

1 AN ACT
2 RELATING TO VACCINATION; REQUIRING RULES FOR THE IMMUNIZATION
3 OF CHILDREN ATTENDING LICENSED CHILD CARE AND LICENSED EARLY
4 CHILDHOOD CARE PROGRAMS AND PUBLIC, PRIVATE, HOME OR
5 PAROCHIAL SCHOOLS TO BE BASED ON THE RECOMMENDATIONS OF THE
6 DEPARTMENT OF HEALTH OR THE AMERICAN ACADEMY OF PEDIATRICS;
7 REQUIRING THE DEPARTMENT OF HEALTH TO RECOMMEND IMMUNIZATIONS
8 FOR ADULTS BASED ON GUIDANCE FROM THE AMERICAN ACADEMY OF
9 FAMILY PHYSICIANS, THE AMERICAN COLLEGE OF OBSTETRICIANS AND
10 GYNECOLOGISTS, THE AMERICAN COLLEGE OF PHYSICIANS OR THE
11 DEPARTMENT OF HEALTH; REQUIRING VACCINES PURCHASED PURSUANT
12 TO THE STATEWIDE VACCINE PURCHASING PROGRAM TO BE RECOMMENDED
13 BY THE DEPARTMENT OF HEALTH; PROHIBITING CERTAIN HEALTH
14 INSURANCE PLANS FROM IMPOSING COST-SHARING REQUIREMENTS ON
15 IMMUNIZATIONS RECOMMENDED BY THE DEPARTMENT OF HEALTH;
16 REPEALING AND REENACTING SECTIONS OF THE NMSA 1978.

17
18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

19 SECTION 1. Section 24-5-1 NMSA 1978 (being Laws 1959,
20 Chapter 329, Section 1, as amended) is amended to read:

21 "24-5-1. IMMUNIZATION REGULATIONS.--

22 A. The public health division of the department of
23 health shall, after consultation with the public education
24 department and the early childhood education and care
25 department, promulgate rules governing the immunization
against diseases deemed to be dangerous to the public health,
to be required of children attending licensed child care and
licensed early childhood care programs and public, private,
home or parochial schools in the state. Rules promulgated
pursuant to this subsection shall establish the immunizations
required and the manner and frequency of their administration
in accordance with recommendations from the department of

1 health or the American academy of pediatrics. The public
2 health division shall supervise and secure the enforcement of
3 the required immunization program.

4 B. The public health division of the department of
5 health shall promulgate rules governing the immunization
6 against diseases deemed to be dangerous to the public health,
7 to be recommended for adults residing in the state. Rules
8 promulgated pursuant to this subsection shall establish the
9 immunizations recommended and the recommended manner and
10 frequency of their administration in accordance with guidance
11 from the American academy of family physicians, the American
12 college of obstetricians and gynecologists, the American
13 college of physicians or the department of health."

14 SECTION 2. Section 24-5-2 NMSA 1978 (being Laws 1959,
15 Chapter 329, Section 2, as amended) is amended to read:

16 "24-5-2. UNLAWFUL TO ENROLL IN SCHOOL OR LICENSED CHILD
17 CARE PROGRAMS UNIMMUNIZED--UNLAWFUL TO REFUSE TO PERMIT
18 IMMUNIZATION.--It is unlawful for any child to enroll in
19 school or a licensed child care or licensed early childhood
20 care program unless the child has been immunized as required
21 under the rules of the public health division of the
22 department of health and can provide satisfactory evidence of
23 such immunization; provided that, if the child produces
24 satisfactory evidence of having begun the process of
25 immunization, the child may enroll and attend school or the
child care program as long as the immunization process is
being accomplished in the prescribed manner. It is unlawful
for any parent to refuse or neglect to have the parent's
child immunized, as required by this section, unless the
child is properly exempted."

SECTION 3. Section 24-5A-1 NMSA 1978 (being Laws 2015,
Chapter 5, Section 1) is amended to read:

1 "24-5A-1. SHORT TITLE.--Chapter 24, Article 5A
2 NMSA 1978 may be cited as the "Vaccine Purchasing Act".

