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AN ACT

RELATING TO HEALTH INSURANCE; REQUIRING COVERAGE FOR  
DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDER.

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

Section 1. A new section of Chapter 59A, Article 22  
NMSA 1978 is enacted to read:

"COVERAGE FOR AUTISM SPECTRUM DISORDER DIAGNOSIS AND  
TREATMENT.--

A. An individual or group health insurance policy,  
health care plan or certificate of health insurance that is  
delivered, issued for delivery or renewed in this state shall  
provide coverage to an eligible individual who is nineteen  
years of age or younger, or an eligible individual who is  
twenty-two years of age or younger and is enrolled in high  
school, for:

(1) well-baby and well-child screening for  
diagnosing the presence of autism spectrum disorder; and

(2) treatment of autism spectrum disorder  
through speech therapy, occupational therapy, physical  
therapy and applied behavioral analysis.

B. Coverage required pursuant to Subsection A of  
this section:

(1) shall be limited to treatment that is  
prescribed by the insured's treating physician in accordance

1 with a treatment plan;

2 (2) shall be limited to thirty-six thousand  
3 dollars (\$36,000) annually and shall not exceed two hundred  
4 thousand dollars (\$200,000) in total lifetime benefits.

5 Beginning January 1, 2011, the maximum benefit shall be  
6 adjusted annually on January 1 to reflect any change from the  
7 previous year in the medical component of the then-current  
8 consumer price index for all urban consumers published by the  
9 bureau of labor statistics of the United States department of  
10 labor;

11 (3) shall not be denied on the basis that  
12 the services are habilitative or rehabilitative in nature;

13 (4) may be subject to other general  
14 exclusions and limitations of the insurer's policy or plan,  
15 including, but not limited to, coordination of benefits,  
16 participating provider requirements, restrictions on services  
17 provided by family or household members and utilization  
18 review of health care services, including the review of  
19 medical necessity, case management and other managed care  
20 provisions; and

21 (5) may be limited to exclude coverage for  
22 services received under the federal Individuals with  
23 Disabilities Education Improvement Act of 2004 and related  
24 state laws that place responsibility on state and local  
25 school boards for providing specialized education and related

1 services to children three to twenty-two years of age who  
2 have autism spectrum disorder.

3 C. The coverage required pursuant to Subsection A  
4 of this section shall not be subject to dollar limits,  
5 deductibles or coinsurance provisions that are less favorable  
6 to an insured than the dollar limits, deductibles or  
7 coinsurance provisions that apply to physical illnesses that  
8 are generally covered under the individual or group health  
9 insurance policy, health care plan or certificate of health  
10 insurance, except as otherwise provided in Subsection B of  
11 this section.

12 D. An insurer shall not deny or refuse to issue  
13 health insurance coverage for medically necessary services or  
14 refuse to contract with, renew, reissue or otherwise  
15 terminate or restrict health insurance coverage for an  
16 individual because the individual is diagnosed as having  
17 autism spectrum disorder.

18 E. The treatment plan required pursuant to  
19 Subsection B of this section shall include all elements  
20 necessary for the health insurance plan to pay claims  
21 appropriately. These elements include, but are not limited  
22 to:

- 23 (1) the diagnosis;
- 24 (2) the proposed treatment by types;
- 25 (3) the frequency and duration of treatment;

1 (4) the anticipated outcomes stated as  
2 goals;

3 (5) the frequency with which the treatment  
4 plan will be updated; and

5 (6) the signature of the treating physician.

6 F. This section shall not be construed as limiting  
7 benefits and coverage otherwise available to an insured under  
8 a health insurance plan.

9 G. The provisions of this section shall not apply  
10 to policies intended to supplement major medical group-type  
11 coverages such as medicare supplement, long-term care,  
12 disability income, specified disease, accident only, hospital  
13 indemnity or other limited-benefit health insurance policies.

14 H. As used in this section:

15 (1) "autism spectrum disorder" means a  
16 condition that meets the diagnostic criteria for the  
17 pervasive developmental disorders published in the *Diagnostic*  
18 *and Statistical Manual of Mental Disorders*, fourth edition,  
19 text revision, also known as DSM-IV-TR, published by the  
20 American psychiatric association, including autistic  
21 disorder; Asperger's disorder; pervasive development disorder  
22 not otherwise specified; Rett's disorder; and childhood  
23 disintegrative disorder;

24 (2) "habilitative or rehabilitative  
25 services" means treatment programs that are necessary to

1 develop, maintain and restore to the maximum extent  
2 practicable the functioning of an individual; and

3 (3) "high school" means a school providing  
4 instruction for any of the grades nine through twelve."

