

1 AN ACT
2 RELATING TO HEALTH COVERAGE FOR CONTRACEPTION; AMENDING THE
3 HEALTH CARE PURCHASING ACT AND ENACTING AND AMENDING SECTIONS
4 OF THE NEW MEXICO INSURANCE CODE AND THE HEALTH MAINTENANCE
5 ORGANIZATION LAW TO PROVIDE COVERAGE FOR CONTRACEPTION;
6 ENACTING A NEW SECTION OF THE NONPROFIT HEALTH CARE PLAN LAW
7 TO PROVIDE COVERAGE FOR CONTRACEPTION; ENACTING A NEW SECTION
8 OF THE PUBLIC ASSISTANCE ACT TO ESTABLISH DISPENSING
9 REQUIREMENTS; PROVIDING FOR A CONTINGENT REPEAL.

10
11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

12 SECTION 1. A new section of the Health Care Purchasing
13 Act is enacted to read:

14 "COVERAGE FOR CONTRACEPTION.--

15 A. Group health coverage, including any form of
16 self-insurance, offered, issued or renewed under the Health
17 Care Purchasing Act that provides coverage for prescription
18 drugs shall provide, at a minimum, the following coverage:

19 (1) at least one product or form of
20 contraception in each of the contraceptive method categories
21 identified by the federal food and drug administration;

22 (2) a sufficient number and assortment of
23 oral contraceptive pills to reflect the variety of oral
24 contraceptives approved by the federal food and drug
25 administration; and

1 (3) clinical services related to the
2 provision or use of contraception, including consultations,
3 examinations, procedures, ultrasound, anesthesia, patient
4 education, counseling, device insertion and removal, follow-
5 up care and side-effects management.

6 B. Except as provided in Subsection C of this
7 section, the coverage required pursuant to this section shall
8 not be subject to:

- 9 (1) enrollee cost sharing;
10 (2) utilization review;
11 (3) prior authorization or step therapy
12 requirements; or
13 (4) any other restrictions or delays on the
14 coverage.

15 C. A group health plan may discourage brand-name
16 pharmacy drugs or items by applying cost sharing to brand-
17 name drugs or items when at least one generic or therapeutic
18 equivalent is covered within the same method of contraception
19 without patient cost sharing; provided that when an
20 enrollee's health care provider determines that a particular
21 drug or item is medically necessary, the group health plan
22 shall cover the brand-name pharmacy drug or item without cost
23 sharing. Medical necessity may include considerations such
24 as severity of side effects, differences in permanence or
25 reversibility of contraceptives and ability to adhere to the

1 appropriate use of the drug or item, as determined by the
2 attending provider.

3 D. A group health plan administrator shall grant
4 an enrollee an expedited hearing to appeal any adverse
5 determination made relating to the provisions of this
6 section. The process for requesting an expedited hearing
7 pursuant to this subsection shall:

8 (1) be easily accessible, transparent,
9 sufficiently expedient and not unduly burdensome on an
10 enrollee, the enrollee's representative or the enrollee's
11 health care provider;

12 (2) defer to the determination of the
13 enrollee's health care provider; and

14 (3) provide for a determination of the claim
15 according to a time frame and in a manner that takes into
16 account the nature of the claim and the medical exigencies
17 involved for a claim involving an urgent health care need.

18 E. A group health plan shall not require a
19 prescription for any drug, item or service that is available
20 without a prescription.

21 F. A group health plan shall provide coverage and
22 shall reimburse a health care provider or dispensing entity
23 on a per-unit basis for dispensing a six-month supply of
24 contraceptives at one time; provided that the contraceptives
25 are prescribed and self-administered.

1 G. Nothing in this section shall be construed to:

2 (1) require a health care provider to
3 prescribe six months of contraceptives at one time; or

4 (2) permit a group health plan to limit
5 coverage or impose cost sharing for an alternate method of
6 contraception if an enrollee changes contraceptive methods
7 before exhausting a previously dispensed supply.

8 H. The provisions of this section shall not apply
9 to short-term travel, accident-only, hospital-indemnity-only,
10 limited-benefit or disease-specific group health plans.

