

HOUSE JUDICIARY COMMITTEE SUBSTITUTE FOR
HOUSE BILL 27

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

AN ACT

RELATING TO HEALTH INSURANCE COVERAGE; AMENDING AND 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 ELIMINATE COST SHARING FOR
INSURERS THAT PROVIDE COVERAGE OF DIAGNOSTIC AND SUPPLEMENTAL
BREAST EXAMINATIONS.

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

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

"[NEW MATERIAL] DIAGNOSTIC AND SUPPLEMENTAL BREAST
EXAMINATIONS.--

A. Group health coverage, including self-insurance,
offered, issued, amended, delivered or renewed under the Health
Care Purchasing Act that provides coverage for diagnostic and

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underscored material = new
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1 supplemental breast examinations shall not impose cost sharing
2 for diagnostic and supplemental breast examinations.

3 B. The provisions of this section do not apply to
4 excepted benefit plans as provided pursuant to the Short-Term
5 Health Plan and Excepted Benefit Act, catastrophic plans as
6 defined pursuant to 42 USCA Section 18022(e) or tax-favored
7 plans as defined pursuant to 26 USC Section 223(c)(2).

8 C. As used in this section:

9 (1) "cost sharing" means a deductible,
10 coinsurance, copayment and any maximum limitation on the
11 application of such a deductible, coinsurance, copayment or
12 similar out-of-pocket expense;

13 (2) "diagnostic breast examination" means a
14 medically necessary and clinically appropriate examination of
15 the breast using diagnostic mammography, breast magnetic
16 resonance imaging or breast ultrasound that evaluates an
17 abnormality:

18 (a) seen or suspected from a screening
19 examination for breast cancer; or

20 (b) detected by another means of
21 examination; and

22 (3) "supplemental breast examination" means a
23 medically necessary and clinically appropriate examination of
24 the breast using breast magnetic resonance imaging or breast
25 ultrasound that is:

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1 (a) used to screen for breast cancer
2 when there is no abnormality seen or suspected; and

3 (b) based on personal or family medical
4 history or additional factors that may increase the
5 individual's risk of breast cancer."

6 SECTION 2. A new section of Chapter 59A, Article 22 NMSA
7 1978 is enacted to read:

8 "[NEW MATERIAL] DIAGNOSTIC AND SUPPLEMENTAL BREAST
9 EXAMINATIONS.--

10 A. An individual or group health insurance policy,
11 health care plan or certificate of insurance that is delivered,
12 issued for delivery or renewed in this state that provides
13 coverage for diagnostic and supplemental breast examinations
14 shall not impose cost sharing for diagnostic and supplemental
15 breast examinations.

16 B. The provisions of this section do not apply to
17 excepted benefit plans as provided pursuant to the Short-Term
18 Health Plan and Excepted Benefit Act, catastrophic plans as
19 defined pursuant to 42 USCA Section 18022(e) or tax-favored
20 plans as defined pursuant to 26 USC Section 223(c)(2).

21 C. As used in this section:

22 (1) "cost sharing" means a deductible,
23 coinsurance, copayment and any maximum limitation on the
24 application of such a deductible, coinsurance, copayment or
25 similar out-of-pocket expense;

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1 (2) "diagnostic breast examination" means a
2 medically necessary and clinically appropriate examination of
3 the breast using diagnostic mammography, breast magnetic
4 resonance imaging or breast ultrasound that evaluates an
5 abnormality:

6 (a) seen or suspected from a screening
7 examination for breast cancer; or

8 (b) detected by another means of
9 examination; and

10 (3) "supplemental breast examination" means a
11 medically necessary and clinically appropriate examination of
12 the breast using breast magnetic resonance imaging or breast
13 ultrasound that is:

14 (a) used to screen for breast cancer
15 when there is no abnormality seen or suspected; and

16 (b) based on personal or family medical
17 history or additional factors that may increase the
18 individual's risk of breast cancer."