5 Section 2. A new section of Chapter 59A, Article 23  
6 NMSA 1978 is enacted to read:

7 "COVERAGE FOR AUTISM SPECTRUM DISORDER DIAGNOSIS AND  
8 TREATMENT.--

9 A. A blanket or group health insurance policy or  
10 contract that is delivered, issued for delivery or renewed in  
11 this state shall provide coverage to an eligible individual  
12 who is nineteen years of age or younger, or an eligible  
13 individual who is twenty-two years of age or younger and is  
14 enrolled in high school, for:

15 (1) well-baby and well-child screening for  
16 diagnosing the presence of autism spectrum disorder; and

17 (2) treatment of autism spectrum disorder  
18 through speech therapy, occupational therapy, physical  
19 therapy and applied behavioral analysis.

20 B. Coverage required pursuant to Subsection A of  
21 this section:

22 (1) shall be limited to treatment that is  
23 prescribed by the insured's treating physician in accordance  
24 with a treatment plan;

25 (2) shall be limited to thirty-six thousand

1 dollars (\$36,000) annually and shall not exceed two hundred  
2 thousand dollars (\$200,000) in total lifetime benefits.  
3 Beginning January 1, 2011, the maximum benefit shall be  
4 adjusted annually on January 1 to reflect any change from the  
5 previous year in the medical component of the then-current  
6 consumer price index for all urban consumers published by the  
7 bureau of labor statistics of the United States department of  
8 labor;

9 (3) shall not be denied on the basis that  
10 the services are habilitative or rehabilitative in nature;

11 (4) may be subject to other general  
12 exclusions and limitations of the insurer's policy or plan,  
13 including, but not limited to, coordination of benefits,  
14 participating provider requirements, restrictions on services  
15 provided by family or household members and utilization  
16 review of health care services, including the review of  
17 medical necessity, case management and other managed care  
18 provisions; and

19 (5) may be limited to exclude coverage for  
20 services received under the federal Individuals with  
21 Disabilities Education Improvement Act of 2004 and related  
22 state laws that place responsibility on state and local  
23 school boards for providing specialized education and related  
24 services to children three to twenty-two years of age who  
25 have autism spectrum disorder.

1           C. The coverage required pursuant to Subsection A  
2 of this section shall not be subject to dollar limits,  
3 deductibles or coinsurance provisions that are less favorable  
4 to an insured than the dollar limits, deductibles or  
5 coinsurance provisions that apply to physical illnesses that  
6 are generally covered under the blanket or group health  
7 insurance policy or contract, except as otherwise provided in  
8 Subsection B of this section.

9           D. An insurer shall not deny or refuse to issue  
10 health insurance coverage for medically necessary services or  
11 refuse to contract with, renew, reissue or otherwise  
12 terminate or restrict health insurance coverage for an  
13 individual because the individual is diagnosed as having  
14 autism spectrum disorder.

15           E. The treatment plan required pursuant to  
16 Subsection B of this section shall include all elements  
17 necessary for the health insurance plan to pay claims  
18 appropriately. These elements include, but are not limited  
19 to:

- 20                   (1) the diagnosis;  
21                   (2) the proposed treatment by types;  
22                   (3) the frequency and duration of treatment;  
23                   (4) the anticipated outcomes stated as  
24 goals;  
25                   (5) the frequency with which the treatment

1 plan will be updated; and

2 (6) the signature of the treating physician.

3 F. This section shall not be construed as limiting  
4 benefits and coverage otherwise available to an insured under  
5 a health insurance plan.

6 G. The provisions of this section shall not apply  
7 to policies intended to supplement major medical group-type  
8 coverages such as medicare supplement, long-term care,  
9 disability income, specified disease, accident only, hospital  
10 indemnity or other limited-benefit health insurance policies.

11 H. As used in this section:

12 (1) "autism spectrum disorder" means a  
13 condition that meets the diagnostic criteria for the  
14 pervasive developmental disorders published in the *Diagnostic*  
15 *and Statistical Manual of Mental Disorders*, fourth edition,  
16 text revision, also known as DSM-IV-TR, published by the  
17 American psychiatric association, including autistic  
18 disorder; Asperger's disorder; pervasive development disorder  
19 not otherwise specified; Rett's disorder; and childhood  
20 disintegrative disorder;

21 (2) "habilitative or rehabilitative  
22 services" means treatment programs that are necessary to  
23 develop, maintain and restore to the maximum extent  
24 practicable the functioning of an individual; and

25 (3) "high school" means a school providing

1 instruction for any of the grades nine through twelve."

