

LFC Requestor: Self Assigned

**2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: Senate
Number: 443

Category: Bill
Type: Introduced

Date (of THIS analysis): 2/20/2025

Sponsor(s): Martin Hickey

Short Title: No Cholesterol-Lowering Drug Cost Sharing

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$0	\$0	NA	NA

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	NA	NA

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$0	\$0	\$0	NA	NA

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

Senate Bill 443 (SB443) proposes to amend the health care purchasing act and add a new section of Chapter 59A, Article 22 NMSA 1978 of the New Mexico insurance code to prohibit cost sharing for cholesterol lowering drugs. Cost sharing includes copayment, coinsurance, a deductible or any other form of financial obligation of an enrollee other than a premium or a share of a premium, or any combination of any of these financial obligations, as defined by the terms of a group health plan.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

SB 443 will serve insured people who have been diagnosed with high blood cholesterol. There are two types of cholesterol that are measured: low-density lipoprotein (LDL) or "bad" cholesterol and high-density lipoprotein (HDL) or "good" cholesterol. Having high levels of LDL cholesterol can lead to plaque buildup in your arteries and result in heart disease or stroke. HDL is known as "good" cholesterol because high levels of it can lower your risk of heart disease and stroke. Triglycerides are a type of fat in the blood that the body uses for energy. The combination of high levels of triglycerides with either low HDL cholesterol or high LDL cholesterol levels can increase the risk for heart attack and stroke. Total cholesterol is the total amount of cholesterol in the blood based on HDL, LDL, and triglycerides numbers. ([About Cholesterol | Cholesterol | CDC](#)) High total cholesterol is considered 240 mg/dL or more.

Between 2017 and 2020, 10% of adults aged 20 or older had total cholesterol levels above 240 mg/dL. About 17% had high-density lipoprotein (HDL, or "good") cholesterol levels below 40 mg/dL. Slightly more than half of US adults (54.5%, or 47 million people) who could benefit from cholesterol medicine are currently taking it. About 86 million US adults aged 20 or older have total cholesterol levels above 200 mg/dL. Nearly 25 million adults in the United States have total cholesterol levels above 240 mg/dL. ([High Cholesterol Facts | Cholesterol | CDC](#))

In 2017, 31% of New Mexican adults had been told by a health care provider that they had high cholesterol. This increases to 44% for adults 65 and older and 41% for adults aged 50-64. ([NM-IBIS - Summary Health Indicator Report - Cardiovascular Disease - High Cholesterol](#))

A healthy lifestyle is the first defense against high cholesterol. When diet and exercise aren't enough cholesterol lowering medications may be indicated. Cholesterol lowering medications decrease low-density lipoprotein (LDL) cholesterol, the "bad" cholesterol that increases the risk of heart disease, decreases triglycerides, a type of fat in the blood that also increases the risk of heart disease. In addition, cholesterol lowering medications increase high-density lipoprotein (HDL) cholesterol, the "good" cholesterol that offers protection from heart disease. ([Cholesterol medications: Consider the options - Mayo Clinic](#))

While New Mexico specific data is not available, Data from the National Health Interview Survey ([Products - Data Briefs - Number 470 - June 2023](#)) found that:

- In 2021, 8.2% of adults aged 18–64 who took prescription medication in the past 12 months reported not taking medication as prescribed due to cost. Women (9.1%) were more likely than men (7.0%) to not take medication as prescribed.
- Adults with disabilities (20.0%) were more likely than adults without disabilities (7.1%) to not take medication as prescribed to reduce costs.
- Uninsured adults were more likely than adults with other health coverage, Medicaid, or private health insurance to not take medication as prescribed due to cost.
- Adults without prescription drug coverage were more likely to not take medication as prescribed to reduce costs compared with adults with public or private prescription drug coverage.
- Non-Hispanic other or multiple race adults (11.5%) and non-Hispanic Black adults (10.4%) were more likely than non-Hispanic White (subsequently, White) (7.4%) or non-Hispanic Asian (6.8%) adults to not take medication as prescribed. Hispanic adults were more likely than White adults to not take medication due to cost.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

If yes, describe how.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

Goal 1: We expand equitable access to services for all New Mexicans

Goal 2: We ensure safety in New Mexico healthcare environments

Goal 3: We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?

Yes No N/A

- If there is an appropriation, is it included in the LFC Budget Request?
 Yes No N/A
- Does this bill have a fiscal impact on NMDOH? Yes No

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

8. DISPARITIES ISSUES

Slightly more than half of US adults (54.5%, or 47 million people) who could benefit from cholesterol medicine are currently taking it. ([High Cholesterol Facts | Cholesterol | CDC](#))

The prevalence of high blood cholesterol in New Mexican adults by race/ ethnic backgrounds are:

- 22% of American Indians/ Alaskan Native adults
- 32% of Asian/ Pacific Islander adults
- 26% of Black/ African American adults
- 28% of Hispanic adults
- 29% of White adults

([NM-IBIS - Summary Health Indicator Report - Cardiovascular Disease - High Cholesterol](#))

SB443 serves to increase access to cholesterol lowering medications for individuals who are insured and have access to health care, it does not increase access for those individuals who are uninsured. An estimated 7.3 million Americans with cardiovascular disease (CVD) are currently uninsured. As a result, they are far less likely to receive appropriate and timely medical care and often suffer worse medical outcomes, including higher mortality rates. ([Access to Care | American Heart Association](#))

9. HEALTH IMPACT(S)

SB443 will serve insured individuals who have been diagnosed with high blood cholesterol, a common health condition. High or abnormal cholesterol levels, inflammation, and endothelial dysfunction play a key role in

atherosclerosis and plaque buildup, the most common cause of heart attacks and strokes. Studies have consistently shown that lowering LDL cholesterol reduces the risk of cardiovascular death, heart attacks, strokes, and the need for cardiac catheterizations or bypass surgeries. This has been shown in those with established coronary artery disease, as well as in high-risk patients without coronary artery disease. Lifestyle changes can decrease cholesterol numbers by about 5% to 10%, while cholesterol-lowering medication can decrease LDL cholesterol by 50% or more. While lifestyle modifications like a heart-healthy diet, quitting smoking, regular exercise, and weight loss are critical to reducing cardiovascular risk, medications are often needed to provide additional cardiovascular protection. ([Lowering cholesterol protects your heart and brain, regardless of your age - Harvard Health](#))

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If SB 443 is not enacted the health care purchasing act will not be amended and a new section of Chapter 59A, Article 22 NMSA 1978 of the New Mexico insurance code to prohibit cost sharing for cholesterol lowering drugs will not be added.

12. AMENDMENTS

None