11 I. For the purposes of this section:

12 (1) "contraceptive method categories
13 identified by the federal food and drug administration":

14 (a) means tubal ligation; sterilization
15 implant; copper intrauterine device; intrauterine device with
16 progestin; implantable rod; contraceptive shot or injection;
17 combined oral contraceptives; extended or continuous use oral
18 contraceptives; progestin-only oral contraceptives; patch;
19 vaginal ring; diaphragm with spermicide; sponge with
20 spermicide; cervical cap with spermicide; male and female
21 condoms; spermicide alone; vasectomy; ulipristal acetate;
22 levonorgestrel emergency contraception; and any additional
23 method categories of contraception approved by the federal
24 food and drug administration; and

25 (b) does not mean a product that has

1 been recalled for safety reasons or withdrawn from the
2 market;

3 (2) "cost sharing" means a deductible,
4 copayment or coinsurance that an enrollee is required to pay
5 in accordance with the terms of a group health plan; and

6 (3) "health care provider" means an
7 individual licensed to provide health care in the ordinary
8 course of business."

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

11 "MEDICAL ASSISTANCE--REIMBURSEMENT FOR A ONE-YEAR SUPPLY
12 OF COVERED PRESCRIPTION CONTRACEPTIVE DRUGS OR DEVICES.--

13 A. In providing coverage for family planning
14 services and supplies under the medical assistance program,
15 the department shall ensure that a recipient is permitted to
16 fill or refill a prescription for a one-year supply of a
17 covered, self-administered contraceptive at one time, as
18 prescribed.

19 B. Nothing in this section shall be construed to
20 limit a recipient's freedom to choose or change the method of
21 family planning to be used, regardless of whether the
22 recipient has exhausted a previously dispensed supply of
23 contraceptives."

24 SECTION 3. Section 59A-22-42 NMSA 1978 (being Laws
25 2001, Chapter 14, Section 1, as amended) is amended to read:

1 "59A-22-42. COVERAGE FOR PRESCRIPTION CONTRACEPTIVE
2 DRUGS OR DEVICES.--

3 A. Each individual and group health insurance
4 policy, health care plan and certificate of health insurance
5 delivered or issued for delivery in this state that provides
6 a prescription drug benefit shall provide, at a minimum, the
7 following coverage:

8 (1) at least one product or form of
9 contraception in each of the contraceptive method categories
10 identified by the federal food and drug administration;

11 (2) a sufficient number and assortment of
12 oral contraceptive pills to reflect the variety of oral
13 contraceptives approved by the federal food and drug
14 administration; and

15 (3) clinical services related to the
16 provision or use of contraception, including consultations,
17 examinations, procedures, ultrasound, anesthesia, patient
18 education, counseling, device insertion and removal, follow-
19 up care and side-effects management.

20 B. Except as provided in Subsection C of this
21 section, the coverage required pursuant to this section shall
22 not be subject to:

23 (1) cost sharing for insureds;

24 (2) utilization review;

25 (3) prior authorization or step-therapy

1 requirements; or

2 (4) any other restrictions or delays on the
3 coverage.

4 C. An insurer may discourage brand-name pharmacy
5 drugs or items by applying cost sharing to brand-name drugs
6 or items when at least one generic or therapeutic equivalent
7 is covered within the same method of contraception without
8 patient cost sharing; provided that when an insured's health
9 care provider determines that a particular drug or item is
10 medically necessary, the individual or group health insurance
11 policy, health care plan or certificate of insurance shall
12 cover the brand-name pharmacy drug or item without cost
13 sharing. Medical necessity may include considerations such
14 as severity of side effects, differences in permanence or
15 reversibility of contraceptives and ability to adhere to the
16 appropriate use of the drug or item, as determined by the
17 attending provider.

18 D. An insurer shall grant an insured an expedited
19 hearing to appeal any adverse determination made relating to
20 the provisions of this section. The process for requesting
21 an expedited hearing pursuant to this subsection shall:

22 (1) be easily accessible, transparent,
23 sufficiently expedient and not unduly burdensome on an
24 insured, the insured's representative or the insured's health
25 care provider;

1 (2) defer to the determination of the
2 insured's health care provider; and

3 (3) provide for a determination of the claim
4 according to a time frame and in a manner that takes into
5 account the nature of the claim and the medical exigencies
6 involved for a claim involving an urgent health care need.

7 E. An insurer shall not require a prescription for
8 any drug, item or service that is available without a
9 prescription.

10 F. An insurer shall provide coverage and shall
11 reimburse a health care provider or dispensing entity on a
12 per-unit basis for dispensing a six-month supply of
13 contraceptives at one time; provided that the contraceptives
14 are prescribed and self-administered.

15 G. Nothing in this section shall be construed to:

16 (1) require a health care provider to
17 prescribe six months of contraceptives at one time; or

18 (2) permit an insurer to limit coverage or
19 impose cost sharing for an alternate method of contraception
20 if an insured changes contraceptive methods before exhausting
21 a previously dispensed supply.

