

LFC Requester:

Eric Chenier

**AGENCY BILL ANALYSIS - 2025 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO  
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*(Analysis must be uploaded as a PDF)*

**SECTION I: GENERAL INFORMATION**

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

**Date Prepared:** 2/5/25 *Check all that apply:*  
**Bill Number:** SB278 Original  Correction   
 Amendment  Substitute

**Sponsor:** Sen. Hickey **Agency Name and Code** HCA-630  
**Short Title:** Prohibit Cost Sharing Coronary Artery Calcium Screening **Number:** \_\_\_\_\_  
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**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

| Appropriation |       | Recurring or Nonrecurring | Fund Affected |
|---------------|-------|---------------------------|---------------|
| FY25          | FY26  |                           |               |
| \$0.0         | \$0.0 | NA                        | NA            |
|               |       |                           |               |

(Parenthesis ( ) indicate expenditure decreases)

**REVENUE (dollars in thousands)**

| Estimated Revenue |       |       | Recurring or Nonrecurring | Fund Affected |
|-------------------|-------|-------|---------------------------|---------------|
| FY25              | FY26  | FY27  |                           |               |
| \$0.0             | \$0.0 | \$0.0 | NA                        | NA            |
|                   |       |       |                           |               |

(Parenthesis ( ) indicate revenue decreases)

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

|          | FY25  | FY26   | FY27   | 3 Year Total Cost | Recurring or Nonrecurring | Fund Affected |
|----------|-------|--------|--------|-------------------|---------------------------|---------------|
| Medicaid | \$0.0 | \$8.9  | \$8.9  | \$17.8            | Recurring                 | General Fund  |
| Medicaid | \$0.0 | \$22.6 | \$22.6 | \$45.2            | Recurring                 | Federal Fund  |

|                              |              |               |               |                |                  |   |
|------------------------------|--------------|---------------|---------------|----------------|------------------|---|
| <b>TOTAL Medicaid</b>        | \$0.0        | \$31.5        | \$31.5        | \$63.0         | Recurring        |   |
| <b>State Health Benefits</b> | \$0.0        | \$32.5        | \$32.5        | \$65.0         | Recurring        | State General Fund (through the State Health Benefits Fund) |
| <b>State Health Benefits</b> | \$0.0        | \$17.5        | \$17.5        | \$35.0         | Recurring        | Cost to Employees (premiums)                                |
| <b>State Health Benefits</b> | \$0.0        | (\$40.0)      | (\$40.0)      | (\$80.0)       | Recurring        | Cost to Employees (cost-sharing)                            |
| <b>Total</b>                 | <b>\$0.0</b> | <b>\$64.0</b> | <b>\$64.0</b> | <b>\$128.0</b> | <b>Recurring</b> |   |

(Parenthesis ( ) Indicate Expenditure Decreases)  
Note SHB member costs not included in total

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

**SECTION III: NARRATIVE**

**BILL SUMMARY**

Synopsis: SB 278 if enacted aims to amend the Health Care Purchasing Act, the Public Assistance Act, and certain sections of the New Mexico Insurance Code. This bill prohibits cost-sharing for coronary artery calcium (CAC) tests, increases frequency of testing and broadens eligibility for this from being aligned with the American Heart Association guidelines to following clinician discretion. This means that all insurance providers would be required to cover the cost of the coronary artery calcium test for eligible individuals without charging deductibles, copayments, or coinsurance. A coronary artery calcium test is a tool used by clinicians with shared decision-making with patients to determine cardiac risk.

**FISCAL IMPLICATIONS**

Medicaid

In 2023 there were 327 total Medicaid claims for code 75571 which is the most applicable to the current proposed screening of those 219 were paid potentially due to age, medical necessity (i.e. not based on guideline criteria). Many of these denials would potentially be covered under the proposed legislation. The current New Mexico Medicaid Fee-for-Services rate for code 75571 is \$116.19. If CAC is added to a more complicated cardiovascular radiologic work-up (i.e., CPT 75572-75574) it is not covered in this analysis. Under the proposed legislations utilizations would be expected to increase, although it is not clear to what extent. Estimating that the total approved CAC test would be 1.5 times total requested test in 2023 the state would expect 490 tests to be performed annually or an increase of 271 tests. This represents a cost of \$31,487.00, of which \$8,923.55 would come from state funds and \$22,563.95 would come from federal funds.

