

1 HOUSE BILL 322

2 **54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019**

3 INTRODUCED BY

4 Elizabeth "Liz" Thomson and Karen C. Bash and Natalie Figueroa

10 AN ACT

11 RELATING TO HEALTH COVERAGE; AMENDING SECTIONS OF THE HEALTH  
12 CARE PURCHASING ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH  
13 MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN  
14 LAW TO PROHIBIT AGE AND DOLLAR LIMITS ON SERVICES RELATED TO  
15 AUTISM SPECTRUM DISORDER; ENACTING A NEW SECTION OF THE PUBLIC  
16 ASSISTANCE ACT TO REQUIRE MEDICAL ASSISTANCE COVERAGE FOR  
17 AUTISM SPECTRUM DISORDER WITHOUT AGE OR DOLLAR LIMITS.

18  
19 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

20 SECTION 1. Section 13-7-16 NMSA 1978 (being Laws 2013,  
21 Chapter 185, Section 1) is amended to read:

22 "13-7-16. COVERAGE FOR AUTISM SPECTRUM DISORDER DIAGNOSIS  
23 AND TREATMENT--PERMISSIBLE LIMITATIONS.--

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

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1 Care Purchasing Act shall provide coverage for [~~an eligible~~  
2 ~~individual who is nineteen years of age or younger, or an~~  
3 ~~eligible individual who is twenty-two years of age or younger~~  
4 ~~and is enrolled in high school, for]~~:

5 (1) well-baby and well-child screening for  
6 diagnosing the presence of autism spectrum disorder; and

7 (2) treatment of autism spectrum disorder  
8 through speech therapy, occupational therapy, physical therapy  
9 and applied behavioral analysis.

10 B. Coverage required pursuant to Subsection A of  
11 this section:

12 (1) shall be limited to treatment that is  
13 prescribed by the insured's treating physician in accordance  
14 with a treatment plan;

15 (2) shall not be denied on the basis that the  
16 services are habilitative or rehabilitative in nature;

17 (3) may be subject to other general exclusions  
18 of the group health coverage, including coordination of  
19 benefits, participating provider requirements, restrictions on  
20 services provided by family or household members and  
21 utilization review of health care services, including the  
22 review of medical necessity, case management and other managed  
23 care provisions; and

24 (4) may be limited to exclude coverage for  
25 services received under the federal Individuals with

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1 Disabilities Education Improvement Act of 2004 and related  
2 state laws that place responsibility on state and local school  
3 boards for providing specialized education and related services  
4 to children three to twenty-two years of age who have autism  
5 spectrum disorder.

6 C. Coverage for treatment of autism spectrum  
7 disorder through speech therapy, occupational therapy, physical  
8 therapy and applied behavioral analysis shall not be denied to  
9 an enrollee on the basis of the enrollee's age.

10 [~~E.~~] D. The coverage required pursuant to  
11 Subsection A of this section shall not be subject to  
12 deductibles or coinsurance provisions that are less favorable  
13 to a covered individual than the deductibles or coinsurance  
14 provisions that apply to physical illnesses that are generally  
15 covered under the group health coverage, except as otherwise  
16 provided in Subsection B of this section.

17 [~~D.~~] E. A group health plan shall not deny or  
18 refuse health coverage for medically necessary services or  
19 refuse to contract with, renew, reissue or otherwise terminate  
20 or restrict health coverage for an individual because the  
21 individual is diagnosed as having autism spectrum disorder.

22 [~~E.~~] F. The treatment plan required pursuant to  
23 Subsection B of this section shall include all elements  
24 necessary for the group health coverage to pay claims  
25 appropriately. These elements include [~~but are not limited~~

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1 to]:

- 2 (1) the diagnosis;
- 3 (2) the proposed treatment by types;
- 4 (3) the frequency and duration of treatment;
- 5 (4) the anticipated outcomes stated as goals;
- 6 (5) the frequency with which the treatment
- 7 plan will be updated; and
- 8 (6) the signature of the treating physician.

9 [F-] G. This section shall not be construed as  
10 limiting benefits and coverage otherwise available to an  
11 insured under group health coverage.