22 H. The provisions of this section shall not apply
23 to short-term travel, accident-only hospital-indemnity-only,
24 limited-benefit or specified-disease policies.

25 I. The provisions of this section apply to

1 individual and group health insurance policies, health care
2 plans and certificates of insurance delivered or issued for
3 delivery after January 1, 2020.

4 J. For the purposes of this section:

5 (1) "contraceptive method categories
6 identified by the federal food and drug administration":

7 (a) means tubal ligation; sterilization
8 implant; copper intrauterine device; intrauterine device with
9 progestin; implantable rod; contraceptive shot or injection;
10 combined oral contraceptives; extended or continuous use oral
11 contraceptives; progestin-only oral contraceptives; patch;
12 vaginal ring; diaphragm with spermicide; sponge with
13 spermicide; cervical cap with spermicide; male and female
14 condoms; spermicide alone; vasectomy; ulipristal acetate;
15 levonorgestrel emergency contraception; and any additional
16 contraceptive method categories approved by the federal food
17 and drug administration; and

18 (b) does not mean a product that has
19 been recalled for safety reasons or withdrawn from the
20 market;

21 (2) "cost sharing" means a deductible,
22 copayment or coinsurance that an insured is required to pay
23 in accordance with the terms of an individual or group health
24 insurance policy, health care plan or certificate of
25 insurance; and

1 (3) "health care provider" means an
2 individual licensed to provide health care in the ordinary
3 course of business.

4 K. A religious entity purchasing individual or
5 group health insurance coverage may elect to exclude
6 prescription contraceptive drugs or devices from the health
7 coverage purchased."

8 **SECTION 4.** A new section of Chapter 59A, Article 22
9 NMSA 1978 is enacted to read:

10 "COVERAGE EXCLUSION.--Coverage of vasectomy and male
11 condoms pursuant to Section 3 of this 2019 act is excluded
12 for high-deductible individual and group health insurance
13 policies, health care plans or certificates of insurance with
14 health savings accounts delivered or issued for delivery in
15 this state until an insured's deductible has been met."

16 **SECTION 5.** A new section of Chapter 59A, Article 23
17 NMSA 1978 is enacted to read:

18 "COVERAGE FOR CONTRACEPTION.--

19 A. Each individual and group health insurance
20 policy, health care plan and certificate of health insurance
21 delivered or issued for delivery in this state that provides
22 a prescription drug benefit shall provide, at a minimum, the
23 following coverage:

24 (1) at least one product or form of
25 contraception in each of the contraceptive method categories

1 identified by the federal food and drug administration;

2 (2) a sufficient number and assortment of
3 oral contraceptive pills to reflect the variety of oral
4 contraceptives approved by the federal food and drug
5 administration; and

6 (3) clinical services related to the
7 provision or use of contraception, including consultations,
8 examinations, procedures, ultrasound, anesthesia, patient
9 education, counseling, device insertion and removal, follow-
10 up care and side-effects management.

11 B. Except as provided in Subsection C of this
12 section, the coverage required pursuant to this section shall
13 not be subject to:

- 14 (1) cost sharing for insureds;
15 (2) utilization review;
16 (3) prior authorization or step-therapy
17 requirements; or
18 (4) any restrictions or delays on the
19 coverage.

20 C. An insurer may discourage brand-name pharmacy
21 drugs or items by applying cost sharing to brand-name drugs
22 or items when at least one generic or therapeutic equivalent
23 is covered within the same method category of contraception
24 without cost sharing by the insured; provided that when an
25 insured's health care provider determines that a particular

1 drug or item is medically necessary, the individual or group
2 health insurance policy, health care plan or certificate of
3 health insurance shall cover the brand-name pharmacy drug or
4 item without cost sharing. A determination of medical
5 necessity may include considerations such as severity of side
6 effects, differences in permanence or reversibility of
7 contraceptives and ability to adhere to the appropriate use
8 of the drug or item, as determined by the attending provider.

9 D. An insurer shall grant an insured an expedited
10 hearing to appeal any adverse determination made relating to
11 the provisions of this section. The process for requesting
12 an expedited hearing pursuant to this subsection shall:

13 (1) be easily accessible, transparent,
14 sufficiently expedient and not unduly burdensome on an
15 insured, the insured's representative or the insured's health
16 care provider;

17 (2) defer to the determination of the
18 insured's health care provider; and

19 (3) provide for a determination of the claim
20 according to a time frame and in a manner that takes into
21 account the nature of the claim and the medical exigencies
22 involved for a claim involving an urgent health care need.

