

HOUSE CONSUMER AND PUBLIC AFFAIRS COMMITTEE SUBSTITUTE FOR
HOUSE JOINT MEMORIAL 43

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

A JOINT MEMORIAL

REQUESTING THAT THE NEW MEXICO HEALTH POLICY COMMISSION, IN
COORDINATION WITH THE INSURANCE DIVISION OF THE PUBLIC
REGULATION COMMISSION, EVALUATE THE BENEFITS OF CONTRACEPTION
USE, DISSEMINATE INSURANCE COVERAGE INFORMATION TO THE PUBLIC
AND UPDATE THE STUDY OF THE INSURANCE INDUSTRY'S COMPLIANCE
WITH REQUIREMENTS TO OFFER COVERAGE FOR PRESCRIPTION
CONTRACEPTIVES.

WHEREAS, Sections 59A-22-42 and 59A-46-44 NMSA 1978
require health insurance providers that offer a prescription
drug benefit to also offer coverage for prescription
contraceptives; and

WHEREAS, the requirement to offer coverage for
prescription contraceptives took effect on June 15, 2001; and

WHEREAS, in 2002 the legislature requested the insurance

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1 division of the public regulation commission to conduct a
2 survey in New Mexico to ascertain the level of knowledge of and
3 compliance with the requirement to offer coverage for
4 prescription contraceptives; and

5 WHEREAS, the superintendent of insurance reported back to
6 the legislature in 2003, noting that insurers who provided
7 pharmaceutical coverage also covered prescription
8 contraceptives but many other insurers providing health
9 insurance did not cover prescription contraceptives; and

10 WHEREAS, the survey found that of five hundred eighty-nine
11 health insurers surveyed, fewer than ten percent, or forty-
12 seven insurers, offered coverage of prescription
13 contraceptives; and

14 WHEREAS, it has been found that the price of prescription
15 contraceptives can deter a woman from using contraception; and

16 WHEREAS, availability of a variety of methods of
17 contraception allows women to choose prescription contraception
18 that is easy to use, easy to remember and that fits her
19 lifestyle best and ensures the least possibility of unwanted
20 pregnancy; and

21 WHEREAS, the average family size desired by women includes
22 two children, requiring a method of spacing pregnancies and
23 preventing pregnancy for a long period of a woman's
24 childbearing years; and

25 WHEREAS, spacing pregnancies reduces the incidence of

1 maternal morbidity, low-birth-weight babies and infant
2 mortality; and

3 WHEREAS, over half of the pregnancies in the United States
4 are unintended and in New Mexico one in ten women who become
5 pregnant while using contraception do so because of
6 inconsistent use due to running out of supplies and not having
7 funds to purchase additional supplies of contraceptives; and

8 WHEREAS, many women fail to determine if their insurance
9 plan provides coverage of prescription contraceptives and only
10 after coverage begins do they discover that prescription
11 contraception is not covered; and

12 WHEREAS, coverage of prescription contraceptives can
13 benefit insurance companies by providing savings on health care
14 costs by reducing expenses of unintended pregnancies and
15 promoting better health for mothers and their children; and

16 WHEREAS, coverage of prescription contraceptives can
17 reduce costs to employers by increasing the productivity and
18 health of women employees and reducing absences associated with
19 pregnancies, miscarriages, childbirth and larger families even
20 as it increases the cost for health insurance by a very low
21 additional monthly cost of less than one dollar fifty cents
22 (\$1.50) per employee, if there is an increase in insurance cost
23 at all; and

24 WHEREAS, many women still lack coverage for prescription
25 contraceptives, even though private insurance plans have

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1 improved their coverage in recent years and of those
2 contraceptives covered, many women still cannot obtain the kind
3 of contraception they wish to use under some of these private
4 insurance plans;

5 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
6 STATE OF NEW MEXICO that the insurance division of the public
7 regulation commission be requested to update its 2002 survey of
8 health insurers and report to an appropriate legislative
9 committee no later than November 2005; and

10 BE IT FURTHER RESOLVED that the New Mexico health policy
11 commission collect and evaluate relevant health studies and
12 other information and determine the benefits to the state, its
13 people and the health insurance industry of having prescription
14 contraceptive coverage; and

15 BE IT FURTHER RESOLVED that the insurance division
16 ascertain if the level of knowledge of and compliance with the
17 requirement to offer coverage of prescription contraception has
18 increased and also determine if there are limits placed on the
19 varieties of contraception that are covered by private
20 insurers; and

21 BE IT FURTHER RESOLVED that the insurance division extend
22 the focus of the 2003 study to ascertain whether prescription
23 contraceptives are covered by insurers that offer hospital and
24 medical expenses reimbursement and managed care contracts; and

25 BE IT FURTHER RESOLVED that the insurance division prepare

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1 a list for public dissemination of health insurers that do not
2 provide prescription contraceptive coverage; and

3 BE IT FURTHER RESOLVED that the insurance division use the
4 data collected as a result of the survey to begin a dialog with
5 insurance companies to encourage greater coverage of
6 prescription contraceptives; and

7 BE IT FURTHER RESOLVED that the New Mexico health policy
8 commission and the department of health cooperate to prepare
9 educational materials for the public regarding availability and
10 access to prescription contraceptives; and

11 BE IT FURTHER RESOLVED that the New Mexico health policy
12 commission serve as the lead agency to coordinate efforts with
13 the insurance division and provide two copies of the report
14 generated pursuant to this memorial to the library of the
15 legislative council service; and

16 BE IT FURTHER RESOLVED that copies of this memorial be
17 transmitted to the New Mexico health policy commission, the
18 superintendent of insurance and the secretary of health.

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