.206924.2

1	HOUSE BILL 403
2	53RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2017
3	INTRODUCED BY
4	Elizabeth "Liz" Thomson
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10	AN ACT
11	RELATING TO PUBLIC ASSISTANCE; REQUIRING MEDICAL ASSISTANCE
12	COVERAGE FOR AUTISM SPECTRUM DISORDER TO RECIPIENTS REGARDLESS
13	OF AGE.
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15	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:
16	SECTION 1. A new section of the Public Assistance Act is
17	enacted to read:
18	"[NEW MATERIAL] MEDICAL ASSISTANCEAUTISM SPECTRUM
19	DISORDER
20	A. The secretary shall ensure that medical
21	assistance coverage provides coverage, which shall not be
22	subject to age restrictions or dollar limits, for:
23	(1) well-baby and well-child screening for
24	diagnosing the presence of autism spectrum disorder; and
25	(2) treatment of autism spectrum disorder

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through speech therapy, occupational therapy, physical therapy and applied behavioral analysis.

- Coverage required pursuant to Subsection A of this section:
- shall be limited to treatment that is (1) prescribed by the recipient's treating physician in accordance with a treatment plan;
- shall not be denied on the basis that the services are habilitative or rehabilitative in nature;
- (3) may be subject to other general exclusions and limitations of medical assistance coverage, including coordination of benefits, participating provider requirements, restrictions on services provided by family or household members and utilization review of health care services, including the review of medical necessity, case management and other managed care provisions; and
- (4) may be limited to exclude coverage for services received under the federal Individuals with Disabilities Education Improvement Act of 2004 and related state laws that place responsibility on state and local school boards for providing specialized education and related services to children three to twenty-two years of age who have autism spectrum disorder.
- The coverage required pursuant to Paragraph (1) of Subsection A of this section shall not be subject to any .206924.2

recipient cost-sharing.

- D. The coverage required pursuant to Paragraph (2) of Subsection A of this section shall not be subject to cost-sharing provisions that are less favorable to a recipient than the cost-sharing provisions that apply to physical illnesses that are generally covered through medical assistance coverage, except as otherwise provided in Subsection B of this section.
- E. The treatment plan required pursuant to Subsection B of this section shall include all elements necessary for the health insurance plan to pay claims appropriately. These elements include the:
 - (1) diagnosis;
 - (2) proposed treatment by types;
 - (3) frequency and duration of treatment;
 - (4) anticipated outcomes stated as goals;
- (5) frequency with which the treatment plan will be updated; and
 - (6) signature of the treating physician.
- F. This section shall not be construed as limiting benefits and coverage otherwise available to a recipient through medical assistance coverage.
 - G. As used in this section:
- (1) "autism spectrum disorder" means a condition that meets the diagnostic criteria for autism spectrum disorder published in any edition of the *Diagnostic* .206924.2

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- "cost-sharing" means any deductible, (2) copayment, coinsurance or other payment that a recipient is required to pay for medical assistance items or services provided through medical assistance coverage; and
- "habilitative or rehabilitative services" (3) means treatment programs that are necessary to develop, maintain or restore to the maximum extent practicable the functioning of an individual."

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