3 SECTION 4. Section 24-5A-2 NMSA 1978 (being Laws 2015,
4 Chapter 5, Section 2) is amended to read:

5 "24-5A-2. DEFINITIONS.--As used in the Vaccine
6 Purchasing Act:

7 A. "department" means the department of health;

8 B. "fund" means the vaccine purchasing fund;

9 C. "group health plan" means an employee welfare
10 benefit plan to the extent that the plan provides medical
11 care to employees or their dependents under the federal
12 Employee Retirement Income Security Act of 1974 directly or
13 through insurance, reimbursement or other means;

14 D. "health insurance coverage" means benefits
15 consisting of medical care provided directly or through
16 insurance or reimbursement or other means under any hospital
17 or medical service policy or certificate, hospital or medical
18 service plan contract or health maintenance organization
19 contract offered by a health insurance issuer;

20 E. "health insurer" means any entity subject to
21 regulation by the office of superintendent that:

22 (1) provides or is authorized to provide
23 health insurance or health benefit plans;

24 (2) administers health insurance or health
25 benefit coverage; or

(3) otherwise provides a plan of health
insurance or health benefits;

F. "insured child" means a child under the age of
nineteen who is eligible to receive health insurance coverage
from a health insurer or medical care pursuant to a group
health plan;

G. "office of superintendent" means the office of

1 superintendent of insurance;

2 H. "policy" means any contract of health insurance
3 between a health insurer and the insured and all clauses,
4 riders, endorsements and parts thereof;

5 I. "provider" means an individual or organization
6 licensed, certified or otherwise authorized or permitted by
7 law to provide vaccinations to insured children; and

8 J. "vaccines for children program" means the
9 federally funded program that provides vaccines at no cost to
10 eligible children pursuant to Section 1928 of the federal
11 Social Security Act."

12 SECTION 5. Section 24-5A-3 NMSA 1978 (being Laws 2015,
13 Chapter 5, Section 3) is amended to read:

14 "24-5A-3. STATEWIDE VACCINE PURCHASING PROGRAM.--

15 A. The department shall establish and administer a
16 statewide vaccine purchasing program to:

17 (1) expand access to childhood immunizations
18 recommended by the department pursuant to Section 24-5-1
19 NMSA 1978;

20 (2) maintain and improve immunization rates;

21 (3) facilitate the acquisition by providers
22 of vaccines for childhood immunizations recommended by the
23 department pursuant to Section 24-5-1 NMSA 1978; and

24 (4) leverage public and private funding and
25 resources for the purchase, storage and distribution of
vaccines for childhood immunizations recommended by the
department pursuant to Section 24-5-1 NMSA 1978.

B. The department shall:

(1) purchase vaccines for all children in
New Mexico, including children eligible for the vaccines for
children program and insured children;

(2) invoice each health insurer and group

1 health plan to reimburse the department for the cost of
2 vaccines provided directly or indirectly by the department to
3 such health insurer's or group health plan's insured
4 children;

5 (3) maintain a list of registered providers
6 who receive vaccines for insured children that are purchased
7 by the state and provide such list to each health insurer and
8 group health plan with every invoice;

9 (4) report the failure of a health insurer
10 to reimburse the department within thirty days of the date of
11 the invoice to the office of superintendent;

12 (5) report the failure of a health insurer
13 or group health plan to reimburse the department within
14 thirty days of the date of the invoice to the state
15 department of justice for collection; and

16 (6) credit all receipts collected from
17 health insurers and group health plans pursuant to the
18 Vaccine Purchasing Act to the fund.

19 C. No later than July 1, 2015 and July 1 of each
20 year thereafter, the department shall estimate the amount to
21 be expended annually by the department to purchase, store and
22 distribute vaccines recommended by the department pursuant to
23 Section 24-5-1 NMSA 1978 to all insured children in the
24 state, including a reserve of ten percent of the amount
25 estimated.

