LFC Requester:	Eric Chenier

# **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	INFORMA	TION

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

**Date Prepared**: 2/21/2025 Check all that apply:

Bill Number: SB443 Original X Correction

Amendment \_\_ Substitute \_\_

**Agency Name** 

and Code

Office of Superintendent of

Number: Insurance - 440

Sponsor: Senator Hickey Number:

Short NO COST SHARING FOR CHOLESTEROLPerson Writing Viara Ianakieva

LOWERING DRUGS Phone: 505-508-9073 Email <u>Viara.ianakieva@osi.n</u>

### **SECTION II: FISCAL IMPACT**

Title:

## **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	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 443 (SB443) provides new statute in the Health Care Purchasing Act and the New Mexico Insurance Code to prohibit cost sharing for cholesterol lowering drugs. The bill defines "cost sharing" as a "copayment, coinsurance, a deductible or any other form of financial obligation of an enrollee other than a premium or a share of premium, or any combination of any of these financial obligations, as defined by the terms of a group health plan."

#### FISCAL IMPLICATIONS

None.

#### SIGNIFICANT ISSUES

None.

#### PERFORMANCE IMPLICATIONS

None.

#### **ADMINISTRATIVE IMPLICATIONS**

None.

## CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None.

#### **TECHNICAL ISSUES**

None

### **OTHER SUBSTANTIVE ISSUES**

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

Currently all commercial plans provide coverage for cholesterol lowering drugs. While most of these medications are not of high cost, premiums may rise due to widespread use of these drugs brand name, second line and/or costly newer medications. Office of Superintendent of Insurance (OSI) is unable to estimate the premium impact but suspects that it will not be significant.

Federal law permits the offering of high deductible plans in conjunction with Health Savings Accounts (HSAs). IRS rules prohibit any benefits other than ACA mandated cost-sharing free preventive care benefits from being offered at the copay level before an insured has paid their deductible. See

https://www.irs.gov/publications/p969#:~:text=Contributions%20to%20your%20HSA%20made, the%20account%20are%20tax%20free.

The ACA eliminates cost-sharing requirements for preventive care services. However, it does not eliminate cost-sharing requirements for second line cholesterol lowering drugs. If cost-sharing elimination applies to second line cholesterol lowering drugs, covered persons will need to meet their deductible for Catastrophic, High Deductible Plans (HDHP) and High Deductible Health Plans with HSA eligibility (HDHP/HSA) before the drugs can be provided at no cost.

## **ALTERNATIVES**

None.

# WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Cholesterol lowering drugs that are not listed on the Preventive Task Force A or B recommendation will be subject to cost-sharing.

### **AMENDMENTS**

OSI recommends including the following language to apply to cholesterol lowering drugs that may not meet the zero-cost sharing preventive care criteria.

"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 tax-favored plans as defined pursuant to 26 USC Section 223(c)(2)."