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SENATE BILL 120

57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025

INTRODUCED BY

Martin Hickey and Jeff Steinborn

AN ACT

RELATING TO HEALTH; AMENDING SECTIONS OF THE HEALTH CARE PURCHASING ACT AND NEW MEXICO INSURANCE CODE TO PERMANENTLY ELIMINATE BEHAVIORAL HEALTH SERVICES COST SHARING.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 13-7-26 NMSA 1978 (being Laws 2021, Chapter 136, Section 3) is amended to read:

"13-7-26. BEHAVIORAL HEALTH SERVICES--ELIMINATION OF COST SHARING.--

A. [~~Until January 1, 2027~~] Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that offers coverage of behavioral health services shall not impose cost sharing on those behavioral health services.

B. For the purposes of this section:

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1 (1) "behavioral health services" means
2 professional and ancillary services for the treatment,
3 habilitation, prevention and identification of mental
4 illnesses, substance abuse disorders and trauma spectrum
5 disorders, including inpatient, detoxification, residential
6 treatment and partial hospitalization, intensive outpatient
7 therapy, outpatient and all medications, including brand-name
8 pharmacy drugs when generics are unavailable;

9 (2) "coinsurance" means a cost-sharing method
10 that requires an enrollee to pay a stated percentage of medical
11 expenses after any deductible amount is paid; provided that
12 coinsurance rates may differ for different types of services
13 under the same group health plan;

14 (3) "copayment" means a cost-sharing method
15 that requires an enrollee to pay a fixed dollar amount when
16 health care services are received, with the plan administrator
17 paying the balance of the allowable amount; provided that there
18 may be different copayment requirements for different types of
19 services under the same group health plan; and

20 (4) "cost sharing" means a copayment,
21 coinsurance, deductible or any other form of financial
22 obligation of an enrollee other than a premium or a share of a
23 premium, or any combination of any of these financial
24 obligations, as defined by the terms of a group health plan."

25 SECTION 2. Section 59A-22-57 NMSA 1978 (being Laws 2021,

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1 Chapter 136, Section 6) is amended to read:

2 "59A-22-57. BEHAVIORAL HEALTH SERVICES--ELIMINATION OF
3 COST SHARING.--

4 A. ~~[Until January 1, 2027]~~ An individual or group
5 health insurance policy, health care plan or certificate of
6 health insurance that is delivered, issued for delivery or
7 renewed in this state that offers coverage of behavioral health
8 services shall not impose cost sharing on those behavioral
9 health services.

10 B. For the purposes of this section:

11 (1) "behavioral health services" means
12 professional and ancillary services for the treatment,
13 habilitation, prevention and identification of mental
14 illnesses, substance abuse disorders and trauma spectrum
15 disorders, including inpatient, detoxification, residential
16 treatment and partial hospitalization, intensive outpatient
17 therapy, outpatient and all medications, including brand-name
18 pharmacy drugs when generics are unavailable;

19 (2) "coinsurance" means a cost-sharing method
20 that requires the insured to pay a stated percentage of medical
21 expenses after any deductible amount is paid; provided that
22 coinsurance rates may differ for different types of services
23 under the same individual or group health insurance policy,
24 health care plan or certificate of health insurance;

25 (3) "copayment" means a cost-sharing method

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1 that requires the insured to pay a fixed dollar amount when
2 health care services are received, with the insurer paying the
3 balance of the allowable amount; provided that there may be
4 different copayment requirements for different types of
5 services under the same individual or group health insurance
6 policy, health care plan or certificate of health insurance;
7 and

8 (4) "cost sharing" means a copayment,
9 coinsurance, deductible or any other form of financial
10 obligation of the insured other than a premium or a share of a
11 premium, or any combination of any of these financial
12 obligations, as defined by the terms of an individual or group
13 health insurance policy, health care plan or certificate of
14 health insurance."

15 SECTION 3. Section 59A-23-16 NMSA 1978 (being Laws 2021,
16 Chapter 136, Section 7) is amended to read:

17 "59A-23-16. BEHAVIORAL HEALTH SERVICES--ELIMINATION OF
18 COST SHARING.--

19 A. [~~Until January 1, 2027~~] A group or blanket
20 health insurance policy, health care plan or certificate of
21 health insurance that is delivered, issued for delivery or
22 renewed in this state that offers coverage of behavioral health
23 services shall not impose cost sharing on those behavioral
24 health services.