12 [G-] H. The provisions of this section shall not  
13 apply to policies intended to supplement major medical group-  
14 type coverages such as medicare supplement, long-term care,  
15 disability income, specified disease, accident-only, hospital  
16 indemnity or other limited-benefit health insurance policies.

17 [H-] I. As used in this section:

- 18 (1) "autism spectrum disorder" means:
  - 19 (a) a condition that meets the
  - 20 diagnostic criteria [~~for the pervasive developmental disorders~~]
  - 21 for autism spectrum disorder published in the current edition
  - 22 of the Diagnostic and Statistical Manual of Mental Disorders
  - 23 [~~current edition~~] published by the American psychiatric
  - 24 association [~~including~~]; or
  - 25 (b) a condition diagnosed as autistic

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1 disorder, Asperger's disorder, pervasive development disorder  
2 not otherwise specified, Rett's disorder [~~and~~] or childhood  
3 disintegrative disorder pursuant to diagnostic criteria  
4 published in a previous edition of the *Diagnostic and*  
5 *Statistical Manual of Mental Disorders* published by the  
6 American psychiatric association;

7 (2) "habilitative or rehabilitative services"  
8 means treatment programs that are necessary to develop,  
9 maintain and restore to the maximum extent practicable the  
10 functioning of an individual; and

11 (3) "high school" means a school providing  
12 instruction for any of the grades nine through twelve."

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

15 "[NEW MATERIAL] MEDICAL ASSISTANCE--AUTISM SPECTRUM  
16 DISORDER.--

17 A. The secretary shall ensure that medical  
18 assistance coverage provides coverage, which shall not be  
19 subject to age restrictions or dollar limits, for:

20 (1) well-baby and well-child screening for  
21 diagnosing the presence of autism spectrum disorder; and

22 (2) treatment of autism spectrum disorder  
23 through speech therapy, occupational therapy, physical therapy  
24 and applied behavioral analysis.

25 B. Coverage required pursuant to Subsection A of  
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1 this section:

2 (1) shall be limited to treatment that is  
3 prescribed by the recipient's treating physician in accordance  
4 with a treatment plan;

5 (2) shall not be denied on the basis that the  
6 services are habilitative or rehabilitative in nature;

7 (3) may be subject to other general exclusions  
8 and limitations of medical assistance coverage, including  
9 coordination of benefits, participating provider requirements,  
10 restrictions on services provided by family or household  
11 members and utilization review of health care services,  
12 including the review of medical necessity, case management and  
13 other managed care provisions; and

14 (4) may be limited to exclude coverage for  
15 services received under the federal Individuals with  
16 Disabilities Education Improvement Act of 2004 and related  
17 state laws that place responsibility on state and local school  
18 boards for providing specialized education and related services  
19 to children three to twenty-two years of age who have autism  
20 spectrum disorder.

21 C. The coverage required pursuant to Paragraph (1)  
22 of Subsection A of this section shall not be subject to any  
23 recipient cost-sharing.

24 D. The coverage required pursuant to Paragraph (2)  
25 of Subsection A of this section shall not be subject to cost-

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1 sharing provisions that are less favorable to a recipient than  
2 the cost-sharing provisions that apply to physical illnesses  
3 that are generally covered through medical assistance coverage,  
4 except as otherwise provided in Subsection B of this section.

5 E. The treatment plan required pursuant to  
6 Subsection B of this section shall include all elements  
7 necessary for the health insurance plan to pay claims  
8 appropriately. These elements include the:

- 9 (1) diagnosis;
- 10 (2) proposed treatment by types;
- 11 (3) frequency and duration of treatment;
- 12 (4) anticipated outcomes stated as goals;
- 13 (5) frequency with which the treatment plan  
14 will be updated; and
- 15 (6) signature of the treating physician.

16 F. This section shall not be construed as limiting  
17 benefits and coverage otherwise available to a recipient  
18 through medical assistance coverage.

