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SENATE BILL 39

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

INTRODUCED BY

Clinton D. Harden

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:

"[NEW MATERIAL] 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:

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

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

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

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

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

14 Beginning January 1, 2011, the maximum benefit shall be
15 adjusted annually on January 1 to reflect any change from the
16 previous year in the medical component of the then-current
17 consumer price index for all urban consumers published by the
18 bureau of labor statistics of the United States department of
19 labor;

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

22 (4) may be subject to other general exclusions
23 and limitations of the insurer's policy or plan, including, but
24 not limited to, coordination of benefits, participating
25 provider requirements, restrictions on services provided by

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1 family or household members and utilization review of health
2 care services, including the review of medical necessity, case
3 management and other managed care provisions.

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

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

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 to:

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

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1 (5) the frequency with which the treatment
2 plan will be updated; and

3 (6) the signature of the treating physician.

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

7 G. As used in this section:

8 (1) "habilitative or rehabilitative services"
9 means treatment programs that are necessary to develop,
10 maintain and restore to the maximum extent practicable the
11 functioning of an individual; and

12 (2) "high school" means a school providing
13 instruction for any of the grades nine through twelve."

14 Section 2. A new section of Chapter 59A, Article 23 NMSA
15 1978 is enacted to read:

16 "[NEW MATERIAL] COVERAGE FOR AUTISM SPECTRUM DISORDER
17 DIAGNOSIS AND TREATMENT.--

18 A. A blanket or group health insurance policy or
19 contract that is delivered, issued for delivery or renewed in
20 this state shall provide coverage to an eligible individual who
21 is nineteen years of age or younger, or an eligible individual
22 who is twenty-two years of age or younger and is enrolled in
23 high school, for:

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

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

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

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

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

12 Beginning January 1, 2011, the maximum benefit shall be
13 adjusted annually on January 1 to reflect any change from the
14 previous year in the medical component of the then-current
15 consumer price index for all urban consumers published by the
16 bureau of labor statistics of the United States department of
17 labor;

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

20 (4) may be subject to other general exclusions
21 and limitations of the insurer's policy or plan, including, but
22 not limited to, coordination of benefits, participating
23 provider requirements, restrictions on services provided by
24 family or household members and utilization review of health
25 care services, including the review of medical necessity, case

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1 management and other managed care provisions.

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

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

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 to:

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

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

4 G. As used in this section:

5 (1) "habilitative or rehabilitative services"
6 means treatment programs that are necessary to develop,
7 maintain and restore to the maximum extent practicable the
8 functioning of an individual; and

9 (2) "high school" means a school providing
10 instruction for any of the grades nine through twelve."

11 Section 3. A new section of Chapter 59A, Article 46 NMSA
12 1978 is enacted to read:

13 "[NEW MATERIAL] COVERAGE FOR AUTISM SPECTRUM DISORDER
14 DIAGNOSIS AND TREATMENT.--

15 A. An individual or group health maintenance
16 contract that is delivered, issued for delivery or renewed in
17 this state shall provide coverage to an eligible individual who
18 is nineteen years of age or younger, or an eligible individual
19 who is twenty-two years of age or younger and is enrolled in
20 high school, for:

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

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

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

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

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

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

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

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

24 C. The coverage required pursuant to Subsection A
25 of this section shall not be subject to dollar limits,

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

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

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 to:

- 16 (1) the diagnosis;
- 17 (2) the proposed treatment by types;
- 18 (3) the frequency and duration of treatment;
- 19 (4) the anticipated outcomes stated as goals;
- 20 (5) the frequency with which the treatment
21 plan will be updated; and

- 22 (6) the signature of the treating physician.

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

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G. As used in this section:

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

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