D. No later than September 1, 2015 and each
quarter thereafter, the department shall invoice each health
insurer and each group health plan for one-fourth of its
proportionate share of the estimated amount and reserve
pursuant to Subsection C of this section, calculated pursuant
to Subsection B of Section 24-5A-6 NMSA 1978.

E. The department may update its estimated amount

1 to be expended annually and its reserve to take into account
2 increases or decreases in the cost of vaccines or the costs
3 of additional vaccines that the department determines should
4 be included in the statewide vaccine purchasing program and
5 adjust the amount invoiced to each health insurer and group
6 health plan the following quarter."

7 SECTION 6. Section 24-5A-5 NMSA 1978 (being Laws 2015,
8 Chapter 5, Section 5) is amended to read:

9 "24-5A-5. AUTHORIZED USES OF THE VACCINE PURCHASING
10 FUND.--

11 A. The fund shall be used for the purchase,
12 storage and distribution of vaccines, as recommended by the
13 department pursuant to Section 24-5-1 NMSA 1978, for insured
14 children who are not eligible for the vaccines for children
15 program.

16 B. The department shall credit any balance
17 remaining in the fund at the end of the fiscal year toward
18 the department's purchase of vaccines the following year;
19 provided that the department maintains a reserve of ten
20 percent of the amount estimated to be expended in the
21 following year.

22 C. The fund shall not be used:

23 (1) for the purchase, storage and
24 distribution of vaccines for children who are eligible for
25 the vaccines for children program;

(2) for administrative expenses associated
with the statewide vaccine purchasing program; or

(3) to pass through a federally negotiated
discount pursuant to 42 U.S.C. 1396s."

SECTION 7. Section 59A-18-16.2 NMSA 1978 (being
Laws 2011, Chapter 144, Section 12, as amended) is amended to
read:

1 "59A-18-16.2. HEALTH INSURANCE OR HEALTH PLAN FORM AND
2 RATE FILINGS--SUPERINTENDENT--RULEMAKING--COMPLIANCE WITH
3 FEDERAL LAW.--

4 A. A small group health plan and a health
5 insurance issuer or multiple employer welfare arrangement
6 offering a small group or individual health insurance plan
7 that provides benefits other than excepted benefits shall:

8 (1) provide the essential health benefits
9 defined by the superintendent under Subsection B of this
10 section;

11 (2) limit cost sharing for such coverage in
12 accordance with Subsection D of this section; and

13 (3) provide coverage without cost sharing
14 for preventive benefits in accordance with Subsection E of
15 this section.

16 B. The superintendent shall define by rule the
17 essential health benefits package to include at least the
18 following general categories and the items and services
19 covered within the categories:

20 (1) ambulatory patient services;
21 (2) emergency services;
22 (3) hospitalization;
23 (4) maternity and newborn care;
24 (5) mental health and substance use disorder
25 services, including behavioral health treatment;

(6) prescription drugs;
(7) rehabilitative and habilitative services
and devices;

(8) laboratory services;
(9) preventive and wellness services and
chronic disease management; and

(10) pediatric services, including oral and

1 vision care.

2 C. In defining the essential health benefits
3 pursuant to Subsection B of this section, the superintendent
4 shall:

5 (1) ensure that such essential health
6 benefits reflect an appropriate balance among the categories
7 described in that subsection, so that benefits are not unduly
8 weighted toward any category;

9 (2) not make coverage decisions, determine
10 reimbursement rates, establish incentive programs or design
11 benefits in ways that discriminate against individuals
12 because of their age, disability or expected length of life;

13 (3) take into account the health care needs
14 of diverse segments of the population, including women,
15 children, persons with disabilities and other groups;

16 (4) ensure that health benefits established
17 as essential not be subject to denial to individuals against
18 their wishes on the basis of the individual's age or expected
19 length of life or of the individual's present or predicted
20 disability, degree of medical dependency or quality of life;

21 (5) provide that if a plan is offered
22 through the New Mexico health insurance exchange, another
23 health insurance plan offered through the New Mexico health
24 insurance exchange shall not fail to be treated as a
25 qualified health plan solely because the plan does not offer
coverage of benefits offered through the standalone plan that
are otherwise required; and

(6) periodically update the essential health
benefits under Subsection B of this section to address any
gaps in access to coverage or changes in the evidence base
identified by the superintendent.