19 G. As used in this section:

- 20 (1) "autism spectrum disorder" means:
  - 21 (a) a condition that meets the  
22 diagnostic criteria for autism spectrum disorder published in  
23 the current edition of the *Diagnostic and Statistical Manual of*  
24 *Mental Disorders* published by the American psychiatric  
25 association; or

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1 (b) a condition diagnosed as autistic  
2 disorder, Asperger's disorder, pervasive development disorder  
3 not otherwise specified, Rett's disorder or childhood  
4 disintegrative disorder pursuant to diagnostic criteria  
5 published in a previous edition of the *Diagnostic and*  
6 *Statistical Manual of Mental Disorders* published by the  
7 American psychiatric association;

8 (2) "cost-sharing" means any deductible,  
9 copayment, coinsurance or other payment that a recipient is  
10 required to pay for medical assistance items or services  
11 provided through medical assistance coverage; and

12 (3) "habilitative or rehabilitative services"  
13 means treatment programs that are necessary to develop,  
14 maintain or restore to the maximum extent practicable the  
15 functioning of an individual."

16 SECTION 3. Section 59A-22-49 NMSA 1978 (being Laws 2009,  
17 Chapter 74, Section 1) is amended to read:

18 "59A-22-49. COVERAGE FOR AUTISM SPECTRUM DISORDER  
19 DIAGNOSIS AND TREATMENT.--

20 A. An individual or group health insurance policy,  
21 health care plan or certificate of health insurance that is  
22 delivered, issued for delivery or renewed in this state shall  
23 provide coverage to an ~~[eligible individual who is nineteen~~  
24 ~~years of age or younger, or an eligible individual who is~~  
25 ~~twenty-two years of age or younger and is enrolled in high~~

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1 ~~school]~~ insured for:

2 (1) well-baby and well-child screening for  
3 diagnosing the presence of autism spectrum disorder; and

4 (2) treatment of autism spectrum disorder  
5 through speech therapy, occupational therapy, physical therapy  
6 and applied behavioral analysis.

7 B. Coverage required pursuant to Subsection A of  
8 this section:

9 (1) shall be limited to treatment that is  
10 prescribed by the insured's treating physician in accordance  
11 with a treatment plan;

12 (2) shall not be [~~limited to thirty-six~~  
13 ~~thousand dollars (\$36,000) annually and shall not exceed two~~  
14 ~~hundred thousand dollars (\$200,000) in total lifetime benefits.~~  
15 ~~Beginning January 1, 2011, the maximum benefit shall be~~  
16 ~~adjusted annually on January 1 to reflect any change from the~~  
17 ~~previous year in the medical component of the then-current~~  
18 ~~consumer price index for all urban consumers published by the~~  
19 ~~bureau of labor statistics of the United States department of~~  
20 ~~labor]~~ subject to annual or lifetime dollar limits;

21 (3) shall not be denied on the basis that the  
22 services are habilitative or rehabilitative in nature;

23 (4) may be subject to other general exclusions  
24 and limitations of the insurer's policy or plan, including [~~but~~  
25 ~~not limited to]~~ coordination of benefits, participating

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1 provider requirements, restrictions on services provided by  
2 family or household members and utilization review of health  
3 care services, including the review of medical necessity, case  
4 management and other managed care provisions; and

5 (5) may be limited to exclude coverage for  
6 services received under the federal Individuals with  
7 Disabilities Education Improvement Act of 2004 and related  
8 state laws that place responsibility on state and local school  
9 boards for providing specialized education and related services  
10 to children three to twenty-two years of age who have autism  
11 spectrum disorder.

12 C. Coverage for treatment of autism spectrum  
13 disorder through speech therapy, occupational therapy, physical  
14 therapy and applied behavioral analysis shall not be denied to  
15 an insured on the basis of the insured's age.

16 [~~G.~~] D. The coverage required pursuant to  
17 Subsection A of this section shall not be subject to [~~dollar~~  
18 ~~limits~~] deductibles or coinsurance provisions that are less  
19 favorable to an insured than the [~~dollar limits~~] deductibles or  
20 coinsurance provisions that apply to physical illnesses that  
21 are generally covered under the individual or group health  
22 insurance policy, health care plan or certificate of health  
23 insurance, except as otherwise provided in Subsection B of this  
24 section.

