

SENATE HEALTH AND PUBLIC AFFAIRS COMMITTEE SUBSTITUTE FOR  
SENATE BILL 14

**56TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2024**

AN ACT

RELATING TO EXECUTIVE REORGANIZATION; AMENDING, REPEALING,  
ENACTING AND RECOMPILING SECTIONS OF THE NMSA 1978 TO CONFORM  
LAWS TO THE FUNCTIONS, POWERS AND DUTIES OF THE HEALTH CARE  
AUTHORITY AND OTHER STATE AGENCIES AFFECTED BY THE CREATION OF  
THE AUTHORITY; PRESCRIBING PENALTIES; MAKING AN APPROPRIATION.

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

SECTION 1. Section 9-8-1 NMSA 1978 (being Laws 1977,  
Chapter 252, Section 1, as amended) is amended to read:

"9-8-1. SHORT TITLE.--Chapter 9, Article 8 NMSA 1978 may  
be cited as the "Health Care Authority [~~Department~~] Act".

SECTION 2. Section 9-8-2 NMSA 1978 (being Laws 1977,  
Chapter 252, Section 2, as amended) is amended to read:

"9-8-2. DEFINITIONS.--As used in the Health Care  
Authority [~~Department~~] Act:

1           A. "[~~department~~] authority" means the health care  
2 authority [~~department~~]; and

3           B. "secretary" means the secretary of health care  
4 authority."

5           SECTION 3. Section 9-8-3 NMSA 1978 (being Laws 1977,  
6 Chapter 252, Section 3, as amended) is amended to read:

7           "9-8-3. PURPOSE.--The purpose of the Health Care  
8 Authority [~~Department~~] Act is to establish a single, unified  
9 department to administer laws and exercise functions relating  
10 to health facility licensure and health care purchasing and  
11 regulation."

12           SECTION 4. Section 9-8-4 NMSA 1978 (being Laws 1977,  
13 Chapter 252, Section 4, as amended) is amended to read:

14           "9-8-4. [~~DEPARTMENT~~] AUTHORITY ESTABLISHED.--[~~A.~~] The  
15 "health care authority [~~department~~]" is created in the  
16 executive branch. The [~~department~~] authority is a cabinet  
17 department and consists of:

18           [~~(1)~~] A. the office of the secretary of health care  
19 authority;

20           [~~(2)~~] B. the administrative services division;

21           [~~(3)~~] C. the information technology division;

22           [~~(4)~~] D. the behavioral health services division;

23           [~~(5)~~] E. the developmental disabilities division;

24           [~~(6)~~] F. the health improvement division;

25           [~~(7)~~] G. the medical assistance division;

- 1           ~~[(8)]~~ H. the state health benefits division;  
 2           ~~[(9)]~~ I. the child support enforcement division;  
 3       and  
 4           ~~[(10)]~~ J. the income support division.

5           ~~[B. All references in the law to the behavioral~~  
 6       ~~health services division of the department of health or to the~~  
 7       ~~mental health division of the department of health in Sections~~  
 8       ~~29-11-1 through 29-11-7 NMSA 1978 or to the department of~~  
 9       ~~health in Sections 43-2-1.1 through 43-2-23 NMSA 1978 shall be~~  
 10       ~~construed as referring to the health care authority~~  
 11       ~~department.]"~~

12           SECTION 5. Section 9-8-5 NMSA 1978 (being Laws 1977,  
 13       Chapter 252, Section 6, as amended) is amended to read:

14           "9-8-5. SECRETARY OF HEALTH CARE AUTHORITY--  
 15       APPOINTMENT.--

16           A. The administrative head of the health care  
 17       authority [~~department~~] is the "secretary of health care  
 18       authority", who shall be appointed by the governor with the  
 19       consent of the senate and who shall serve in the executive  
 20       cabinet.

21           B. An appointed secretary shall serve and have all  
 22       of the duties, responsibilities and authority of that office  
 23       during the period of time prior to final action by the senate  
 24       confirming or rejecting the appointed secretary's appointment."