D. A group health plan and a health insurance

1 issuer offering a group or individual health insurance plan
2 shall not establish a restricted lifetime or annual limit on
3 the dollar value of benefits for any participant or
4 beneficiary with respect to benefits that are essential
5 health benefits, as determined by the superintendent. The
6 provisions of this subsection shall not be construed to
7 prevent a group health plan or health insurance plan from
8 placing annual or lifetime per-beneficiary limits on specific
9 covered benefits that are not essential health benefits, to
10 the extent that these limits are otherwise permitted under
11 federal or state law.

12 E. The superintendent shall adopt and promulgate
13 rules specifying the maximum cost-sharing amounts for which
14 an insured may be held liable for payment of covered benefits
15 under any health insurance plan that provides benefits other
16 than excepted benefits, including deductibles, coinsurance,
17 copayments or similar charge, and any other expenditure
18 required of an insured individual with respect to essential
19 health benefits covered under the plan, but not including
20 premiums, balance billing amounts for non-network providers
21 or spending for non-covered services.

22 F. Any rules that the office of superintendent of
23 insurance intends to adopt and promulgate pursuant to this
24 section shall be adopted no later than the first day of
25 February of the year prior to the first plan year for which
the rules would be effective.

G. A group health plan and a health insurance
issuer offering a group or individual health insurance plan
that provides benefits other than excepted benefits shall
provide coverage for and shall not impose any cost-sharing
requirements for:

- (1) items or services that have in effect a

1 rating of "A" or "B" in the current recommendations of the
2 United States preventive services task force;

3 (2) immunizations that have in effect a
4 recommendation from the department of health, with respect to
5 the insured for which immunization is considered;

6 (3) with respect to infants, children and
7 adolescents, preventive care and screenings provided for in
8 the comprehensive guidelines supported by the health
9 resources and services administration of the United States
10 department of health and human services; and

11 (4) with respect to women, additional
12 preventive care and screenings to those described in
13 Paragraph (1) of this subsection, as provided for in
14 comprehensive guidelines supported by the health resources
15 and services administration of the United States department
16 of health and human services.

17 H. The provisions of Subsection G of this section
18 shall not be construed to prohibit a health insurance plan or
19 health insurance issuer from providing coverage for services
20 in addition to those recommended by the United States
21 preventive services task force or to deny coverage for
22 services that are not described in this section. The
23 superintendent shall establish by rule a minimum interval
24 between the date on which a recommendation described in
25 Paragraphs (1) and (2) of Subsection G of this section or a
guideline under Paragraph (3) of Subsection G of this section
is issued and the plan year with respect to which the
requirement described in Subsection G of this section is
effective with respect to the service described in such
recommendation or guideline; provided that the interval shall
not be less than one year from the date the federal
recommendation or guideline is published.

1 I. If a health insurance plan is offered as a
2 qualified health plan through the New Mexico health insurance
3 exchange, the insurer offering the qualified health plan
4 shall also offer that plan through the health insurance
5 exchange as a plan that restricts enrollment to individuals
6 who, as of the beginning of a plan year, have not attained
7 the age of twenty-one years.

8 J. The superintendent shall adopt rules:

9 (1) to define terms used regarding forms,
10 rates, reviews and blocks of business that an insurer or
11 health care plan submits in filing matters;

12 (2) to govern any additional filing
13 requirements the superintendent deems appropriate;

14 (3) to provide notice of hearings and the
15 grounds on which the hearings have been requested;

16 (4) to meet criteria for review in
17 accordance with federal law; and

18 (5) that the superintendent deems
19 appropriate to carry out the provisions of Chapter 59A,
20 Article 18 NMSA 1978.

21 K. Except as provided by state or federal rule or
22 law, nothing in this section shall be construed to prohibit a
23 health insurance carrier from appropriately using reasonable
24 health care cost management techniques.

