

FIFTY-FOURTH LEGISLATURE
FIRST SESSION

March 13, 2019

SENATE FLOOR AMENDMENT number ___1___ to HOUSE BILL 436, as amended
Amendment sponsored by Senator Gerald Ortiz y Pino

1. Strike Items 3 and 4 of House Floor Amendment number 1.
2. Strike House State Government, Elections and Indian Affairs Committee Amendments 3 and 4.
3. On page 11, lines 17 through 19, strike Subsection F in its entirety and insert in lieu thereof the following new subsection:

"F. Any rules that the office of superintendent of insurance intends to adopt and promulgate pursuant to this section shall be adopted no later than the first day of February of the year prior to the first plan year for which the rules would be effective."
4. On page 11, lines 20 through 23, strike Subsection G in its entirety.
5. Reletter the succeeding subsections accordingly.
6. On page 12, line 23, strike "H" and insert in lieu thereof "G".
7. On page 13, lines 6, 7 and 8, strike "H" and insert in lieu thereof "G".
8. On page 48, lines 14 through 19, remove the bracket and line-through, on line 16, after "group", insert "retiree" and on line 17, after "group", insert "retiree".
9. Reletter the succeeding subsections accordingly.

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10. On page 51, line 9, remove the brackets and line-through, on line 11, strike the underscored language and insert in lieu thereof "that are more restrictive than the predominant restrictions" and on lines 12 and 13, strike the underscored language and insert in lieu thereof "that are".

11. On page 64, between lines 13 and 14, insert the following new section:

"SECTION 21. A new section of the New Mexico Insurance Code is enacted to read:

"[NEW MATERIAL] EXCLUSION PROHIBITION NOT APPLICABLE TO EXCEPTED BENEFIT PLANS OR POLICIES.--

A. Notwithstanding any other provisions of law, an excepted benefits policy or plan shall not exclude coverage for losses incurred for a preexisting condition more than twelve months from the effective date of coverage. The policy or plan shall not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment recommended by or received from a physician within twelve months before the effective date of coverage.

B. As used in this section, "excepted benefits" means benefits furnished pursuant to the following:

- (1) coverage-only accident or disability income insurance;
- (2) coverage issued as a supplement to liability insurance;
- (3) liability insurance;
- (4) workers' compensation or similar insurance;

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- (5) automobile medical payment insurance;
- (6) credit-only insurance;
- (7) coverage for on-site medical clinics;
- (8) other similar insurance coverage specified in office of superintendent of insurance rules, under which benefits for medical care are secondary or incidental to other benefits;
- (9) the following benefits if offered separately:
 - (a) limited-scope dental or vision benefits;
 - (b) benefits for long-term care, nursing home care, home health care, community-based care or any combination of those benefits; and
 - (c) other similar limited benefits specified in office of superintendent of insurance rules;
- (10) the following benefits, offered as independent, non-coordinated benefits:
 - (a) coverage-only for a specified disease or illness; or
 - (b) hospital indemnity or other fixed indemnity insurance; and
- (11) the following benefits if offered as a separate insurance policy:
 - (a) medicare supplemental health insurance as defined pursuant to Section 1882(g)(1) of the federal Social Security Act; and
 - (b) coverage supplemental to the coverage

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provided pursuant to Chapter 55 of Title 10 USCA and similar supplemental coverage provided to coverage pursuant to a group health plan."".

12. Renumber the succeeding section accordingly.

Gerald Ortiz y Pino

Adopted _____
(Chief Clerk)

Not Adopted _____
(Chief Clerk)

Date _____