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HOUSE BILL 89

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

INTRODUCED BY

Deborah A. Armstrong

AN ACT

RELATING TO HEALTH COVERAGE FOR CONTRACEPTION; AMENDING THE HEALTH CARE PURCHASING ACT AND ENACTING AND AMENDING SECTIONS OF THE NEW MEXICO INSURANCE CODE AND THE HEALTH MAINTENANCE ORGANIZATION LAW TO PROVIDE COVERAGE FOR CONTRACEPTION; ENACTING A NEW SECTION OF THE NONPROFIT HEALTH CARE PLAN LAW TO PROVIDE COVERAGE FOR CONTRACEPTION; ENACTING A NEW SECTION OF THE PUBLIC ASSISTANCE ACT TO ESTABLISH DISPENSING REQUIREMENTS; PROVIDING FOR A CONTINGENT REPEAL.

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] COVERAGE FOR CONTRACEPTION.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health

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1 Care Purchasing Act that provides coverage for prescription
2 drugs shall provide, at a minimum, the following coverage:

3 (1) at least one product or form of
4 contraception in each of the contraceptive method categories
5 identified by the federal food and drug administration;

6 (2) a sufficient number and assortment of oral
7 contraceptive pills to reflect the variety of oral
8 contraceptives approved by the federal food and drug
9 administration; and

10 (3) clinical services related to the provision
11 or use of contraception, including consultations, examinations,
12 procedures, ultrasound, anesthesia, patient education,
13 counseling, device insertion and removal, follow-up care and
14 side-effects management.

15 B. Except as provided in Subsection C of this
16 section, the coverage required pursuant to this section shall
17 not be subject to:

18 (1) enrollee cost sharing;

19 (2) utilization review;

20 (3) prior authorization or step therapy
21 requirements; or

22 (4) any other restrictions or delays on the
23 coverage.

24 C. A group health plan may discourage brand-name
25 pharmacy drugs or items by applying cost sharing to brand-name

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1 drugs or items when at least one generic or therapeutic
2 equivalent is covered within the same method of contraception
3 without patient cost sharing; provided that when an enrollee's
4 health care provider determines that a particular drug or item
5 is medically necessary, the group health plan shall cover the
6 brand-name pharmacy drug or item without cost sharing. Medical
7 necessity may include considerations such as severity of side
8 effects, differences in permanence or reversibility of
9 contraceptives and ability to adhere to the appropriate use of
10 the drug or item, as determined by the attending provider.

11 D. A group health plan administrator shall grant an
12 enrollee an expedited hearing to appeal any adverse
13 determination made relating to the provisions of this section.
14 The process for requesting an expedited hearing pursuant to
15 this subsection shall:

16 (1) be easily accessible, transparent,
17 sufficiently expedient and not unduly burdensome on an
18 enrollee, the enrollee's representative or the enrollee's
19 health care provider;

20 (2) defer to the determination of the
21 enrollee's health care provider; and

22 (3) provide for a determination of the claim
23 according to a time frame and in a manner that takes into
24 account the nature of the claim and the medical exigencies
25 involved for a claim involving an urgent health care need.

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1 E. A group health plan shall not require a
2 prescription for any drug, item or service that is available
3 without a prescription.

4 F. A group health plan shall provide coverage and
5 shall reimburse a health care provider or dispensing entity on
6 a per-unit basis for dispensing a six-month supply of
7 contraceptives at one time; provided that the contraceptives
8 are prescribed and self-administered.

9 G. Nothing in this section shall be construed to:

10 (1) require a health care provider to
11 prescribe six months of contraceptives at one time; or

12 (2) permit a group health plan to limit
13 coverage or impose cost sharing for an alternate method of
14 contraception if an enrollee changes contraceptive methods
15 before exhausting a previously dispensed supply.

16 H. The provisions of this section shall not apply
17 to short-term travel, accident-only, limited or disease-
18 specific group health plans.

