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AN ACT

RELATING TO HEALTH COVERAGE; AMENDING SECTIONS OF THE HEALTH CARE PURCHASING ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN LAW TO PROHIBIT AGE AND DOLLAR LIMITS ON SERVICES RELATED TO AUTISM SPECTRUM DISORDER; ENACTING A NEW SECTION OF THE PUBLIC ASSISTANCE ACT TO REQUIRE MEDICAL ASSISTANCE COVERAGE FOR AUTISM SPECTRUM DISORDER WITHOUT AGE OR DOLLAR LIMITS.

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

SECTION 1. Section 13-7-16 NMSA 1978 (being Laws 2013, Chapter 185, Section 1) is amended to read:

"13-7-16. COVERAGE FOR AUTISM SPECTRUM DISORDER DIAGNOSIS AND TREATMENT--PERMISSIBLE LIMITATIONS.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act shall provide coverage for:

(1) well-baby and well-child screening for diagnosing the presence of autism spectrum disorder; and

(2) treatment of autism spectrum disorder through speech therapy, occupational therapy, physical therapy and applied behavioral analysis.

B. Coverage required pursuant to Subsection A of this section:

1 (1) shall be limited to treatment that is
2 prescribed by the insured's treating physician in accordance
3 with a treatment plan;

4 (2) shall not be denied on the basis that
5 the services are habilitative or rehabilitative in nature;

6 (3) may be subject to other general
7 exclusions of the group health coverage, including
8 coordination of benefits, participating provider
9 requirements, restrictions on services provided by family or
10 household members and utilization review of health care
11 services, including the review of medical necessity, case
12 management and other managed care provisions; and

13 (4) may be limited to exclude coverage for
14 services received under the federal Individuals with
15 Disabilities Education Improvement Act of 2004 and related
16 state laws that place responsibility on state and local
17 school boards for providing specialized education and related
18 services to children three to twenty-two years of age who
19 have autism spectrum disorder.

20 C. Coverage for treatment of autism spectrum
21 disorder through speech therapy, occupational therapy,
22 physical therapy and applied behavioral analysis shall not be
23 denied to an enrollee on the basis of the enrollee's age.

24 D. The coverage required pursuant to Subsection A
25 of this section shall not be subject to deductibles or

1 coinsurance provisions that are less favorable to a covered
2 individual than the deductibles or coinsurance provisions
3 that apply to physical illnesses that are generally covered
4 under the group health coverage, except as otherwise provided
5 in Subsection B of this section.

6 E. A group health plan shall not deny or refuse
7 health coverage for medically necessary services or refuse to
8 contract with, renew, reissue or otherwise terminate or
9 restrict health coverage for an individual because the
10 individual is diagnosed as having autism spectrum disorder.

11 F. The treatment plan required pursuant to
12 Subsection B of this section shall include all elements
13 necessary for the group health coverage to pay claims
14 appropriately. These elements include:

15 (1) the diagnosis;
16 (2) the proposed treatment by types;
17 (3) the frequency and duration of treatment;
18 (4) the anticipated outcomes stated as
19 goals;

20 (5) the frequency with which the treatment
21 plan will be updated; and

22 (6) the signature of the treating physician.

23 G. This section shall not be construed as limiting
24 benefits and coverage otherwise available to an insured under
25 group health coverage.

1 H. The provisions of this section shall not apply
2 to policies intended to supplement major medical group-type
3 coverages such as medicare supplement, long-term care,
4 disability income, specified disease, accident-only, hospital
5 indemnity or other limited-benefit health insurance policies.

6 I. As used in this section:

7 (1) "autism spectrum disorder" means:

8 (a) a condition that meets the
9 diagnostic criteria for autism spectrum disorder published in
10 the current edition of the *Diagnostic and Statistical Manual*
11 *of Mental Disorders* published by the American psychiatric
12 association; or

13 (b) a condition diagnosed as autistic
14 disorder, Asperger's disorder, pervasive development disorder
15 not otherwise specified, Rett's disorder or childhood
16 disintegrative disorder pursuant to diagnostic criteria
17 published in a previous edition of the *Diagnostic and*
18 *Statistical Manual of Mental Disorders* published by the
19 American psychiatric association;

20 (2) "habilitative or rehabilitative
21 services" means treatment programs that are necessary to
22 develop, maintain and restore to the maximum extent
23 practicable the functioning of an individual; and

24 (3) "high school" means a school providing
25 instruction for any of the grades nine through twelve."