This bill also removes cost sharing (i.e. copays) from CAC tests. Currently New Mexico Medicaid does not have cost-sharing with its members.

## State Health Benefits

SB278 mandates coverage for coronary artery calcium screening every four years with no cost sharing for eligible members who have previously received coronary artery calcium score of zero.

Currently, coronary artery calcium screening is covered for eligible State Health Benefits (SHB) members between the ages of 45-65 and who have an intermediate risk of developing coronary heart disease. The scans are covered only once every five years for eligible members who have previously received a heart artery calcium score of zero.

SB278 removes the current member cost sharing for those receiving coronary artery calcium screening and increases the coverage frequency for members with a heart artery calcium score of zero from once every five years to once every four years.

Based on the estimated prevalence of coronary artery disease in the SHB population for which coronary artery calcium screening is indicated, we project this bill will result in an additional cost to the plan up to \$50,000 and reduced cost sharing to members up to \$40,000. The plan and member costs are not direct offsets since we would expect a slight increase in procedure frequency given coverage for every four years for members who previously received a heart artery calcium score of zero.

## **SIGNIFICANT ISSUES**

A coronary artery calcium test is not a screening test. In medical definitions, screening is when all patients, regardless of past medical history or family history, would benefit from the test, such as a mammogram. This is a test used for surveillance of certain select populations of patients who have a higher risk of cardiovascular disease and where the test would benefit decision making on medication choices for the patient. It has a high rate of false positives and can lead to additional, unnecessary and invasive testing, which is why shared decision-making rather than broad screening is recommended by the American Heart Association.

## **PERFORMANCE IMPLICATIONS**

### Medicaid

New Mexico Medicaid has covered Computed tomography (CT) of the heart without contrast material for the quantitative evaluation of coronary calcium (screening) since 2010 with no age limit set and with no risk criteria in fee-for-service. NM Medicaid currently covers the following procedures codes for coronary artery testing/screening.

- 75571, Computed tomography (CT) of the heart without contrast material for the quantitative evaluation of coronary calcium.
- 75572, Computed tomography (CT) of the heart with contrast material for the evaluation of cardiac structure and morphology. This includes 3D image postprocessing and assessment of cardiac function and venous structures
- 75573, Computed tomography (CT) of the heart with contrast material for patients with congenital heart disease. This involves 3D image postprocessing, assessment of left ventricular cardiac function, right ventricular structure and function, and evaluation of vascular structures.
- 75574, Computed tomographic angiography (CTA) of the heart, focusing on the coronary arteries and bypass grafts (if present). This includes contrast material and 3D image postprocessing, evaluating cardiac structure, morphology, and function, as well as venous structures.

## State Health Benefits

This bill will have a de minimis impact on the projected year-end fund balance of the health benefits

fund, the percent change in state employee medical premium, and percent change in the average per-member per month total healthcare cost.

## **ADMINISTRATIVE IMPLICATIONS**

### Medicaid

New Mexico Medicaid would need to determine if any prior authorization criteria currently exist within the MCOs and issue guidance to remove such criteria. This would be done with a letter of direction and then direction via a supplement would need to be delivered to the providers.

### State Health Benefits

SHB would need to work with its administrative service organizations to implement these changes in the plan design and ensure changes are reflected in member policy books. These changes are standard in the Bureau's contracts and no additional administrative costs are expected.

No IT impact.

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

SB 278 is similar to HB 126 - Coverage for Health Artery Calcium Scan legislative session in 2020 and HB 58 in legislative session in 2019.

## **TECHNICAL ISSUES**

None

## **OTHER SUBSTANTIVE ISSUES**

The United States Preventive Services Taskforce, the primary source used by clinicians in determining screening recommendations finds there is insufficient evidence to recommend Coronary Artery Calcium tests for asymptomatic individuals. The American Heart Association recommends this test for select individuals after shared decision making. The selected individuals they recommend it for, largely align with existing statute.

Putting in a specific number of years (four) for repeat coronary artery calcium scores means that if the clinical guidelines change, the law will no longer align with the recommendations of the clinical community.

## **ALTERNATIVES**

None

## **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

New Mexico Medicaid will continue to provide coverage for coronary artery calcium scores for individuals with intermediate risks as determined by an algorithm based on the person's 10-year risk of cardiovascular disease.

## **AMENDMENTS**

N/A