19 I. For the purposes of this section:

20 (1) "contraceptive method categories
21 identified by the federal food and drug administration":

22 (a) means tubal ligation; sterilization
23 implant; copper intrauterine device; intrauterine device with
24 progestin; implantable rod; contraceptive shot or injection;
25 combined oral contraceptives; extended or continuous use oral

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1 contraceptives; progestin-only oral contraceptives; patch;
2 vaginal ring; diaphragm with spermicide; sponge with
3 spermicide; cervical cap with spermicide; male and female
4 condoms; spermicide alone; vasectomy; ulipristal acetate;
5 levonorgestrel emergency contraception; and any additional
6 method categories of contraception approved by the federal food
7 and drug administration; and

8 (b) does not mean a product that has
9 been recalled for safety reasons or withdrawn from the market;

10 (2) "cost sharing" means a deductible,
11 copayment or coinsurance that an enrollee is required to pay in
12 accordance with the terms of a group health plan; and

13 (3) "health care provider" means an individual
14 licensed to provide health care in the ordinary course of
15 business."

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

18 "[NEW MATERIAL] MEDICAL ASSISTANCE--REIMBURSEMENT FOR A
19 ONE-YEAR SUPPLY OF COVERED PRESCRIPTION CONTRACEPTIVE DRUGS OR
20 DEVICES.--

21 A. In providing coverage for family planning
22 services and supplies under the medical assistance program, the
23 department shall ensure that a recipient is permitted to fill
24 or refill a prescription for a one-year supply of a covered,
25 self-administered contraceptive at one time, as prescribed.

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1 B. Nothing in this section shall be construed to
2 limit a recipient's freedom to choose or change the method of
3 family planning to be used, regardless of whether the recipient
4 has exhausted a previously dispensed supply of contraceptives."

5 SECTION 3. Section 59A-22-42 NMSA 1978 (being Laws 2001,
6 Chapter 14, Section 1, as amended) is amended to read:

7 "59A-22-42. COVERAGE FOR PRESCRIPTION CONTRACEPTIVE DRUGS
8 OR DEVICES.--

9 A. Each individual and group health insurance
10 policy, health care plan and certificate of health insurance
11 delivered or issued for delivery in this state that provides a
12 prescription drug benefit shall provide, [~~coverage for~~
13 ~~prescription contraceptive drugs or devices approved by the~~
14 ~~food and drug administration~~] at a minimum, the following
15 coverage:

16 (1) at least one product or form of
17 contraception in each of the contraceptive method categories
18 identified by the federal food and drug administration;

19 (2) a sufficient number and assortment of oral
20 contraceptive pills to reflect the variety of oral
21 contraceptives approved by the federal food and drug
22 administration; and

23 (3) clinical services related to the provision
24 or use of contraception, including consultations, examinations,
25 procedures, ultrasound, anesthesia, patient education,

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1 counseling, device insertion and removal, follow-up care and
2 side-effects management.

3 B. ~~[Coverage for food and drug administration-~~
4 ~~approved prescription contraceptive drugs or devices may be~~
5 ~~subject to deductibles and coinsurance consistent with those~~
6 ~~imposed on other benefits under the same policy, plan or~~
7 ~~certificate] Except as provided in Subsection C of this
8 section, the coverage required pursuant to this section shall
9 not be subject to:~~

10 (1) cost sharing for insureds;

11 (2) utilization review;

12 (3) prior authorization or step-therapy
13 requirements; or

14 (4) any other restrictions or delays on the
15 coverage.

16 C. An insurer may discourage brand-name pharmacy
17 drugs or items by applying cost sharing to brand-name drugs or
18 items when at least one generic or therapeutic equivalent is
19 covered within the same method of contraception without patient
20 cost sharing; provided that when an insured's health care
21 provider determines that a particular drug or item is medically
22 necessary, the individual or group health insurance policy,
23 health care plan or certificate of insurance shall cover the
24 brand-name pharmacy drug or item without cost sharing. Medical
25 necessity may include considerations such as severity of side

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1 effects, differences in permanence or reversibility of
2 contraceptives and ability to adhere to the appropriate use of
3 the drug or item, as determined by the attending provider.

