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HOUSE BILL 27

56TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2023

INTRODUCED BY

Christine Chandler and Elizabeth "Liz" Stefanics and
Elizabeth "Liz" Thomson

AN ACT

RELATING TO HEALTH INSURANCE COVERAGE; ENACTING SECTIONS OF THE
HEALTH CARE PURCHASING ACT, THE NEW MEXICO INSURANCE CODE, THE
HEALTH MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH
CARE PLAN LAW TO REQUIRE COVERAGE OF DIAGNOSTIC AND
SUPPLEMENTAL BREAST EXAMINATIONS.

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] DIAGNOSTIC AND SUPPLEMENTAL BREAST
EXAMINATIONS.--

A. Group health coverage, including self-insurance,
offered, issued, amended, delivered or renewed under the Health
Care Purchasing Act shall provide coverage for eligible
insureds to receive diagnostic and supplemental breast

1 examinations.

2 B. An insurer providing coverage for diagnostic and
3 supplemental breast examinations pursuant to this section shall
4 ensure that coverage is provided in a manner that does not
5 limit benefits otherwise allowable under a similar policy, plan
6 or certificate.

7 C. Coverage for diagnostic and supplemental breast
8 examinations provided pursuant to this section shall not be
9 subject to cost sharing.

10 D. As used in this section:

11 (1) "cost sharing" means a deductible,
12 coinsurance, copayment and any maximum limitation on the
13 application of such a deductible, coinsurance, copayment or
14 similar out-of-pocket expense;

15 (2) "diagnostic breast examination" means a
16 medically necessary and appropriate examination of the breast
17 using diagnostic mammography, breast magnetic resonance imaging
18 or breast ultrasound that evaluates an abnormality:

19 (a) seen or suspected from a screening
20 examination for breast cancer; or

21 (b) detected by another means of
22 examination; and

23 (3) "supplemental breast examination" means a
24 medically necessary and appropriate examination of the breast
25 using breast magnetic resonance imaging or breast ultrasound

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1 that is:

2 (a) used to screen for breast cancer
3 when there is no abnormality seen or suspected; and

4 (b) based on personal or family medical
5 history or additional factors that may increase the
6 individual's risk of breast cancer."

7 SECTION 2. A new section of Chapter 59A, Article 22 NMSA
8 1978 is enacted to read:

9 "[NEW MATERIAL] DIAGNOSTIC AND SUPPLEMENTAL BREAST
10 EXAMINATIONS.--

11 A. An individual or group health insurance policy,
12 health care plan or certificate of insurance that is delivered,
13 issued for delivery or renewed in this state shall provide
14 coverage for eligible insureds to receive diagnostic and
15 supplemental breast examinations.

16 B. An individual or group health insurance policy,
17 health care plan or certificate of health insurance providing
18 coverage pursuant to this section shall ensure that coverage is
19 provided in a manner that does not limit benefits otherwise
20 allowable as a medical assistance plan otherwise provided to
21 insureds.

22 C. Coverage for diagnostic and supplemental breast
23 examinations provided pursuant to this section shall not be
24 subject to cost sharing.

25 D. As used in this section:

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1 (1) "cost sharing" means a deductible,
2 coinsurance, copayment and any maximum limitation on the
3 application of such a deductible, coinsurance, copayment or
4 similar out-of-pocket expense;

5 (2) "diagnostic breast examination" means a
6 medically necessary and appropriate examination of the breast
7 using diagnostic mammography, breast magnetic resonance imaging
8 or breast ultrasound that evaluates an abnormality:

9 (a) seen or suspected from a screening
10 examination for breast cancer; or

11 (b) detected by another means of
12 examination; and

13 (3) "supplemental breast examination" means a
14 medically necessary and appropriate examination of the breast
15 using breast magnetic resonance imaging or breast ultrasound
16 that is:

17 (a) used to screen for breast cancer
18 when there is no abnormality seen or suspected; and

19 (b) based on personal or family medical
20 history or additional factors that may increase the
21 individual's risk of breast cancer."

22 SECTION 3. A new section of Chapter 59A, Article 22 NMSA
23 1978 is enacted to read:

24 "[NEW MATERIAL] COVERAGE EXCLUSION.--Coverage of
25 diagnostic and supplemental breast examinations provided

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1 pursuant to Section 2 of this 2023 act is excluded for high-
2 deductible individual and group health insurance policies,
3 health care plans or certificates of insurance with health
4 savings accounts delivered or issued for delivery in this state
5 until an insured's deductible has been met."

6 SECTION 4. A new section of Chapter 59A, Article 23 NMSA
7 1978 is enacted to read:

8 "[NEW MATERIAL] DIAGNOSTIC AND SUPPLEMENTAL BREAST
9 EXAMINATIONS.--

10 A. A blanket or group health insurance policy,
11 health care plan or certificate of health insurance that is
12 delivered, issued for delivery or renewed in this state shall
13 provide coverage for eligible insureds to receive diagnostic
14 and supplemental breast examinations.

15 B. A blanket or group health insurance policy,
16 health care plan or certificate of health insurance providing
17 coverage pursuant to this section shall ensure that coverage is
18 provided in a manner that does not limit benefits otherwise
19 allowable as a medical assistance plan otherwise provided to
20 insureds.

21 C. Coverage for diagnostic and supplemental breast
22 examinations provided pursuant to this section shall not be
23 subject to cost sharing.

