

1 HOUSE BILL 224

2 **52ND LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2015**

3 INTRODUCED BY

4 James Roger Madalena

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8 FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

9
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 PROVIDE FOR PARITY BETWEEN BEHAVIORAL HEALTH BENEFITS
15 AND OTHER BENEFITS; AMENDING A SECTION OF THE HEALTH INSURANCE
16 PORTABILITY ACT TO ADD CERTAIN BEHAVIORAL HEALTH BENEFITS TO
17 THE PROVISIONS OF THAT ACT; REPEALING SECTIONS OF CHAPTER 59A,
18 ARTICLE 23 NMSA 1978 AND THE NONPROFIT HEALTH CARE PLAN LAW.

19
20 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

21 SECTION 1. A new section of the Health Care Purchasing
22 Act is enacted to read:

23 "[NEW MATERIAL] BEHAVIORAL HEALTH BENEFITS--PARITY WITH
24 OTHER BENEFITS.--

25 A. Group health coverage, including any form of

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1 self-insurance, offered, issued or renewed under the Health
2 Care Purchasing Act, or group health coverage offered, issued
3 or renewed in connection with the group health coverage, shall
4 not impose treatment limitations or financial requirements on
5 the provision of behavioral health benefits if identical
6 limitations or requirements are not imposed on coverage of
7 benefits for other conditions.

8 B. Group health coverage may:

9 (1) require pre-admission screening prior to
10 the authorization of behavioral health benefits, whether for
11 inpatient, outpatient or residential treatment; or

12 (2) apply limitations that restrict benefits
13 provided under the group health coverage plan to those that are
14 medically necessary.

15 C. As used in this section, "behavioral health
16 benefits" means all medically necessary mental health and
17 substance use disorder treatment benefits, including but not
18 limited to services provided to an adult or a child at a
19 residential treatment facility."

20 SECTION 2. A new section of Chapter 59A, Article 22 NMSA
21 1978 is enacted to read:

22 "[NEW MATERIAL] BEHAVIORAL HEALTH BENEFITS--PARITY WITH
23 OTHER BENEFITS.--

24 A. An individual health insurance policy, health
25 care plan or certificate of health insurance that is delivered,

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1 issued for delivery or renewed in this state, or an individual
2 health insurance policy, plan or certificate offered, issued or
3 renewed in connection with a health insurance policy, plan or
4 certificate of health insurance, shall not impose treatment
5 limitations or financial requirements on the provision of
6 behavioral health benefits if identical limitations or
7 requirements are not imposed on coverage of benefits for other
8 conditions.

9 B. A health insurer may:

10 (1) require pre-admission screening prior to
11 the authorization of behavioral health benefits, whether for
12 inpatient, outpatient or residential treatment; or

13 (2) apply limitations that restrict benefits
14 provided under the health insurance policy, plan or certificate
15 to those that are medically necessary.

16 C. As used in this section, "behavioral health
17 benefits" means all medically necessary mental health and
18 substance use disorder treatment benefits, including but not
19 limited to services provided to an adult or a child at a
20 residential treatment facility."

21 SECTION 3. A new section of Chapter 59A, Article 23 NMSA
22 1978 is enacted to read:

23 "[NEW MATERIAL] BEHAVIORAL HEALTH BENEFITS--PARITY WITH
24 OTHER BENEFITS.--

25 A. A group health insurance policy, health care

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1 plan or certificate of health insurance that is delivered,
2 issued for delivery or renewed in this state, or a group health
3 insurance policy, plan or certificate offered, issued or
4 renewed in connection with a health insurance policy, plan or
5 certificate of health insurance, shall not impose treatment
6 limitations or financial requirements on the provision of
7 behavioral health benefits if identical limitations or
8 requirements are not imposed on coverage of benefits for other
9 conditions.