4 D. An insurer shall grant an insured an expedited
5 hearing to appeal any adverse determination made relating to
6 the provisions of this section. The process for requesting an
7 expedited hearing pursuant to this subsection shall:

8 (1) be easily accessible, transparent,
9 sufficiently expedient and not unduly burdensome on an insured,
10 the insured's representative or the insured's health care
11 provider;

12 (2) defer to the determination of the
13 insured's health care provider; and

14 (3) provide for a determination of the claim
15 according to a time frame and in a manner that takes into
16 account the nature of the claim and the medical exigencies
17 involved for a claim involving an urgent health care need.

18 E. An insurer shall not require a prescription for
19 any drug, item or service that is available without a
20 prescription.

21 F. An insurer shall provide coverage and shall
22 reimburse a health care provider or dispensing entity on a per-
23 unit basis for dispensing a six-month supply of contraceptives
24 at one time; provided that the contraceptives are prescribed
25 and self-administered.

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1 G. Nothing in this section shall be construed to:

2 (1) require a health care provider to
3 prescribe six months of contraceptives at one time; or

4 (2) permit an insurer to limit coverage or
5 impose cost sharing for an alternate method of contraception if
6 an insured changes contraceptive methods before exhausting a
7 previously dispensed supply.

8 ~~[G.]~~ H. The provisions of this section shall not
9 apply to short-term travel, accident-only or limited or
10 specified-disease policies.

11 I. The provisions of this section apply to
12 individual and group health insurance policies, health care
13 plans and certificates of insurance delivered or issued for
14 delivery after January 1, 2020.

15 J. For the purposes of this section:

16 (1) "contraceptive method categories
17 identified by the federal food and drug administration":

18 (a) means tubal ligation; sterilization
19 implant; copper intrauterine device; intrauterine device with
20 progestin; implantable rod; contraceptive shot or injection;
21 combined oral contraceptives; extended or continuous use oral
22 contraceptives; progestin-only oral contraceptives; patch;
23 vaginal ring; diaphragm with spermicide; sponge with
24 spermicide; cervical cap with spermicide; male and female
25 condoms; spermicide alone; vasectomy; ulipristal acetate;

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1 levonorgestrel emergency contraception; and any additional
2 contraceptive method categories approved by the federal food
3 and drug administration; and

4 (b) does not mean a product that has
5 been recalled for safety reasons or withdrawn from the market;

6 (2) "cost sharing" means a deductible,
7 copayment or coinsurance that an insured is required to pay in
8 accordance with the terms of an individual or group health
9 insurance policy, health care plan or certificate of insurance;
10 and

11 (3) "health care provider" means an individual
12 licensed to provide health care in the ordinary course of
13 business.

14 ~~[D-]~~ K. A religious entity purchasing individual or
15 group health insurance coverage may elect to exclude
16 prescription contraceptive drugs or devices from the health
17 coverage purchased."

18 SECTION 4. A new section of Chapter 59A, Article 22 NMSA
19 1978 is enacted to read:

20 "[NEW MATERIAL] COVERAGE EXCLUSION.--Coverage of
21 vasectomy and male condoms pursuant to Section 3 of this 2019
22 act is excluded for high-deductible individual and group health
23 insurance policies, health care plans or certificates of
24 insurance with health savings accounts delivered or issued for
25 delivery in this state until an insured's deductible has been

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1 met."