25 [~~D.~~] E. An insurer shall not deny or refuse to

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1 issue health insurance coverage for medically necessary  
2 services or refuse to contract with, renew, reissue or  
3 otherwise terminate or restrict health insurance coverage for  
4 an individual because the individual is diagnosed as having  
5 autism spectrum disorder.

6 ~~[E-]~~ F. The treatment plan required pursuant to  
7 Subsection B of this section shall include all elements  
8 necessary for the health insurance plan to pay claims  
9 appropriately. These elements include ~~[but are not limited~~  
10 ~~to]~~:

- 11 (1) the diagnosis;
- 12 (2) the proposed treatment by types;
- 13 (3) the frequency and duration of treatment;
- 14 (4) the anticipated outcomes stated as goals;
- 15 (5) the frequency with which the treatment  
16 plan will be updated; and
- 17 (6) the signature of the treating physician.

18 ~~[F-]~~ G. This section shall not be construed as  
19 limiting benefits and coverage otherwise available to an  
20 insured under a health insurance plan.

21 ~~[G-]~~ H. The provisions of this section shall not  
22 apply to policies intended to supplement major medical  
23 group-type coverages such as medicare supplement, long-term  
24 care, disability income, specified disease, ~~[accident-only]~~  
25 accident-only, hospital indemnity or other limited-benefit

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1 health insurance policies.

2 [H.] I. As used in this section:

3 (1) "autism spectrum disorder" means:

4 (a) a condition that meets the  
5 diagnostic criteria for ~~[the pervasive developmental disorders]~~  
6 autism spectrum disorder published in the current edition of  
7 the Diagnostic and Statistical Manual of Mental Disorders  
8 ~~[fourth edition, text revision, also known as DSM-IV-TR]~~  
9 published by the American psychiatric association ~~[including~~  
10 ~~autistic disorder; Asperger's disorder; pervasive development~~  
11 ~~disorder not otherwise specified; Rett's disorder; and~~  
12 ~~childhood disintegrative disorder];~~ or

13 (b) a condition diagnosed as autistic  
14 disorder, Asperger's disorder, pervasive development disorder  
15 not otherwise specified, Rett's disorder or childhood  
16 disintegrative disorder pursuant to diagnostic criteria  
17 published in a previous edition of the Diagnostic and  
18 Statistical Manual of Mental Disorders published by the  
19 American psychiatric association;

20 (2) "habilitative or rehabilitative services"  
21 means treatment programs that are necessary to develop,  
22 maintain and restore to the maximum extent practicable the  
23 functioning of an individual; and

24 (3) "high school" means a school providing  
25 instruction for any of the grades nine through twelve."

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1           SECTION 4. Section 59A-23-7.9 NMSA 1978 (being Laws 2009,  
2 Chapter 74, Section 2) is amended to read:

3           "59A-23-7.9. COVERAGE FOR AUTISM SPECTRUM DISORDER  
4 DIAGNOSIS AND TREATMENT.--

5           A. A blanket or group health insurance policy or  
6 contract that is delivered, issued for delivery or renewed in  
7 this state shall provide coverage to an [~~eligible individual~~  
8 ~~who is nineteen years of age or younger, or an eligible~~  
9 ~~individual who is twenty-two years of age or younger and is~~  
10 ~~enrolled in high school]~~ insured for:

11                   (1) well-baby and well-child screening for  
12 diagnosing the presence of autism spectrum disorder; and

13                   (2) treatment of autism spectrum disorder  
14 through speech therapy, occupational therapy, physical therapy  
15 and applied behavioral analysis.