19 SECTION 3. A new section of Chapter 59A, Article 23 NMSA
20 1978 is enacted to read:

21 "[NEW MATERIAL] DIAGNOSTIC AND SUPPLEMENTAL BREAST
22 EXAMINATIONS.--

23 A. A blanket or group health insurance policy,
24 health care plan or certificate of health insurance that is
25 delivered, issued for delivery or renewed in this state that

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1 provides coverage for diagnostic and supplemental breast
2 examinations shall not impose cost sharing for diagnostic and
3 supplemental breast examinations.

4 B. The provisions of this section do not apply to
5 excepted benefit plans as provided pursuant to the Short-Term
6 Health Plan and Excepted Benefit Act, catastrophic plans as
7 defined pursuant to 42 USCA Section 18022(e) or tax-favored
8 plans as defined pursuant to 26 USC Section 223(c)(2).

9 C. As used in this section:

10 (1) "cost sharing" means a deductible,
11 coinsurance, copayment and any maximum limitation on the
12 application of such a deductible, coinsurance, copayment or
13 similar out-of-pocket expense;

14 (2) "diagnostic breast examination" means a
15 medically necessary and clinically appropriate examination of
16 the breast using diagnostic mammography, breast magnetic
17 resonance imaging or breast ultrasound that evaluates an
18 abnormality:

19 (a) seen or suspected from a screening
20 examination for breast cancer; or

21 (b) detected by another means of
22 examination; and

23 (3) "supplemental breast examination" means a
24 medically necessary and clinically appropriate examination of
25 the breast using breast magnetic resonance imaging or breast

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1 ultrasound that is:

2 (a) used to screen for breast cancer
3 when there is no abnormality seen or suspected; and

4 (b) based on personal or family medical
5 history or additional factors that may increase the
6 individual's risk of breast cancer."

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

9 "[NEW MATERIAL] DIAGNOSTIC AND SUPPLEMENTAL BREAST
10 EXAMINATIONS.--

11 A. An individual or group health maintenance
12 organization contract that is delivered, issued for delivery or
13 renewed in this state that provides coverage for diagnostic and
14 supplemental breast examinations shall not impose cost sharing
15 for diagnostic and supplemental breast examinations.

16 B. The provisions of this section do not apply to
17 excepted benefit plans as provided pursuant to the Short-Term
18 Health Plan and Excepted Benefit Act, catastrophic plans as
19 defined pursuant to 42 USCA Section 18022(e) or tax-favored
20 plans as defined pursuant to 26 USC Section 223(c)(2).

21 C. As used in this section:

22 (1) "cost sharing" means a deductible,
23 coinsurance, copayment and any maximum limitation on the
24 application of such a deductible, coinsurance, copayment or
25 similar out-of-pocket expense;

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1 (2) "diagnostic breast examination" means a
2 medically necessary and clinically appropriate examination of
3 the breast using diagnostic mammography, breast magnetic
4 resonance imaging or breast ultrasound that evaluates an
5 abnormality:

6 (a) seen or suspected from a screening
7 examination for breast cancer; or

8 (b) detected by another means of
9 examination; and

10 (3) "supplemental breast examination" means a
11 medically necessary and clinically appropriate examination of
12 the breast using breast magnetic resonance imaging or breast
13 ultrasound that is:

14 (a) used to screen for breast cancer
15 when there is no abnormality seen or suspected; and

16 (b) based on personal or family medical
17 history or additional factors that may increase the
18 individual's risk of breast cancer."

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

21 "[NEW MATERIAL] DIAGNOSTIC AND SUPPLEMENTAL BREAST
22 EXAMINATIONS.--

23 A. An individual or group health care plan that is
24 delivered, issued for delivery or renewed in this state that
25 provides coverage for diagnostic and supplemental breast

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1 examinations shall not impose cost sharing for diagnostic and
2 supplemental breast examinations.

