SENATE BILL 390

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

INTRODUCED BY

Katy M. Duhigg

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AN ACT

RELATING TO INSURANCE; REQUIRING BEHAVIORAL AND MENTAL HEALTH CARE PROVIDERS TO BE REIMBURSED FOR ALL NECESSARY SERVICES THAT THEY PROVIDE.

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

SECTION 1. Section 13-7-32 NMSA 1978 (being Laws 2023, Chapter 114, Section 3) is amended to read:

- "13-7-32. PARITY FOR COVERAGE OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES -- PARITY FOR REIMBURSEMENT .--
- The office of superintendent of insurance shall ensure that an insurer complies with federal and state laws, rules and regulations applicable to coverage for mental health or substance use disorder services.
- An insurer shall not impose quantitative treatment limitations, financial restrictions, limitations or .229548.3

requirements on the provision of mental health or substance use disorder services that are more restrictive than the predominant restrictions, limitations or requirements that are imposed on substantially all of the coverage of benefits for other conditions.

- C. An insurer shall not impose non-quantitative treatment limitations for the treatment of mental health or substance use disorders or conditions unless factors, including the processes, strategies or evidentiary standards used in applying the non-quantitative treatment limitation, as written and in operation, are comparable to and are applied no more restrictively than the factors used in applying the limitation to medical or surgical benefits in the classification.
- D. An insurer shall pay or reimburse a behavioral or mental health care provider for all medically necessary services that the health care provider performs, regardless of the health care provider's designation as a behavioral or mental health care provider; provided that the service is within the scope and limitations of the provider's license."

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

"[NEW MATERIAL] PARITY FOR REIMBURSEMENT TO BEHAVIORAL AND MENTAL HEALTH CARE PROVIDERS.--An insurer shall pay or reimburse a behavioral or mental health care provider for all medically necessary services that the health care provider .229548.3

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performs, regardless of the health care provider's designation as a behavioral or mental health care provider; provided that the service is within the scope and limitations of the provider's license."

SECTION 3. Section 59A-23-24 NMSA 1978 (being Laws 2023, Chapter 114, Section 16) is amended to read:

"59A-23-24. PARITY FOR COVERAGE OF MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES -- PARITY FOR REIMBURSEMENT. --

- Α. The office of superintendent of insurance shall ensure that an insurer complies with federal and state laws, rules and regulations applicable to coverage for mental health or substance use disorder services.
- An insurer shall not impose quantitative treatment limitations, financial restrictions, limitations or requirements on the provision of mental health or substance use disorder services that are more restrictive than the predominant restrictions, limitations or requirements that are imposed on substantially all of the coverage of benefits for other conditions.
- An insurer shall not impose non-quantitative treatment limitations for the treatment of mental health or substance use disorders or conditions unless factors, including the processes, strategies or evidentiary standards used in applying the non-quantitative treatment limitation, as written and in operation, are comparable to and are applied no more .229548.3

restrictively than the factors used in applying the limitation with respect to medical or surgical benefits in the classification.

D. An insurer shall pay or reimburse a behavioral or mental health care provider for all medically necessary services that the health care provider performs, regardless of the health care provider's designation as a behavioral or mental health care provider; provided that the service is within the scope and limitations of the provider's license."

SECTION 4. Section 59A-46-63 NMSA 1978 (being Laws 2023, Chapter 114, Section 27) is amended to read:

"59A-46-63. PARITY FOR COVERAGE OF MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES--PARITY FOR REIMBURSEMENT.--

- A. The office of superintendent of insurance shall ensure that a carrier complies with federal and state laws, rules and regulations applicable to coverage for mental health or substance use disorder services.
- B. A carrier shall not impose quantitative treatment limitations, financial restrictions, limitations or requirements on the provision of mental health or substance use disorder services that are more restrictive than the predominant restrictions, limitations or requirements that are imposed on substantially all of the coverage of benefits for other conditions.
- C. A carrier shall not impose non-quantitative .229548.3

treatment limitations for the treatment of mental health or substance use disorders or conditions unless factors, including the processes, strategies or evidentiary standards used in applying the non-quantitative treatment limitation, as written and in operation, are comparable to and are applied no more restrictively than the factors used in applying the limitation with respect to medical or surgical benefits in the classification.

D. A carrier shall pay or reimburse a behavioral or mental health care provider for all medically necessary services that the health care provider performs, regardless of the health care provider's designation as a behavioral or mental health care provider; provided that the service is within the scope and limitations of the provider's license."

SECTION 5. Section 59A-47-58 NMSA 1978 (being Laws 2023, Chapter 114, Section 37) is amended to read:

"59A-47-58. PARITY FOR COVERAGE OF MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES--PARITY FOR REIMBURSEMENT.--

- A. The office of superintendent of insurance shall ensure that a health care plan complies with federal and state laws, rules and regulations applicable to coverage for mental health or substance use disorder services.
- B. A health care plan shall not impose quantitative treatment limitations, financial restrictions, limitations or requirements on the provision of mental health or substance use .229548.3

disorder services that are more restrictive than the predominant restrictions, limitations or requirements that are imposed on substantially all of the coverage of benefits for other conditions.

Quantitative treatment limitations for the treatment of mental health or substance use disorders or conditions unless factors, including the processes, strategies or evidentiary standards used in applying the non-quantitative treatment limitation, as written and in operation, are comparable to and are applied no more restrictively than the factors used in applying the limitation with respect to medical or surgical benefits in the classification.

D. A health care plan shall pay or reimburse a behavioral or mental health care provider for all medically necessary services that the health care provider performs, regardless of the health care provider's designation as a behavioral or mental health care provider; provided that the service is within the scope and limitations of the provider's license."

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