

# **Presbyterian Healthcare, UnityPoint Health nix proposed merger**

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## **Average annual healthcare cost in all 50 states**

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### **HB 51**

Prescription drug affordability board act.

House Bill 51 would establish the Prescription Drug Affordability Board with authority to assess pharmaceutical managers, prescription benefit managers, and wholesale drug distributors up to \$2,000 annually to help fund the program. The bill would create a five-member Prescription Drug Affordability Board (PDAB). Powers and duties of the board would include

- Developing strategies to lower prescription drug costs for stakeholders,
- Recommending regulatory approaches for lowering the cost of prescription drugs,
- Examining the possibility of coordinating with a group of prescription drug purchasers to select a wholesaler for joint purchasing or joining an existing purchasing cooperative,
- Entering into contracts with qualified parties and services

to conduct the powers and the duties of the board,

- Examining the feasibility of contracting with a pharmacy benefits manager (PBMs) to lower the cost of prescription drugs,
- Performing education and outreach activities about cost-saving initiatives, and
- Conducting public hearings.

OSI would provide the board with relevant information, especially with regard to the 30 highest total-cost drugs and rebates provided by PBMs. Revenue from any assessment would be deposited in the nonreverting prescription drug affordability board fund and used to support the board. Under HB51, the board would be required to report to the Legislature before November 30 of each year on drug price trends, actions it has taken.

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## **HB 132**

Mail-Order and Community Pharmacy Access: House Bill 132 applies to each of the types of health insurance offered in New Mexico the same new requirement, repeated in each of the five sections of the bill, with the aim to increase parity among local pharmacies and mail-order pharmacies on price to consumers.

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## **HB 177**

House Bill 177 amends Section 26-3-3 NMSA 1978, which is entitled “Drug Product Selection Permitted – Conditions –

Exception for Prohibition–Labelling,” with the effect that pharmacists would have wider authority to substitute therapeutically equivalent drugs for drugs that have been prescribed by a medical care provider than is currently granted. HB177 would allow pharmacists to substitute a drug in the same therapeutic class that the pharmacist felt would have a substantially similar effect even if the drug is not a therapeutically equivalent drug.

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## **HB 293 (see companion bill SB 290)**

House Bill 293 appropriates \$400 thousand from the general fund to Legislative Council Service for the purpose of hiring a contractor to analyze healthcare cost drivers and analyze the feasibility of applying to the New Mexico healthcare system methods developed by other states and countries for managing those cost drivers.

This bill does not contain an effective date and, as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed into law.

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## **SB 290 (see companion bill HB 293)**

House Bill 293 appropriates \$400 thousand from the general fund to Legislative Council Service for the purpose of hiring

a contractor to analyze healthcare cost drivers and analyze the feasibility of applying to the New Mexico healthcare system methods developed by other states and countries for managing those cost drivers.

This bill does not contain an effective date and, as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed into law.

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## **HB 370**

Extending the sunset date for the reimbursement requirements in the surprise billing protection act.

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## **HB 451**

House Bill 451 (HB451) would require, consistent with federal law and subject to the appropriation and availability of federal and state funds, the Human Services Department (HSD) shall take such action as may be required to ensure that community-based pharmacy providers are fully reimbursed for the ingredient cost and professional dispensing fee for covered outpatient drugs in all Medicaid programs. HSD shall identify and update, at least annually, a list of community-based pharmacy providers.

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# HB 540

The House Judiciary Committee Substitute for House Bill 540 removes the provisions in the HHHC substitute related to manufacturers and also removes the provisions regarding Pharmacy Benefit Manager (PBM) reporting to OSI. The HJC substitute retains the provisions that prohibit PBMs from discriminating against a 340B covered entity on the basis of its participation in the federal 340B program by: 1) Reimbursing a covered entity for a 340B drug at a rate lower than that paid for the same drug to pharmacies that are non-covered entities for 340B; 2) Assessing a fee, chargeback or other adjustment to the covered entity that is not assessed to non-covered entities; 3) Imposing a provision that prevents or interferes with a person's choice to receive 340B drugs from a covered entity; or 4) Imposing terms or conditions that differ from terms or conditions imposed on a non-covered entity. House Bill 540 would prohibit a Pharmacy Benefit Manager (PBM) from engaging in activities or imposing terms and conditions that would discriminate against an entity utilizing the federal 340B drug pricing program pursuant to the federal Public Health Act. HB540 would ensure the continued availability of discounted drug pricing for covered entities under the 340B drug pricing program.