24 D. As used in this section:

25 (1) "cost sharing" means a deductible,

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1 coinsurance, copayment and any maximum limitation on the
2 application of such a deductible, coinsurance, copayment or
3 similar out-of-pocket expense;

4 (2) "diagnostic breast examination" means a
5 medically necessary and appropriate examination of the breast
6 using diagnostic mammography, breast magnetic resonance imaging
7 or breast ultrasound that evaluates an abnormality:

8 (a) seen or suspected from a screening
9 examination for breast cancer; or

10 (b) detected by another means of
11 examination; and

12 (3) "supplemental breast examination" means a
13 medically necessary and appropriate examination of the breast
14 using breast magnetic resonance imaging or breast ultrasound
15 that is:

16 (a) used to screen for breast cancer
17 when there is no abnormality seen or suspected; and

18 (b) based on personal or family medical
19 history or additional factors that may increase the
20 individual's risk of breast cancer."

21 SECTION 5. A new section of Chapter 59A, Article 23 NMSA
22 1978 is enacted to read:

23 "[NEW MATERIAL] COVERAGE EXCLUSION.--Coverage of
24 diagnostic and supplemental breast examinations provided
25 pursuant to Section 4 of this 2023 act is excluded for high-

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1 deductible individual or group health insurance policies,
2 health care plans or certificates of insurance with health
3 savings accounts delivered or issued for delivery in this state
4 until an insured's deductible has been met."

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

7 "[NEW MATERIAL] DIAGNOSTIC AND SUPPLEMENTAL BREAST
8 EXAMINATIONS.--

9 A. An individual or group health maintenance
10 organization contract that is delivered, issued for delivery or
11 renewed in this state shall provide coverage for eligible
12 enrollees to receive diagnostic and supplemental breast
13 examinations.

14 B. A health maintenance organization contract
15 pursuant to this section shall ensure that coverage is provided
16 in a manner that does not limit benefits otherwise allowable as
17 a medical assistance plan otherwise provided to enrollees.

18 C. Coverage for diagnostic and supplemental breast
19 examinations provided pursuant to this section shall not be
20 subject to cost sharing.

21 D. As used in this section:

22 (1) "cost sharing" means a deductible,
23 coinsurance, copayment and any maximum limitation on the
24 application of such a deductible, coinsurance, copayment or
25 similar out-of-pocket expense;

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1 (2) "diagnostic breast examination" means a
2 medically necessary and appropriate examination of the breast
3 using diagnostic mammography, breast magnetic resonance imaging
4 or breast ultrasound that evaluates an abnormality:

5 (a) seen or suspected from a screening
6 examination for breast cancer; or

7 (b) detected by another means of
8 examination; and

9 (3) "supplemental breast examination" means a
10 medically necessary and appropriate examination of the breast
11 using breast magnetic resonance imaging or breast ultrasound
12 that is:

13 (a) used to screen for breast cancer
14 when there is no abnormality seen or suspected; and

15 (b) based on personal or family medical
16 history or additional factors that may increase the
17 individual's risk of breast cancer."

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

20 "[NEW MATERIAL] COVERAGE EXCLUSION.--Coverage of
21 diagnostic and supplemental breast examinations provided
22 pursuant to Section 6 of this 2023 act is excluded for high-
23 deductible individual or group health maintenance organization
24 contracts with health savings accounts delivered or issued for
25 delivery in this state until an enrollee's deductible has been

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1 met."

2 SECTION 8. A new section of the Nonprofit Health Care
3 Plan Law is enacted to read:

4 "[NEW MATERIAL] DIAGNOSTIC AND SUPPLEMENTAL BREAST
5 EXAMINATIONS.--

6 A. An individual or group health care plan that is
7 delivered, issued for delivery or renewed in this state shall
8 provide coverage for eligible subscribers to receive diagnostic
9 and supplemental breast examinations.

10 B. An individual or group health plan providing
11 coverage pursuant to this section shall ensure that coverage is
12 provided in a manner that does not limit benefits otherwise
13 allowable as a medical assistance plan otherwise provided to
14 subscribers.

15 C. Coverage for diagnostic and supplemental breast
16 examinations provided pursuant to this section shall not be
17 subject to cost sharing.

18 D. As used in this section:

19 (1) "cost sharing" means a deductible,
20 coinsurance, copayment and any maximum limitation on the
21 application of such a deductible, coinsurance, copayment or
22 similar out-of-pocket expense;

23 (2) "diagnostic breast examination" means a
24 medically necessary and appropriate examination of the breast
25 using diagnostic mammography, breast magnetic resonance imaging

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1 or breast ultrasound that evaluates an abnormality:

2 (a) seen or suspected from a screening
3 examination for breast cancer; or

4 (b) detected by another means of
5 examination; and

6 (3) "supplemental breast examination" means a
7 medically necessary and appropriate examination of the breast
8 using breast magnetic resonance imaging or breast ultrasound
9 that is:

10 (a) used to screen for breast cancer
11 when there is no abnormality seen or suspected; and

12 (b) based on personal or family medical
13 history or additional factors that may increase the
14 individual's risk of breast cancer."

15 SECTION 9. A new section of the Nonprofit Health Care
16 Plan Law is enacted to read:

17 "[NEW MATERIAL] COVERAGE EXCLUSION.--Coverage of
18 diagnostic and supplemental breast examinations provided
19 pursuant to Section 8 of this 2023 act is excluded for high-
20 deductible health care plans with health savings accounts until
21 a covered person's deductible has been met."

22 SECTION 10. APPLICABILITY.--The provisions of this act
23 apply to health insurance policies, health care plans,
24 certificates of health insurance or health maintenance
25 organization contracts that are delivered, issued for delivery

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or renewed in this state on or after January 1, 2024.

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