1 SECTION 2. A new section of the Public Assistance Act
2 is enacted to read:

3 "MEDICAL ASSISTANCE--AUTISM SPECTRUM DISORDER.--

4 A. The secretary shall ensure that medical
5 assistance coverage provides coverage, which shall not be
6 subject to age restrictions or dollar limits, for:

7 (1) well-baby and well-child screening for
8 diagnosing the presence of autism spectrum disorder; and

9 (2) treatment of autism spectrum disorder
10 through speech therapy, occupational therapy, physical
11 therapy and applied behavioral analysis.

12 B. Coverage required pursuant to Subsection A of
13 this section:

14 (1) shall be limited to treatment that is
15 prescribed by the recipient's treating physician in
16 accordance with a treatment plan;

17 (2) shall not be denied on the basis that
18 the services are habilitative or rehabilitative in nature;

19 (3) may be subject to other general
20 exclusions and limitations of medical assistance coverage,
21 including coordination of benefits, participating provider
22 requirements, restrictions on services provided by family or
23 household members and utilization review of health care
24 services, including the review of medical necessity, case
25 management and other managed care provisions; and

1 (4) may be limited to exclude coverage for
2 services received under the federal Individuals with
3 Disabilities Education Improvement Act of 2004 and related
4 state laws that place responsibility on state and local
5 school boards for providing specialized education and related
6 services to children three to twenty-two years of age who
7 have autism spectrum disorder.

8 C. The coverage required pursuant to Paragraph (1)
9 of Subsection A of this section shall not be subject to any
10 recipient cost-sharing.

11 D. The coverage required pursuant to Paragraph (2)
12 of Subsection A of this section shall not be subject to cost-
13 sharing provisions that are less favorable to a recipient
14 than the cost-sharing provisions that apply to physical
15 illnesses that are generally covered through medical
16 assistance coverage, except as otherwise provided in
17 Subsection B of this section.

18 E. The treatment plan required pursuant to
19 Subsection B of this section shall include all elements
20 necessary for the health insurance plan to pay claims
21 appropriately. These elements include the:

- 22 (1) diagnosis;
- 23 (2) proposed treatment by types;
- 24 (3) frequency and duration of treatment;
- 25 (4) anticipated outcomes stated as goals;

1 (5) frequency with which the treatment plan
2 will be updated; and

3 (6) signature of the treating physician.

4 F. This section shall not be construed as limiting
5 benefits and coverage otherwise available to a recipient
6 through medical assistance coverage.

7 G. As used in this section:

8 (1) "autism spectrum disorder" means:

9 (a) a condition that meets the
10 diagnostic criteria for autism spectrum disorder published in
11 the current edition of the *Diagnostic and Statistical Manual*
12 *of Mental Disorders* published by the American psychiatric
13 association; or

14 (b) a condition diagnosed as autistic
15 disorder, Asperger's disorder, pervasive development disorder
16 not otherwise specified, Rett's disorder or childhood
17 disintegrative disorder pursuant to diagnostic criteria
18 published in a previous edition of the *Diagnostic and*
19 *Statistical Manual of Mental Disorders* published by the
20 American psychiatric association;

21 (2) "cost-sharing" means any deductible,
22 copayment, coinsurance or other payment that a recipient is
23 required to pay for medical assistance items or services
24 provided through medical assistance coverage; and

25 (3) "habilitative or rehabilitative

1 services" means treatment programs that are necessary to
2 develop, maintain or restore to the maximum extent
3 practicable the functioning of an individual."