25           SECTION 6. Section 9-8-6 NMSA 1978 (being Laws 1977,

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1 Chapter 252, Section 7, as amended) is amended to read:

2 "9-8-6. SECRETARY--DUTIES AND GENERAL POWERS.--

3 A. The secretary is responsible to the governor for  
4 the operation of the [~~department~~] authority. It is the  
5 secretary's duty to manage all operations of the [~~department~~]  
6 authority and to administer and enforce the laws with which the  
7 secretary or the [~~department~~] authority is charged.

8 B. To perform duties of office, the secretary has  
9 every power expressly enumerated in the laws, whether granted  
10 to the secretary or the [~~department~~] authority or any division  
11 of the [~~department~~] authority, except where authority conferred  
12 upon any division is explicitly exempted from the secretary's  
13 authority by statute. In accordance with these provisions, the  
14 secretary shall:

15 (1) except as otherwise provided in the Health  
16 Care Authority [~~Department~~] Act, exercise general supervisory  
17 and appointing authority over all [~~department~~] authority  
18 employees, subject to any applicable personnel laws and rules;

19 (2) delegate authority to subordinates as the  
20 secretary deems necessary and appropriate, clearly delineating  
21 such delegated authority and the limitations thereto;

22 (3) organize the [~~department~~] authority into  
23 those organizational units the secretary deems will enable it  
24 to function most efficiently, subject to any provisions of law  
25 requiring or establishing specific organizational units;

.227869.2

1 (4) within the limitations of available  
 2 appropriations and applicable laws, employ and fix the  
 3 compensation of those persons necessary to discharge the  
 4 secretary's duties;

5 (5) conduct background checks on [~~department~~]  
 6 authority employees and prospective [~~department~~] authority  
 7 employees that have or will have access to federal tax  
 8 information; provided that:

9 (a) local law enforcement agency  
 10 criminal history record checks shall be conducted on all  
 11 employees, prospective employees, contractors, prospective  
 12 contractors, subcontractors and prospective subcontractors with  
 13 access to federal tax information;

14 (b) record checks for any identified  
 15 arrests shall be conducted through local law enforcement  
 16 agencies in jurisdictions where the subject has lived, worked  
 17 or attended school within the last five years preceding the  
 18 record check;

19 (c) federal bureau of investigation  
 20 fingerprinting shall be conducted on all employees, prospective  
 21 employees, contractors, prospective contractors, subcontractors  
 22 and prospective subcontractors with access to federal tax  
 23 information;

24 (d) for the purpose of conducting a  
 25 national agency background check, the [~~department~~] authority

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1 shall submit to the department of public safety and the federal  
2 bureau of investigation a fingerprint card for each of the  
3 following personnel who have or will have access to federal tax  
4 information: 1) employees; 2) prospective employees; 3)  
5 contractors; 4) prospective contractors; 5) subcontractors; and  
6 6) prospective subcontractors;

7 (e) the [~~department~~] authority shall  
8 conduct a check for eligibility to legally work as a citizen or  
9 legal resident of the United States on all employees,  
10 prospective employees, contractors, prospective contractors,  
11 subcontractors and prospective subcontractors with access to  
12 federal tax information. The [~~department~~] authority shall  
13 complete a citizenship or residency check for each new employee  
14 and any employee with expiring employment eligibility and shall  
15 document and monitor the employee's citizenship or residency  
16 status for continued compliance;

17 (f) criminal history records obtained by  
18 the [~~department~~] authority pursuant to the provisions of this  
19 paragraph and the information contained in those records are  
20 confidential, shall not be used for any purpose other than  
21 conducting background checks for the purpose of determining  
22 eligibility for employment and shall not be released or  
23 disclosed to any other person or agency except pursuant to a  
24 court order or with the written consent of the person who is  
25 the subject of the records;

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1 (g) a person who releases or discloses  
2 criminal history records or information contained in those  
3 records in violation of the provisions of this paragraph is  
4 guilty of a misdemeanor and shall be sentenced pursuant to the  
5 provisions of Section 31-19-1 NMSA 1978;

