

## Insurance Code - Alcohol Dependency

### 59A-23-6. Alcohol dependency coverage. (2013)

A. Each insurer that delivers or issues for delivery in this state a group health insurance policy shall offer and make available benefits for the necessary care and treatment of alcohol dependency. Such benefits shall:

- (1) be subject to annual deductibles and coinsurance consistent with those imposed on other benefits within the same policy;
- (2) provide no less than thirty days necessary care and treatment in an alcohol dependency treatment center and thirty outpatient visits for alcohol dependency treatment; and
- (3) be offered for benefit periods of no more than one year and may be limited to a lifetime maximum of no less than two benefit periods. Such offer of benefits shall be subject to the rights of the group health insurance holder to reject the coverage or to select any alternative level of benefits if that right is offered by or negotiated with that insurer.

B. For purposes of this section, "alcohol dependency treatment center" means a facility that provides a program for the treatment of alcohol dependency pursuant to a written treatment plan approved and monitored by a physician or meeting the quality standards of the behavioral health services division of the human services department and which facility also:

- (1) is affiliated with a hospital under a contractual agreement with an established system for patient referral;
- (2) is accredited as such a facility by the joint commission; or
- (3) meets at least the minimum standards adopted by the behavioral health services division for treatment of alcoholism in regional treatment centers.

C. This section applies to policies delivered or issued for delivery or renewed, extended or amended in this state on or after July 1, 1983 or upon expiration of a collective bargaining agreement applicable to a particular policyholder, whichever is later; provided that this section does not apply to blanket, short-term travel, accident-only, limited or specified disease, individual conversion policies or policies designed for issuance to persons eligible for coverage under Title 18 of the Social Security Act, known as medicare, or any other similar coverage under state or federal governmental plans. With respect to any policy forms approved by the office of superintendent of insurance prior to the effective date of this section, an insurer is authorized to comply with this section by the use of endorsements or riders; provided that such endorsements or riders are approved by the office of superintendent of insurance as being in compliance with this section and applicable provisions of the Insurance Code.

D. If an organization offering group health benefits to its members makes more than one health insurance policy or nonprofit health care plan available to its members on a member option basis, the organization shall not require alcohol dependency coverage from one health insurer or health care plan without requiring the same level of alcohol dependency coverage for all other health insurance policies or health care plans that the organization makes available to its members.

History: 1978 Comp., § 59-18-24, enacted by Laws 1983, ch. 64, § 1; 1978 Comp., § 59-18-24, recompiled as 59A-23-6 by Laws 1987, ch. 259, § 32; 2007, ch. 325, § 12; 2013, ch. 74, § 27.

#### Annotations

Cross references. — For Title 18 of the federal Social Security Act, see 42 U.S.C. §§ 1395 to 1395vv.

The 2013 amendment, effective March 29, 2013, required the superintendent of insurance to approve group health insurance policy forms; in Paragraph (2) of Subsection B, after "joint commission", deleted "on accreditation of hospitals"; and in Subsection C, in the second sentence, after "policy forms approved by the", added "office of



superintendent of", after "insurance", deleted "division of the public regulation commission", and after "riders are approved by the", added "office of superintendent of", and after "insurance", deleted "division".

The 2007 amendment, effective June 15, 2007, changed "health and environment department" to "human services department"; changed "substance abuse bureau" to "behavioral health services division"; and changed "department of insurance" to "insurance division of the public regulation commission".

**59A-47-35. Alcohol dependency coverage. (1999)**

A. Each health care plan that delivers or issues for delivery in this state a group contract providing for health care expense payments on a service benefit basis or an indemnity benefit basis or both shall offer and make available benefits for the necessary care and treatment of alcohol dependency. Such benefits shall:

- (1) be subject to annual deductibles and coinsurance consistent with those imposed on other subbenefits within the same contract;
- (2) provide no less than thirty days necessary care and treatment in an alcohol dependency treatment center and thirty outpatient visits for alcohol dependency treatment; and
- (3) be offered for benefit periods of no more than one year and may be limited to a lifetime maximum of no less than two benefit periods.

Such offer of benefits shall be subject to the rights of the group contract holder to reject the coverage or to select any alternative level of benefits if that right is offered by or negotiated with that health care plan.

B. For purposes of this section, "alcohol dependency treatment center" means a facility that contracts with the health care plan and that provides a program for the treatment of alcohol dependency pursuant to a written treatment plan approved and monitored by a physician or meeting the quality standards of the department of health and which facility also:

- (1) is affiliated with a hospital under a contractual agreement with an established system for patient referral;
- (2) is accredited as such a facility by the joint commission on accreditation of hospitals; or
- (3) meets at least the minimum standards adopted by the department of health.

C. This section applies to contracts delivered or issued for delivery or renewed, extended or amended in this state on or after July 1, 1983 or upon expiration of a collective bargaining agreement applicable to a particular contract holder, whichever is later; provided that this section does not apply to blanket, short-term travel, accident-only, limited or specified disease, individual conversion contracts or contracts designed for issuance to persons eligible for coverage under Title 18 of the Social Security Act, known as medicare, or any other similar coverage under state or federal governmental plans. With respect to any contract forms approved by the insurance division prior to the effective date of this section, an insurer is authorized to comply with this section by the use of endorsements or riders, provided such endorsements or riders are approved by the insurance division as being in compliance with this section and applicable provisions of the Insurance Code.

D. If an organization offering group health benefits to its members makes more than one health care plan or health insurance plan policy available to its members on a member option basis, the organization shall not require alcohol dependency coverage from one health care plan or health insurer without requiring the same level of alcohol dependency coverage for all other health care plans or health insurance policies that the organization makes available to its members.



History: Laws 1984, ch. 127, § 879.34; 1999, ch. 270, § 8.

Annotations

Bracketed material. — The bracketed reference to the department of health was inserted by the compiler, as Laws 1991, ch. 25, § 16 repeals former 9-7-4 NMSA 1978, relating to the health and environment department, and enacts a new 9-7-4 NMSA 1978, creating the department of health. The bracketed material was not enacted by the legislature, and it is not part of the law.

The 1999 amendment, effective July 1, 1999, in Subsection B, substituted "department of health" for "substance abuse bureau of the behavioral health services division of the health and environment department" in the introductory language and for "substance abuse bureau pursuant to Section 43-3-4 NMSA 1978 for treatment of alcoholism in regional treatment centers as defined in Section 43-3-3 NMSA 1978" in Paragraph (3); and substituted "insurance division" for "department of insurance" twice in Subsection C.

Insurance Code. — See 59A-1-1 NMSA 1978 and notes thereto.

Social Security Act. — Title 18 of the federal Social Security Act, referred to in Subsection C, is compiled as 42 U.S.C.A. § 1395 et seq.

