

SENATE BILL 309

54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019

INTRODUCED BY

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Pursuant to House Rule 24-1, this document incorporates amendments that have been adopted prior to consideration of this measure by the House. It is a tool to show the amendments in context and is not to be used for the purpose of amendments.

AN ACT

RELATING TO HEALTH INSURANCE; PROHIBITING PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL ULTRASOUNDS; DECLARING AN EMERGENCY.

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

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

"[NEW MATERIAL] PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL ULTRASOUNDS PROHIBITED.--

A. Group health coverage, including any form of

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self-insurance, offered, issued or renewed under the Health Care Purchasing Act that provides coverage for gynecological or obstetrical ultrasounds shall not require prior authorization for gynecological or obstetrical ultrasounds.

SPAC→**B. Nothing in this section shall be construed to require payment for a gynecological or obstetrical ultrasound that is not:**

(1) medically necessary; or

(2) a covered benefit.←SPAC

SPAC→~~B.~~ **C.**←SPAC As used in this section, "prior authorization" means advance approval that is required as a condition precedent to payment for medical care or related benefits rendered to a covered person, including prospective or utilization review conducted prior to the provision of covered medical care or related benefits."

SECTION 2. A new section of the Public Assistance Act is enacted to read:

"[NEW MATERIAL] PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL ULTRASOUNDS PROHIBITED.--

A. The department shall prohibit its medicaid managed care and fee-for-service contractors from requiring prior authorization for gynecological or obstetrical ultrasounds.

SPAC→**B. Nothing in this section shall be construed to require payment for a gynecological or obstetrical**

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ultrasound that is not:

(1) medically necessary; or

(2) a covered benefit. ←SPAC

SPAC → ~~B.~~ C. ←SPAC As used in this section, "prior authorization" means advance approval that is required as a condition precedent to payment for medical care or related benefits rendered to a covered person, including prospective or utilization review conducted prior to the provision of covered medical care or related benefits."

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

"[NEW MATERIAL] PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL ULTRASOUNDS PROHIBITED.--

A. An individual or group health insurance policy, health care plan or certificate of insurance that is delivered, issued for delivery or renewed in this state and that provides coverage for gynecological or obstetrical ultrasounds shall not require prior authorization for gynecological or obstetrical ultrasounds.

SPAC → B. Nothing in this section shall be construed to require payment for a gynecological or obstetrical ultrasound that is not:

(1) medically necessary; or

(2) a covered benefit. ←SPAC

SPAC → ~~B.~~ C. ←SPAC As used in this section, "prior

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authorization" means advance approval that is required by a health insurance policy, health care plan or certificate of insurance as a condition precedent to payment for medical care or related benefits rendered to a covered person, including prospective or utilization review conducted prior to the provision of covered medical care or related benefits."

SECTION 4. A new section of Chapter 59A, Article 23 NMSA 1978 is enacted to read:

"[NEW MATERIAL] PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL ULTRASOUNDS PROHIBITED.--

A. A blanket or group health insurance policy or contract that is delivered, issued for delivery or renewed in this state and that provides coverage for gynecological or obstetrical ultrasounds shall not require prior authorization for gynecological or obstetrical ultrasounds.

SPAC→B. Nothing in this section shall be construed to require payment for a gynecological or obstetrical ultrasound that is not:

(1) medically necessary; or

(2) a covered benefit.←SPAC

SPAC→B. C.←SPAC As used in this section, "prior authorization" means advance approval that is required by blanket or group health insurance policy or contract as a condition precedent to payment for medical care or related benefits rendered to a covered person, including prospective or

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utilization review conducted prior to the provision of covered medical care or related benefits."

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

"[NEW MATERIAL] PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL ULTRASOUNDS PROHIBITED.--

A. An individual or group health maintenance organization contract that is delivered, issued for delivery or renewed in this state and that provides coverage for gynecological or obstetrical ultrasounds shall not require prior authorization for gynecological or obstetrical ultrasounds.

SPAC→B. Nothing in this section shall be construed to require payment for a gynecological or obstetrical ultrasound that is not:

(1) medically necessary; or

(2) a covered benefit.←SPAC

SPAC→B. C.←SPAC As used in this section, "prior authorization" means advance approval that is required by a health maintenance organization as a condition precedent to payment for medical care or related benefits rendered to a covered person, including prospective or utilization review conducted prior to the provision of covered medical care or related benefits."

SECTION 6. A new section of the Nonprofit Health Care

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Plan Law is enacted to read:

"[NEW MATERIAL] PRIOR AUTHORIZATION FOR GYNECOLOGICAL OR OBSTETRICAL ULTRASOUNDS PROHIBITED.--

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 and that provides coverage for gynecological or obstetrical ultrasounds shall not require prior authorization for gynecological or obstetrical ultrasounds.

SPAC→**B. Nothing in this section shall be construed to require payment for a gynecological or obstetrical ultrasound that is not:**

(1) medically necessary; or

(2) a covered benefit.←SPAC

SPAC→~~**B.**~~ **C.**←SPAC As used in this section:

(1) "health care plan" means an organization that demonstrates to the office of superintendent of insurance that it has been granted exemption from the federal income tax by the United States commissioner of internal revenue as an organization described in Section 501(c)(3) of the United States Internal Revenue Code of 1986, as that section may be amended or renumbered, and is authorized by the office of superintendent of insurance to enter into contracts with subscribers and make health care expense payments; and

(2) "prior authorization" means advance

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approval that is required by a health care plan as a condition precedent to payment for medical care or related benefits rendered to a covered person, including prospective or utilization review conducted prior to the provision of covered medical care or related benefits."

SECTION 7. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.

- 7 -

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