6 (h) the secretary shall adopt and  
7 promulgate rules to establish procedures to provide for  
8 background checks; provided that background checks shall not be  
9 evaluated for any purpose other than a person's [~~department-~~  
10 ~~related~~] authority-related activities, and criteria according  
11 to which background checks are evaluated, for all present and  
12 prospective personnel identified in the provisions of this  
13 paragraph;

14 (i) contractors, prospective  
15 contractors, subcontractors and prospective subcontractors  
16 shall bear any costs associated with ordering or conducting  
17 background checks pursuant to this paragraph; and

18 (j) [~~a department~~] an authority employee  
19 or prospective [~~department~~] authority employee who is denied  
20 employment or whose employment is terminated based on  
21 information obtained in a background check shall be entitled to  
22 review the information obtained pursuant to this paragraph and  
23 to appeal the decision;

24 (6) take administrative action by issuing  
25 orders and instructions, not inconsistent with the law, to

.227869.2

1 assure implementation of and compliance with the provisions of  
2 law for whose administration or execution the secretary is  
3 responsible and to enforce those orders and instructions by  
4 appropriate administrative action in the courts;

5 (7) conduct research and studies that will  
6 improve the operations of the [~~department~~] authority and the  
7 provision of services to the citizens of the state;

8 (8) provide courses of instruction and  
9 practical training for employees of the [~~department~~] authority  
10 and other persons involved in the administration of programs  
11 with the objective of improving the operations and efficiency  
12 of administration;

13 (9) prepare an annual budget of the  
14 [~~department~~] authority;

15 (10) provide cooperation, at the request of  
16 heads of administratively attached agencies, in order to:

17 (a) minimize or eliminate duplication of  
18 services and jurisdictional conflicts;

19 (b) coordinate activities and resolve  
20 problems of mutual concern; and

21 (c) resolve by agreement the manner and  
22 extent to which the [~~department~~] authority shall provide  
23 budgeting, recordkeeping and related clerical assistance to  
24 administratively attached agencies; and

25 (11) appoint, with the governor's consent, a



1 "director" for each division. These appointed positions are  
2 exempt from the provisions of the Personnel Act. Persons  
3 appointed to these positions shall serve at the pleasure of the  
4 secretary, except as provided in Section 9-8-9 NMSA 1978.

5 C. The secretary may apply for and receive, with  
6 the governor's approval, in the name of the [~~department~~]  
7 authority, any public or private funds, including United States  
8 government funds, available to the [~~department~~] authority to  
9 carry out its programs, duties or services.

10 D. Where functions of departments overlap or a  
11 function assigned to one department could better be performed  
12 by another department, the secretary may recommend appropriate  
13 legislation to the next session of the legislature for its  
14 approval.

15 E. The secretary may make and adopt such reasonable  
16 procedural rules as may be necessary to carry out the duties of  
17 the [~~department~~] authority and its divisions. No rule  
18 promulgated by the director of any division in carrying out the  
19 functions and duties of the division shall be effective until  
20 approved by the secretary unless otherwise provided by statute.  
21 Unless otherwise provided by statute, no rule affecting any  
22 person or agency outside the [~~department~~] authority shall be  
23 adopted, amended or repealed without a public hearing on the  
24 proposed action before the secretary or a hearing officer  
25 designated by the secretary. The public hearing shall be held

.227869.2

1 in Santa Fe unless otherwise permitted by statute. Notice of  
2 the subject matter of the rule, the action proposed to be  
3 taken, the time and place of the hearing, the manner in which  
4 interested persons may present their views and the method by  
5 which copies of the proposed rule or proposed amendment or  
6 repeal of an existing rule may be obtained shall be published  
7 once at least thirty days prior to the hearing date in a  
8 newspaper of general circulation and mailed at least thirty  
9 days prior to the hearing date to all persons who have made a  
10 written request for advance notice of hearing.

