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44TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 1999

INTRODUCED BY

James G. Taylor

AN ACT

RELATING TO THE NEW MEXICO INSURANCE CODE; ENACTING THE OPEN ACCESS TO CHIROPRACTIC CARE ACT; PROVIDING THAT COVERED PERSONS UNDER MANAGED HEALTH CARE PLANS MAY RECEIVE CHIROPRACTIC CARE FROM THE CHIROPRACTIC PHYSICIAN OF THEIR CHOI CE.

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

Section 59A-46-30 NMSA 1978 (being Laws 1993, Section 1. Chapter 266, Section 29, as amended) is amended to read:

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

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 . 126055. 1

1	not inconsistent with the provisions of that article, the
2	following articles and provisions of the Insurance Code shall
3	also apply to health maintenance organizations and their
4	promoters, sponsors, directors, officers, employees, agents,
5	solicitors and other representatives. For the purposes of
6	such applicability, a health maintenance organization may
7	therein be referred to as an "insurer":
8	(1) Chapter 59A, Article 1 NMSA 1978;
9	(2) Chapter 59A, Article 2 NMSA 1978;
10	[(3) Chapter 59A, Article 3 NMSA 1978;
11	(4) (3) Chapter 59A, Article 4 NMSA 1978;
12	$\left[\frac{(5)}{(4)}\right]$ Subsection C of Section 59A-5-22
13	NMSA 1978;
14	[(6)] <u>(5)</u> Sections 59A-6-2 through 59A-6-4
15	and 59A-6-6 NMSA 1978;
16	[(7)] <u>(6)</u> Chapter 59A, Article 8 NMSA 1978;
17	[(8)] <u>(7)</u> Chapter 59A, Article 10 NMSA 1978;
18	[(9)] <u>(8)</u> Section 59A-12-22 NMSA 1978;
19	[(10)] <u>(9)</u> Chapter 59A, Article 16 NMSA 1978;
20	[(11)] <u>(10)</u> Chapter 59A, Article 18 NMSA
21	1978;
22	[(12)] <u>(11)</u> Chapter 59A, Article 19 NMSA
23	1978;
24	[(13)] <u>(12)</u> Section 59A-22-14 NMSA 1978;
25	[(14)] <u>(13)</u> Chapter 59A, Article 23B NMSA
	. 126055. 1

= new	= delete
underscored material	[bracketed material]

1978;	
	[(15)] <u>(14)</u> Sections 59A-34-9 through
59A-34-13, 5	9A-34-17, 59A-34-23, 59A-34-36 and 59A-34-37 NMSA
1978;	
	[(16)] <u>(15)</u> Chapter 59A, Article 37 NMSA
1978; [and	
	$\frac{(17)}{(16)}$ the Patient Protection Act; and
	(17) the Open Access to Chiropractic Care
Act.	

- 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."
- Section 2. A new Section 59A-58-1 NMSA 1978 is enacted to read:
- "59A-58-1. [NEW MATERIAL] SHORT TITLE.--Sections
 59A-58-1 through 59A-58-9 NMSA 1978 may be cited as the "Open
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Access to Chiropractic Care Act"."

Section 3. A new Section 59A-58-2 NMSA 1978 is enacted to read:

"59A-58-2. [NEW MATERIAL] PURPOSE. -- The purpose of the Open Access to Chiropractic Care Act is to ensure that all New Mexicans have open access to chiropractic care and are able to receive chiropractic care from the chiropractic physician of their choice at affordable prices."

Section 4. A new Section 59A-58-3 NMSA 1978 is enacted to read:

"59A-58-3. [NEW MATERIAL] DEFINITIONS. -- As used in the Open Access to Chiropractic Care Act:

- A. "chiropractic care" means any service provided by a chiropractic physician pursuant to the Chiropractic Physician Practice Act;
- B. "covered person" means an individual who is entitled to receive health care benefits provided by a managed health care plan;
- C. "managed health care plan" means a health care insurer or a provider service network when offering a benefit that either requires a covered person to use, or creates incentives, including financial incentives, for a covered person to use health care providers managed, owned, under contract with or employed by the health care insurer or provider service network. "Managed health care plan" includes

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a health maintenance organization but does not include a health care insurer or provider service network offering a traditional fee-for-service indemnity benefit or a benefit that covers only short-term travel, accident-only, limited benefit, student health plan or specified disease policies;

- "participating chiropractic provider" means an D. individual who is registered by a managed health care plan as a participating chiropractic provider and:
- is a graduate of a school of chiropractic accredited by the council on chiropractic education;
- (2)is licensed as a chiropractic physician in good standing pursuant to the Chiropractic Physician Practice Act: and
- maintains professional liability insurance in a minimum amount of six hundred thousand dollars (\$600, 000); and
- E. "primary care chiropractic physician" is an individual who is registered by a managed health care plan as a primary care chiropractic physician and:
- meets the requirements for a **(1)** participating chiropractic provider; and
- prior to January 1, 2001, is certified in **(2)** chiropractic orthopedics or in chiropractic neurology; or
- subsequent to December 31, 2000, is certified in integrative medicine."