23 E. An insurer shall not require a prescription for
24 any drug, item or service that is available without a
25 prescription.

1 F. An individual or group health insurance policy,
2 health care plan or certificate of health insurance shall
3 provide coverage and shall reimburse a health care provider
4 or dispensing entity on a per unit basis for dispensing a
5 six-month supply of contraceptives; provided that the
6 contraceptives are prescribed and self-administered.

7 G. Nothing in this section shall be construed to:

8 (1) require a health care provider to
9 prescribe six months of contraceptives at one time; or

10 (2) permit an insurer to limit coverage or
11 impose cost sharing for an alternate method of contraception
12 if an insured changes contraceptive methods before exhausting
13 a previously dispensed supply.

14 H. The provisions of this section shall not apply
15 to short-term travel, accident-only, hospital-indemnity-only,
16 limited-benefit or specified-disease health benefits plans.

17 I. The provisions of this section apply to
18 individual or group health insurance policies, health care
19 plans or certificates of insurance delivered or issued for
20 delivery after January 1, 2020.

21 J. For the purposes of this section:

22 (1) "contraceptive method categories
23 identified by the federal food and drug administration":

24 (a) means tubal ligation; sterilization
25 implant; copper intrauterine device; intrauterine device with

1 progestin; implantable rod; contraceptive shot or injection;
2 combined oral contraceptives; extended or continuous use oral
3 contraceptives; progestin-only oral contraceptives; patch;
4 vaginal ring; diaphragm with spermicide; sponge with
5 spermicide; cervical cap with spermicide; male and female
6 condoms; spermicide alone; vasectomy; ulipristal acetate;
7 levonorgestrel emergency contraception; and any additional
8 contraceptive method categories approved by the federal food
9 and drug administration; and

10 (b) does not mean a product that has
11 been recalled for safety reasons or withdrawn from the
12 market;

13 (2) "cost sharing" means a deductible,
14 copayment or coinsurance that an insured is required to pay
15 in accordance with the terms of an individual or group health
16 insurance policy, health care plan or certificate of
17 insurance; and

18 (3) "health care provider" means an
19 individual licensed to provide health care in the ordinary
20 course of business.

21 K. A religious entity purchasing individual or
22 group health insurance coverage may elect to exclude
23 prescription contraceptive drugs or items from the health
24 insurance coverage purchased."

25 SECTION 6. A new section of Chapter 59A, Article 23

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1 NMSA 1978 is enacted to read:

2 "COVERAGE EXCLUSION.--Coverage of vasectomy and male
3 condoms pursuant to Section 5 of this 2019 act is excluded
4 for high-deductible individual or group health insurance
5 policies, health care plans or certificates of insurance with
6 health savings accounts delivered or issued for delivery in
7 this state until an insured's deductible has been met."

8 SECTION 7. Section 59A-46-44 NMSA 1978 (being Laws
9 2001, Chapter 14, Section 3, as amended) is amended to read:

10 "59A-46-44. COVERAGE FOR CONTRACEPTION.--

11 A. Each individual and group health maintenance
12 organization contract delivered or issued for delivery in
13 this state that provides a prescription drug benefit shall
14 provide, at a minimum, the following coverage:

15 (1) at least one product or form of
16 contraception in each of the contraceptive method categories
17 identified by the federal food and drug administration;

18 (2) a sufficient number and assortment of
19 oral contraceptive pills to reflect the variety of oral
20 contraceptives approved by the federal food and drug
21 administration; and

22 (3) clinical services related to the
23 provision or use of contraception, including consultations,
24 examinations, procedures, ultrasound, anesthesia, patient
25 education, counseling, device insertion and removal, follow-

1 up care and side-effects management.

2 B. Except as provided in Subsection C of this
3 section, the coverage required pursuant to this section shall
4 not be subject to:

- 5 (1) enrollee cost sharing;
- 6 (2) utilization review;
- 7 (3) prior authorization or step-therapy
8 requirements; or
- 9 (4) any other restrictions or delays on the
10 coverage.

11 C. A health maintenance organization may
12 discourage brand-name pharmacy drugs or items by applying
13 cost sharing to brand-name drugs or items when at least one
14 generic or therapeutic equivalent is covered within the same
15 method of contraception without patient cost sharing;
16 provided that when an enrollee's health care provider
17 determines that a particular drug or item is medically
18 necessary, the individual or group health maintenance
19 organization contract shall cover the brand-name pharmacy
20 drug or item without cost sharing. Medical necessity may
21 include considerations such as severity of side effects,
22 differences in permanence or reversibility of contraceptives
23 and ability to adhere to the appropriate use of the drug or
24 item, as determined by the attending provider.