3 B. The provisions of this section do not apply to
4 excepted benefit plans as provided pursuant to the Short-Term
5 Health Plan and Excepted Benefit Act, catastrophic plans as
6 defined pursuant to 42 USCA Section 18022(e) or tax-favored
7 plans as defined pursuant to 26 USC Section 223(c)(2).

8 C. As used in this section:

9 (1) "cost sharing" means a deductible,
10 coinsurance, copayment and any maximum limitation on the
11 application of such a deductible, coinsurance, copayment or
12 similar out-of-pocket expense;

13 (2) "diagnostic breast examination" means a
14 medically necessary and clinically appropriate examination of
15 the breast using diagnostic mammography, breast magnetic
16 resonance imaging or breast ultrasound that evaluates an
17 abnormality:

18 (a) seen or suspected from a screening
19 examination for breast cancer; or

20 (b) detected by another means of
21 examination; and

22 (3) "supplemental breast examination" means a
23 medically necessary and clinically appropriate examination of
24 the breast using breast magnetic resonance imaging or breast
25 ultrasound that is:

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1 (a) used to screen for breast cancer
2 when there is no abnormality seen or suspected; and

3 (b) based on personal or family medical
4 history or additional factors that may increase the
5 individual's risk of breast cancer."

6 SECTION 6. Section 59A-22-39 NMSA 1978 (being Laws 1990,
7 Chapter 5, Section 2) is amended to read:

8 "59A-22-39. COVERAGE FOR MAMMOGRAMS.--~~[A.]~~ Each
9 individual and group health insurance policy, health care plan
10 and certificate of health insurance delivered or issued for
11 delivery in this state shall provide coverage for low-dose
12 screening mammograms for determining the presence of breast
13 cancer. Such coverage shall make available one baseline
14 mammogram to persons age thirty-five through thirty-nine, one
15 mammogram biennially to persons age forty through forty-nine
16 and one mammogram annually to persons age fifty and over.
17 After July 1, 1992, coverage shall be available only for
18 screening mammograms obtained on equipment designed
19 specifically to perform low-dose mammography in imaging
20 facilities that have met American college of radiology
21 accreditation standards for mammography.

22 ~~[B. Coverage for mammograms may be subject to~~
23 ~~deductibles and coinsurance consistent with those imposed on~~
24 ~~other benefits under the same policy, plan or certificate.~~

25 ~~C. The provisions of this section shall not apply~~

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1 ~~to short-term travel, accident-only or limited or specified~~
2 ~~disease policies.]~~ The provisions of this section do not apply
3 to excepted benefit plans as provided pursuant to the Short-
4 Term Health Plan and Excepted Benefit Act, catastrophic plans
5 as defined pursuant to 42 USCA Section 18022(e) or tax-favored
6 plans as defined pursuant to 26 USC Section 223(c)(2)."

7 SECTION 7. Section 59A-46-41 NMSA 1978 (being Laws 1990,
8 Chapter 5, Section 1) is amended to read:

9 "59A-46-41. COVERAGE FOR MAMMOGRAMS.--~~[A.]~~ Each
10 individual and group health maintenance organization contract
11 delivered or issued for delivery in this state shall provide
12 coverage for low-dose screening mammograms for determining the
13 presence of breast cancer. Such coverage shall make available
14 one baseline mammogram to persons age thirty-five through
15 thirty-nine, one mammogram biennially to persons age forty
16 through forty-nine and one mammogram annually to persons age
17 fifty and over. After July 1, 1992, coverage shall be
18 available only for screening mammograms obtained on equipment
19 designed specifically to perform low-dose mammography in
20 imaging facilities that have met American college of radiology
21 accreditation standards for mammography.

22 ~~[B. Coverage for mammograms may be subject to~~
23 ~~deductibles and coinsurance consistent with those imposed on~~
24 ~~other benefits under the same contract.]"~~

25 SECTION 8. APPLICABILITY.--The provisions of this act

1 apply to health insurance policies, health care plans,
2 certificates of health insurance and health maintenance
3 organization contracts that are delivered, issued for delivery
4 or renewed in this state on or after January 1, 2024.

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