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]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 unloaded as a PDF)

	NI: GENERAL IN analysis is on an origina		<u>N</u> substitute or a correction of a previous bill}				
	Date Prepared:	2/20/25	Check all that apply:				
	Bill Number:	SB443	Original _x Correction				
			Amendment Substitute				
Cn angan.	Sen Hickey		Agency Name and Code HCA-630 Number:				
sponsor:							
Sponsor: Short	No Cost Sharing of	on Cholesterol	Person Writing Keenan Ryan				
Short		on Cholesterol	Person WritingKeenan RyanPhone:505.396.0223Email Keenan.ryan@	hca.nm.			
Short Title:	No Cost Sharing of			hca.nm.			

APPROPRIATION (dollars in thousands)

Appropriation		Recurring	Fund		
FY25	FY26	or Nonrecurring	Affected		

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring	Fund
FY25	FY26	FY27	or Nonrecurring	Affected

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
\$0.0	\$113.7	\$227.5	\$341.2	Recurring	General Fund (via

						State Health Benefits Fund)
	\$0.0	\$61.3	\$122.5	\$183.8	Recurring	Employee Premiums
	\$0,0	(\$175.0)	(\$350.0)	(\$525.0)	Recurring	Employee Cost Sharing
Total GF Impact	\$0.0	\$113.7	\$227.5	\$341.2	Recurring	General Fund
Total Employee Impact	\$0.0	(\$113.7)	(\$227.5)	(341.2)	Recurring	Employee Costs

(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

Synopsis: SB443 propose amendments to the Health Care Purchasing Act, Insurance Code, Health Maintenance Organization Law, and Non-Proft Health Care Plan Law to prevent and cost sharing with members for cholesterol lowering medications.

Cost sharing is defined as copayment, coinsurance, a deductible or any other form of financial obligation. This excludes premiums in the definition of cost sharing.

The effective date of the provisions of this act is January 1, 2026.

FISCAL IMPLICATIONS

Medicaid

The proposed legislation is not expected to have a financial impact on Medicaid. Medicaid does not have any cost sharing for members currently. As such there will be no change in practice or incurred costs.

State Health Benefits
Effective January 1, 2026, SB443 prohibits health plans regulated by the state from imposing costsharing for cholesterol-lowering drugs. This only includes plan cost-sharing because member cost-sharing is being eliminated by the bill, resulting in an annual decrease in member cost-sharing of \$350.0.

SIGNIFICANT ISSUES

Cholesterol lowering medications are a common intervention to prevent and/or treat various form of cardiovascular disease. The most common cholesterol lowering class of medications are Hydroxymethylglutaryl-coenzyme A (HMG-CoA) reductase inhibitors, commonly known as statins. Since the classes approval in the late 1980s statins have become on of the most commonly prescribed medications in the United States. In addition to statins other newer agents have been approved, commonly referred to as PSK9s, that are every other week injections that help the body

clear excess cholesterol. PSK9s are less commonly used than statin but are more expensive. For non-Medicaid plan members may have variable copays to access cholesterol lowering medications that could be substantial. PSK9s can cost up to \$6,000/year. Per the American Heart Association/American College of Cardiology guidelines PSK9s are recommended only for patients at high risk of atherosclerotic cardiovascular disease who are already on maximum dosing of statin therapy, and another medication ezetimibe has also been started, and the patient's cholesterol is still not well controlled.

For SHB members with high cholesterol, this bill could reduce financial barriers to these types of medication.

PERFORMANCE IMPLICATIONS

None for MAD or SHB.

ADMINISTRATIVE IMPLICATIONS

None for MAD or SHB. No IT impact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None

TECHNICAL ISSUES

None

OTHER SUBSTANTIVE ISSUES

None

ALTERNATIVES

None

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status Quo

AMENDMENTS

None