25 D. An individual or group health maintenance

1 organization contract shall grant an enrollee an expedited
2 hearing to appeal any adverse determination made relating to
3 the provisions of this section. The process for requesting an
4 expedited hearing pursuant to this subsection shall:

5 (1) be easily accessible, transparent,
6 sufficiently expedient and not unduly burdensome on an
7 enrollee, the enrollee's representative or the enrollee's
8 health care provider;

9 (2) defer to the determination of the
10 enrollee's health care provider; and

11 (3) provide for a determination of the claim
12 according to a time frame and in a manner that takes into
13 account the nature of the claim and the medical exigencies
14 involved for a claim involving an urgent health care need.

15 E. An individual or group health maintenance
16 organization contract shall not require a prescription for
17 any drug, item or service that is available without a
18 prescription.

19 F. An individual or group health maintenance
20 organization contract shall provide coverage and shall
21 reimburse a health care provider or dispensing entity on a
22 per-unit basis for dispensing a six-month supply of
23 contraceptives at one time; provided that the contraceptives
24 are prescribed and self-administered.

25 G. Nothing in this section shall be construed to:

1 (1) require a health care provider to
2 prescribe six months of contraceptives at one time; or

3 (2) permit an individual or group health
4 maintenance organization contract to limit coverage or impose
5 cost sharing for an alternate method of contraception if an
6 enrollee changes contraceptive methods before exhausting a
7 previously dispensed supply.

8 H. The provisions of this section shall not apply
9 to short-term travel, accident-only, hospital-indemnity-only,
10 limited-benefit or specified disease health benefits plans.

11 I. The provisions of this section apply to
12 individual or group health maintenance organization contracts
13 delivered or issued for delivery after January 1, 2020.

14 J. For the purposes of this section:

15 (1) "contraceptive method categories
16 identified by the federal food and drug administration":

17 (a) means tubal ligation; sterilization
18 implant; copper intrauterine device; intrauterine device with
19 progestin; implantable rod; contraceptive shot or injection;
20 combined oral contraceptives; extended or continuous use oral
21 contraceptives; progestin-only oral contraceptives; patch;
22 vaginal ring; diaphragm with spermicide; sponge with
23 spermicide; cervical cap with spermicide; male and female
24 condoms; spermicide alone; vasectomy; ulipristal acetate;
25 levonorgestrel emergency contraception; and any additional

1 contraceptive method categories approved by the federal food
2 and drug administration; and

3 (b) does not mean a product that has
4 been recalled for safety reasons or withdrawn from the
5 market;

6 (2) "cost sharing" means a deductible,
7 copayment or coinsurance that an enrollee is required to pay
8 in accordance with the terms of an individual or group health
9 maintenance organization contract; and

10 (3) "health care provider" means an
11 individual licensed to provide health care in the ordinary
12 course of business.

13 K. A religious entity purchasing individual or
14 group health maintenance organization coverage may elect to
15 exclude prescription contraceptive drugs or devices from the
16 health coverage purchased."

17 **SECTION 8.** A new section of the Health Maintenance
18 Organization Law is enacted to read:

19 "COVERAGE EXCLUSION.--Coverage of vasectomy and male
20 condoms pursuant to Section 7 of this 2019 act is excluded
21 for high-deductible individual or group health maintenance
22 organization contracts with health savings accounts delivered
23 or issued for delivery in this state until an enrollee's
24 deductible has been met."

25 **SECTION 9.** A new section of the Nonprofit Health Care

1 Plan Law is enacted to read:

2 "COVERAGE FOR CONTRACEPTION.--

3 A. A health care plan delivered or issued for
4 delivery in this state that provides a prescription drug
5 benefit shall provide, at a minimum, the following coverage:

6 (1) at least one product or form of
7 contraception in each of the contraceptive method categories
8 identified by the federal food and drug administration;

9 (2) a sufficient number and assortment of
10 oral contraceptive pills to reflect the variety of oral
11 contraceptives approved by the federal food and drug
12 administration; and

13 (3) clinical services related to the
14 provision or use of contraception, including consultations,
15 examinations, procedures, ultrasound, anesthesia, patient
16 education, counseling, device insertion and removal, follow-
17 up care and side-effects management.