16           B. Coverage required pursuant to Subsection A of  
17 this section:

18                   (1) shall be limited to treatment that is  
19 prescribed by the insured's treating physician in accordance  
20 with a treatment plan;

21                   (2) shall [~~be limited to thirty-six thousand~~  
22 ~~dollars (\$36,000) annually and shall not exceed two hundred~~  
23 ~~thousand dollars (\$200,000) in total lifetime benefits.~~  
24 ~~Beginning January 1, 2011, the maximum benefit shall be~~  
25 ~~adjusted annually on January 1 to reflect any change from the~~

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1 ~~previous year in the medical component of the then-current~~  
2 ~~consumer price index for all urban consumers published by the~~  
3 ~~bureau of labor statistics of the United States department of~~  
4 ~~labor]~~ not be subject to annual or lifetime dollar limits;

5 (3) shall not be denied on the basis that the  
6 services are habilitative or rehabilitative in nature;

7 (4) may be subject to other general exclusions  
8 and limitations of the insurer's policy or plan, including [~~but~~  
9 ~~not limited to~~] coordination of benefits, participating  
10 provider requirements, restrictions on services provided by  
11 family or household members and utilization review of health  
12 care services, including the review of medical necessity, case  
13 management and other managed care provisions; and

14 (5) may be limited to exclude coverage for  
15 services received under the federal Individuals with  
16 Disabilities Education Improvement Act of 2004 and related  
17 state laws that place responsibility on state and local school  
18 boards for providing specialized education and related services  
19 to children three to twenty-two years of age who have autism  
20 spectrum disorder.

21 C. Coverage for treatment of autism spectrum  
22 disorder through speech therapy, occupational therapy, physical  
23 therapy and applied behavioral analysis shall not be denied to  
24 an insured on the basis of the insured's age.

25 [~~G.~~] D. The coverage required pursuant to

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1 Subsection A of this section shall not be subject to [~~dollar~~  
2 ~~limits~~] deductibles or coinsurance provisions that are less  
3 favorable to an insured than the [~~dollar limits~~] deductibles or  
4 coinsurance provisions that apply to physical illnesses that  
5 are generally covered under the blanket or group health  
6 insurance policy or contract, except as otherwise provided in  
7 Subsection B of this section.

8 [~~D-~~] E. An insurer shall not deny or refuse to  
9 issue health insurance coverage for medically necessary  
10 services or refuse to contract with, renew, reissue or  
11 otherwise terminate or restrict health insurance coverage for  
12 an individual because the individual is diagnosed as having  
13 autism spectrum disorder.

14 [~~E-~~] F. The treatment plan required pursuant to  
15 Subsection B of this section shall include all elements  
16 necessary for the health insurance plan to pay claims  
17 appropriately. These elements include [~~but are not limited~~  
18 ~~to~~]:

- 19 (1) the diagnosis;
- 20 (2) the proposed treatment by types;
- 21 (3) the frequency and duration of treatment;
- 22 (4) the anticipated outcomes stated as goals;
- 23 (5) the frequency with which the treatment  
24 plan will be updated; and
- 25 (6) the signature of the treating physician.

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1           [F-] G. This section shall not be construed as  
2 limiting benefits and coverage otherwise available to an  
3 insured under a health insurance plan.

4           [G-] H. The provisions of this section shall not  
5 apply to policies intended to supplement major medical  
6 group-type coverages such as medicare supplement, long-term  
7 care, disability income, specified disease, [~~accident~~  
8 ~~only~~] accident-only, hospital indemnity or other  
9 limited-benefit health insurance policies.

10           [H-] I. As used in this section:

11                   (1) "autism spectrum disorder" means:  
12                           (a) a condition that meets the  
13 diagnostic criteria for [~~the pervasive developmental disorders~~]  
14 autism spectrum disorder published in the current edition of  
15 the Diagnostic and Statistical Manual of Mental Disorders  
16 [~~fourth edition, text revision, also known as DSM-IV-TR~~]  
17 published by the American psychiatric association [~~including~~  
18 ~~autistic disorder; Asperger's disorder; pervasive development~~  
19 ~~disorder not otherwise specified; Rett's disorder; and~~  
20 ~~childhood disintegrative disorder~~]; or

21                           (b) a condition diagnosed as autistic  
22 disorder, Asperger's disorder, pervasive development disorder  
23 not otherwise specified, Rett's disorder or childhood  
24 disintegrative disorder pursuant to diagnostic criteria  
25 published in a previous edition of the Diagnostic and



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1 Statistical Manual of Mental Disorders published by the  
2 American psychiatric association;

3 (2) "habilitative or rehabilitative services"  
4 means treatment programs that are necessary to develop,  
5 maintain and restore to the maximum extent practicable the  
6 functioning of an individual; and

7 (3) "high school" means a school providing  
8 instruction for any of the grades nine through twelve."