11 F. In the event the secretary anticipates that  
12 adoption, amendment or repeal of a rule will be required by a  
13 cancellation, reduction or suspension of federal funds or order  
14 by a court of competent jurisdiction:

15 (1) if the secretary is notified by  
16 appropriate federal authorities at least sixty days prior to  
17 the effective date of such cancellation, reduction or  
18 termination of federal funds, the ~~[department]~~ authority is  
19 required to promulgate rules through the public hearing process  
20 to be effective on the date mandated by the appropriate federal  
21 authority; or

22 (2) if the secretary is notified by  
23 appropriate federal authorities or court less than sixty days  
24 prior to the effective date of such cancellation, reduction or  
25 suspension of federal funds or court order, the ~~[department]~~

.227869.2

1 authority is authorized without a public hearing to promulgate  
2 interim rules effective for a period not to exceed ninety days.  
3 Interim rules shall not be promulgated without first providing  
4 a written notice twenty days in advance to providers of medical  
5 or behavioral health services and beneficiaries of [~~department~~]  
6 authority programs. At the time of the promulgation of the  
7 interim rules, the [~~department~~] authority shall give notice of  
8 the public hearing on the final rules in accordance with  
9 Subsection E of this section.

10 G. If the secretary certifies to the secretary of  
11 finance and administration and gives contemporaneous notice of  
12 such certification through the human services register that the  
13 [~~department~~] authority has insufficient state funds to operate  
14 any of the programs it administers and that reductions in  
15 services or benefit levels are necessary, the secretary may  
16 engage in interim rulemaking. Notwithstanding any provision to  
17 the contrary in the State Rules Act, interim rulemaking shall  
18 be conducted pursuant to Subsection E of this section, except:

19 (1) the period of notice of public hearing  
20 shall be fifteen days;

21 (2) the [~~department~~] authority shall also send  
22 individual notices of the interim rulemaking and of the public  
23 hearing to affected providers and beneficiaries;

24 (3) rules promulgated pursuant to the  
25 provisions of this subsection shall be in effect not less than

.227869.2

1 five days after the public hearing;

2 (4) rules promulgated pursuant to the  
3 provisions of this subsection shall not be in effect for more  
4 than ninety days; and

5 (5) if final rules are necessary to replace  
6 the interim rules, the [~~department~~] authority shall give notice  
7 of intent to promulgate final rules at the time of notice  
8 [~~herein~~]. The final rules shall be promulgated not more than  
9 forty-five days after the public hearing and filed in  
10 accordance with the State Rules Act.

11 H. At the time of the promulgation of the interim  
12 rules, the [~~department~~] authority shall give notice of the  
13 public hearing on the final rules in accordance with Subsection  
14 E of this section.

15 I. The secretary shall ensure that any behavioral  
16 health services, including mental health and substance abuse  
17 services, provided, contracted for or approved are in  
18 compliance with the requirements of Section [~~9-7-6.4~~] 24A-3-1  
19 NMSA 1978.

20 J. All rules shall be filed in accordance with the  
21 State Rules Act."

22 SECTION 7. Section 9-8-7 NMSA 1978 (being Laws 1977,  
23 Chapter 252, Section 8, as amended) is amended to read:

24 "9-8-7. ORGANIZATIONAL UNITS OF [~~DEPARTMENT~~] AUTHORITY--  
25 POWERS AND DUTIES SPECIFIED BY LAW--ACCESS TO INFORMATION.--

.227869.2

1 Those organizational units of the [~~department~~] authority and  
 2 the officers of those units specified by law shall have all of  
 3 the powers and duties enumerated in the specific laws involved.  
 4 However, the carrying out of those powers and duties shall be  
 5 subject to the direction and supervision of the secretary, and  
 6 the secretary shall retain the final decision-making authority  
 7 and responsibility for the administration of any such laws as  
 8 provided in Subsection B of Section 9-8-6 NMSA 1978. The  
 9 [~~department~~] authority shall have access to all records, data  
 10 and information of other state departments, agencies and  
 11 institutions, including its own organizational units, not  
 12 specifically held confidential by law."

