

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 INSURANCE; PROHIBITING PRIOR AUTHORIZATION
FOR GYNECOLOGICAL OR OBSTETRICAL ULTRASOUNDS; DECLARING AN
EMERGENCY.

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:

"PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL
ULTRASOUNDS PROHIBITED.--

A. Group health coverage, including any form of
self-insurance, offered, issued or renewed under the Health
Care Purchasing Act that provides coverage for gynecological
or obstetrical ultrasounds shall not require prior
authorization for gynecological or obstetrical ultrasounds.

B. Nothing in this section shall be construed to
require payment for a gynecological or obstetrical ultrasound
that is not:

- (1) medically necessary; or
- (2) a covered benefit.

C. As used in this section, "prior authorization"
means advance approval that is required as a condition
precedent to payment for medical care or related benefits
rendered to a covered person, including prospective or
utilization review conducted prior to the provision of

1 covered medical care or related benefits."

2 SECTION 2. A new section of the Public Assistance Act
3 is enacted to read:

4 "PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL
5 ULTRASOUNDS PROHIBITED.--

6 A. The department shall prohibit its medicaid
7 managed care and fee-for-service contractors from requiring
8 prior authorization for gynecological or obstetrical
9 ultrasounds.

10 B. Nothing in this section shall be construed to
11 require payment for a gynecological or obstetrical ultrasound
12 that is not:

13 (1) medically necessary; or

14 (2) a covered benefit.

15 C. As used in this section, "prior authorization"
16 means advance approval that is required as a condition
17 precedent to payment for medical care or related benefits
18 rendered to a covered person, including prospective or
19 utilization review conducted prior to the provision of
20 covered medical care or related benefits."

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

23 "PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL
24 ULTRASOUNDS PROHIBITED.--

25 A. An individual or group health insurance policy, SB 309
Page 2

1 health care plan or certificate of insurance that is
2 delivered, issued for delivery or renewed in this state and
3 that provides coverage for gynecological or obstetrical
4 ultrasounds shall not require prior authorization for
5 gynecological or obstetrical ultrasounds.

6 B. Nothing in this section shall be construed to
7 require payment for a gynecological or obstetrical ultrasound
8 that is not:

9 (1) medically necessary; or

10 (2) a covered benefit.

11 C. As used in this section, "prior authorization"
12 means advance approval that is required by a health insurance
13 policy, health care plan or certificate of insurance as a
14 condition precedent to payment for medical care or related
15 benefits rendered to a covered person, including prospective
16 or utilization review conducted prior to the provision of
17 covered medical care or related benefits."

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

20 "PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL
21 ULTRASOUNDS PROHIBITED.--

22 A. A blanket or group health insurance policy or
23 contract that is delivered, issued for delivery or renewed in
24 this state and that provides coverage for gynecological or
25 obstetrical ultrasounds shall not require prior authorization

1 for gynecological or obstetrical ultrasounds.

2 B. Nothing in this section shall be construed to
3 require payment for a gynecological or obstetrical ultrasound
4 that is not:

5 (1) medically necessary; or

6 (2) a covered benefit.

7 C. As used in this section, "prior authorization"
8 means advance approval that is required by blanket or group
9 health insurance policy or contract as a condition precedent
10 to payment for medical care or related benefits rendered to a
11 covered person, including prospective or utilization review
12 conducted prior to the provision of covered medical care or
13 related benefits."

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

16 "PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL
17 ULTRASOUNDS PROHIBITED.--

18 A. An individual or group health maintenance
19 organization contract that is delivered, issued for delivery
20 or renewed in this state and that provides coverage for
21 gynecological or obstetrical ultrasounds shall not require
22 prior authorization for gynecological or obstetrical
23 ultrasounds.

24 B. Nothing in this section shall be construed to
25 require payment for a gynecological or obstetrical ultrasound

1 that is not:

2 (1) medically necessary; or

3 (2) a covered benefit.

4 C. As used in this section, "prior authorization"
5 means advance approval that is required by a health
6 maintenance organization as a condition precedent to payment
7 for medical care or related benefits rendered to a covered
8 person, including prospective or utilization review conducted
9 prior to the provision of covered medical care or related
10 benefits."

11 SECTION 6. A new section of the Nonprofit Health Care
12 Plan Law is enacted to read:

13 "PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL
14 ULTRASOUNDS PROHIBITED.--

15 A. An individual or group health insurance policy,
16 health care plan or certificate of health insurance that is
17 delivered, issued for delivery or renewed in this state and
18 that provides coverage for gynecological or obstetrical
19 ultrasounds shall not require prior authorization for
20 gynecological or obstetrical ultrasounds.

21 B. Nothing in this section shall be construed to
22 require payment for a gynecological or obstetrical ultrasound
23 that is not:

24 (1) medically necessary; or

25 (2) a covered benefit.

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. As used in this section:

(1) "health care plan" means an organization that demonstrates to the office of superintendent of insurance that it has been granted exemption from the federal income tax by the United States commissioner of internal revenue as an organization described in Section 501(c)(3) of the United States Internal Revenue Code of 1986, as that section may be amended or renumbered, and is authorized by the office of superintendent of insurance to enter into contracts with subscribers and make health care expense payments; and

(2) "prior authorization" means advance approval that is required by a health care plan as a condition precedent to payment for medical care or related benefits rendered to a covered person, including prospective or utilization review conducted prior to the provision of covered medical care or related benefits."

SECTION 7. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.
