HOUSE BILL 34

55TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2021

INTRODUCED BY

Marian Matthews

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH COVERAGE; ESTABLISHING LIMITS ON COST SHARING FOR PODIATRIC SERVICES.

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] PODIATRIC SERVICES--LIMITS ON COST SHARING.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed pursuant to the Health Care Purchasing Act that offers coverage of podiatric services shall not impose a member cost share for podiatric services that is greater than that for primary care services on a coinsurance percentage basis when coinsurance is applied or on an absolute dollar amount when a copay is applied.

.218484.1
B. As used in this section:

(1) "podiatric services" means the examination, diagnosis, treatment and prevention, by medical, surgical and biomechanical means, of ailments affecting the human foot and ankle and the structures governing their function; and

(2) "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

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

"[NEW MATERIAL] PODIATRIC SERVICES--LIMITS ON COST SHARING.--

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state shall not impose a member cost share for podiatric services that is greater than that for primary care services on a coinsurance percentage basis when coinsurance is applied or on an absolute dollar amount when a copay is applied.

B. As used in this section:

(1) "podiatric services" means the examination, diagnosis, treatment and prevention, by medical,
surgical and biomechanical means, of ailments affecting the
human foot and ankle and the structures governing their
function; and

(2) "primary care services" means the first
level of basic or general health care for a person's health
needs, including diagnostic and treatment services, initiation
of referrals for other health care services and maintenance of
the continuity of care when appropriate."

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

"[NEW MATERIAL] PODIATRIC SERVICES--LIMITS ON COST
SHARING.--

A. A group or blanket health insurance policy,
health care plan or certificate of health insurance that is
delivered, issued for delivery or renewed in this state shall
not impose a member cost share for podiatric services that is
greater than that for primary care services on a coinsurance
percentage basis when coinsurance is applied or on an absolute
dollar amount when a copay is applied.

B. As used in this section:

(1) "podiatric services" means the
examination, diagnosis, treatment and prevention, by medical,
surgical and biomechanical means, of ailments affecting the
human foot and ankle and the structures governing their
function; and
"primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

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

"[NEW MATERIAL] PODIATRIC SERVICES--LIMITS ON COST SHARING.--

A. An individual or group health maintenance organization contract that is delivered, issued for delivery or renewed in this state shall not impose a member cost share for podiatric services that is greater than that for primary care services on a coinsurance percentage basis when coinsurance is applied or on an absolute dollar amount when a copay is applied.

B. As used in this section:

(1) "podiatric services" means the examination, diagnosis, treatment and prevention, by medical, surgical and biomechanical means, of ailments affecting the human foot and ankle and the structures governing their function; and

(2) "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation
of referrals for other health care services and maintenance of
the continuity of care when appropriate."

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

"[NEW MATERIAL] PODIATRIC SERVICES--LIMITS ON COST
SHARING.--

A. An individual or group policy, health care plan
or certificate of health insurance that is delivered, issued
for delivery or renewed in this state shall not impose a member
cost share for podiatric services that is greater than that for
primary care services on a coinsurance percentage basis when
coinsurance is applied or on an absolute dollar amount when a
copay is applied.

B. As used in this section:

(1) "podiatric services" means the
examination, diagnosis, treatment and prevention, by medical,
surgical and biomechanical means, of ailments affecting the
human foot and ankle and the structures governing their
function; and

(2) "primary care services" means the first
level of basic or general health care for a person's health
needs, including diagnostic and treatment services, initiation
of referrals for other health care services and maintenance of
the continuity of care when appropriate."

SECTION 6. EFFECTIVE DATE.--The effective date of the
provisions of this act is January 1, 2022.

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