1	HOUSE BILL 834
2	43rd legislature - STATE OF NEW MEXICO - FIRST SESSION, 1997
3	INTRODUCED BY
4	JOHN A. HEATON
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10	AN ACT
11	RELATING TO HEALTH INSURANCE; IMPOSING PROHIBITIONS ON A MANAGED
12	HEALTH CARE PLAN'S REQUIREMENTS AFFECTING HEALTH CARE PROVIDERS.
13	
14	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:
15	Section 1. A new section of the New Mexico Insurance Code
16	is enacted to read:
17	"[<u>NEW MATERIAL]</u> MANAGED HEALTH CARE PLAN PROHIBITIONS
18	AFFECTING PROVIDERS
19	A. No managed health care plan may enter into or
20	continue in a contract with a health care provider that has been
21	determined in a final, nonappealable decision issued by the
22	provider's professional licensing board or state regulatory
23	agency to be in current violation of a material provision of the
24	licensing act that governs the provider's profession or
25	busi ness.
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	.113840.1

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B. No managed health care plan may require a health 1 care provider to act or refrain from acting in a manner that 2 violates a professional standard, an ethical obligation or the 3 professional judgment of the provider. A managed health care 4 plan that violates the provisions of this subsection shall be 5 deemed to commit an act of professional malpractice and shall be 6 liable for any resulting professional malpractice judgment 7 imposed upon the plan or the affected health care provider. 8 С. For the purposes of this section: 9 "health care facility" means an institution (1) 10 providing health care services, including a hospital or other 11 licensed inpatient center; an ambulatory surgical or treatment 12 center; a skilled nursing center; a residential treatment 13 center; a home health agency; a diagnostic, laboratory or 14 imaging center; and a rehabilitation or other therapeutic health 15 setting; 16 (2)"health care insurer" means a person that 17 has a valid certificate of authority in good standing under the 18 New Mexico Insurance Code to act as an insurer, health 19 maintenance organization, nonprofit health care plan or prepaid 20 dental plan; 21 "health care professional" means a (3) 22 physician or other health care practitioner, including a 23 pharmacist, who is licensed, certified or otherwise authorized 24 by the state to provide health care services consistent with

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state law;

"health care provider" or "provider" means (4) 2 a person that is licensed or otherwise authorized by the state 3 to furnish health care services and includes health care 4 professionals and health care facilities; 5

(5) "health care services" includes physical health services or community-based mental health or developmentally disabled services;

(6) "managed health care plan" or "plan" means a health benefit plan of a health care insurer or a provider 10 service network that either requires a covered person to use, or 11 creates incentives, including financial incentives, for a 12 covered person to use health care providers managed, owned, 13 under contract with or employed by the health care insurer. Α 14 managed health care plan includes a plan that provides health care services to enrollees on a prepaid, capitated basis and 16 includes the health care services offered by a health 17 maintenance organization, a preferred provider organization, an 18 individual practice organization, a competitive medical plan, an 19 exclusive provider organization, an integrated delivery system, 20 an independent physician-provider organization, a physician hospital-provider organization or a managed care services "Managed health care plan" or "plan" does not organi zati on. include a traditional fee-for-service indemnity plan or a plan 24 that covers only short-term travel, accident-only, limited

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1	benefit or specified disease policies; and
2	(7) "person" means an individual or other legal
2 3	entity."
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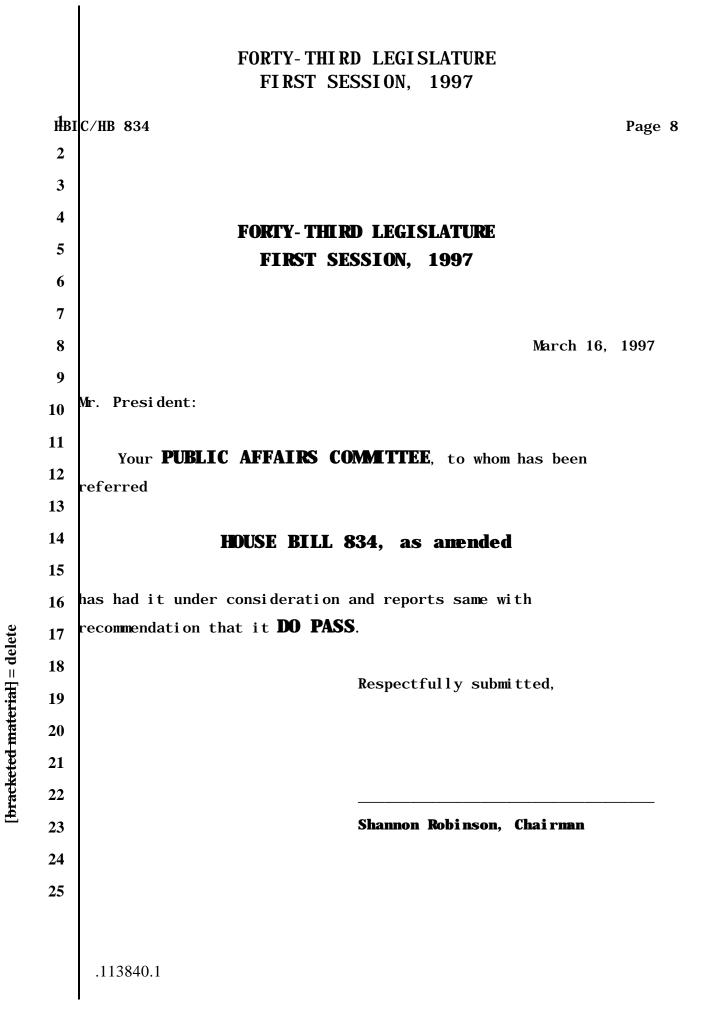
	State of New Mexico				
	House of Representatives				
1	FORTY- THI RD LEGI SLATURE				
2	FIRST SESSION, 1997				
3					
4					
5	February 27, 1997				
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7	Mr. Speaker:				
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9	Your BUSINESS AND INDUSTRY COMMITTEE, to whom has				
10	been referred				
11					
12	HOUSE BILL 834				
13	has had it under consideration and reports same with				
14	has had it under consideration and reports same with recommendation that it DO PASS , amended as follows:				
15					
16	1. On page 1, line 20, after "provider" insert "if" and				
17	after "that" insert "provider".				
18					
19	2. On page 2, line 3, after "standard" strike the comma and				
20	insert in lieu thereof "or".				
21	3. On page 2, lines 3 and 4, after "obligation" strike "or				
22	the professional judgment".				
23					
24	4. On page 2, strike line 6.				
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FORTY-THIRD LEGISLATURE FIRST SESSION, 1997

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1	C/ IID 004			Tage U	
	5. On page 3, 1	ine 14, aft	er the period strike "A", s	strike	
2	all		•		
3	of lines 15 through 22	2, and on li	ne 23 strike "organization	. ".,	
4			-		
5	and thence referred	to the AP	PROPRIATIONS AND FINA	NCE	
6	COMMITTEE.				
7					
8			Respectfully submitted,		
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13			Fred Luna, Chairman		
14					
	Adopted		Not Adopted		
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10	(Chief Clea	rk)	(Chief Cl	erk)	
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18 19	Date				
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FORTY-THIRD LEGISLATURE FIRST SESSION, 1997

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HBIC/HB 834
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    The roll call vote was<u>9</u> For<u>0</u> Against
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    Yes:
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                 Alwin, Lutz, Olguin
    Excused:
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    Absent:
                 Getty
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