9 SECTION 5. Section 59A-46-50 NMSA 1978 (being Laws 2009,  
10 Chapter 74, Section 3) is amended to read:

11 "59A-46-50. COVERAGE FOR AUTISM SPECTRUM DISORDER  
12 DIAGNOSIS AND TREATMENT.--

13 A. An individual or group health maintenance  
14 contract that is delivered, issued for delivery or renewed in  
15 this state shall provide coverage to an [~~eligible individual~~  
16 ~~who is nineteen years of age or younger, or an eligible~~  
17 ~~individual who is twenty-two years of age or younger and is~~  
18 ~~enrolled in high school~~] enrollee for:

19 (1) well-baby and well-child screening for  
20 diagnosing the presence of autism spectrum disorder; and

21 (2) treatment of autism spectrum disorder  
22 through speech therapy, occupational therapy, physical therapy  
23 and applied behavioral analysis.

24 B. Coverage required pursuant to Subsection A of  
25 this section:

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1 (1) shall be limited to treatment that is  
2 prescribed by the ~~[insured's]~~ enrollee's treating physician in  
3 accordance with a treatment plan;

4 (2) shall ~~[be limited to thirty-six thousand~~  
5 ~~dollars (\$36,000) annually and shall not exceed two hundred~~  
6 ~~thousand dollars (\$200,000) in total lifetime benefits.~~

7 ~~Beginning January 1, 2011, the maximum benefit shall be~~  
8 ~~adjusted annually on January 1 to reflect any change from the~~  
9 ~~previous year in the medical component of the then-current~~  
10 ~~consumer price index for all urban consumers published by the~~  
11 ~~bureau of labor statistics of the United States department of~~  
12 ~~labor] not be subject to annual or lifetime dollar limits;~~

13 (3) shall not be denied on the basis that the  
14 services are habilitative or rehabilitative in nature;

15 (4) may be subject to other general exclusions  
16 and limitations of the ~~[insurer's policy or plan]~~ health  
17 maintenance organization contract, including ~~[but not limited~~  
18 ~~to]~~ coordination of benefits, participating provider  
19 requirements, restrictions on services provided by family or  
20 household members and utilization review of health care  
21 services, including the review of medical necessity, case  
22 management and other managed care provisions; and

23 (5) may be limited to exclude coverage for  
24 services received under the federal Individuals with  
25 Disabilities Education Improvement Act of 2004 and related

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underscored material = new  
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1 state laws that place responsibility on state and local school  
2 boards for providing specialized education and related services  
3 to children three to twenty-two years of age who have autism  
4 spectrum disorder.

5 C. Coverage for treatment of autism spectrum  
6 disorder through speech therapy, occupational therapy, physical  
7 therapy and applied behavioral analysis shall not be denied to  
8 an enrollee on the basis of the enrollee's age.

9 [~~E.~~] D. The coverage required pursuant to  
10 Subsection A of this section shall not be subject to [~~dollar~~  
11 ~~limits~~] deductibles or coinsurance provisions that are less  
12 favorable to an [~~insured~~] enrollee than the [~~dollar limits~~]  
13 deductibles or coinsurance provisions that apply to physical  
14 illnesses that are generally covered under the individual or  
15 group health maintenance contract, except as otherwise provided  
16 in Subsection B of this section.

17 [~~D. An insurer~~] E. A carrier shall not deny or  
18 refuse to issue [~~health insurance coverage~~] a health  
19 maintenance organization contract for medically necessary  
20 services or refuse to contract with, renew, reissue or  
21 otherwise terminate or restrict health [~~insurance~~] maintenance  
22 organization coverage for an individual because the individual  
23 is diagnosed as having autism spectrum disorder.