25 L. 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

1 insurance;

2 (5) automobile medical payment insurance;

3 (6) credit-only insurance;

4 (7) coverage for on-site medical clinics;

5 (8) other similar insurance coverage

6 specified in regulations under which benefits for medical
7 care are secondary or incidental to other benefits;

8 (9) the following benefits if offered
9 separately:

10 (a) limited scope dental or vision
11 benefits;

12 (b) benefits for long-term care,
13 nursing home care, home health care, community-based care or
14 any combination of those benefits; and

15 (c) other similar limited benefits
16 specified in regulations;

17 (10) the following benefits, offered as
18 independent noncoordinated benefits:

19 (a) coverage only for a specified
20 disease or illness; or

21 (b) hospital indemnity or other fixed
22 indemnity insurance; and

23 (11) the following benefits if offered as a
24 separate insurance policy:

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

SECTION 8. Section 24-5-1 NMSA 1978 (being Laws 1959,

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Chapter 329, Section 1, as amended by Section 1 of this act) is repealed and a new Section 24-5-1 NMSA 1978 is enacted to read:

"24-5-1. IMMUNIZATION REGULATIONS.--The public health division of the department of health shall, after consultation with the public education department, promulgate rules governing the immunization against diseases deemed to be dangerous to the public health, to be required of children attending public, private, home or parochial schools in the state. The immunizations required and the manner and frequency of their administration shall conform to recommendations of the advisory committee on immunization practices of the United States department of health and human services and the American academy of pediatrics. The public health division shall supervise and secure the enforcement of the required immunization program."

SECTION 9. Section 24-5-2 NMSA 1978 (being Laws 1959, Chapter 329, Section 2, as amended by Section 2 of this act) is repealed and a new Section 24-5-2 NMSA 1978 is enacted to read:

"24-5-2. UNLAWFUL TO ENROLL IN SCHOOL UNIMMUNIZED--UNLAWFUL TO REFUSE TO PERMIT IMMUNIZATION.--It is unlawful for any student to enroll in school unless the student has been immunized as required under the rules of the public health division of the department of health and can provide satisfactory evidence of such immunization; provided that, if the student produces satisfactory evidence of having begun the process of immunization, the student may enroll and attend school as long as the immunization process is being accomplished in the prescribed manner. It is unlawful for any parent to refuse or neglect to have the parent's child immunized, as required by this section, unless the child is

properly exempted."

SECTION 10. Section 24-5A-2 NMSA 1978 (being Laws 2015, Chapter 5, Section 2, as amended by Section 4 of this act) is repealed and a new Section 24-5A-2 NMSA 1978 is enacted to read:

"24-5A-2. DEFINITIONS.--As used in the Vaccine Purchasing Act:

A. "advisory committee on immunization practices" means the group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States, established under Section 222 of the federal Public Health Service Act;

B. "department" means the department of health;

C. "fund" means the vaccine purchasing fund;

D. "group health plan" means an employee welfare benefit plan to the extent that the plan provides medical care to employees or their dependents under the federal Employee Retirement Income Security Act of 1974 directly or through insurance, reimbursement or other means;

E. "health insurance coverage" means benefits consisting of medical care provided directly or through insurance or reimbursement or other means under any hospital or medical service policy or certificate, hospital or medical service plan contract or health maintenance organization contract offered by a health insurance issuer;

F. "health insurer" means any entity subject to regulation by the office of superintendent that:

(1) provides or is authorized to provide health insurance or health benefit plans;

(2) administers health insurance or health benefit coverage; or

(3) otherwise provides a plan of health

1 insurance or health benefits;

2 G. "insured child" means a child under the age of
3 nineteen who is eligible to receive health insurance coverage
4 from a health insurer or medical care pursuant to a group
5 health plan;

6 H. "office of superintendent" means the office of
7 superintendent of insurance;

8 I. "policy" means any contract of health insurance
9 between a health insurer and the insured and all clauses,
10 riders, endorsements and parts thereof;

11 J. "provider" means an individual or organization
12 licensed, certified or otherwise authorized or permitted by
13 law to provide vaccinations to insured children; and

14 K. "vaccines for children program" means the
15 federally funded program that provides vaccines at no cost to
16 eligible children pursuant to Section 1928 of the federal
17 Social Security Act."