10 B. A health insurer may:

11 (1) require pre-admission screening prior to
12 the authorization of behavioral health benefits, whether for
13 inpatient, outpatient or residential treatment; or

14 (2) apply limitations that restrict benefits
15 provided under the group health insurance policy, plan or
16 certificate to those that are medically necessary.

17 C. As used in this section, "behavioral health
18 benefits" means all medically necessary mental health and
19 substance use disorder treatment benefits, including but not
20 limited to services provided to an adult or a child at a
21 residential treatment facility."

22 SECTION 4. Section 59A-23E-18 NMSA 1978 (being Laws 2000,
23 Chapter 6, Section 1) is amended to read:

24 "59A-23E-18. REQUIREMENT FOR ~~[MENTAL]~~ BEHAVIORAL HEALTH
25 BENEFITS IN A GROUP HEALTH PLAN, OR GROUP HEALTH INSURANCE

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1 OFFERED IN CONNECTION WITH THE PLAN, FOR A PLAN YEAR OF AN
2 EMPLOYER.--

3 A. A group health plan for a plan year of an
4 employer beginning or renewed on or after October 1, 2000, or
5 group health insurance offered in connection with that plan,
6 shall provide both medical and surgical benefits and [~~mental~~]
7 behavioral health benefits. The plan shall not impose
8 treatment limitations or financial requirements on the
9 provision of [~~mental~~] behavioral health benefits if identical
10 limitations or requirements are not imposed on coverage of
11 benefits for other conditions.

12 B. A group health plan for a plan year of an
13 employer beginning on or after October 1, 2000, or group health
14 insurance offered in connection with that plan, may:

15 (1) require pre-admission screening prior to
16 the authorization of [~~mental~~] behavioral health benefits
17 whether inpatient or outpatient; or

18 (2) apply limitations that restrict [~~mental~~]
19 behavioral health benefits provided under the plan to those
20 that are medically necessary.

21 ~~[G. A group health plan for a plan year of an~~
22 ~~employer beginning or renewed on or after January 1, 2000, or~~
23 ~~group health insurance offered in connection with that plan,~~
24 ~~may not be changed through amendment or on renewal to exclude~~
25 ~~or decrease the mental health benefits existing as of that~~

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1 date.

2 ~~D. An employer, having at least two but not more~~
3 ~~than forty-nine employees, that is required by the provisions~~
4 ~~of Subsection A of this section to provide mental health~~
5 ~~benefits coverage in a group health plan, or group health~~
6 ~~insurance offered in connection with that plan on renewal of an~~
7 ~~existing plan, may, if a premium increase of more than one and~~
8 ~~one-half percent in the plan year results from the change in~~
9 ~~coverage:~~

10 ~~(1) pay the premium increase;~~

11 ~~(2) reach agreement with the employees to~~
12 ~~cost-share that amount of the premium above one and one-half~~
13 ~~percent;~~

14 ~~(3) negotiate a reduction in coverage, but not~~
15 ~~below the coverage existing before the renewal, to reduce the~~
16 ~~premium increase to no more than one and one-half percent; or~~

17 ~~(4) after demonstrating to the satisfaction of~~
18 ~~the insurance division that the amount of the premium increase~~
19 ~~above one and one-half percent is due exclusively to the~~
20 ~~additional coverage required by the provisions of Subsection A~~
21 ~~of this section, receive written permission from the division~~
22 ~~to not increase coverage.~~

23 ~~E. An employer, having at least fifty employees,~~
24 ~~that is required by the provisions of Subsection A of this~~
25 ~~section to provide mental health benefits coverage in a group~~

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1 ~~health plan, or group health insurance offered in connection~~
2 ~~with that plan on renewal of an existing plan, may, if a~~
3 ~~premium increase of more than two and one-half percent in the~~
4 ~~plan year results from the change in coverage:~~

5 ~~(1) pay the premium increase;~~

6 ~~(2) reach agreement with the employees to~~
7 ~~cost-share that amount of the premium above two and one-half~~
8 ~~percent;~~