2 Section 3. A new section of Chapter 59A, Article 46  
3 NMSA 1978 is enacted to read:

4 "COVERAGE FOR AUTISM SPECTRUM DISORDER DIAGNOSIS AND  
5 TREATMENT.--

6 A. An individual or group health maintenance  
7 contract that is delivered, issued for delivery or renewed in  
8 this state shall provide coverage to an eligible individual  
9 who is nineteen years of age or younger, or an eligible  
10 individual who is twenty-two years of age or younger and is  
11 enrolled in high school, for:

12 (1) well-baby and well-child screening for  
13 diagnosing the presence of autism spectrum disorder; and

14 (2) treatment of autism spectrum disorder  
15 through speech therapy, occupational therapy, physical  
16 therapy and applied behavioral analysis.

17 B. Coverage required pursuant to Subsection A of  
18 this section:

19 (1) shall be limited to treatment that is  
20 prescribed by the insured's treating physician in accordance  
21 with a treatment plan;

22 (2) shall be limited to thirty-six thousand  
23 dollars (\$36,000) annually and shall not exceed two hundred  
24 thousand dollars (\$200,000) in total lifetime benefits.

25 Beginning January 1, 2011, the maximum benefit shall be

1 adjusted annually on January 1 to reflect any change from the  
2 previous year in the medical component of the then-current  
3 consumer price index for all urban consumers published by the  
4 bureau of labor statistics of the United States department of  
5 labor;

6 (3) shall not be denied on the basis that  
7 the services are habilitative or rehabilitative in nature;

8 (4) may be subject to other general  
9 exclusions and limitations of the insurer's policy or plan,  
10 including, but not limited to, coordination of benefits,  
11 participating provider requirements, restrictions on services  
12 provided by family or household members and utilization  
13 review of health care services, including the review of  
14 medical necessity, case management and other managed care  
15 provisions; and

16 (5) may be limited to exclude coverage for  
17 services received under the federal Individuals with  
18 Disabilities Education Improvement Act of 2004 and related  
19 state laws that place responsibility on state and local  
20 school boards for providing specialized education and related  
21 services to children three to twenty-two years of age who  
22 have autism spectrum disorder.

23 C. The coverage required pursuant to Subsection A  
24 of this section shall not be subject to dollar limits,  
25 deductibles or coinsurance provisions that are less favorable

1 to an insured than the dollar limits, deductibles or  
2 coinsurance provisions that apply to physical illnesses that  
3 are generally covered under the individual or group health  
4 maintenance contract, except as otherwise provided in  
5 Subsection B of this section.

6 D. An insurer shall not deny or refuse to issue  
7 health insurance coverage for medically necessary services or  
8 refuse to contract with, renew, reissue or otherwise  
9 terminate or restrict health insurance coverage for an  
10 individual because the individual is diagnosed as having  
11 autism spectrum disorder.

12 E. The treatment plan required pursuant to  
13 Subsection B of this section shall include all elements  
14 necessary for the health insurance plan to pay claims  
15 appropriately. These elements include, but are not limited  
16 to:

- 17 (1) the diagnosis;
- 18 (2) the proposed treatment by types;
- 19 (3) the frequency and duration of treatment;
- 20 (4) the anticipated outcomes stated as  
21 goals;
- 22 (5) the frequency with which the treatment  
23 plan will be updated; and
- 24 (6) the signature of the treating physician.

25 F. This section shall not be construed as limiting

1 benefits and coverage otherwise available to an insured under  
2 a health insurance plan.

3 G. The provisions of this section shall not apply  
4 to policies intended to supplement major medical group-type  
5 coverages such as medicare supplement, long-term care,  
6 disability income, specified disease, accident only, hospital  
7 indemnity or other limited-benefit health insurance policies.

8 H. As used in this section:

9 (1) "autism spectrum disorder" means a  
10 condition that meets the diagnostic criteria for the  
11 pervasive developmental disorders published in the *Diagnostic*  
12 *and Statistical Manual of Mental Disorders*, fourth edition,  
13 text revision, also known as DSM-IV-TR, published by the  
14 American psychiatric association, including autistic  
15 disorder; Asperger's disorder; pervasive development disorder  
16 not otherwise specified; Rett's disorder; and childhood  
17 disintegrative disorder;

18 (2) "habilitative or rehabilitative  
19 services" means treatment programs that are necessary to  
20 develop, maintain and restore to the maximum extent  
21 practicable the functioning of an individual; and

22 (3) "high school" means a school providing  
23 instruction for any of the grades nine through twelve."