24 [~~E.~~] F. The treatment plan required pursuant to  
25 Subsection B of this section shall include all elements

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1 necessary for the health [~~insurance plan~~] maintenance  
2 organization contract to pay claims appropriately. These  
3 elements include [~~but are not limited to~~]:

- 4 (1) the diagnosis;
- 5 (2) the proposed treatment by types;
- 6 (3) the frequency and duration of treatment;
- 7 (4) the anticipated outcomes stated as goals;
- 8 (5) the frequency with which the treatment  
9 plan will be updated; and
- 10 (6) the signature of the treating physician.

11 [~~F.~~] G. This section shall not be construed as  
12 limiting benefits and coverage otherwise available to an  
13 [~~insured~~] enrollee under a health [~~insurance plan~~] maintenance  
14 organization contract.

15 [~~G.~~] H. The provisions of this section shall not  
16 apply to contracts, plans or policies intended to supplement  
17 major medical group-type coverages such as medicare supplement,  
18 long-term care, disability income, specified disease, [~~accident~~  
19 ~~only~~] accident-only, hospital indemnity or other limited-  
20 benefit health insurance contracts, plans or policies.

21 [~~H.~~] I. As used in this section:  
22 (1) "autism spectrum disorder" means:  
23 (a) a condition that meets the  
24 diagnostic criteria for the pervasive developmental disorders  
25 published in the current edition of the Diagnostic and

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1 *Statistical Manual of Mental Disorders* [~~fourth edition, text~~  
2 ~~revision, also known as DSM-IV-TR~~] published by the American  
3 psychiatric association [~~including autistic disorder;~~  
4 ~~Asperger's disorder; pervasive development disorder not~~  
5 ~~otherwise specified; Rett's disorder; and childhood~~  
6 ~~disintegrative disorder~~]; or

7 (b) a condition diagnosed as autistic  
8 disorder, Asperger's disorder, pervasive development disorder  
9 not otherwise specified, Rett's disorder or childhood  
10 disintegrative disorder pursuant to diagnostic criteria  
11 published in a previous edition of the *Diagnostic and*  
12 *Statistical Manual of Mental Disorders* published by the  
13 American psychiatric association; and

14 (2) "habilitative or rehabilitative services"  
15 means treatment programs that are necessary to develop,  
16 maintain and restore to the maximum extent practicable the  
17 functioning of an individual [~~and~~

18 ~~(3) "high school" means a school providing~~  
19 ~~instruction for any of the grades nine through twelve]."~~

20 SECTION 6. Section 59A-47-45 NMSA 1978 (being Laws 2009,  
21 Chapter 74, Section 4) is amended to read:

22 "59A-47-45. COVERAGE FOR AUTISM SPECTRUM DISORDER  
23 DIAGNOSIS AND TREATMENT.--

24 A. An individual or group health insurance policy,  
25 health care plan or certificate of health insurance delivered

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underscored material = new  
[bracketed material] = delete

1 or issued for delivery in this state shall provide coverage to  
2 ~~[an eligible individual who is twenty-two years of age or~~  
3 ~~younger and is enrolled in high school]~~ a subscriber for:

4 (1) well-baby and well-child screening for  
5 diagnosing the presence of autism spectrum disorder; and

6 (2) treatment of autism spectrum disorder  
7 through speech therapy, occupational therapy, physical therapy  
8 and applied behavioral analysis.

9 B. Coverage required pursuant to Subsection A of  
10 this section:

11 (1) shall be limited to treatment that is  
12 prescribed by the ~~[insured's]~~ subscriber's treating physician  
13 in accordance with a treatment plan;

14 (2) shall ~~[be limited to thirty-six thousand~~  
15 ~~dollars (\$36,000) annually and shall not exceed two hundred~~  
16 ~~thousand dollars (\$200,000) in total lifetime benefits.~~

17 ~~Beginning January 1, 2011, the maximum benefit shall be~~  
18 ~~adjusted annually on January 1 to reflect any change from the~~  
19 ~~previous year in the medical component of the then-current~~  
20 ~~consumer price index for all urban consumers published by the~~  
21 ~~bureau of labor statistics of the United States department of~~  
22 ~~labor]~~ not be subject to any annual or lifetime dollar limits;

23 (3) shall not be denied on the basis that the  
24 services are habilitative or rehabilitative in nature;