4 SECTION 3. Section 59A-22-49 NMSA 1978 (being Laws
5 2009, Chapter 74, Section 1) is amended to read:

6 "59A-22-49. COVERAGE FOR AUTISM SPECTRUM DISORDER
7 DIAGNOSIS AND TREATMENT.--

8 A. An individual or group health insurance policy,
9 health care plan or certificate of health insurance that is
10 delivered, issued for delivery or renewed in this state shall
11 provide coverage to an insured for:

12 (1) well-baby and well-child screening for
13 diagnosing the presence of autism spectrum disorder; and

14 (2) treatment of autism spectrum disorder
15 through speech therapy, occupational therapy, physical
16 therapy and applied behavioral analysis.

17 B. Coverage required pursuant to Subsection A of
18 this section:

19 (1) shall be limited to treatment that is
20 prescribed by the insured's treating physician in accordance
21 with a treatment plan;

22 (2) shall not be subject to annual or
23 lifetime dollar limits;

24 (3) shall not be denied on the basis that
25 the services are habilitative or rehabilitative in nature;

1 (4) may be subject to other general
2 exclusions and limitations of the insurer's policy or plan,
3 including coordination of benefits, participating provider
4 requirements, restrictions on services provided by family or
5 household members and utilization review of health care
6 services, including the review of medical necessity, case
7 management and other managed care provisions; and

8 (5) may be limited to exclude coverage for
9 services received under the federal Individuals with
10 Disabilities Education Improvement Act of 2004 and related
11 state laws that place responsibility on state and local
12 school boards for providing specialized education and related
13 services to children three to twenty-two years of age who
14 have autism spectrum disorder.

15 C. Coverage for treatment of autism spectrum
16 disorder through speech therapy, occupational therapy,
17 physical therapy and applied behavioral analysis shall not be
18 denied to an insured on the basis of the insured's age.

19 D. The coverage required pursuant to Subsection A
20 of this section shall not be subject to deductibles or
21 coinsurance provisions that are less favorable to an insured
22 than the deductibles or coinsurance provisions that apply to
23 physical illnesses that are generally covered under the
24 individual or group health insurance policy, health care plan
25 or certificate of health insurance, except as otherwise

1 provided in Subsection B of this section.

2 E. An insurer shall not deny or refuse to issue
3 health insurance coverage for medically necessary services or
4 refuse to contract with, renew, reissue or otherwise
5 terminate or restrict health insurance coverage for an
6 individual because the individual is diagnosed as having
7 autism spectrum disorder.

8 F. The treatment plan required pursuant to
9 Subsection B of this section shall include all elements
10 necessary for the health insurance plan to pay claims
11 appropriately. These elements include:

- 12 (1) the diagnosis;
- 13 (2) the proposed treatment by types;
- 14 (3) the frequency and duration of treatment;
- 15 (4) the anticipated outcomes stated as
16 goals;
- 17 (5) the frequency with which the treatment
18 plan will be updated; and
- 19 (6) the signature of the treating physician.

20 G. This section shall not be construed as limiting
21 benefits and coverage otherwise available to an insured under
22 a health insurance plan.

23 H. The provisions of this section shall not apply
24 to policies intended to supplement major medical group-type
25 coverages such as medicare supplement, long-term care,

1 disability income, specified disease, accident-only, hospital
2 indemnity or other limited-benefit health insurance policies.

3 I. As used in this section:

4 (1) "autism spectrum disorder" means:

5 (a) a condition that meets the
6 diagnostic criteria for autism spectrum disorder published in
7 the current edition of the *Diagnostic and Statistical Manual*
8 *of Mental Disorders* published by the American psychiatric
9 association; or

10 (b) a condition diagnosed as autistic
11 disorder, Asperger's disorder, pervasive development disorder
12 not otherwise specified, Rett's disorder or childhood
13 disintegrative disorder pursuant to diagnostic criteria
14 published in a previous edition of the *Diagnostic and*
15 *Statistical Manual of Mental Disorders* published by the
16 American psychiatric association;

17 (2) "habilitative or rehabilitative
18 services" means treatment programs that are necessary to
19 develop, maintain and restore to the maximum extent
20 practicable the functioning of an individual; and

21 (3) "high school" means a school providing
22 instruction for any of the grades nine through twelve."

