necessary treatment of rare diseases, if carriers fail to comply.

### **ADMINISTRATIVE IMPLICATIONS**

If the bill is enacted, OSI will be required to update its existing Prior Authorization Rule, 13.10.31 NMAC.

## CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Duplication and possible conflict: SB207 Add Classes to Prior Authorization Drugs.

## **TECHNICAL ISSUES**

None.

### **OTHER SUBSTANTIVE ISSUES**

The term "off-label" is unclear as currently defined in SB39. As currently written, it reads: "a medication or a dosage of a medication that is not approved by the federal food and drug administration for a specific condition or disease". It is important to indicate that the drug must be approved by the FDA, but the indication or dosage to treat a specific condition or disease may not be approved. As currently written, the bill may be construed to require coverage of non-FDA approved medications which may be contrary to federal law.

### **ALTERNATIVES**

None.

# WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Residents of New Mexico suffering from rare diseases may not be able to receive timely care covered by their insurance plan since most rare disease treatments are considered off-label use by the FDA.

#### **AMENDMENTS**

Page 4, Lines 1-7:

"off-label" means an FDA approved medication or a dosage of a medication that does not have an FDA approved indication is not approved by the federal food and drug administration as a treatment for a specific condition or disease but is prescribed to a covered person because there is sufficient clinical evidence for a prescribing clinician to reasonably consider the medication to be medically necessary to treat the covered person's condition or disease.