25 (4) may be subject to other general exclusions

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1 and limitations of the [~~insurer's policy or plan~~] health care  
2 plan, including [~~but not limited to~~] coordination of benefits,  
3 participating provider requirements, restrictions on services  
4 provided by family or household members and utilization review  
5 of health care services, including the review of medical  
6 necessity, case management and other managed care provisions;  
7 and

8 (5) may be limited to exclude coverage for  
9 services received under the federal Individuals with  
10 Disabilities Education Improvement Act of 2004 and related  
11 state laws that place responsibility on state and local school  
12 boards for providing specialized education and related services  
13 to children three to twenty-two years of age who have autism  
14 spectrum disorder.

15 C. Coverage for treatment of autism spectrum  
16 disorder through speech therapy, occupational therapy, physical  
17 therapy and applied behavioral analysis shall not be denied to  
18 a subscriber on the basis of the subscriber's age.

19 [~~G.~~] D. The coverage required pursuant to  
20 Subsection A of this section shall not be subject to [~~dollar~~  
21 ~~limits~~] deductibles or coinsurance provisions that are less  
22 favorable to an insured than the [~~dollar limits~~] deductibles or  
23 coinsurance provisions that apply to physical illnesses that  
24 are generally covered under the individual or group health  
25 maintenance contract, except as otherwise provided in

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underscored material = new  
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1 Subsection B of this section.

2 ~~[D. An insurer]~~ E. A health care plan shall not  
3 deny or refuse to issue health ~~[insurance]~~ care plan coverage  
4 for medically necessary services or refuse to contract with,  
5 renew, reissue or otherwise terminate or restrict health  
6 insurance coverage for an individual because the individual is  
7 diagnosed as having autism spectrum disorder.

8 ~~[E.]~~ F. The treatment plan required pursuant to  
9 Subsection B of this section shall include all elements  
10 necessary for the health ~~[insurance]~~ care plan to pay claims  
11 appropriately. These elements include ~~[but are not limited~~  
12 ~~to]~~:

- 13 (1) the diagnosis;
- 14 (2) the proposed treatment by types;
- 15 (3) the frequency and duration of treatment;
- 16 (4) the anticipated outcomes stated as goals;
- 17 (5) the frequency with which the treatment  
18 plan will be updated; and
- 19 (6) the signature of the treating physician.

20 ~~[F.]~~ G. This section shall not be construed as  
21 limiting benefits and coverage otherwise available to an  
22 insured under a health ~~[insurance]~~ care plan.

23 ~~[G.]~~ H. The provisions of this section shall not  
24 apply to plans, contracts or policies intended to supplement  
25 major medical group-type coverages such as medicare supplement,



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1 long-term care, disability income, specified disease, [~~accident~~  
2 ~~only~~] accident-only, hospital indemnity or other limited-  
3 benefit health insurance plans, contracts or policies.

4 [~~H.~~] I. As used in this section:

5 (1) "autism spectrum disorder" means:

6 (a) a condition that meets the  
7 diagnostic criteria for [~~the pervasive developmental disorders~~]  
8 autism spectrum disorder published in the current edition of  
9 the Diagnostic and Statistical Manual of Mental Disorders  
10 [~~fourth edition, text revision, also known as DSM-IV-TR~~]  
11 published by the American psychiatric association [~~including~~  
12 ~~autistic disorder; Asperger's disorder; pervasive development~~  
13 ~~disorder not otherwise specified; Rett's disorder; and~~  
14 ~~childhood disintegrative disorder~~]; or

15 (b) a condition diagnosed as autistic  
16 disorder, Asperger's disorder, pervasive development disorder  
17 not otherwise specified, Rett's disorder or childhood  
18 disintegrative disorder pursuant to diagnostic criteria  
19 published in a previous edition of the Diagnostic and  
20 Statistical Manual of Mental Disorders published by the  
21 American psychiatric association; and

22 (2) "habilitative or rehabilitative services"  
23 means treatment programs that are necessary to develop,  
24 maintain and restore to the maximum extent practicable the  
25 functioning of an individual [~~and~~

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~~(3) "high school" means a school providing instruction for any of the grades nine through twelve]."~~

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