

HOUSE BILL 75

56TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2023

INTRODUCED BY

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This document may incorporate amendments proposed by a committee, but not yet adopted, as well as amendments that have been adopted during the current legislative session. The document is a tool to show amendments in context and cannot be used for the purpose of adding amendments to legislation.

AN ACT

RELATING TO HEALTH COVERAGE; ENACTING 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 ESTABLISH LIMITS ON COST SHARING AND COINSURANCE FOR CHIROPRACTIC PHYSICIAN SERVICES.

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

SECTION 1. A new section of the Health Care Purchasing

.223358.1AIC February 3, 2023 (1:49pm)

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Act is enacted to read:

"[NEW MATERIAL] CHIROPRACTIC PHYSICIAN SERVICES--LIMITS ON COST SHARING AND COINSURANCE.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that offers coverage of the services of a chiropractic physician shall not impose a copayment or coinsurance on those chiropractic physician services that exceeds the copayment or coinsurance imposed for primary care services.

B. As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate."

SECTION 2. A new section of Chapter 59A, Article 22 NMSA 1978 is enacted to read:

"[NEW MATERIAL] CHIROPRACTIC PHYSICIAN SERVICES--LIMITS ON COST SHARING AND COINSURANCE.--

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state that offers coverage of the services of a chiropractic physician shall not impose a copayment or coinsurance on those

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chiropractic physician services that exceeds the copayment or coinsurance imposed for primary care services.

B. As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate. HCPAC→"←HCPAC

HCPAC→C. The provisions of this section do not apply to short-term travel, accident-only or limited or specified-disease policies."←HCPAC

SECTION 3. A new section of Chapter 59A, Article 23 NMSA 1978 is enacted to read:

"[NEW MATERIAL] CHIROPRACTIC PHYSICIAN SERVICES--LIMITS ON COST SHARING AND COINSURANCE.--

A. A group or blanket health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state that offers coverage of the services of a chiropractic physician shall not impose a copayment or coinsurance on those chiropractic physician services that exceeds the copayment or coinsurance imposed for primary care services.

B. As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment

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services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate. HCPAC→"←HCPAC

HCPAC→C. The provisions of this section do not apply to short-term travel, accident-only or limited or specified-disease policies."←HCPAC

SECTION 4. A new section of the Health Maintenance Organization Law is enacted to read:

"[NEW MATERIAL] CHIROPRACTIC PHYSICIAN SERVICES--LIMITS ON COST SHARING AND COINSURANCE.--

A. An individual or group health maintenance contract that is delivered, issued for delivery or renewed in this state that offers coverage of the services of a chiropractic physician shall not impose a copayment or coinsurance on those chiropractic physician services that exceeds the copayment or coinsurance imposed for primary care services.

B. As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate. HCPAC→"←HCPAC

HCPAC→C. The provisions of this section do not apply to short-term travel, accident-only or limited or

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specified-disease policies."←HCPAC

SECTION 5. A new section of the Nonprofit Health Care Plan Law is enacted to read:

"[NEW MATERIAL] CHIROPRACTIC PHYSICIAN SERVICES--LIMITS ON COST SHARING AND COINSURANCE.--

A. An individual or group health care plan that is delivered, issued for delivery or renewed in this state that offers coverage of the services of a chiropractic physician shall not impose a copayment or coinsurance on those chiropractic physician services that exceeds the copayment or coinsurance imposed for primary care services.

B. As used in this section, "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate. HCPAC→"←HCPAC

HCPAC→C. The provisions of this section do not apply to short-term travel, accident-only or limited or specified-disease policies."

SECTION 6. EFFECTIVE DATE.--The effective date of the provisions of this act is January 1, 2024.←HCPAC