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AN ACT

RELATING TO HEALTH INSURANCE COVERAGE; AMENDING AND 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 ELIMINATE COST SHARING FOR INSURERS THAT PROVIDE COVERAGE OF DIAGNOSTIC AND SUPPLEMENTAL BREAST EXAMINATIONS.

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:

"DIAGNOSTIC AND SUPPLEMENTAL BREAST EXAMINATIONS.--

A. Group health coverage, including self-insurance, offered, issued, amended, delivered or renewed under the Health Care Purchasing Act that provides coverage for diagnostic and supplemental breast examinations shall not impose cost sharing for diagnostic and supplemental breast examinations.

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

1 C. As used in this section:

2 (1) "cost sharing" means a deductible,
3 coinsurance, copayment and any maximum limitation on the
4 application of such a deductible, coinsurance, copayment or
5 similar out-of-pocket expense;

6 (2) "diagnostic breast examination" means a
7 medically necessary and clinically appropriate examination of
8 the breast using diagnostic mammography, breast magnetic
9 resonance imaging or breast ultrasound that evaluates an
10 abnormality:

11 (a) seen or suspected from a screening
12 examination for breast cancer; or

13 (b) detected by another means of
14 examination; and

15 (3) "supplemental breast examination" means
16 a medically necessary and clinically appropriate examination
17 of the breast using breast magnetic resonance imaging or
18 breast ultrasound that is:

19 (a) used to screen for breast cancer
20 when there is no abnormality seen or suspected; and

21 (b) based on personal or family medical
22 history or additional factors that may increase the
23 individual's risk of breast cancer."

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

1 "DIAGNOSTIC AND SUPPLEMENTAL BREAST EXAMINATIONS.--

2 A. An individual or group health insurance policy,
3 health care plan or certificate of insurance that is
4 delivered, issued for delivery or renewed in this state that
5 provides coverage for diagnostic and supplemental breast
6 examinations shall not impose cost sharing for diagnostic and
7 supplemental breast examinations.

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

15 C. As used in this section:

16 (1) "cost sharing" means a deductible,
17 coinsurance, copayment and any maximum limitation on the
18 application of such a deductible, coinsurance, copayment or
19 similar out-of-pocket expense;

20 (2) "diagnostic breast examination" means a
21 medically necessary and clinically appropriate examination of
22 the breast using diagnostic mammography, breast magnetic
23 resonance imaging or breast ultrasound that evaluates an
24 abnormality:

25 (a) seen or suspected from a screening

1 examination for breast cancer; or

2 (b) detected by another means of
3 examination; and

4 (3) "supplemental breast examination" means
5 a medically necessary and clinically appropriate examination
6 of the breast using breast magnetic resonance imaging or
7 breast ultrasound that is:

8 (a) used to screen for breast cancer
9 when there is no abnormality seen or suspected; and

10 (b) based on personal or family medical
11 history or additional factors that may increase the
12 individual's risk of breast cancer."

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

15 "DIAGNOSTIC AND SUPPLEMENTAL BREAST EXAMINATIONS.--

16 A. A blanket or group health insurance policy,
17 health care plan or certificate of health insurance that is
18 delivered, issued for delivery or renewed in this state that
19 provides coverage for diagnostic and supplemental breast
20 examinations shall not impose cost sharing for diagnostic and
21 supplemental breast examinations.

22 B. The provisions of this section do not apply to
23 excepted benefit plans as provided pursuant to the Short-Term
24 Health Plan and Excepted Benefit Act, catastrophic plans as
25 defined pursuant to 42 USCA Section 18022(e) or high

1 deductible health plans with health savings accounts until an
2 eligible insured's deductible has been met, unless otherwise
3 allowed pursuant to federal law.

4 C. As used in this section:

5 (1) "cost sharing" means a deductible,
6 coinsurance, copayment and any maximum limitation on the
7 application of such a deductible, coinsurance, copayment or
8 similar out-of-pocket expense;

9 (2) "diagnostic breast examination" means a
10 medically necessary and clinically appropriate examination of
11 the breast using diagnostic mammography, breast magnetic
12 resonance imaging or breast ultrasound that evaluates an
13 abnormality:

14 (a) seen or suspected from a screening
15 examination for breast cancer; or

16 (b) detected by another means of
17 examination; and

18 (3) "supplemental breast examination" means
19 a medically necessary and clinically appropriate examination
20 of the breast using breast magnetic resonance imaging or
21 breast ultrasound that is:

22 (a) used to screen for breast cancer
23 when there is no abnormality seen or suspected; and

24 (b) based on personal or family medical
25 history or additional factors that may increase the

1 individual's risk of breast cancer."

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

4 "DIAGNOSTIC AND SUPPLEMENTAL BREAST EXAMINATIONS.--

5 A. An individual or group health maintenance
6 organization contract that is delivered, issued for delivery
7 or renewed in this state that provides coverage for
8 diagnostic and supplemental breast examinations shall not
9 impose cost sharing for diagnostic and supplemental breast
10 examinations.

