1	HOUSE BILL 284
2	51st legislature - STATE OF NEW MEXICO - second session, 2014
3	INTRODUCED BY
4	Terry H. McMillan
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10	AN ACT
11	RELATING TO HEALTH INSURANCE; ENACTING SECTIONS OF THE HEALTH
12	CARE PURCHASING ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH
13	MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN
14	LAW TO ESTABLISH COST-SHARING FOR CERTAIN HEALTH CARE
15	PRACTITIONERS AT RATES NO HIGHER THAN THE COST-SHARING RATES
16	CHARGED FOR PRIMARY CARE PROVIDERS.
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18	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:
19	SECTION 1. A new section of the Health Care Purchasing
20	Act is enacted to read:
21	"[<u>NEW MATERIAL</u>] COST-SHARING LIMITS FOR CERTAIN
22	SERVICES
23	A. Group health coverage, including any form of
24	self-insurance, offered, issued or renewed under the Health
25	Care Purchasing Act that provides coverage for physical
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therapy, occupational therapy, speech-language pathology or chiropractic services shall require an enrollee to pay a copayment, co-insurance or deductible for those services in an amount that is no greater than the group health coverage requires the enrollee to pay for the services of a primary care provider.

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

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

"[<u>NEW MATERIAL</u>] COST-SHARING LIMITS FOR CERTAIN SERVICES.--

A. An individual health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state and that provides coverage for physical therapy, occupational therapy, speechlanguage pathology or chiropractic services shall require an insured to pay a copayment, co-insurance or deductible for those services in an amount that is no greater than the policy, plan or certificate requires the insured to pay for the

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1 services of a primary care provider.

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

9 SECTION 3. A new section of Chapter 59A, Article 23 NMSA
10 1978 is enacted to read:

"[<u>NEW MATERIAL</u>] COST-SHARING LIMITS FOR CERTAIN SERVICES.--

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

B. As used in this section, "primary care provider" means a health care practitioner acting within the scope of the practitioner's license who provides the first level of basic or general health care for a person's health needs, including

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diagnostic and treatment services, initiation of referrals to other health care practitioners and maintenance of the continuity of care when appropriate."

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

"[<u>NEW MATERIAL</u>] COST-SHARING LIMITS FOR CERTAIN SERVICES.--

8 An individual or group health maintenance Α. 9 organization contract that is delivered, issued for delivery or renewed in this state and that provides coverage for physical 10 11 therapy, occupational therapy, speech-language pathology or 12 chiropractic services shall require a subscriber to pay a 13 copayment, co-insurance or deductible for those services in an 14 amount that is no greater than the health maintenance organization contract requires the subscriber to pay for the 15 services of a primary care provider. 16

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

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

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"[<u>NEW MATERIAL</u>] COST-SHARING LIMITS FOR CERTAIN SERVICES.--

An individual or group health care plan that is 3 Α. delivered, issued for delivery or renewed in this state and 4 that provides coverage for physical therapy, occupational 5 therapy, speech-language pathology or chiropractic services 6 7 shall require a subscriber to pay a copayment, co-insurance or deductible for those services in an amount that is no greater 8 9 than the health care plan requires the subscriber to pay for the services of a primary care provider. 10

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

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