18 SECTION 11. Section 24-5A-3 NMSA 1978 (being Laws 2015,
19 Chapter 5, Section 3, as amended by Section 5 of this act) is
20 repealed and a new Section 24-5A-3 NMSA 1978 is enacted to
21 read:

22 "24-5A-3. STATEWIDE VACCINE PURCHASING PROGRAM.--

23 A. The department shall establish and administer a
24 statewide vaccine purchasing program to:

25 (1) expand access to childhood immunizations
recommended by the advisory committee on immunization
practices;

(2) maintain and improve immunization rates;

(3) facilitate the acquisition by providers
of vaccines for childhood immunizations recommended by the
advisory committee on immunization practices; and

(4) leverage public and private funding and

1 resources for the purchase, storage and distribution of
2 vaccines for childhood immunizations recommended by the
3 advisory committee on immunization practices.

4 B. The department shall:

5 (1) purchase vaccines for all children in
6 New Mexico, including children eligible for the vaccines for
7 children program and insured children;

8 (2) invoice each health insurer and group
9 health plan to reimburse the department for the cost of
10 vaccines provided directly or indirectly by the department to
11 such health insurer's or group health plan's insured
12 children;

13 (3) maintain a list of registered providers
14 who receive vaccines for insured children that are purchased
15 by the state and provide such list to each health insurer and
16 group health plan with every invoice;

17 (4) report the failure of a health insurer
18 to reimburse the department within thirty days of the date of
19 the invoice to the office of superintendent;

20 (5) report the failure of a health insurer
21 or group health plan to reimburse the department within
22 thirty days of the date of the invoice to the state
23 department of justice for collection; and

24 (6) credit all receipts collected from
25 health insurers and group health plans pursuant to the
Vaccine Purchasing Act to the fund.

C. No later than July 1, 2015 and July 1 of each
year thereafter, the department shall estimate the amount to
be expended annually by the department to purchase, store and
distribute vaccines recommended by the advisory committee on
immunization practices to all insured children in the state,
including a reserve of ten percent of the amount estimated.

1 D. No later than September 1, 2015 and each
2 quarter thereafter, the department shall invoice each health
3 insurer and each group health plan for one-fourth of its
4 proportionate share of the estimated amount and reserve
5 pursuant to Subsection C of this section, calculated pursuant
6 to Subsection B of Section 24-5A-6 NMSA 1978.

7 E. The department may update its estimated amount
8 to be expended annually and its reserve to take into account
9 increases or decreases in the cost of vaccines or the costs
10 of additional vaccines that the department determines should
11 be included in the statewide vaccine purchasing program and
12 adjust the amount invoiced to each health insurer and group
13 health plan the following quarter."

14 SECTION 12. Section 24-5A-5 NMSA 1978 (being Laws 2015,
15 Chapter 5, Section 5, as amended by Section 6 of this act) is
16 repealed and a new Section 24-5A-5 NMSA 1978 is enacted to
17 read:

18 "24-5A-5. AUTHORIZED USES OF THE VACCINE PURCHASING
19 FUND.--

20 A. The fund shall be used for the purchase,
21 storage and distribution of vaccines, as recommended by the
22 advisory committee on immunization practices, for insured
23 children who are not eligible for the vaccines for children
24 program.

25 B. The department shall credit any balance
remaining in the fund at the end of the fiscal year toward
the department's purchase of vaccines the following year;
provided that the department maintains a reserve of ten
percent of the amount estimated to be expended in the
following year.

C. The fund shall not be used:

(1) for the purchase, storage and

1 distribution of vaccines for children who are eligible for
2 the vaccines for children program;

3 (2) for administrative expenses associated
4 with the statewide vaccine purchasing program; or

5 (3) to pass through a federally negotiated
6 discount pursuant to 42 U.S.C. 1396s."

