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SENATE BILL

56TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2023

INTRODUCED BY

Elizabeth "Liz" Stefanics and Elizabeth "Liz" Thomson

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH CARE COVERAGE; CALCULATING COST-SHARING
CONTRIBUTIONS FOR PRESCRIPTION DRUG COVERAGE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Health Care Purchasing
Act is enacted to read:

"[NEW MATERIAL] CALCULATING AN ENROLLEE'S COST-SHARING
OBLIGATION FOR PRESCRIPTION DRUG COVERAGE.--

A. When calculating an enrollee's cost-sharing
obligation for covered prescription drugs, pursuant to group
health coverage, including any form of self-insurance, offered,
issued or renewed under the Health Care Purchasing Act, the
insurer shall credit the enrollee for the full value of any
discounts provided or payments made by third parties.

B. For purposes of this section, "cost sharing"

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1 means any:

- 2 (1) copayment;
- 3 (2) coinsurance;
- 4 (3) deductible;
- 5 (4) out-of-pocket maximum amount;
- 6 (5) other financial obligation, other than a
- 7 premium or share of a premium; or
- 8 (6) combination thereof."

9 SECTION 2. A new section of Chapter 59A, Article 22 NMSA
10 1978 is enacted to read:

11 "[NEW MATERIAL] CALCULATING AN INSURED'S COST-SHARING
12 OBLIGATION FOR PRESCRIPTION DRUG COVERAGE.--

13 A. When calculating an insured's cost-sharing
14 obligation for covered prescription drugs, pursuant to an
15 individual or group health insurance policy, health care plan
16 or certificate of health insurance that is delivered, issued
17 for delivery or renewed in this state, the insurer shall credit
18 the insured for the full value of any discounts provided or
19 payments made by third parties.

20 B. For purposes of this section, "cost sharing"
21 means any:

- 22 (1) copayment;
- 23 (2) coinsurance;
- 24 (3) deductible;
- 25 (4) out-of-pocket maximum;

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1 (5) other financial obligation, other than a
2 premium or share of a premium; or

3 (6) combination thereof."

4 SECTION 3. A new section of Chapter 59A, Article 23 NMSA
5 1978 is enacted to read:

6 "[NEW MATERIAL] CALCULATING AN INSURED'S COST-SHARING
7 OBLIGATION FOR PRESCRIPTION DRUG COVERAGE.--

8 A. When calculating an insured's cost-sharing
9 obligation for covered prescription drugs, pursuant to a group
10 health plan other than a small group health plan or a blanket
11 health insurance policy or contract that is delivered, issued
12 for delivery or renewed in this state, the insurer shall credit
13 the insured for the full value of any discounts provided or
14 payments made by third parties.

15 B. For purposes of this section, "cost sharing"
16 means any:

- 17 (1) copayment;
- 18 (2) coinsurance;
- 19 (3) deductible;
- 20 (4) out-of-pocket maximum;
- 21 (5) other financial obligation, other than a
22 premium or share of a premium; or
- 23 (6) combination thereof."

24 SECTION 4. A new section of the Health Maintenance
25 Organization Law is enacted to read:

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1 "[NEW MATERIAL] CALCULATING AN ENROLLEE'S COST-SHARING
2 OBLIGATION FOR PRESCRIPTION DRUG COVERAGE.--

3 A. When calculating an enrollee's cost-sharing
4 obligation for covered prescription drugs, pursuant to an
5 individual or group health maintenance organization contract
6 that is delivered, issued for delivery or renewed in this
7 state, the insurer shall credit the enrollee for the full value
8 of any discounts provided or payments made by third parties.

9 B. For purposes of this section, "cost sharing"
10 means any:

- 11 (1) copayment;
- 12 (2) coinsurance;
- 13 (3) deductible;
- 14 (4) out-of-pocket maximum;
- 15 (5) other financial obligation, other than a
16 premium or share of a premium; or
- 17 (6) combination thereof."

18 SECTION 5. A new section of the Nonprofit Health Care
19 Plan Law is enacted to read:

20 "[NEW MATERIAL] CALCULATING A SUBSCRIBER'S COST-SHARING
21 OBLIGATION FOR PRESCRIPTION DRUG COVERAGE.--

22 A. When calculating a subscriber's cost-sharing
23 obligation for covered prescription drugs, pursuant to an
24 individual or group health insurance policy, health care plan
25 or certificate of health insurance issued for delivery or

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1 renewed in this state, the insurer shall credit the subscriber
2 for the full value of any discounts provided or payments made
3 by third parties.

4 B. For purposes of this section, "cost sharing"
5 means any:

- 6 (1) copayment;
- 7 (2) coinsurance;
- 8 (3) deductible;
- 9 (4) out-of-pocket maximum;
- 10 (5) other financial obligation, other than a
11 premium or share of a premium; or
- 12 (6) combination thereof."

13 SECTION 6. EFFECTIVE DATE.--The effective date of the
14 provisions of this act is January 1, 2024.