

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

AN ACT

RELATING TO HEALTH; AMENDING SECTIONS OF THE HEALTH CARE PURCHASING ACT AND NEW MEXICO INSURANCE CODE TO ADD AN EXEMPTION FROM THE PROHIBITION ON COST SHARING FOR BEHAVIORAL HEALTH SERVICES FOR CERTAIN PLANS.

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. 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 in network.

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 therapy and all medications, including brand-name pharmacy drugs when generics are unavailable;

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

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

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

18                   C. The provisions of this section do not apply to  
19 excepted benefit plans as provided under the Short-Term  
20 Health Plan and Excepted Benefit Act, catastrophic plans as  
21 defined under 42 USCA Section 18022(e) or high-deductible  
22 health plans with health savings accounts until an enrollee's  
23 deductible has been met, unless otherwise permitted by  
24 federal law."

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

1 Laws 2021, Chapter 136, Section 6) is amended to read:

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

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

9 B. For the purposes of this section:

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

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

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

1 that requires the insured to pay a fixed dollar amount when  
2 health care services are received, with the insurer paying  
3 the balance of the allowable amount; provided that there may  
4 be 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  
11 of a premium, or any combination of any of these financial  
12 obligations, as defined by the terms of an individual or  
13 group health insurance policy, health care plan or  
14 certificate of health insurance.

15 C. The provisions of this section do not apply  
16 to excepted benefit plans as provided under the Short-Term  
17 Health Plan and Excepted Benefit Act, catastrophic plans as  
18 defined under 42 USCA Section 18022(e) or high-deductible  
19 health plans with health savings accounts until an insured's  
20 deductible has been met, unless otherwise permitted by  
21 federal law."

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

24 "59A-23-16. BEHAVIORAL HEALTH SERVICES--ELIMINATION OF  
25 COST SHARING.--

1           A. A group or blanket health insurance policy,  
2 health care plan or certificate of health insurance that is  
3 delivered, issued for delivery or renewed in this state that  
4 offers coverage of behavioral health services shall not  
5 impose cost sharing on those behavioral health services in  
6 network.

7           B. For the purposes of this section:

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

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

23                   (3) "copayment" means a cost-sharing method  
24 that requires a covered person to pay a fixed dollar amount  
25 when health care services are received, with the insurer

1 paying the balance of the allowable amount; provided that  
2 there may be different copayment requirements for different  
3 types of services under the same group or blanket health  
4 insurance policy, health care plan or certificate of health  
5 insurance; and

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

13 C. The provisions of this section do not apply  
14 to excepted benefit plans as provided under the Short-Term  
15 Health Plan and Excepted Benefit Act, catastrophic plans as  
16 defined under 42 USCA Section 18022(e) or high-deductible  
17 health plans with health savings accounts until a covered  
18 person's deductible has been met, unless otherwise permitted  
19 by federal law."

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

22 "59A-46-57. BEHAVIORAL HEALTH SERVICES--ELIMINATION OF  
23 COST SHARING.--

24 A. An individual or group health maintenance  
25 organization contract that is delivered, issued for delivery

1 or renewed in this state that offers coverage of behavioral  
2 health services shall not impose cost sharing on those  
3 behavioral health services in network.

4 B. For the purposes of this section:

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

13 (2) "coinsurance" means a cost-sharing  
14 method that requires an enrollee to pay a stated percentage  
15 of medical expenses after any deductible amount is paid;  
16 provided that coinsurance rates may differ for different  
17 types of services under the same individual or group health  
18 maintenance organization contract;

19 (3) "copayment" means a cost-sharing method  
20 that requires an enrollee to pay a fixed dollar amount when  
21 health care services are received, with the carrier paying  
22 the balance of the allowable amount; provided that there  
23 may be different copayment requirements for different types  
24 of services under the same individual or group health  
25 maintenance organization contract; and

1 (4) "cost sharing" means a copayment,  
2 coinsurance, deductible or any other form of financial  
3 obligation of an enrollee other than a premium or a share of  
4 a premium, or any combination of any of these financial  
5 obligations, as defined by the terms of an individual or  
6 group health maintenance organization contract.

7 C. The provisions of this section do not apply  
8 to excepted benefit plans as provided under the Short-Term  
9 Health Plan and Excepted Benefit Act, catastrophic plans as  
10 defined under 42 USCA Section 18022(e) or high-deductible  
11 health plans with health savings accounts until an enrollee's  
12 deductible has been met, unless otherwise permitted by  
13 federal law."

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

16 "59A-47-51. BEHAVIORAL HEALTH SERVICES--ELIMINATION OF  
17 COST SHARING.--

18 A. An individual or group health care plan that is  
19 delivered, issued for delivery or renewed in this state that  
20 offers coverage of behavioral health services shall not  
21 impose cost sharing on those behavioral health services in  
22 network.

23 B. For the purposes of this section:

24 (1) "behavioral health services" means  
25 professional and ancillary services for the treatment,

1 habilitation, prevention and identification of mental  
2 illnesses, substance abuse disorders and trauma spectrum  
3 disorders, including inpatient, detoxification, residential  
4 treatment and partial hospitalization, intensive outpatient  
5 therapy, outpatient therapy and all medications, including  
6 brand-name pharmacy drugs when generics are unavailable;

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

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

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

C. The provisions of this section do not apply to excepted benefit plans as provided under the Short-Term Health Plan and Excepted Benefit Act, catastrophic plans as defined under 42 USCA Section 18022(e) or high-deductible health plans with health savings accounts until a subscriber's deductible has been met, unless otherwise permitted by federal law."

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