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SENATE BILL 144

51ST LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2013

INTRODUCED BY

Bill B. O'Neill

AN ACT

RELATING TO HEALTH INSURANCE; 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 ESTABLISH COST-SHARING FOR CERTAIN HEALTH PRACTITIONERS AT RATES NO HIGHER THAN THE COST-SHARING RATES CHARGED FOR PRIMARY CARE PRACTITIONERS.

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] COST-SHARING LIMITS FOR CERTAIN SERVICES.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that provides coverage for physical

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underscoring material = new
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1 therapy, occupational therapy or chiropractic services shall
2 require an enrollee to pay a copayment, co-insurance or
3 deductible for those services in an amount that is no greater
4 than the group health coverage requires the enrollee to pay for
5 the services of a primary care provider.

6 B. As used in this section, "primary care provider"
7 means a health care practitioner acting within the scope of the
8 practitioner's license who provides the first level of basic or
9 general health care for a person's health needs, including
10 diagnostic and treatment services, initiation of referrals to
11 other health care practitioners and maintenance of the
12 continuity of care when appropriate."

13 SECTION 2. A new section of Chapter 59A, Article 22 NMSA
14 1978 is enacted to read:

15 "[NEW MATERIAL] COST-SHARING LIMITS FOR CERTAIN
16 SERVICES.--

17 A. An individual health insurance policy, health
18 care plan or certificate of health insurance that is delivered,
19 issued for delivery or renewed in this state and that provides
20 coverage for physical therapy, occupational therapy or
21 chiropractic services shall require an insured to pay a
22 copayment, co-insurance or deductible for those services in an
23 amount that is no greater than the group health coverage
24 requires the insured to pay for the services of a primary care
25 provider.

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underscored material = new
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1 B. As used in this section, "primary care provider"
2 means a health care practitioner acting within the scope of the
3 practitioner's license who provides the first level of basic or
4 general health care for a person's health needs, including
5 diagnostic and treatment services, initiation of referrals to
6 other health care practitioners and maintenance of the
7 continuity of care when appropriate."

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

10 "[NEW MATERIAL] COST-SHARING LIMITS FOR CERTAIN
11 SERVICES.--

12 A. A group or blanket health insurance policy,
13 health care plan or certificate of health insurance that is
14 delivered, issued for delivery or renewed in this state and
15 that provides coverage for physical therapy, occupational
16 therapy or chiropractic services shall require an insured to
17 pay a copayment, co-insurance or deductible for those services
18 in an amount that is no greater than the group health coverage
19 requires the insured to pay for the services of a primary care
20 provider.

21 B. As used in this section, "primary care provider"
22 means a health care practitioner acting within the scope of the
23 practitioner's license who provides the first level of basic or
24 general health care for a person's health needs, including
25 diagnostic and treatment services, initiation of referrals to

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underscored material = new
[bracketed material] = delete

1 other health care practitioners and maintenance of the
2 continuity of care when appropriate."

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

5 "[NEW MATERIAL] COST-SHARING LIMITS FOR CERTAIN
6 SERVICES.--

7 A. An individual or group health maintenance
8 organization contract that is delivered, issued for delivery or
9 renewed in this state and that provides coverage for physical
10 therapy, occupational therapy or chiropractic services shall
11 require a subscriber to pay a copayment, co-insurance or
12 deductible for those services in an amount that is no greater
13 than the group health coverage requires the subscriber to pay
14 for the services of a primary care provider.

15 B. As used in this section, "primary care provider"
16 means a health care practitioner acting within the scope of the
17 practitioner's license who provides the first level of basic or
18 general health care for a person's health needs, including
19 diagnostic and treatment services, initiation of referrals to
20 other health care practitioners and maintenance of the
21 continuity of care when appropriate."

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

24 "[NEW MATERIAL] COST-SHARING LIMITS FOR CERTAIN
25 SERVICES.--

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~~[bracketed material] = delete~~

1 A. An individual or group health care plan that is
2 delivered, issued for delivery or renewed in this state and
3 that provides coverage for physical therapy, occupational
4 therapy or chiropractic services shall require a subscriber to
5 pay a copayment, co-insurance or deductible for those services
6 in an amount that is no greater than the group health coverage
7 requires the subscriber to pay for the services of a primary
8 care provider.

9 B. As used in this section, "primary care provider"
10 means a health care practitioner acting within the scope of the
11 practitioner's license who provides the first level of basic or
12 general health care for a person's health needs, including
13 diagnostic and treatment services, initiation of referrals to
14 other health care practitioners and maintenance of the
15 continuity of care when appropriate."

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