23 SECTION 4. Section 59A-23-7.9 NMSA 1978 (being Laws
24 2009, Chapter 74, Section 2) is amended to read:

25 "59A-23-7.9. COVERAGE FOR AUTISM SPECTRUM DISORDER

1 DIAGNOSIS AND TREATMENT.--

2 A. A blanket or group health insurance policy or
3 contract that is delivered, issued for delivery or renewed in
4 this state shall provide coverage to an insured for:

5 (1) well-baby and well-child screening for
6 diagnosing the presence of autism spectrum disorder; and

7 (2) treatment of autism spectrum disorder
8 through speech therapy, occupational therapy, physical
9 therapy and applied behavioral analysis.

10 B. Coverage required pursuant to Subsection A of
11 this section:

12 (1) shall be limited to treatment that is
13 prescribed by the insured's treating physician in accordance
14 with a treatment plan;

15 (2) shall not be subject to annual or
16 lifetime dollar limits;

17 (3) shall not be denied on the basis that
18 the services are habilitative or rehabilitative in nature;

19 (4) may be subject to other general
20 exclusions and limitations of the insurer's policy or plan,
21 including coordination of benefits, participating provider
22 requirements, restrictions on services provided by family or
23 household members and utilization review of health care
24 services, including the review of medical necessity, case
25 management and other managed care provisions; and

1 (5) may be limited to exclude coverage for
2 services received under the federal Individuals with
3 Disabilities Education Improvement Act of 2004 and related
4 state laws that place responsibility on state and local
5 school boards for providing specialized education and related
6 services to children three to twenty-two years of age who
7 have autism spectrum disorder.

8 C. Coverage for treatment of autism spectrum
9 disorder through speech therapy, occupational therapy,
10 physical therapy and applied behavioral analysis shall not be
11 denied to an insured on the basis of the insured's age.

12 D. The coverage required pursuant to Subsection A
13 of this section shall not be subject to deductibles or
14 coinsurance provisions that are less favorable to an insured
15 than the deductibles or coinsurance provisions that apply to
16 physical illnesses that are generally covered under the
17 blanket or group health insurance policy or contract, except
18 as otherwise provided in Subsection B of this section.

19 E. An insurer shall not deny or refuse to issue
20 health insurance coverage for medically necessary services or
21 refuse to contract with, renew, reissue or otherwise
22 terminate or restrict health insurance coverage for an
23 individual because the individual is diagnosed as having
24 autism spectrum disorder.

25 F. The treatment plan required pursuant to

1 Subsection B of this section shall include all elements
2 necessary for the health insurance plan to pay claims
3 appropriately. These elements include:

- 4 (1) the diagnosis;
- 5 (2) the proposed treatment by types;
- 6 (3) the frequency and duration of treatment;
- 7 (4) the anticipated outcomes stated as
8 goals;
- 9 (5) the frequency with which the treatment
10 plan will be updated; and
- 11 (6) the signature of the treating physician.

12 G. This section shall not be construed as limiting
13 benefits and coverage otherwise available to an insured under
14 a health insurance plan.

15 H. The provisions of this section shall not apply
16 to policies intended to supplement major medical group-type
17 coverages such as medicare supplement, long-term care,
18 disability income, specified disease, accident-only, hospital
19 indemnity or other limited-benefit health insurance policies.

20 I. As used in this section:

- 21 (1) "autism spectrum disorder" means:
 - 22 (a) a condition that meets the
23 diagnostic criteria for autism spectrum disorder published in
24 the current edition of the *Diagnostic and Statistical Manual*
25 of *Mental Disorders* published by the American psychiatric

1 association; or

2 (b) a condition diagnosed as autistic
3 disorder, Asperger's disorder, pervasive development disorder
4 not otherwise specified, Rett's disorder or childhood
5 disintegrative disorder pursuant to diagnostic criteria
6 published in a previous edition of the *Diagnostic and*
7 *Statistical Manual of Mental Disorders* published by the
8 American psychiatric association;

9 (2) "habilitative or rehabilitative
10 services" means treatment programs that are necessary to
11 develop, maintain and restore to the maximum extent
12 practicable the functioning of an individual; and

13 (3) "high school" means a school providing
14 instruction for any of the grades nine through twelve."