2 SECTION 5. A new section of Chapter 59A, Article 23 NMSA
3 1978 is enacted to read:

4 "[NEW MATERIAL] COVERAGE FOR CONTRACEPTION.--

5 A. Each individual and group health insurance
6 policy, health care plan and certificate of health insurance
7 delivered or issued for delivery in this state that provides a
8 prescription drug benefit shall provide, at a minimum, the
9 following coverage:

10 (1) at least one product or form of
11 contraception in each of the contraceptive method categories
12 identified by the federal food and drug administration;

13 (2) a sufficient number and assortment of oral
14 contraceptive pills to reflect the variety of oral
15 contraceptives approved by the federal food and drug
16 administration; and

17 (3) clinical services related to the provision
18 or use of contraception, including consultations, examinations,
19 procedures, ultrasound, anesthesia, patient education,
20 counseling, device insertion and removal, follow-up care and
21 side-effects management.

22 B. Except as provided in Subsection C of this
23 section, the coverage required pursuant to this section shall
24 not be subject to:

25 (1) cost sharing for insureds;

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- 1 (2) utilization review;
2 (3) prior authorization or step-therapy
3 requirements; or
4 (4) any restrictions or delays on the
5 coverage.

6 C. An insurer may discourage brand-name pharmacy
7 drugs or items by applying cost sharing to brand-name drugs or
8 items when at least one generic or therapeutic equivalent is
9 covered within the same method category of contraception
10 without cost sharing by the insured; provided that when an
11 insured's health care provider determines that a particular
12 drug or item is medically necessary, the individual or group
13 health insurance policy, health care plan or certificate of
14 health insurance shall cover the brand-name pharmacy drug or
15 item without cost sharing. A determination of medical
16 necessity may include considerations such as severity of side
17 effects, differences in permanence or reversibility of
18 contraceptives and ability to adhere to the appropriate use of
19 the drug or item, as determined by the attending provider.

20 D. An insurer shall grant an insured an expedited
21 hearing to appeal any adverse determination made relating to
22 the provisions of this section. The process for requesting an
23 expedited hearing pursuant to this subsection shall:

- 24 (1) be easily accessible, transparent,
25 sufficiently expedient and not unduly burdensome on an insured,

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1 the insured's representative or the insured's health care
2 provider;

3 (2) defer to the determination of the
4 insured's health care provider; and

5 (3) provide for a determination of the claim
6 according to a time frame and in a manner that takes into
7 account the nature of the claim and the medical exigencies
8 involved for a claim involving an urgent health care need.

9 E. An insurer shall not require a prescription for
10 any drug, item or service that is available without a
11 prescription.

12 F. An individual or group health insurance policy,
13 health care plan or certificate of health insurance shall
14 provide coverage and shall reimburse a health care provider or
15 dispensing entity on a per unit basis for dispensing a six-
16 month supply of contraceptives; provided that the
17 contraceptives are prescribed and self-administered.

18 G. Nothing in this section shall be construed to:

19 (1) require a health care provider to
20 prescribe six months of contraceptives at one time; or

21 (2) permit an insurer to limit coverage or
22 impose cost sharing for an alternate method of contraception if
23 an insured changes contraceptive methods before exhausting a
24 previously dispensed supply.

25 H. The provisions of this section shall not apply

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1 to short-term travel, accident-only, limited benefit or
2 specified-disease health benefits plans.

3 I. The provisions of this section apply to
4 individual or group health insurance policies, health care
5 plans or certificates of insurance delivered or issued for
6 delivery after January 1, 2020.

7 J. For the purposes of this section:

8 (1) "contraceptive method categories
9 identified by the federal food and drug administration":

10 (a) means tubal ligation; sterilization
11 implant; copper intrauterine device; intrauterine device with
12 progestin; implantable rod; contraceptive shot or injection;
13 combined oral contraceptives; extended or continuous use oral
14 contraceptives; progestin-only oral contraceptives; patch;
15 vaginal ring; diaphragm with spermicide; sponge with
16 spermicide; cervical cap with spermicide; male and female
17 condoms; spermicide alone; vasectomy; ulipristal acetate;
18 levonorgestrel emergency contraception; and any additional
19 contraceptive method categories approved by the federal food
20 and drug administration; and

21 (b) does not mean a product that has
22 been recalled for safety reasons or withdrawn from the market;

23 (2) "cost sharing" means a deductible,
24 copayment or coinsurance that an insured is required to pay in
25 accordance with the terms of an individual or group health

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1 insurance policy, health care plan or certificate of insurance;
2 and

3 (3) "health care provider" means an individual
4 licensed to provide health care in the ordinary course of
5 business.

