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47TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2005

INTRODUCED BY

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AN ACT

RELATING TO HEALTH INSURANCE; ALLOWING AN UNEMPLOYED FORMER EMPLOYEE TO PARTICIPATE IN NEW MEXICO COMPREHENSIVE HEALTH INSURANCE POOL COVERAGE WITHOUT FIRST EXHAUSTING FEDERAL CONTINUATION BENEFITS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 59A-54-12 NMSA 1978 (being Laws 1987, Chapter 154, Section 12, as amended) is amended to read:

"59A-54-12. ELIGIBILITY--POLICY PROVISIONS.--

- A. Except as provided in Subsection B of this section, a person is eligible for a pool policy only if on the effective date of coverage or renewal of coverage the person is a New Mexico resident, and:
- (1) is not eligible as an insured or covered dependent for any health plan that provides coverage for .155183.1

comprehensive major medical or comprehensive physician and hospital services;

- (2) is currently paying a rate for a health plan that is higher than one hundred twenty-five percent of the pool's standard rate;
- (3) has been rejected for coverage for comprehensive major medical or comprehensive physician and hospital services;
- (4) is only eligible for a health plan with a rider, waiver or restrictive provision for that particular individual based on a specific condition;
- (5) has a medical condition that is listed on the pool's pre-qualifying conditions;
- coverage from the pool an aggregate of eighteen or more months of creditable coverage, the most recent of which was under a group health plan, governmental plan or church plan as defined in Subsections P, N and D, respectively, of Section 59A-23E-2 NMSA 1978, except, for the purposes of aggregating creditable coverage, a period of creditable coverage shall not be counted with respect to enrollment of an individual for coverage under the pool if, after that period and before the enrollment date, there was a sixty-three-day or longer period during all of which the individual was not covered under any creditable coverage; or

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- (7) is entitled to continuation coverage pursuant to Section 59A-23E-19 NMSA 1978.
- B. Notwithstanding the provisions of Subsection A of this section:
- (1) a person's eligibility for a policy issued under the Health Insurance Alliance Act shall not preclude a person from remaining on or purchasing a pool policy; provided that a self-employed person who qualifies for an approved health plan under the Health Insurance Alliance Act by using a dependent as the second employee may choose a pool policy in lieu of the health plan under that act;
- (2) a pool policyholder shall be eligible for renewal of pool coverage even though the policyholder became eligible for medicare or medicaid coverage while covered under a pool policy; and
- (3) if a pool policyholder becomes eligible for any group health plan, the policyholder's pool coverage shall not be involuntarily terminated until any preexisting condition period imposed on the policyholder by the plan has been exhausted.
- C. Coverage under a pool policy is in excess of and shall not duplicate coverage under any other form of health insurance.
- D. A policyholder's newborn child or newly adopted child is automatically eligible for thirty-one consecutive
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calendar days of coverage for an additional premium.

- Except for a person eligible as provided in Paragraph (6) of Subsection A of this section, a pool policy may contain provisions under which coverage is excluded during a six-month period following the effective date of coverage as to a given individual for preexisting conditions.
- The preexisting condition exclusions described F. in Subsection E of this section shall be waived to the extent to which similar exclusions have been satisfied under any prior health insurance coverage that was involuntarily terminated, if the application for pool coverage is made not later than thirty-one days following the involuntary termination. In that case, coverage in the pool shall be effective from the date on which the prior coverage was terminated. This subsection does not prohibit preexisting conditions coverage in a pool policy that is more favorable to the insured than that specified in this subsection.
- An individual is not eligible for coverage by the pool if:
- except as provided in Subsection I of this section, the individual is, at the time of application, eligible for medicare or medicaid that would provide coverage for amounts in excess of limited policies such as dread disease, cancer policies or hospital indemnity policies;
- the individual has voluntarily terminated .155183.1

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coverage by the pool within the past twelve months and did not have other continuous coverage during that time, except that this paragraph shall not apply to an applicant who is a federally defined eligible individual;

- the individual is an inmate of a public (3) institution or is eligible for public programs for which medical care is provided;
- (4) the individual is eligible for coverage under a group health plan;
- (5) the individual has health insurance coverage as defined in Subsection R of Section 59A-23E-2 NMSA 1978;
- the most recent coverages within the coverage period described in Paragraph (6) of Subsection A of this section were terminated as a result of nonpayment of premium or fraud; or
- the individual has been offered the (7) option of continuation coverage under a federal COBRA continuation provision as defined in Subsection F of Section 59A-23E-2 NMSA 1978 or under a similar state program and he has elected the coverage and did not exhaust the continuation coverage under the provision or program, provided, however, that an unemployed former employee who has not exhausted COBRA coverage shall be eligible.
- Any person whose health insurance coverage from .155183.1

a qualified state health policy with similar coverage is terminated because of nonresidency in another state may apply for coverage under the pool. If the coverage is applied for within thirty-one days after that termination and if premiums are paid for the entire coverage period, the effective date of the coverage shall be the date of termination of the previous coverage.

- I. The board may issue a pool policy for individuals who:
- (1) are enrolled in both Part A and Part B of medicare because of a disability; and
- (2) except for the eligibility for medicare, would otherwise be eligible for coverage pursuant to the criteria of this section."

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