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SENATE BILL 1015

43RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 1997

INTRODUCED BY

JOSEPH J. CARRARO

AN ACT

RELATING TO INSURANCE; PROHIBITING DISCRIMINATION AGAINST INSUREDS AND DEPENDENTS BASED ON DISABILITY; PROVIDING FOR CONTINUATION OF COVERAGE AFTER LIMITING AGE FOR DISABLED DEPENDENTS.

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

Section 1. Section 59A-16-12.1 NMSA 1978 (being Laws 1991, Chapter 111, Section 12) is amended to read:

"59A-16-12. 1. DISCRIMINATION ON THE BASIS OF DETERIORATION

IN HEALTH OR DISABILITY--CONVERSION POLICY EQUIVALENCY. --

A. No insurer shall cancel, <u>non-renew</u> or change the premiums, benefits or conditions of [an individual] <u>a</u> health insurance policy or <u>health maintenance organization</u> contract as to [one] <u>any</u> insured <u>or dependent</u> solely because of a deterioration in the health of that insured <u>or dependent</u>

occurring after the issuance or delivery of the policy or contract or because of the insured's or any dependent's disability.

B. No insurer shall decline to issue a group health insurance policy solely on the basis that an otherwise qualified group includes persons who are disabled.

[B.] C. No conversion of a group health insurance policy that provides hospital, surgical and medical expense benefits shall be made to a conversion policy that has not been approved and found by the superintendent to provide benefits and conditions closely approximating the coverage of the policy from which conversion is exercised."

Section 2. Section 59A-22-33 NMSA 1978 (being Laws 1984, Chapter 127, Section 455) is amended to read:

"59A-22-33. HANDI CAPPED CHILDREN--COVERAGE CONTINUED.--An individual or group hospital or medical expense insurance policy delivered or issued for delivery in this state which provides that coverage of a dependent child of an insured, or of an employee or other member of the covered group, shall terminate upon attainment of the limiting age for dependent children specified in the policy shall also provide, in substance, that attainment of the limiting age shall not operate to terminate the coverage of a child while the child is, and continues to be both incapable of self-sustaining employment, by reason of mental retardation, [exp] physical handicap or disability, and

chiefly dependent upon the policyholder for support and maintenance. However, proof of the incapacity and dependency of the child must be furnished to the insurer by the insured employee or member within thirty-one [(31)] days of the child's attainment of the limiting age and subsequently, as may be required by the insurer, but not more frequently than annually after the two-year period following the child's attainment of the limiting age."

Section 3. A new Section 59A-22-41 NMSA 1978 is enacted to read:

"59A-22-41. [NEW MATERIAL] COVERAGE OF DEVELOPMENTAL DISABILITY THERAPEUTIC SERVICES. --

A. Each individual and group health insurance policy, health maintenance organization contract, nonprofit health care plan policy and certificate of health insurance delivered or issued for delivery in this state shall provide coverage for medically necessary therapeutic services for treatment of developmental disabilities, without limitation as to the number or duration of such services.

- B. Coverage for therapeutic services pursuant to this section may be subject to deductibles consistent with those on other benefits under the same policy, contract or certificate.
- C. The provisions of this section do not apply to short-term travel, accident-only or limited or disease-specific

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- As used in this section, "developmental D. disabilities" means:
- a severe chronic disability of a person **(1)** that:
- (a) is attributable to a mental or physical impairment, including the result from trauma to the brain, or combination or mental and physical impairments;
- (b) is manifested before the person reaches the age of twenty-two years;
 - (c) is expected to continue indefinitely;
- (d) results in substantial functional limitations in three or more of the following areas of major 1) self-care; 2) receptive and expressive life activities: language; 3) learning; 4) mobility; 5) self-direction; 6) capacity for independent living; and 7) economic selfsufficiency; and
- (e) reflects the person's need for a combination and sequence of special, interdisciplinary or generic care treatment or other support and services that are of life-long or extended duration and are individually planned and coordinated; or
- are children, from birth through two years **(2)** of age, who are at risk for or have developmental delays as defined by the department of health and are children eligible

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for early intervention services."

Section 4. Section 59A-23-4 NMSA 1978 (being Laws 1984, Chapter 127, Section 463, as amended) is amended to read:

"59A-23-4. OTHER PROVISIONS APPLICABLE. --

A. No blanket or group health insurance policy or contract shall contain any provision relative to notice or proof of loss or the time for paying benefits or the time within which suit may be brought upon the policy that in the superintendent's opinion is less favorable to the insured than would be permitted in the required or optional provisions for individual health insurance policies as set forth in Chapter 59A, Article 22 NMSA 1978.

- B. The following provisions of Chapter 59A, Article 22 NMSA 1978 shall also apply as to Chapter 59A, Article 23 NMSA 1978 and blanket and group health insurance contracts:
- (1) Section 59A-22-1 NMSA 1978, except Subsection C thereof; and
 - (2) Section 59A-22-32 NMSA 1978.
- C. The following provisions of Chapter 59A, Article 22 NMSA 1978 shall also apply as to group health insurance contracts:
 - (1) Section 59A-22-33 NMSA 1978;
 - (2) Section 59A-22-34 NMSA 1978;
 - (3) Section 59A-22-34.1 NMSA 1978;
 - (4) Section 59A-22-35 NMSA 1978;

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((5)	Section	59A-22-36	NMSA	1978:

- (6) Section 59A-22-39 NMSA 1978; [and]
- (7) Section 59A-22-40 NMSA 1978; and
- (8) Section 59A-22-41 NMSA 1978."