25 B. For the purposes of this section:

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1 (1) "behavioral health services" means
2 professional and ancillary services for the treatment,
3 habilitation, prevention and identification of mental
4 illnesses, substance abuse disorders and trauma spectrum
5 disorders, including inpatient, detoxification, residential
6 treatment and partial hospitalization, intensive outpatient
7 therapy, outpatient and all medications, including brand-name
8 pharmacy drugs when generics are unavailable;

9 (2) "coinsurance" means a cost-sharing method
10 that requires a covered person to pay a stated percentage of
11 medical expenses after any deductible amount is paid; provided
12 that coinsurance rates may differ for different types of
13 services under the same group or blanket health insurance
14 policy, health care plan or certificate of health insurance;

15 (3) "copayment" means a cost-sharing method
16 that requires a covered person to pay a fixed dollar amount
17 when health care services are received, with the insurer paying
18 the balance of the allowable amount; provided that there may be
19 different copayment requirements for different types of
20 services under the same group or blanket health insurance
21 policy, health care plan or certificate of health insurance;
22 and

23 (4) "cost sharing" means a copayment,
24 coinsurance, deductible or any other form of financial
25 obligation of a covered person other than a premium or a share

1 of a premium, or any combination of any of these financial
2 obligations, as defined by the terms of a group or blanket
3 health insurance policy, health care plan or certificate of
4 health insurance."

5 SECTION 4. Section 59A-46-57 NMSA 1978 (being Laws 2021,
6 Chapter 136, Section 8) is amended to read:

7 "59A-46-57. BEHAVIORAL HEALTH SERVICES--ELIMINATION OF
8 COST SHARING.--

9 A. [~~Until January 1, 2027~~] An individual or group
10 health maintenance organization contract that is delivered,
11 issued for delivery or renewed in this state that offers
12 coverage of behavioral health services shall not impose cost
13 sharing on those behavioral health services.

14 B. For the purposes of this section:

15 (1) "behavioral health services" means
16 professional and ancillary services for the treatment,
17 habilitation, prevention and identification of mental
18 illnesses, substance abuse disorders and trauma spectrum
19 disorders, including inpatient, detoxification, residential
20 treatment and partial hospitalization, intensive outpatient
21 therapy, outpatient and all medications, including brand-name
22 pharmacy drugs when generics are unavailable;

23 (2) "coinsurance" means a cost-sharing method
24 that requires an enrollee to pay a stated percentage of medical
25 expenses after any deductible amount is paid; provided that

1 coinsurance rates may differ for different types of services
2 under the same individual or group health maintenance
3 organization contract;

4 (3) "copayment" means a cost-sharing method
5 that requires an enrollee to pay a fixed dollar amount when
6 health care services are received, with the carrier paying the
7 balance of the allowable amount; provided that there may be
8 different copayment requirements for different types of
9 services under the same individual or group health maintenance
10 organization contract; and

11 (4) "cost sharing" means a copayment,
12 coinsurance, deductible or any other form of financial
13 obligation of an enrollee other than a premium or a share of a
14 premium, or any combination of any of these financial
15 obligations, as defined by the terms of an individual or group
16 health maintenance organization contract."

17 SECTION 5. Section 59A-47-51 NMSA 1978 (being Laws 2021,
18 Chapter 136, Section 9) is amended to read:

19 "59A-47-51. BEHAVIORAL HEALTH SERVICES--ELIMINATION OF
20 COST SHARING.--

21 A. [~~Until January 1, 2027~~] An individual or group
22 health care plan that is delivered, issued for delivery or
23 renewed in this state that offers coverage of behavioral health
24 services shall not impose cost sharing on those behavioral
25 health services.

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B. For the purposes of this section:

(1) "behavioral health services" means professional and ancillary services for the treatment, habilitation, prevention and identification of mental illnesses, substance abuse disorders and trauma spectrum disorders, including inpatient, detoxification, residential treatment and partial hospitalization, intensive outpatient therapy, outpatient and all medications, including brand-name pharmacy drugs when generics are unavailable;

(2) "coinsurance" means a cost-sharing method that requires a subscriber to pay a stated percentage of medical expenses after any deductible amount is paid; provided that coinsurance rates may differ for different types of services under the same individual or group health care plan;

(3) "copayment" means a cost-sharing method that requires a subscriber to pay a fixed dollar amount when health care services are received, with the health care plan paying the balance of the allowable amount; provided that there may be different copayment requirements for different types of services under the same individual or group health care plan; and

(4) "cost sharing" means a copayment, coinsurance, deductible or any other form of financial obligation of a subscriber other than a premium or a share of a premium, or any combination of any of these financial

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1 obligations, as defined by the terms of an individual or group
2 health care plan."

3 SECTION 6. EFFECTIVE DATE.--The effective date of the
4 provisions of this act is January 1, 2026.

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