7 SECTION 13. Section 59A-18-16.2 NMSA 1978 (being
8 Laws 2011, Chapter 144, Section 12, as amended by Section 7
9 of this act) is repealed and a new Section 59A-18-16.2
10 NMSA 1978 is enacted to read:

11 "59A-18-16.2. HEALTH INSURANCE OR HEALTH PLAN FORM AND
12 RATE FILINGS--SUPERINTENDENT--RULEMAKING--COMPLIANCE WITH
13 FEDERAL LAW.--

14 A. A small group health plan and a health
15 insurance issuer or multiple employer welfare arrangement
16 offering a small group or individual health insurance plan
17 that provides benefits other than excepted benefits shall:

18 (1) provide the essential health benefits
19 defined by the superintendent under Subsection B of this
20 section;

21 (2) limit cost sharing for such coverage in
22 accordance with Subsection D of this section; and

23 (3) provide coverage without cost sharing
24 for preventive benefits in accordance with Subsection E of
25 this section.

B. The superintendent shall define by rule the
essential health benefits package to include at least the
following general categories and the items and services
covered within the categories:

- (1) ambulatory patient services;
- (2) emergency services;
- (3) hospitalization;

1 (4) maternity and newborn care;
2 (5) mental health and substance use disorder
3 services, including behavioral health treatment;
4 (6) prescription drugs;
5 (7) rehabilitative and habilitative services
6 and devices;
7 (8) laboratory services;
8 (9) preventive and wellness services and
9 chronic disease management; and
10 (10) pediatric services, including oral and
11 vision care.

12 C. In defining the essential health benefits
13 pursuant to Subsection B of this section, the superintendent
14 shall:

15 (1) ensure that such essential health
16 benefits reflect an appropriate balance among the categories
17 described in that subsection, so that benefits are not unduly
18 weighted toward any category;

19 (2) not make coverage decisions, determine
20 reimbursement rates, establish incentive programs or design
21 benefits in ways that discriminate against individuals
22 because of their age, disability or expected length of life;

23 (3) take into account the health care needs
24 of diverse segments of the population, including women,
25 children, persons with disabilities and other groups;

(4) ensure that health benefits established
as essential not be subject to denial to individuals against
their wishes on the basis of the individual's age or expected
length of life or of the individual's present or predicted
disability, degree of medical dependency or quality of life;

(5) provide that if a plan is offered
through the New Mexico health insurance exchange, another

1 health insurance plan offered through the New Mexico health
2 insurance exchange shall not fail to be treated as a
3 qualified health plan solely because the plan does not offer
4 coverage of benefits offered through the standalone plan that
5 are otherwise required; and

6 (6) periodically update the essential health
7 benefits under Subsection B of this section to address any
8 gaps in access to coverage or changes in the evidence base
9 identified by the superintendent.

10 D. A group health plan and a health insurance
11 issuer offering a group or individual health insurance plan
12 shall not establish a restricted lifetime or annual limit on
13 the dollar value of benefits for any participant or
14 beneficiary with respect to benefits that are essential
15 health benefits, as determined by the superintendent. The
16 provisions of this subsection shall not be construed to
17 prevent a group health plan or health insurance plan from
18 placing annual or lifetime per-beneficiary limits on specific
19 covered benefits that are not essential health benefits, to
20 the extent that these limits are otherwise permitted under
21 federal or state law.

22 E. The superintendent shall adopt and promulgate
23 rules specifying the maximum cost-sharing amounts for which
24 an insured may be held liable for payment of covered benefits
25 under any health insurance plan that provides benefits other
than excepted benefits, including deductibles, coinsurance,
copayments or similar charge, and any other expenditure
required of an insured individual with respect to essential
health benefits covered under the plan, but not including
premiums, balance billing amounts for non-network providers
or spending for non-covered services.

F. Any rules that the office of superintendent of

1 insurance intends to adopt and promulgate pursuant to this
2 section shall be adopted no later than the first day of
3 February of the year prior to the first plan year for which
4 the rules would be effective.