15 **SECTION 5.** Section 59A-46-50 NMSA 1978 (being Laws
16 2009, Chapter 74, Section 3) is amended to read:

17 "59A-46-50. COVERAGE FOR AUTISM SPECTRUM DISORDER
18 DIAGNOSIS AND TREATMENT.--

19 A. An individual or group health maintenance
20 contract that is delivered, issued for delivery or renewed in
21 this state shall provide coverage to an enrollee for:

22 (1) well-baby and well-child screening for
23 diagnosing the presence of autism spectrum disorder; and

24 (2) treatment of autism spectrum disorder
25 through speech therapy, occupational therapy, physical

1 therapy and applied behavioral analysis.

2 B. Coverage required pursuant to Subsection A of
3 this section:

4 (1) shall be limited to treatment that is
5 prescribed by the enrollee's treating physician in accordance
6 with a treatment plan;

7 (2) shall not be subject to annual or
8 lifetime dollar limits;

9 (3) shall not be denied on the basis that
10 the services are habilitative or rehabilitative in nature;

11 (4) may be subject to other general
12 exclusions and limitations of the health maintenance
13 organization contract, including coordination of benefits,
14 participating provider requirements, restrictions on services
15 provided by family or household members and utilization
16 review of health care services, including the review of
17 medical necessity, case management and other managed care
18 provisions; and

19 (5) may be limited to exclude coverage for
20 services received under the federal Individuals with
21 Disabilities Education Improvement Act of 2004 and related
22 state laws that place responsibility on state and local
23 school boards for providing specialized education and related
24 services to children three to twenty-two years of age who
25 have autism spectrum disorder.

1 C. Coverage for treatment of autism spectrum
2 disorder through speech therapy, occupational therapy,
3 physical therapy and applied behavioral analysis shall not be
4 denied to an enrollee on the basis of the enrollee's age.

5 D. The coverage required pursuant to Subsection A
6 of this section shall not be subject to deductibles or
7 coinsurance provisions that are less favorable to an enrollee
8 than the deductibles or coinsurance provisions that apply to
9 physical illnesses that are generally covered under the
10 individual or group health maintenance contract, except as
11 otherwise provided in Subsection B of this section.

12 E. A carrier shall not deny or refuse to issue a
13 health maintenance organization contract for medically
14 necessary services or refuse to contract with, renew, reissue
15 or otherwise terminate or restrict health maintenance
16 organization coverage for an individual because the
17 individual is diagnosed as having autism spectrum disorder.

18 F. The treatment plan required pursuant to
19 Subsection B of this section shall include all elements
20 necessary for the health maintenance organization contract to
21 pay claims appropriately. These elements include:

- 22 (1) the diagnosis;
- 23 (2) the proposed treatment by types;
- 24 (3) the frequency and duration of treatment;
- 25 (4) the anticipated outcomes stated as

1 goals;

2 (5) the frequency with which the treatment
3 plan will be updated; and

4 (6) the signature of the treating physician.

5 G. This section shall not be construed as limiting
6 benefits and coverage otherwise available to an enrollee
7 under a health maintenance organization contract.

8 H. The provisions of this section shall not apply
9 to contracts, plans or policies intended to supplement major
10 medical group-type coverages such as medicare supplement,
11 long-term care, disability income, specified disease,
12 accident-only, hospital indemnity or other limited-benefit
13 health insurance contracts, plans or policies.

14 I. As used in this section:

15 (1) "autism spectrum disorder" means:

16 (a) a condition that meets the
17 diagnostic criteria for the pervasive developmental disorders
18 published in the current edition of the *Diagnostic and*
19 *Statistical Manual of Mental Disorders* published by the
20 American psychiatric association; or

21 (b) a condition diagnosed as autistic
22 disorder, Asperger's disorder, pervasive development disorder
23 not otherwise specified, Rett's disorder or childhood
24 disintegrative disorder pursuant to diagnostic criteria
25 published in a previous edition of the *Diagnostic and*

1 *Statistical Manual of Mental Disorders* published by the
2 American psychiatric association; and

3 (2) "habilitative or rehabilitative
4 services" means treatment programs that are necessary to
5 develop, maintain and restore to the maximum extent
6 practicable the functioning of an individual."