11 B. The provisions of this section do not apply to
12 excepted benefit plans as provided pursuant to the Short-Term
13 Health Plan and Excepted Benefit Act, catastrophic plans as
14 defined pursuant to 42 USCA Section 18022(e) or high
15 deductible health plans with health savings accounts until an
16 eligible insured's deductible has been met, unless otherwise
17 allowed pursuant to federal law.

18 C. As used in this section:

19 (1) "cost sharing" means a deductible,
20 coinsurance, copayment and any maximum limitation on the
21 application of such a deductible, coinsurance, copayment or
22 similar out-of-pocket expense;

23 (2) "diagnostic breast examination" means a
24 medically necessary and clinically appropriate examination of
25 the breast using diagnostic mammography, breast magnetic

1 resonance imaging or breast ultrasound that evaluates an
2 abnormality:

3 (a) seen or suspected from a screening
4 examination for breast cancer; or

5 (b) detected by another means of
6 examination; and

7 (3) "supplemental breast examination" means
8 a medically necessary and clinically appropriate examination
9 of the breast using breast magnetic resonance imaging or
10 breast ultrasound that is:

11 (a) used to screen for breast cancer
12 when there is no abnormality seen or suspected; and

13 (b) based on personal or family medical
14 history or additional factors that may increase the
15 individual's risk of breast cancer."

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

18 "DIAGNOSTIC AND SUPPLEMENTAL BREAST EXAMINATIONS.--

19 A. An individual or group health care plan that is
20 delivered, issued for delivery or renewed in this state that
21 provides coverage for diagnostic and supplemental breast
22 examinations shall not impose cost sharing for diagnostic and
23 supplemental breast examinations.

24 B. The provisions of this section do not apply to
25 excepted benefit plans as provided pursuant to the Short-Term

1 Health Plan and Excepted Benefit Act, catastrophic plans as
2 defined pursuant to 42 USCA Section 18022(e) or high
3 deductible health plans with health savings accounts until an
4 eligible insured's deductible has been met, unless otherwise
5 allowed pursuant to federal law.

6 C. As used in this section:

7 (1) "cost sharing" means a deductible,
8 coinsurance, copayment and any maximum limitation on the
9 application of such a deductible, coinsurance, copayment or
10 similar out-of-pocket expense;

11 (2) "diagnostic breast examination" means a
12 medically necessary and clinically appropriate examination of
13 the breast using diagnostic mammography, breast magnetic
14 resonance imaging or breast ultrasound that evaluates an
15 abnormality:

16 (a) seen or suspected from a screening
17 examination for breast cancer; or

18 (b) detected by another means of
19 examination; and

20 (3) "supplemental breast examination" means
21 a medically necessary and clinically appropriate examination
22 of the breast using breast magnetic resonance imaging or
23 breast ultrasound that is:

24 (a) used to screen for breast cancer
25 when there is no abnormality seen or suspected; and

1 (b) based on personal or family medical
2 history or additional factors that may increase the
3 individual's risk of breast cancer."

4 SECTION 6. Section 59A-22-39 NMSA 1978 (being Laws
5 1990, Chapter 5, Section 2) is amended to read:

6 "59A-22-39. COVERAGE FOR MAMMOGRAMS.--Each individual
7 and group health insurance policy, health care plan and
8 certificate of health insurance delivered or issued for
9 delivery in this state shall provide coverage for low-dose
10 screening mammograms for determining the presence of breast
11 cancer. Such coverage shall make available one baseline
12 mammogram to persons age thirty-five through thirty-nine, one
13 mammogram biennially to persons age forty through forty-nine
14 and one mammogram annually to persons age fifty and over.
15 After July 1, 1992, coverage shall be available only for
16 screening mammograms obtained on equipment designed
17 specifically to perform low-dose mammography in imaging
18 facilities that have met American college of radiology
19 accreditation standards for mammography. The provisions of
20 this section do not apply to excepted benefit plans as
21 provided pursuant to the Short-Term Health Plan and Excepted
22 Benefit Act, catastrophic plans as defined pursuant to 42
23 USCA Section 18022(e) or tax-favored plans as defined
24 pursuant to 26 USC Section 223(c)(2)."

25 SECTION 7. Section 59A-46-41 NMSA 1978 (being Laws

1 1990, Chapter 5, Section 1) is amended to read:

2 "59A-46-41. COVERAGE FOR MAMMOGRAMS.--Each individual
3 and group health maintenance organization contract delivered
4 or issued for delivery in this state shall provide coverage
5 for low-dose screening mammograms for determining the
6 presence of breast cancer. Such coverage shall make
7 available one baseline mammogram to persons age thirty-five
8 through thirty-nine, one mammogram biennially to persons age
9 forty through forty-nine and one mammogram annually to
10 persons age fifty and over. After July 1, 1992, coverage
11 shall be available only for screening mammograms obtained on
12 equipment designed specifically to perform low-dose
13 mammography in imaging facilities that have met American
14 college of radiology accreditation standards for
15 mammography."

16 SECTION 8. APPLICABILITY.--The provisions of this act
17 apply to health insurance policies, health care plans,
18 certificates of health insurance and health maintenance
19 organization contracts that are delivered, issued for delivery
20 or renewed in this state on or after January 1, 2024. _____

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