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HOUSE BILL 142

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

INTRODUCED BY

Patricia Roybal Caballero

AN ACT

RELATING TO HEALTH INSURANCE; AMENDING THE HEALTH MAINTENANCE ORGANIZATION LAW, THE NONPROFIT HEALTH CARE PLAN LAW AND OTHER SECTIONS OF THE NMSA 1978 TO PROVIDE FOR GUARANTEED ISSUE OF HEALTH COVERAGE WITHOUT EXCLUSION OF COVERAGE FOR PREEXISTING CONDITIONS.

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

SECTION 1. A new section of Chapter 59A, Article 22 NMSA 1978 is enacted to read:

"[NEW MATERIAL] HEALTH INSURERS--GUARANTEED ISSUE--
PREEXISTING CONDITIONS.--

A. Effective January 1, 2020, a health insurer that provides individual health insurance pursuant to Chapter 59A, Article 22 NMSA 1978 shall issue coverage without exclusion of coverage for a preexisting condition to any individual who

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1 requests and offers to purchase the coverage.

2 B. For the purposes of this section, "preexisting
3 condition" means a physical or mental condition for which
4 medical advice, medication, diagnosis, care or treatment was
5 recommended for or received by an applicant for health
6 insurance within six months before the effective date of
7 coverage, except that pregnancy is not considered a preexisting
8 condition for federally defined individuals."

9 SECTION 2. A new section of Chapter 59A, Article 23 NMSA
10 1978 is enacted to read:

11 "[NEW MATERIAL] HEALTH INSURERS--GUARANTEED ISSUE--
12 PREEXISTING CONDITIONS.--

13 A. Effective January 1, 2020, a health insurer that
14 provides group or blanket health insurance pursuant to Chapter
15 59A, Article 23 NMSA 1978 shall issue coverage without
16 exclusion of coverage for a preexisting condition to any
17 individual who is eligible to enroll in that group or blanket
18 coverage and who offers to pay any premium required for
19 enrollment in the group coverage.

20 B. For the purposes of this section:

21 (1) "health insurer" means a person duly
22 authorized to transact the business of health insurance in the
23 state pursuant to the Insurance Code but does not include a
24 person that only issues a limited-benefit policy intended to
25 supplement major medical coverage, including medicare

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1 supplement, long-term care, disability income, disease-
2 specific, accident-only or hospital-indemnity-only insurance
3 policies; and

4 (2) "preexisting condition" means a physical
5 or mental condition for which medical advice, medication,
6 diagnosis, care or treatment was recommended for or received by
7 an applicant for health insurance within six months before the
8 effective date of coverage, except that pregnancy is not
9 considered a preexisting condition."

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

12 "[NEW MATERIAL] HEALTH MAINTENANCE ORGANIZATIONS--
13 GUARANTEED ISSUE--PREEXISTING CONDITIONS.--

14 A. Effective January 1, 2020, a health maintenance
15 organization that provides coverage for health care services
16 pursuant to the Health Maintenance Organization Law shall issue
17 coverage without exclusion of coverage for a preexisting
18 condition to an individual who:

19 (1) requests an individual contract and offers
20 to purchase the coverage; or

21 (2) is eligible to enroll in a group contract
22 and offers to pay any premium required for enrollment under the
23 group contract.

24 B. For the purposes of this section, "preexisting
25 condition" means a physical or mental condition for which

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1 medical advice, medication, diagnosis, care or treatment was
2 recommended for or received by an applicant for a health
3 maintenance organization contract within six months before the
4 effective date of coverage, except that pregnancy is not
5 considered a preexisting condition."

6 SECTION 4. A new section of the Nonprofit Health Care
7 Plan Law is enacted to read:

8 "[NEW MATERIAL] NONPROFIT HEALTH CARE PLANS--GUARANTEED
9 ISSUE--PREEXISTING CONDITIONS.--

10 A. Effective January 1, 2020, a health care plan
11 that provides coverage pursuant to the Nonprofit Health Care
12 Plan Law shall issue coverage without exclusion of coverage for
13 a preexisting condition to an individual who:

14 (1) requests a subscriber contract and offers
15 to purchase the health care plan coverage; or

16 (2) is eligible to enroll in a health care
17 plan under a group subscriber contract and offers to pay any
18 premium required for enrollment under the group subscriber
19 contract.

20 B. For the purposes of this section, "preexisting
21 condition" means a physical or mental condition for which
22 medical advice, medication, diagnosis, care or treatment was
23 recommended for or received by an applicant for a health care
24 plan within six months before the effective date of coverage,
25 except that pregnancy is not considered a preexisting

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