5 G. A group health plan and a health insurance
6 issuer offering a group or individual health insurance plan
7 that provides benefits other than excepted benefits shall
8 provide coverage for and shall not impose any cost-sharing
9 requirements for:

10 (1) items or services that have in effect a
11 rating of "A" or "B" in the current recommendations of the
12 United States preventive services task force;

13 (2) immunizations that have in effect a
14 recommendation from the advisory committee on immunization
15 practices of the federal centers for disease control and
16 prevention, with respect to the insured for which
17 immunization is considered;

18 (3) with respect to infants, children and
19 adolescents, preventive care and screenings provided for in
20 the comprehensive guidelines supported by the health
21 resources and services administration of the United States
22 department of health and human services; and

23 (4) with respect to women, additional
24 preventive care and screenings to those described in
25 Paragraph (1) of this subsection, as provided for in
comprehensive guidelines supported by the health resources
and services administration of the United States department
of health and human services.

H. The provisions of Subsection G of this section
shall not be construed to prohibit a health insurance plan or
health insurance issuer from providing coverage for services
in addition to those recommended by the United States

1 preventive services task force or to deny coverage for
2 services that are not described in this section. The
3 superintendent shall establish by rule a minimum interval
4 between the date on which a recommendation described in
5 Paragraphs (1) and (2) of Subsection G of this section or a
6 guideline under Paragraph (3) of Subsection G of this section
7 is issued and the plan year with respect to which the
8 requirement described in Subsection G of this section is
9 effective with respect to the service described in such
10 recommendation or guideline; provided that the interval shall
11 not be less than one year from the date the federal
12 recommendation or guideline is published.

13 I. If a health insurance plan is offered as a
14 qualified health plan through the New Mexico health insurance
15 exchange, the insurer offering the qualified health plan
16 shall also offer that plan through the health insurance
17 exchange as a plan that restricts enrollment to individuals
18 who, as of the beginning of a plan year, have not attained
19 the age of twenty-one years.

20 J. The superintendent shall adopt rules:

21 (1) to define terms used regarding forms,
22 rates, reviews and blocks of business that an insurer or
23 health care plan submits in filing matters;

24 (2) to govern any additional filing
25 requirements the superintendent deems appropriate;

(3) to provide notice of hearings and the
grounds on which the hearings have been requested;

(4) to meet criteria for review in
accordance with federal law; and

(5) that the superintendent deems
appropriate to carry out the provisions of Chapter 59A,
Article 18 NMSA 1978.

1 K. Except as provided by state or federal rule or
2 law, nothing in this section shall be construed to prohibit a
3 health insurance carrier from appropriately using reasonable
4 health care cost management techniques.

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

7 (1) coverage-only accident or disability
8 income insurance;

9 (2) coverage issued as a supplement to
10 liability insurance;

11 (3) liability insurance;

12 (4) workers' compensation or similar
13 insurance;

14 (5) automobile medical payment insurance;

15 (6) credit-only insurance;

16 (7) coverage for on-site medical clinics;

17 (8) other similar insurance coverage
18 specified in regulations under which benefits for medical
19 care are secondary or incidental to other benefits;

20 (9) the following benefits if offered
21 separately:

22 (a) limited scope dental or vision
23 benefits;

24 (b) benefits for long-term care,
25 nursing home care, home health care, community-based care or
any combination of those benefits; and

 (c) other similar limited benefits
specified in regulations;

 (10) the following benefits, offered as
independent noncoordinated benefits:

 (a) coverage only for a specified
disease or illness; or

1 (b) hospital indemnity or other fixed
2 indemnity insurance; and

3 (11) the following benefits if offered as a
4 separate insurance policy:

5 (a) medicare supplemental health
6 insurance as defined pursuant to Section 1882(g)(1) of the
7 federal Social Security Act; and

8 (b) coverage supplemental to the
9 coverage provided pursuant to Chapter 55 of Title 10 USCA and
10 similar supplemental coverage provided to coverage pursuant
11 to a group health plan."

12 SECTION 14. DELAYED EFFECTIVE DATE.--The provisions
13 of Sections 8 through 13 of this act are effective
14 July 1, 2026. _____
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