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HOUSE BILL 107

54TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2020

INTRODUCED BY

Zachary J. Cook

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.

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1 B. As used in this section:

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

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

12 SECTION 2. A new section of Chapter 59A, Article 22 NMSA
13 1978 is enacted to read:

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

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

23 B. As used in this section:

24 (1) "podiatric services" means the
25 examination, diagnosis, treatment and prevention, by medical,

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1 surgical and biomechanical means, of ailments affecting the
2 human foot and ankle and the structures governing their
3 function; and

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

9 SECTION 3. A new section of Chapter 59A, Article 23 NMSA
10 1978 is enacted to read:

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

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

20 B. As used in this section:

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

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

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

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

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

16 B. As used in this section:

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

22 (2) "primary care services" means the first
23 level of basic or general health care for a person's health
24 needs, including diagnostic and treatment services, initiation
25 of referrals for other health care services and maintenance of

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1 the continuity of care when appropriate."

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

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

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

13 B. As used in this section:

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

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

24 SECTION 6. EFFECTIVE DATE.--The effective date of the
25 provisions of this act is January 1, 2021.

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