

SENATE BILL 633

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

INTRODUCED BY

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AN ACT

RELATING TO HEALTH COVERAGE; ENACTING SECTIONS OF THE HEALTH
CARE PURCHASING ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH
MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN
LAW TO ESTABLISH LIMITS ON COST SHARING AND COINSURANCE FOR THE
SERVICES OF DOCTORS OF ORIENTAL MEDICINE.

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] ORIENTAL MEDICINE--LIMITS ON COST SHARING
AND COINSURANCE.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that offers coverage of the services of a doctor of oriental medicine shall not impose a copayment or .213819.1

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coinsurance on those services that exceeds the copayment or coinsurance imposed for primary care services.

B. As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

SECTION 2. A new section of Chapter 59A, Article 22 NMSA 1978 is enacted to read:

"[NEW MATERIAL] ORIENTAL MEDICINE--LIMITS ON COST SHARING
AND COINSURANCE.--

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 that offers coverage of the services of a doctor of oriental medicine shall not impose a copayment or coinsurance on those services that exceeds the copayment or coinsurance imposed for primary care services.

B. As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

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

"[NEW MATERIAL] ORIENTAL MEDICINE--LIMITS ON COST SHARING
AND COINSURANCE.--

- A. A group or blanket health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state that offers coverage of the services of a doctor of oriental medicine shall not impose a copayment or coinsurance on those services that exceeds the copayment or coinsurance imposed for primary care services.
- B. As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."
- SECTION 4. A new section of the Health Maintenance Organization Law is enacted to read:

"[NEW MATERIAL] ORIENTAL MEDICINE--LIMITS ON COST SHARING
AND COINSURANCE.--

A. An individual or group health maintenance contract that is delivered, issued for delivery or renewed in this state that offers coverage of the services of a doctor of oriental medicine shall not impose a copayment or coinsurance .213819.1

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on those services that exceeds the copayment or coinsurance imposed for primary care services.

As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

SECTION 5. A new section of the Nonprofit Health Care Plan Law is enacted to read:

"[NEW MATERIAL] ORIENTAL MEDICINE--LIMITS ON COST SHARING AND COINSURANCE. --

An individual or group health care plan that is delivered, issued for delivery or renewed in this state that offers coverage of the services of a doctor of oriental medicine shall not impose a copayment or coinsurance on those services that exceeds the copayment or coinsurance imposed for primary care services.

As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."