Section 5. Section 59A-46-30 NMSA 1978 (being Laws 1993, Chapter 266, Section 29) is amended to read:

"59A-46-30. STATUTORY CONSTRUCTION AND RELATIONSHIP TO OTHER LAWS. --

A. The provisions of the Insurance Code other than Chapter 59A, Article 46 NMSA 1978 shall not apply to health maintenance organizations except as expressly provided in the Insurance Code and that article. To the extent reasonable and not inconsistent with the provisions of that article, the following articles and provisions of the Insurance Code shall also apply to health maintenance organizations and their promoters, sponsors, directors, officers, employees, agents, solicitors and other representatives [and]. For the purposes of such applicability, a health maintenance organization may therein be referred to as an "insurer":

- (1) Chapter 59A, Article 1 NMSA 1978;
- (2) Chapter 59A, Article 2 NMSA 1978;
- (3) Chapter 59A, Article 3 NMSA 1978;
- (4) Chapter 59A, Article 4 NMSA 1978;
- (5) Subsection C of Section 59A-5-22 NMSA 1978;
- (6) Sections 59A-6-2 through 59A-6-4 and

59A-6-6 NMSA 1978;

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- (7) Chapter 59A, Article 8 NMSA 1978;
- (8) Chapter 59A, Article 10 NMSA 1978;
- (9) Section 59A-12-22 NMSA 1978;
- (10) Chapter 59A, Article 16 NMSA 1978;
- (11) Chapter 59A, Article 18 NMSA 1978;
- (12) Chapter 59A, Article 19 NMSA 1978;
- (13) Section 59A-22-33 NMSA 1978;
- (14) Section 59A-22-41 NMSA 1978;
- [(13)] <u>(15)</u> Chapter 59A, Article 23B NMSA 1978;
- $[\frac{(14)}{(16)}]$ Sections 59A-34-9 through

59A-34-13, 59A-34-23, 59A-34-36 and 59A-34-37 NMSA 1978; and [(15)-] (17) Chapter 59A, Article 37 NMSA 1978.

- B. Solicitation of enrollees by a health maintenance organization granted a certificate of authority, or its representatives, shall not be construed as violating any provision of law relating to solicitation or advertising by health professionals, but health professionals shall be individually subject to the laws, rules, regulations and ethical provisions governing their individual professions.
- C. Any health maintenance organization authorized under the provisions of the Health Maintenance Organization Law shall not be deemed to be practicing medicine and shall be exempt from the provisions of laws relating to the practice of medicine."

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Section 6. Section 59A-47-33 NMSA 1978 (being Laws 1984, Chapter 127, Section 879.32, as amended by Laws 1994, Chapter 64, Section 10 and also by Laws 1994, Chapter 75, Section 34) is amended to read:

"59A-47-33. OTHER PROVISIONS APPLICABLE. -- The provisions of the Insurance Code other than Chapter 59A, Article 47 NMSA 1978 shall not apply to health care plans except as expressly provided in the Insurance Code and that article. To the extent reasonable and not inconsistent with the provisions of that article, the following articles and provisions of the Insurance Code shall also apply to health care plans, their promoters, sponsors, directors, officers, employees, agents, solicitors and other representatives; and, for the purposes of such applicability, a health care plan may therein be referred to as an "insurer":

- A. Chapter 59A, Article 1 NMSA 1978;
- Chapter 59A, Article 2 NMSA 1978; В.
- Chapter 59A, Article 4 NMSA 1978; C.
- D. Subsection C of Section 59A-5-22 NMSA 1978;
- Sections 59A-6-2 through 59A-6-4 and Ε. 59A-6-6 NMSA 1978;
 - F. Section 59A-7-11 NMSA 1978;
 - G. Chapter 59A, Article 8 NMSA 1978;
 - H. Chapter 59A, Article 10 NMSA 1978;
 - Ι. Section 59A-12-22 NMSA 1978;

1	J. Chapter 59A, Article 16 NMSA 1978;
2	K. Chapter 59A, Article 18 NMSA 1978;
3	L. Chapter 59A, Article 19 NMSA 1978;
4	M Subsections B through E of Section
5	59A-22-5 NMSA 1978;
6	N. Section 59A-22-33 NMSA 1978;
7	0. Section 59A-22-41 NMSA 1978;
8	[N.] <u>P.</u> Section 59A-22-34.1 NMSA 1978;
9	[0.] <u>Q.</u> Section 59A-22-39 NMSA 1978;
10	[P.] R. Section 59A-22-40 NMSA 1978;
11	[Q.] <u>S.</u> Sections 59A-34-9 through 59A-34-13 [NMS A
12	1978] and [Section] 59A-34-23 NMSA 1978;
13	[R.] <u>T.</u> Chapter 59A, Article 37 NMSA 1978, except
14	Section 59A-37-7 NMSA 1978; and
15	[S.] <u>U.</u> Section 59A-46-15 NMSA 1978."
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