13 **SECTION 8.** Section 9-8-7.1 NMSA 1978 (being Laws 2007,  
 14 Chapter 325, Section 4, as amended) is amended to read:

15 "9-8-7.1. BEHAVIORAL HEALTH SERVICES DIVISION--POWERS  
 16 AND DUTIES OF THE [~~DEPARTMENT~~] AUTHORITY.--Subject to  
 17 appropriation, the [~~department~~] authority shall:

18 A. contract for behavioral health treatment and  
 19 support services, including mental health, alcoholism and other  
 20 substance abuse services;

21 B. establish standards for the delivery of  
 22 behavioral health services, including quality management and  
 23 improvement, performance measures, accessibility and  
 24 availability of services, utilization management, credentialing  
 25 and recredentialing, rights and responsibilities of providers,

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1 preventive behavioral health services, clinical treatment and  
2 evaluation and the documentation and confidentiality of client  
3 records;

4 C. ensure that all behavioral health services,  
5 including mental health and substance abuse services, that are  
6 provided, contracted for or approved are in compliance with the  
7 requirements of Section [~~9-7-6.4~~] 24A-3-1 NMSA 1978;

8 D. assume responsibility for and implement adult  
9 mental health and substance abuse services in the state in  
10 coordination with the children, youth and families department;

11 E. create, implement and continually evaluate the  
12 effectiveness of a framework for targeted, individualized  
13 interventions for persons who are incarcerated in a county or  
14 municipal correctional facility and adult and juvenile  
15 offenders who have behavioral health diagnoses, which framework  
16 shall address those persons' behavioral health needs while they  
17 are incarcerated and connect them to resources and services  
18 immediately upon release;

19 F. establish criteria for determining individual  
20 eligibility for behavioral health services; and

21 G. maintain a management information system in  
22 accordance with standards for reporting clinical and fiscal  
23 information."

24 SECTION 9. Section 9-8-7.2 NMSA 1978 (being Laws 2013,  
25 Chapter 54, Section 9, as amended) is amended to read:

.227869.2

1 "9-8-7.2. COOPERATION WITH THE NEW MEXICO HEALTH  
 2 INSURANCE EXCHANGE.--The medical assistance division of the  
 3 [~~department~~] authority shall cooperate with the New Mexico  
 4 health insurance exchange to share information and facilitate  
 5 transitions in enrollment between the exchange and medicaid."

6 SECTION 10. Section 9-8-8 NMSA 1978 (being Laws 1977,  
 7 Chapter 252, Section 9, as amended) is amended to read:

8 "9-8-8. ADMINISTRATIVELY ATTACHED AGENCIES.--The  
 9 following agencies are administratively attached to the  
 10 [~~department~~] authority:

- 11 A. the commission on the status of women; and
- 12 B. the group benefits committee [~~and~~
- 13 C. ~~the New Mexico health policy commission]."~~

14 SECTION 11. Section 9-8-9 NMSA 1978 (being Laws 1977,  
 15 Chapter 252, Section 10, as amended) is amended to read:

16 "9-8-9. DIRECTORS.--The secretary shall appoint with the  
 17 approval of the governor "directors" of divisions established  
 18 within the [~~department~~] authority and a director of  
 19 communications. The positions so appointed are exempt from the  
 20 Personnel Act."

21 SECTION 12. Section 9-8-10 NMSA 1978 (being Laws 1977,  
 22 Chapter 252, Section 11, as amended) is amended to read:

23 "9-8-10. BUREAUS--CHIEFS.--The secretary shall establish  
 24 within each division such bureaus as the secretary deems  
 25 necessary to carry out the provisions of the Health Care

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1 Authority [~~Department~~] Act. The secretary shall employ a chief  
2 to be administrative head of any such bureau. The chief and  
3 all subsidiary employees of the [~~department~~] authority shall be  
4 covered by the Personnel Act unless otherwise provided by law."

