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HOUSE BILL 334

50TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2011

INTRODUCED BY

Mimi Stewart

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AN ACT

RELATING TO HEALTH INSURANCE; ENACTING NEW SECTIONS OF THE HEALTH CARE PURCHASING ACT AND THE NEW MEXICO INSURANCE CODE TO REQUIRE THAT INSURERS NOT DISCRIMINATE IN PROVIDER PARTICIPATION OR REIMBURSEMENT; REPEALING A SECTION OF THE NEW MEXICO INSURANCE CODE RELATING TO FREEDOM OF PROVIDER CHOICE.

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] ANY WILLING PROVIDER.--Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act shall not discriminate with respect to participation or reimbursement under the plan or coverage against any health care provider who is acting within the scope of that provider's license or

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certification pursuant to Chapter 61 NMSA 1978. Nothing in this section requires that a group coverage provider:

- A. contract with any health care provider willing to abide by the terms and conditions for participation or reimbursement that the group coverage establishes; or
- B. refrain from establishing varying reimbursement rates based on quality or performance measures."
- SECTION 2. A new section of Chapter 59A, Article 22 NMSA 1978 is enacted to read:

"[NEW MATERIAL] ANY WILLING PROVIDER.--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 discriminate with respect to participation or reimbursement under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification pursuant to Chapter 61 NMSA 1978. Nothing in this section requires that an insurer:

- A. contract with any health care provider willing to abide by the terms and conditions for participation or reimbursement that the group coverage establishes; or
- B. refrain from establishing varying reimbursement rates based on quality or performance measures."
- SECTION 3. A new section of Chapter 59A, Article 23 NMSA 1978 is enacted to read:

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"[NEW MATERIAL] ANY WILLING PROVIDER. -- A blanket or group health insurance policy or contract that is delivered, issued for delivery or renewed in this state shall not discriminate with respect to participation or reimbursement under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification pursuant to Chapter 61 NMSA 1978. Nothing in this section requires that an insurer:

- contract with any health care provider willing to abide by the terms and conditions for participation or reimbursement that the group coverage establishes; or
- refrain from establishing varying reimbursement rates based on quality or performance measures."
- SECTION 4. A new section of the Health Maintenance Organization Law is enacted to read:

"[NEW MATERIAL] ANY WILLING PROVIDER. -- An individual or group health maintenance organization contract delivered or issued for delivery in this state shall not discriminate with respect to participation or reimbursement under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification pursuant to Chapter 61 NMSA 1978. Nothing in this section requires that a health maintenance organization:

contract with any health care provider willing to abide by the terms and conditions for participation or .184671.1

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reimbursement that the group coverage establishes; or

В. refrain from establishing varying reimbursement rates based on quality or performance measures."

SECTION 5. A new section of Chapter 59A, Article 47 NMSA 1978 is enacted to read:

"[NEW MATERIAL] ANY WILLING PROVIDER. -- An individual or group health insurance policy, health care plan or certificate of health insurance delivered or issued for delivery in this state shall not discriminate with respect to participation or reimbursement under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification pursuant to Chapter 61 NMSA 1978. Nothing in this section requires that a health plan:

contract with any health care provider willing to abide by the terms and conditions for participation or reimbursement that the group coverage establishes; or

refrain from establishing varying reimbursement rates based on quality or performance measures."

SECTION 6. REPEAL.--Section 59A-22-32 NMSA 1978 (being Laws 1984, Chapter 127, Section 454, as amended) is repealed.

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