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Section 5.	A new Section	59A- 58- 4	NMSA	1978	is	enacted
to read:						

"59A-58-4. [NEW MATERIAL] CHIROPRACTIC CARE REQUIRED. --A managed health care plan shall provide chiropractic care as a basic health care benefit. A covered individual who wishes to receive chiropractic care shall be afforded the opportunity to select a participating chiropractic provider and a primary care chiropractic physician from a written list of participating chiropractic providers and primary care chiropractic physicians provided by the managed health care plan to the covered person."

Section 6. A new Section 59A-58-5 NMSA 1978 is enacted to read:

"59A-58-5. [NEW MATERIAL] PROCEDURES FOR CHIROPRACTIC

CARE. -- A covered person shall receive chiropractic care under the procedures and subject to the limitations in this section.

A. A covered individual shall select a participating chiropractic provider and a primary care chiropractic physician from the list provided by the managed health care plan.

- B. The selected participating chiropractic provider shall examine the covered individual in a manner sufficient to permit the participating chiropractic provider to prepare an initial chiropractic care treatment plan.
- C. The participating chiropractic provider shall . 126055.1

provide the initial chiropractic care treatment plan to the selected primary care chiropractic physician.

- D. The primary care chiropractic physician shall review the initial chiropractic care treatment plan and advise the participating chiropractic provider if the plan is acceptable. If the primary care chiropractic physician finds the initial plan to be acceptable, the participating chiropractic provider shall provide chiropractic care to the covered individual pursuant to the plan, provided that costs paid by a managed health care plan for chiropractic care described in the initial plan shall not exceed five hundred dollars (\$500) annually.
- E. The participating chiropractic provider shall notify the primary care chiropractic physician and submit an additional chiropractic care treatment plan if the participating chiropractic provider determines that additional chiropractic care is required in addition to that approved in the initial chiropractic care treatment plan, or in a previously approved additional chiropractic care treatment plan. Upon receipt of the notification and plan, the primary care chiropractic physician shall physically examine the covered person in a manner sufficient to ensure that the additional chiropractic care is required. If the primary care chiropractic physician finds the additional chiropractic care treatment plan to be acceptable, the participating

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chiropractic provider shall provide chiropractic care to the covered person as described in the plan, provided that costs paid by a managed health care plan for chiropractic care described in one or more additional chiropractic care treatment plans shall not exceed five hundred dollars (\$500) annually.

If a primary care chiropractic physician disagrees with the substance of either the initial or an additional chiropractic care treatment plan, the primary care chiropractic physician and the participating chiropractic provider shall make a good faith effort to resolve the di sagreement. If the disagreement cannot be resolved by the primary care chiropractic physician and the participating chiropractic provider, the managed health care plan shall resolve the matter. The decision of the managed health care plan is binding on the primary care chiropractic physician and the participating chiropractic provider; provided that the participating chiropractic provider may choose not to provide chiropractic care to the covered person if the participating chiropractic provider disagrees with the decision of the managed health care plan."

Section 7. A new Section 59A-58-6 NMSA 1978 is enacted to read:

"59A-58-6. [NEW MATERIAL] ADDITIONAL CHIROPRACTIC

CARE. -- Chiropractic care provided under the Open Access to
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Chiropractic Care Act is in addition to any other chiropractic care that may be provided under other provisions of the Insurance Code or as otherwise provided by law."

Section 8. A new Section 59A-58-7 NMSA 1978 is enacted to read:

"59A-58-7. [NEW MATERIAL] PARTICIPATING CHIROPRACTIC

PROVIDER AND PRIMARY CARE CHIROPRACTIC PHYSICIAN EXCLUSIVITY-
ANNUAL PAYMENTS TO A PRIMARY CARE CHIROPRACTIC PHYSICIAN. --

A. For the same covered person, a chiropractic physician shall not serve as both the participating chiropractic provider and the primary care chiropractic physician.

B. A primary care chiropractic physician shall be paid an annual consultation fee of two hundred dollars (\$200) by the managed health care plan for the professional management of a covered person who receives chiropractic care under the provisions of the Open Access to Chiropractic Care Act."

Section 9. A new Section 59A-58-8 NMSA 1978 is enacted to read:

"59A-58-8. [NEW MATERIAL] PREMIUMS--COPAYMENTS--LIMITATIONS.--

A. For providing coverage required by the Open Access to Chiropractic Care Act, a managed health care plan may require the payment of an annual premium of not more than . 126055.1

one hundred eighty dollars (\$180) for each covered person.

B. A managed health care plan may require a covered person to make a copayment of not more than ten dollars (\$10.00) for each time that chiropractic care is provided by a participating chiropractic provider or chiropractic care consultation, including a physical examination, is provided by a primary care chiropractic physician."

Section 10. A new Section 59A-58-9 NMSA 1978 is enacted to read:

"59A-58-9. [NEW MATERIAL] NEW MEXICO LICENSE REQUIRED. --

A. Professional supervision of a participating chiropractic provider or a primary care chiropractic physician performing chiropractic care under the Open Access to Chiropractic Care Act may only be provided by a chiropractic physician licensed pursuant to the Chiropractic Physician Practice Act.

B. A chiropractic physician licensed pursuant to the Chiropractic Physician Practice Act may seek registration by a managed health care plan pursuant to the Open Access to Chiropractic Care Act as a participating chiropractic provider, a primary care chiropractic physician or both."

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