6 K. A religious entity purchasing individual or
7 group health insurance coverage may elect to exclude
8 prescription contraceptive drugs or items from the health
9 insurance coverage purchased."

10 SECTION 6. A new section of Chapter 59A, Article 23 NMSA
11 1978 is enacted to read:

12 "[NEW MATERIAL] COVERAGE EXCLUSION.--Coverage of vasectomy
13 and male condoms pursuant to Section 5 of this 2019 act is
14 excluded for high-deductible individual or group health
15 insurance policies, health care plans or certificates of
16 insurance with health savings accounts delivered or issued for
17 delivery in this state until an insured's deductible has been
18 met."

19 SECTION 7. Section 59A-46-44 NMSA 1978 (being Laws 2001,
20 Chapter 14, Section 3, as amended) is amended to read:

21 "59A-46-44. COVERAGE FOR [~~PRESCRIPTION CONTRACEPTIVE~~
22 ~~DRUGS OR DEVICES~~] CONTRACEPTION.--

23 A. Each individual and group health maintenance
24 organization contract delivered or issued for delivery in this
25 state that provides a prescription drug benefit shall provide,

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1 ~~[coverage for prescription contraceptive drugs or devices~~
2 ~~approved by the food and drug administration]~~ at a minimum, the
3 following coverage:

4 (1) at least one product or form of
5 contraception in each of the contraceptive method categories
6 identified by the federal food and drug administration;

7 (2) a sufficient number and assortment of oral
8 contraceptive pills to reflect the variety of oral
9 contraceptives approved by the federal food and drug
10 administration; and

11 (3) clinical services related to the provision
12 or use of contraception, including consultations, examinations,
13 procedures, ultrasound, anesthesia, patient education,
14 counseling, device insertion and removal, follow-up care and
15 side-effects management.

16 B. ~~[Coverage for food and drug administration-~~
17 ~~approved prescription contraceptive drugs or devices may be~~
18 ~~subject to deductibles and coinsurance consistent with those~~
19 ~~imposed on other benefits under the same contract]~~ Except as
20 provided in Subsection C of this section, the coverage required
21 pursuant to this section shall not be subject to:

22 (1) enrollee cost sharing;
23 (2) utilization review;
24 (3) prior authorization or step-therapy
25 requirements; or

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1 (4) any other restrictions or delays on the
2 coverage.

3 C. A health maintenance organization may discourage
4 brand-name pharmacy drugs or items by applying cost sharing to
5 brand-name drugs or items when at least one generic or
6 therapeutic equivalent is covered within the same method of
7 contraception without patient cost sharing; provided that when
8 an enrollee's health care provider determines that a particular
9 drug or item is medically necessary, the individual or group
10 health maintenance organization contract shall cover the brand-
11 name pharmacy drug or item without cost sharing. Medical
12 necessity may include considerations such as severity of side
13 effects, differences in permanence or reversibility of
14 contraceptives and ability to adhere to the appropriate use of
15 the drug or item, as determined by the attending provider.

16 D. An individual or group health maintenance
17 organization contract shall grant an enrollee an expedited
18 hearing to appeal any adverse determination made relating to
19 the provisions of this section. The process for requesting an
20 expedited hearing pursuant to this subsection shall:

21 (1) be easily accessible, transparent,
22 sufficiently expedient and not unduly burdensome on an
23 enrollee, the enrollee's representative or the enrollee's
24 health care provider;

25 (2) defer to the determination of the

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1 enrollee's health care provider; and

2 (3) provide for a determination of the claim
3 according to a time frame and in a manner that takes into
4 account the nature of the claim and the medical exigencies
5 involved for a claim involving an urgent health care need.