18 B. Except as provided in Subsection C of this
19 section, the coverage required pursuant to this section shall
20 not be subject to:

21 (1) cost sharing for subscribers;

22 (2) utilization review;

23 (3) prior authorization or step-therapy
24 requirements; or

25 (4) any restrictions or delays on the

1 coverage.

2 C. A health care plan may discourage brand-name
3 pharmacy drugs or items by applying cost sharing to brand-
4 name drugs or items when at least one generic or therapeutic
5 equivalent is covered within the same method category of
6 contraception without cost sharing by the subscriber;
7 provided that when a subscriber's health care provider
8 determines that a particular drug or item is medically
9 necessary, the health care plan shall cover the brand-name
10 pharmacy drug or item without cost sharing. A determination
11 of medical necessity may include considerations such as
12 severity of side effects, differences in permanence or
13 reversibility of contraceptives and ability to adhere to the
14 appropriate use of the drug or item, as determined by the
15 attending provider.

16 D. A health care plan shall grant a subscriber an
17 expedited hearing to appeal any adverse determination made
18 relating to the provisions of this section. The process for
19 requesting an expedited hearing pursuant to this subsection
20 shall:

21 (1) be easily accessible, transparent,
22 sufficiently expedient and not unduly burdensome on a
23 subscriber, the subscriber's representative or the
24 subscriber's health care provider;

25 (2) defer to the determination of the

1 subscriber's health care provider; and

2 (3) provide for a determination of the claim
3 according to a time frame and in a manner that takes into
4 account the nature of the claim and the medical exigencies
5 involved for a claim involving an urgent health care need.

6 E. A health care plan shall not require a
7 prescription for any drug, item or service that is available
8 without a prescription.

9 F. A health care plan shall provide coverage and
10 shall reimburse a health care provider or dispensing entity
11 on a per unit basis for dispensing a six-month supply of
12 contraceptives; provided that the contraceptives are
13 prescribed and self-administered.

14 G. Nothing in this section shall be construed to:

15 (1) require a health care provider to
16 prescribe six months of contraceptives at one time; or

17 (2) permit a health care plan to limit
18 coverage or impose cost sharing for an alternate method of
19 contraception if a subscriber changes contraceptive methods
20 before exhausting a previously dispensed supply.

21 H. The provisions of this section shall not apply
22 to short-term travel, accident-only, hospital-indemnity-only,
23 limited-benefit or specified-disease health care plans.

24 I. The provisions of this section apply to health
25 care plans delivered or issued for delivery after January 1,

1 2020.

2 J. For the purposes of this section:

3 (1) "contraceptive method categories
4 identified by the federal food and drug administration":

5 (a) means tubal ligation; sterilization
6 implant; copper intrauterine device; intrauterine device with
7 progestin; implantable rod; contraceptive shot or injection;
8 combined oral contraceptives; extended or continuous use oral
9 contraceptives; progestin-only oral contraceptives; patch;
10 vaginal ring; diaphragm with spermicide; sponge with
11 spermicide; cervical cap with spermicide; male and female
12 condoms; spermicide alone; vasectomy; ulipristal acetate;
13 levonorgestrel emergency contraception; and any additional
14 contraceptive method categories approved by the federal food
15 and drug administration; and

16 (b) does not mean a product that has
17 been recalled for safety reasons or withdrawn from the
18 market;

19 (2) "cost sharing" means a deductible,
20 copayment or coinsurance that a subscriber is required to pay
21 in accordance with the terms of a health care plan; and

22 (3) "health care provider" means an
23 individual licensed to provide health care in the ordinary
24 course of business.

25 K. A religious entity purchasing individual or

1 group health care plan coverage may elect to exclude
2 prescription contraceptive drugs or items from the health
3 insurance coverage purchased."

4 **SECTION 10.** A new section of the Nonprofit Health Care
5 Plan Law is enacted to read:

6 "COVERAGE EXCLUSION.--Coverage of vasectomy and male
7 condoms pursuant to Section 9 of this 2019 act is excluded
8 for high-deductible health care plans with health savings
9 accounts until a covered person's deductible has been met."

10 **SECTION 11. CONTINGENT REPEAL.**--Upon certification by
11 the superintendent of insurance to the director of the
12 legislative council service and the New Mexico compilation
13 commission that federal law permits coverage of vasectomies
14 and male condoms under high-deductible health benefits plans
15 with health savings accounts, Sections 4, 6, 8 and 10 of this
16 2019 act are repealed.

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