7 **SECTION 6.** Section 59A-47-45 NMSA 1978 (being Laws
8 2009, Chapter 74, Section 4) is amended to read:

9 "59A-47-45. COVERAGE FOR AUTISM SPECTRUM DISORDER
10 DIAGNOSIS AND TREATMENT.--

11 A. An individual or group health insurance policy,
12 health care plan or certificate of health insurance delivered
13 or issued for delivery in this state shall provide coverage
14 to a subscriber for:

15 (1) well-baby and well-child screening for
16 diagnosing the presence of autism spectrum disorder; and

17 (2) treatment of autism spectrum disorder
18 through speech therapy, occupational therapy, physical
19 therapy and applied behavioral analysis.

20 B. Coverage required pursuant to Subsection A of
21 this section:

22 (1) shall be limited to treatment that is
23 prescribed by the subscriber's treating physician in
24 accordance with a treatment plan;

25 (2) shall not be subject to any annual or

1 lifetime dollar limits;

2 (3) shall not be denied on the basis that
3 the services are habilitative or rehabilitative in nature;

4 (4) may be subject to other general
5 exclusions and limitations of the health care plan, including
6 coordination of benefits, participating provider
7 requirements, restrictions on services provided by family or
8 household members and utilization review of health care
9 services, including the review of medical necessity, case
10 management and other managed care provisions; and

11 (5) may be limited to exclude coverage for
12 services received under the federal Individuals with
13 Disabilities Education Improvement Act of 2004 and related
14 state laws that place responsibility on state and local
15 school boards for providing specialized education and related
16 services to children three to twenty-two years of age who
17 have autism spectrum disorder.

18 C. Coverage for treatment of autism spectrum
19 disorder through speech therapy, occupational therapy,
20 physical therapy and applied behavioral analysis shall not be
21 denied to a subscriber on the basis of the subscriber's age.

22 D. The coverage required pursuant to Subsection A
23 of this section shall not be subject to deductibles or
24 coinsurance provisions that are less favorable to an insured
25 than the deductibles or coinsurance provisions that apply to

1 physical illnesses that are generally covered under the
2 individual or group health maintenance contract, except as
3 otherwise provided in Subsection B of this section.

4 E. A health care plan shall not deny or refuse to
5 issue health care plan coverage for medically necessary
6 services or refuse to contract with, renew, reissue or
7 otherwise terminate or restrict health insurance coverage for
8 an individual because the individual is diagnosed as having
9 autism spectrum disorder.

10 F. The treatment plan required pursuant to
11 Subsection B of this section shall include all elements
12 necessary for the health care plan to pay claims
13 appropriately. These elements include:

14 (1) the diagnosis;
15 (2) the proposed treatment by types;
16 (3) the frequency and duration of treatment;
17 (4) the anticipated outcomes stated as
18 goals;

19 (5) the frequency with which the treatment
20 plan will be updated; and

21 (6) the signature of the treating physician.

22 G. This section shall not be construed as limiting
23 benefits and coverage otherwise available to an insured under
24 a health care plan.

25 H. The provisions of this section shall not apply

1 to plans, contracts or policies intended to supplement major
2 medical group-type coverages such as medicare supplement,
3 long-term care, disability income, specified disease,
4 accident-only, hospital indemnity or other limited-benefit
5 health insurance plans, contracts or policies.

6 I. As used in this section:

7 (1) "autism spectrum disorder" means:

8 (a) a condition that meets the
9 diagnostic criteria for autism spectrum disorder published in
10 the current edition of the *Diagnostic and Statistical Manual*
11 *of Mental Disorders* published by the American psychiatric
12 association; or

13 (b) a condition diagnosed as autistic
14 disorder, Asperger's disorder, pervasive development disorder
15 not otherwise specified, Rett's disorder or childhood
16 disintegrative disorder pursuant to diagnostic criteria
17 published in a previous edition of the *Diagnostic and*
18 *Statistical Manual of Mental Disorders* published by the
19 American psychiatric association; and

20 (2) "habilitative or rehabilitative
21 services" means treatment programs that are necessary to
22 develop, maintain and restore to the maximum extent
23 practicable the functioning of an individual."