6 E. An individual or group health maintenance
7 organization contract shall not require a prescription for any
8 drug, item or service that is available without a prescription.

9 F. An individual or group health maintenance
10 organization contract shall provide coverage and shall
11 reimburse a health care provider or dispensing entity on a per-
12 unit basis for dispensing a six-month supply of contraceptives
13 at one time; provided that the contraceptives are prescribed
14 and self-administered.

15 G. Nothing in this section shall be construed to:

16 (1) require a health care provider to
17 prescribe six months of contraceptives at one time; or

18 (2) permit an individual or group health
19 maintenance organization contract to limit coverage or impose
20 cost sharing for an alternate method of contraception if an
21 enrollee changes contraceptive methods before exhausting a
22 previously dispensed supply.

23 H. The provisions of this section apply to
24 individual or group health maintenance organization contracts
25 delivered or issued for delivery after January 1, 2020.

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1 I. For the purposes of this section:

2 (1) "contraceptive method categories
3 identified by the federal food and drug administration":

4 (a) means tubal ligation; sterilization
5 implant; copper intrauterine device; intrauterine device with
6 progestin; implantable rod; contraceptive shot or injection;
7 combined oral contraceptives; extended or continuous use oral
8 contraceptives; progestin-only oral contraceptives; patch;
9 vaginal ring; diaphragm with spermicide; sponge with
10 spermicide; cervical cap with spermicide; male and female
11 condoms; spermicide alone; vasectomy; ulipristal acetate;
12 levonorgestrel emergency contraception; and any additional
13 contraceptive method categories approved by the federal food
14 and drug administration; and

15 (b) does not mean a product that has
16 been recalled for safety reasons or withdrawn from the market;

17 (2) "cost sharing" means a deductible,
18 copayment or coinsurance that an enrollee is required to pay in
19 accordance with the terms of an individual or group health
20 maintenance organization contract; and

21 (3) "health care provider" means an individual
22 licensed to provide health care in the ordinary course of
23 business.

24 [6-] J. A religious entity purchasing individual or
25 group health maintenance organization coverage may elect to

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1 exclude prescription contraceptive drugs or devices from the
2 health coverage purchased."

3 SECTION 8. A new section of the Health Maintenance
4 Organization Law is enacted to read:

5 "[NEW MATERIAL] COVERAGE EXCLUSION.--Coverage of vasectomy
6 and male condoms pursuant to Section 7 of this 2019 act is
7 excluded for high-deductible individual or group health
8 maintenance organization contracts with health savings accounts
9 delivered or issued for delivery in this state until an
10 enrollee's deductible has been met."

11 SECTION 9. A new section of the Nonprofit Health Care
12 Plan Law is enacted to read:

13 "[NEW MATERIAL] COVERAGE FOR CONTRACEPTION.--

14 A. A health care plan delivered or issued for
15 delivery in this state that provides a prescription drug
16 benefit shall provide, at a minimum, the following coverage:

17 (1) at least one product or form of
18 contraception in each of the contraceptive method categories
19 identified by the federal food and drug administration;

20 (2) a sufficient number and assortment of oral
21 contraceptive pills to reflect the variety of oral
22 contraceptives approved by the federal food and drug
23 administration; and

24 (3) clinical services related to the provision
25 or use of contraception, including consultations, examinations,

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1 procedures, ultrasound, anesthesia, patient education,
2 counseling, device insertion and removal, follow-up care and
3 side-effects management.

4 B. Except as provided in Subsection C of this
5 section, the coverage required pursuant to this section shall
6 not be subject to:

- 7 (1) cost sharing for subscribers;
8 (2) utilization review;
9 (3) prior authorization or step-therapy
10 requirements; or
11 (4) any restrictions or delays on the
12 coverage.