5 SECTION 13. Section 9-8-11 NMSA 1978 (being Laws 1977,  
6 Chapter 252, Section 12, as amended) is amended to read:

7 "9-8-11. ADVISORY COMMITTEES.--

8 A. The governor shall appoint advisory committees  
9 to the [~~department's~~] authority's income support division and  
10 may appoint other advisory committees as needed. Creation of  
11 the advisory committees shall be in accordance with the  
12 provisions of the Executive Reorganization Act. If the  
13 existence of a committee, representational membership  
14 requirements or other matters are required or specified under  
15 any federal law, regulation [~~rule~~] or order as a condition of  
16 receiving federal funding for a particular program administered  
17 by the [~~department~~] authority, the governor shall comply with  
18 those requirements in the creation of the advisory committee.

19 B. All members of the advisory committees appointed  
20 under the authority of this section [~~shall~~] are entitled to  
21 receive as their sole remuneration for service as a member  
22 those amounts authorized under the Per Diem and Mileage Act."

23 SECTION 14. Section 9-8-12 NMSA 1978 (being Laws 1977,  
24 Chapter 252, Section 13, as amended) is amended to read:

25 "9-8-12. COOPERATION WITH THE FEDERAL GOVERNMENT--



1 AUTHORITY OF SECRETARY--SINGLE STATE AGENCY STATUS.--

2 A. The [~~department~~] authority is authorized to  
 3 cooperate with the federal government in the administration of  
 4 health care and human services programs in which financial or  
 5 other participation by the federal government is authorized or  
 6 mandated under federal laws, regulations [~~rules~~] or orders.  
 7 The secretary may enter into agreements with agencies of the  
 8 federal government to implement these health care or human  
 9 services programs subject to availability of appropriated state  
 10 funds and any provisions of state laws applicable to such  
 11 agreements or participation by the state.

12 B. The governor or the secretary may by appropriate  
 13 order designate the [~~department~~] authority or any  
 14 organizational unit of the [~~department~~] authority as the single  
 15 state agency for the administration of any health care or human  
 16 services program when such designation is a condition of  
 17 federal financial or other participation in the program under  
 18 applicable federal law, regulation [~~rule~~] or order. Whether or  
 19 not a federal condition exists, the governor may designate the  
 20 [~~department~~] authority or any organizational unit of the  
 21 [~~department~~] authority as the single state agency for the  
 22 administration of any health care or human services program.  
 23 No designation of a single state agency under the authority  
 24 granted in this section shall be made in contravention of state  
 25 law."

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1           SECTION 15. Section 10-7B-2 NMSA 1978 (being Laws 1989,  
2 Chapter 231, Section 2, as amended) is amended to read:

3           "10-7B-2. DEFINITIONS.--As used in the Group Benefits  
4 Act:

5                   A. "committee" means the group benefits committee;

6                   B. "director" means the director of the [~~risk~~  
7 ~~management division of the general services department~~] state  
8 health benefits division of the health care authority;

9                   C. "employee" means a salaried officer, employee or  
10 legislator of the state; a salaried officer or an employee of a  
11 local public body; or an elected or appointed supervisor of a  
12 soil and water conservation district;

13                   D. "local public body" means any New Mexico  
14 [~~incorporated~~] municipality, county or school district;

15                   E. "professional claims administrator" means any  
16 person or legal entity that has at least five years of  
17 experience handling group benefits claims, as well as such  
18 other qualifications as the director may determine from time to  
19 time with the committee's advice;

20                   F. "small employer" means a person having for-  
21 profit or nonprofit status that employs an average of fifty or  
22 fewer persons over a twelve-month period; and

23                   G. "state" or "state agency" means the state of New  
24 Mexico or any of its branches, agencies, departments, boards,  
25 instrumentalities or institutions."