24 Section 4. A new section of Chapter 59A, Article 47  
25 NMSA 1978 is enacted to read:

1 "COVERAGE FOR AUTISM SPECTRUM DISORDER DIAGNOSIS AND  
2 TREATMENT.--

3 A. An individual or group health insurance policy,  
4 health care plan or certificate of health insurance delivered  
5 or issued for delivery in this state shall provide coverage  
6 to an eligible individual who is twenty-two years of age or  
7 younger and is enrolled in high school, for:

8 (1) well-baby and well-child screening for  
9 diagnosing the presence of autism spectrum disorder; and

10 (2) treatment of autism spectrum disorder  
11 through speech therapy, occupational therapy, physical  
12 therapy and applied behavioral analysis.

13 B. Coverage required pursuant to Subsection A of  
14 this section:

15 (1) shall be limited to treatment that is  
16 prescribed by the insured's treating physician in accordance  
17 with a treatment plan;

18 (2) shall be limited to thirty-six thousand  
19 dollars (\$36,000) annually and shall not exceed two hundred  
20 thousand dollars (\$200,000) in total lifetime benefits.

21 Beginning January 1, 2011, the maximum benefit shall be  
22 adjusted annually on January 1 to reflect any change from the  
23 previous year in the medical component of the then-current  
24 consumer price index for all urban consumers published by the  
25 bureau of labor statistics of the United States department of

1 labor;

2 (3) shall not be denied on the basis that  
3 the services are habilitative or rehabilitative in nature;

4 (4) may be subject to other general  
5 exclusions and limitations of the insurer's policy or plan,  
6 including, but not limited to, coordination of benefits,  
7 participating provider requirements, restrictions on services  
8 provided by family or household members and utilization  
9 review of health care services, including the review of  
10 medical necessity, case management and other managed care  
11 provisions; and

12 (5) may be limited to exclude coverage for  
13 services received under the federal Individuals with  
14 Disabilities Education Improvement Act of 2004 and related  
15 state laws that place responsibility on state and local  
16 school boards for providing specialized education and related  
17 services to children three to twenty-two years of age who  
18 have autism spectrum disorder.

19 C. The coverage required pursuant to Subsection A  
20 of this section shall not be subject to dollar limits,  
21 deductibles or coinsurance provisions that are less favorable  
22 to an insured than the dollar limits, deductibles or  
23 coinsurance provisions that apply to physical illnesses that  
24 are generally covered under the individual or group health  
25 maintenance contract, except as otherwise provided in

1 Subsection B of this section.

2 D. An insurer shall not deny or refuse to issue  
3 health insurance coverage for medically necessary services or  
4 refuse to contract with, renew, reissue or otherwise  
5 terminate or restrict health insurance coverage for an  
6 individual because the individual is diagnosed as having  
7 autism spectrum disorder.

8 E. The treatment plan required pursuant to  
9 Subsection B of this section shall include all elements  
10 necessary for the health insurance plan to pay claims  
11 appropriately. These elements include, but are not limited  
12 to:

- 13 (1) the diagnosis;
- 14 (2) the proposed treatment by types;
- 15 (3) the frequency and duration of treatment;
- 16 (4) the anticipated outcomes stated as  
17 goals;
- 18 (5) the frequency with which the treatment  
19 plan will be updated; and
- 20 (6) the signature of the treating physician.

21 F. This section shall not be construed as limiting  
22 benefits and coverage otherwise available to an insured under  
23 a health insurance plan.

24 G. The provisions of this section shall not apply  
25 to policies intended to supplement major medical group-type

1 coverages such as medicare supplement, long-term care,  
2 disability income, specified disease, accident only, hospital  
3 indemnity or other limited-benefit health insurance policies.

4 H. As used in this section:

5 (1) "autism spectrum disorder" means a  
6 condition that meets the diagnostic criteria for the  
7 pervasive developmental disorders published in the *Diagnostic*  
8 *and Statistical Manual of Mental Disorders*, fourth edition,  
9 text revision, also known as DSM-IV-TR, published by the  
10 American psychiatric association, including autistic  
11 disorder; Asperger's disorder; pervasive development disorder  
12 not otherwise specified; Rett's disorder; and childhood  
13 disintegrative disorder;

14 (2) "habilitative or rehabilitative  
15 services" means treatment programs that are necessary to  
16 develop, maintain and restore to the maximum extent  
17 practicable the functioning of an individual; and

18 (3) "high school" means a school providing  
19 instruction for any of the grades nine through twelve."

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