9 ~~(3) negotiate a reduction in coverage, but not~~
10 ~~below the coverage existing before applying parity~~
11 ~~requirements, to reduce the premium increase to no more than~~
12 ~~two and one-half percent; or~~

13 ~~(4) after demonstrating to the satisfaction of~~
14 ~~the insurance division that the amount of the premium increase~~
15 ~~above two and one-half percent is due exclusively to the~~
16 ~~additional coverage provided because of the provisions of~~
17 ~~Subsection A of this section, receive written permission from~~
18 ~~the division to not increase coverage.~~

19 F.] C. If an organization offering group health
20 benefits to its members makes more than one health insurance
21 policy or nonprofit health care plan available to its members
22 on a member option basis, the organization shall not require
23 behavioral health benefits coverage from one health insurer or
24 health care plan without requiring the same level of behavioral
25 health benefits coverage for all other health insurance

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1 policies or health care plans that the organization makes
2 available to its members.

3 D. As used in this section, "[mental] behavioral
4 health benefits" means all medically necessary mental health
5 and substance use disorder treatment benefits, [~~as described in~~
6 ~~the group health plan or group health insurance offered in~~
7 ~~connection with the plan, but does not include benefits with~~
8 ~~respect to treatment of substance abuse, chemical dependency or~~
9 ~~gambling addiction] including but not limited to services
10 provided to an adult or a child at a residential treatment
11 center."~~

12 SECTION 5. A new section of the Health Maintenance
13 Organization Law is enacted to read:

14 "[NEW MATERIAL] BEHAVIORAL HEALTH BENEFITS--PARITY WITH
15 OTHER BENEFITS.--

16 A. An individual or group health maintenance
17 organization contract that is delivered, issued for delivery or
18 renewed in this state, or coverage that is offered, issued or
19 renewed in connection with a health maintenance organization
20 contract, shall not impose treatment limitations or financial
21 requirements on the provision of behavioral health benefits if
22 identical limitations or requirements are not imposed on
23 coverage of benefits for other conditions.

24 B. A health maintenance organization may:
25 (1) require pre-admission screening prior to

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1 the authorization of behavioral health benefits, whether for
2 inpatient, outpatient or residential treatment; or

3 (2) apply limitations that restrict benefits
4 provided under the health maintenance contract to those that
5 are medically necessary.

6 C. As used in this section, "behavioral health
7 benefits" means all medically necessary mental health and
8 substance use disorder treatment benefits, including but not
9 limited to services provided to an adult or a child at a
10 residential treatment facility."

11 SECTION 6. A new section of the Nonprofit Health Care
12 Plan Law is enacted to read:

13 "[NEW MATERIAL] BEHAVIORAL HEALTH BENEFITS--PARITY WITH
14 OTHER BENEFITS.--

15 A. An individual or group nonprofit health care
16 plan that is delivered, issued for delivery or renewed in this
17 state, or coverage that is issued or renewed in connection with
18 a health care plan, shall not impose treatment limitations or
19 financial requirements on the provision of behavioral health
20 benefits if identical limitations or requirements are not
21 imposed on coverage of benefits for other conditions.

22 B. A health care plan may:

23 (1) require pre-admission screening prior to
24 the authorization of behavioral health benefits, whether for
25 inpatient, outpatient or residential treatment; or

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1 (2) apply limitations that restrict benefits
2 provided under the health care plan to those that are medically
3 necessary.

4 C. As used in this section, "behavioral health
5 benefits" means all medically necessary mental health and
6 substance use disorder treatment benefits, including but not
7 limited to services provided to an adult or a child at a
8 residential treatment facility."

9 SECTION 7. REPEAL.--Sections 59A-23-6 and 59A-47-35 NMSA
10 1978 (being Laws 1983, Chapter 64, Section 1 and Laws 1984,
11 Chapter 127, Section 879.34, as amended) are repealed.