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HOUSE BILL 158

52ND LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2016

INTRODUCED BY

Deborah A. Armstrong

AN ACT

RELATING TO PUBLIC ASSISTANCE; ENACTING A NEW SECTION OF THE
PUBLIC ASSISTANCE ACT TO PROVIDE FOR CERTAIN MEDICAID
COVERAGES.

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

SECTION 1. A new section of the Public Assistance Act is
enacted to read:

"~~[NEW MATERIAL]~~ MEDICAID--ELIGIBILITY FOR FAMILY PLANNING
SERVICES--ACCESS TO FAMILY PLANNING SERVICES--OBSTETRICAL
SERVICES--GYNECOLOGICAL SERVICES--COVERAGE FOR PRESCRIPTION
CONTRACEPTIVE DRUGS OR DEVICES.--The secretary shall adopt and
promulgate rules, in accordance with federal law, to ensure
that:

A. family planning medicaid coverage is provided to
applicants and reapplicants who:

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1 (1) are eligible on the basis of household
2 income as determined in accordance with the same financial
3 eligibility criteria as those eligibility criteria promulgated
4 for medicaid pregnancy services coverage;

5 (2) are otherwise eligible for family planning
6 medicaid coverage in accordance with federal law; and

7 (3) comply with procedures for applying and
8 maintaining eligibility in accordance with department rules;

9 B. medicaid coverage includes coverage to female
10 recipients for all of the following gynecological and
11 obstetrical services and contraceptive methods:

12 (1) all contraceptive drugs, devices and other
13 products approved by the federal food and drug administration,
14 including any contraceptive drug, device or other product
15 prescribed by a recipient's health care provider, regardless of
16 whether the drug, device or other product is available over the
17 counter or by prescription only; provided that:

18 (a) if the federal food and drug
19 administration has approved one or more therapeutically
20 equivalent versions of a contraceptive drug, device or product,
21 a group health plan shall not be required to cover all of the
22 therapeutically equivalent versions, so long as at least one
23 drug, device or product in its class is included and covered
24 without cost-sharing; and

25 (b) if the covered therapeutically

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1 equivalent versions of a drug, device or product are not
2 available or are deemed medically contraindicated by the
3 recipient's health care provider, a group health plan shall
4 provide coverage for an alternative therapeutically equivalent
5 version of the contraceptive drug, device or product without
6 cost-sharing;

7 (2) patient education and counseling on
8 contraception;

9 (3) voluntary sterilization procedures;

10 (4) breast and cervical cancer screening;

11 (5) diagnostic and treatment services relating
12 to the female reproductive system, including annual pelvic
13 exams and pap smears, follow-up care and outpatient treatment
14 of abnormal findings and diagnosis pursuant to those exams and
15 pap smears;

16 (6) prenatal care, including regular checkups
17 for pregnant women with diagnosis and treatment of any health
18 challenges that arise during pregnancy while promoting healthy
19 lifestyles in accordance with nationally recognized standards;

20 (7) pregnancy-related services, including care
21 and treatment of women in childbirth, during the period before
22 and after delivery, and other services related to or arising
23 out of pregnancy; and

24 (8) follow-up services related to the drugs,
25 devices, products and procedures covered pursuant to this

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1 subsection, including management of side effects, counseling
2 for continued adherence, social services, education related to
3 reproductive health and device insertion and removal;

4 C. drugs, devices, products or services covered
5 pursuant to Subsection B of this section shall not be subject
6 to any prior authorization or step therapy requirement;

7 D. medicaid coverage includes coverage for
8 screening, diagnosis and treatment of sexually transmitted
9 infections and human immunodeficiency virus for all recipients,
10 and counseling services for those recipients whom a health care
11 provider deems to be at increased risk of infection; and

12 E. medicaid does not impose a deductible,
13 coinsurance, copayment or any other cost-sharing on the
14 following coverages provided pursuant to this section:

- 15 (1) contraceptive drugs, devices or products;
16 (2) breast or cervical cancer screening;
17 (3) prenatal care; or
18 (4) sexually transmitted infection screening
19 and counseling."