13 C. A health care plan may discourage brand-name
14 pharmacy drugs or items by applying cost sharing to brand-name
15 drugs or items when at least one generic or therapeutic
16 equivalent is covered within the same method category of
17 contraception without cost sharing by the subscriber; provided
18 that when a subscriber's health care provider determines that a
19 particular drug or item is medically necessary, the health care
20 plan shall cover the brand-name pharmacy drug or item without
21 cost sharing. A determination of medical necessity may include
22 considerations such as severity of side effects, differences in
23 permanence or reversibility of contraceptives and ability to
24 adhere to the appropriate use of the drug or item, as
25 determined by the attending provider.

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1 D. A health care plan shall grant a subscriber an
2 expedited hearing to appeal any adverse determination made
3 relating to the provisions of this section. The process for
4 requesting an expedited hearing pursuant to this subsection
5 shall:

6 (1) be easily accessible, transparent,
7 sufficiently expedient and not unduly burdensome on a
8 subscriber, the subscriber's representative or the subscriber's
9 health care provider;

10 (2) defer to the determination of the
11 subscriber's health care provider; and

12 (3) provide for a determination of the claim
13 according to a time frame and in a manner that takes into
14 account the nature of the claim and the medical exigencies
15 involved for a claim involving an urgent health care need.

16 E. A health care plan shall not require a
17 prescription for any drug, item or service that is available
18 without a prescription.

19 F. A health care plan shall provide coverage and
20 shall reimburse a health care provider or dispensing entity on
21 a per unit basis for dispensing a six-month supply of
22 contraceptives; provided that the contraceptives are prescribed
23 and self-administered.

24 G. Nothing in this section shall be construed to:

25 (1) require a health care provider to

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1 prescribe six months of contraceptives at one time; or

2 (2) permit a health care plan to limit
3 coverage or impose cost sharing for an alternate method of
4 contraception if a subscriber changes contraceptive methods
5 before exhausting a previously dispensed supply.

6 H. The provisions of this section shall not apply
7 to short-term travel, accident-only, limited benefit or
8 specified-disease health care plans.

9 I. The provisions of this section apply to health
10 care plans delivered or issued for delivery after January 1,
11 2020.

12 J. For the purposes of this section:

13 (1) "contraceptive method categories
14 identified by the federal food and drug administration":

15 (a) means tubal ligation; sterilization
16 implant; copper intrauterine device; intrauterine device with
17 progestin; implantable rod; contraceptive shot or injection;
18 combined oral contraceptives; extended or continuous use oral
19 contraceptives; progestin-only oral contraceptives; patch;
20 vaginal ring; diaphragm with spermicide; sponge with
21 spermicide; cervical cap with spermicide; male and female
22 condoms; spermicide alone; vasectomy; ulipristal acetate;
23 levonorgestrel emergency contraception; and any additional
24 contraceptive method categories approved by the federal food
25 and drug administration; and

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1 (b) does not mean a product that has
2 been recalled for safety reasons or withdrawn from the market;

3 (2) "cost sharing" means a deductible,
4 copayment or coinsurance that a subscriber is required to pay
5 in accordance with the terms of a health care plan; and

6 (3) "health care provider" means an individual
7 licensed to provide health care in the ordinary course of
8 business.

9 K. A religious entity purchasing individual or
10 group health care plan coverage may elect to exclude
11 prescription contraceptive drugs or items from the health
12 insurance coverage purchased."

13 SECTION 10. A new section of the Nonprofit Health Care
14 Plan Law is enacted to read:

15 "[NEW MATERIAL] COVERAGE EXCLUSION.--Coverage of vasectomy
16 and male condoms pursuant to Section 9 of this 2019 act is
17 excluded for high-deductible health care plans with health
18 savings accounts until a covered person's deductible has been
19 met."

20 SECTION 11. CONTINGENT REPEAL.--Upon certification by the
21 superintendent of insurance to the director of the legislative
22 council service and the New Mexico compilation commission that
23 federal law permits coverage of vasectomies and male condoms
24 under high-deductible health benefits plans with health savings
25 accounts, Sections 4, 6, 8 and 10 of this 2019 act are

.211593.3

underscoring material = new
~~[bracketed material] = delete~~

1 repealed.

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