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1           SECTION 16. Section 10-7B-6 NMSA 1978 (being Laws 1989,  
2 Chapter 231, Section 6, as amended) is amended to read:

3           "10-7B-6. STATE EMPLOYEES GROUP BENEFITS SELF-INSURANCE  
4 PLAN--AUTHORIZATION--LOCAL PUBLIC BODY PARTICIPATION.--

5           A. The [~~risk management~~] state health benefits  
6 division of the [~~general services department~~] health care  
7 authority may, with the prior advice of the committee,  
8 establish and administer a group benefits self-insurance plan,  
9 providing life, vision, health, dental and disability  
10 coverages, or any combination of such coverages, for employees  
11 of the state and of participating local public bodies. Any  
12 such group benefits self-insurance plan shall afford coverage  
13 for employees' dependents at each employee's option. Any such  
14 group benefits self-insurance plan may consist of self-  
15 insurance or a combination of self-insurance and insurance;  
16 provided that particular coverages or risks may be fully  
17 insured, fully self-insured or partially insured and partially  
18 self-insured.

19           B. The director, with the advice of the committee,  
20 shall establish by [~~regulation or letter of administration~~]  
21 rule the types, extent, nature and description of coverages,  
22 the eligibility rules for participation, the deductibles, rates  
23 and all other matters reasonably necessary to carry on or  
24 administer a group benefits self-insurance plan established  
25 pursuant to Subsection A of this section.

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1           C. The contribution of each participating state  
2 agency to the cost of any such group benefits self-insurance  
3 plan shall not exceed that percentage provided for state group  
4 benefits insurance plans as provided by law. The contribution  
5 of a participating local public body to the cost of any such  
6 group benefits self-insurance plan shall not exceed that  
7 percentage provided for local public body group benefits  
8 insurance plans as provided by law.

9           D. Except as provided in Subsection E of this  
10 section, public employees' contributions to the cost of any  
11 group benefits self-insurance plan may be deducted from their  
12 salaries and paid directly to the group self-insurance fund;  
13 provided that where risks are insured or reinsured, the  
14 director may authorize payment of the costs of such insurance  
15 or reinsurance directly to the insurer or reinsurer.

16           E. A legislator and the legislator's covered  
17 dependents and a soil and water conservation district  
18 supervisor [~~or~~] and the supervisor's covered dependents are  
19 eligible to participate in and receive benefits from the group  
20 benefits self-insurance plan if the legislator or supervisor  
21 pays monthly premiums in amounts that equal one hundred percent  
22 of the cost of the insurance. The premiums shall be paid  
23 directly to the group self-insurance fund; provided that where  
24 risks are insured or reinsured, the director may authorize  
25 payment of the premiums directly to the insurer or reinsurer.

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1 F. Local public bodies and state agencies that are  
2 not participating in the state group benefits insurance plan or  
3 self-insurance plan may elect to participate in any group  
4 benefits self-insurance plan established pursuant to Subsection  
5 A of this section by giving written notice to the director on a  
6 date set by the director, which date shall not be later than  
7 ninety days prior to the date participation is to begin. The  
8 director shall determine an initial rate for the electing  
9 entity in accordance with a letter of administration setting  
10 forth written guidelines established by the director with the  
11 committee's advice. The initial rate shall be based on the  
12 claims experience of the electing entity's group for the three  
13 immediately preceding continuous years. If three years of  
14 continuous experience [~~is~~] are not available, a rate fixed for  
15 the entity by the director with the committee's advice shall  
16 apply, and the electing entity's group shall be rerated on the  
17 first premium anniversary following the date one full year of  
18 experience for the group becomes available. Any such election  
19 may be terminated effective not earlier than June 30 of the  
20 third calendar year succeeding the year in which the election  
21 became effective or on any June 30 thereafter. Notice of  
22 termination shall be made in writing to the director not later  
23 than April 1 immediately preceding the June 30 on which  
24 participation will terminate. A reelection to participate in  
25 the plan following a termination [~~may~~] shall not be made

.227869.2

1 effective for at least three full years following the effective  
2 date of termination.

3 G. As soon as practicable, the director with the  
4 committee's advice shall establish an experience rating plan  
5 for state agencies and local public bodies participating in any  
6 group benefits self-insurance plan created pursuant to  
7 Subsection A of this section. Rates applicable to state  
8 agencies and participating local public bodies shall be based  
9 on such experience rating plan. Any such experience rating  
10 plan may provide separate rates for individual state agencies  
11 and individual local public bodies or for such other experience  
12 centers as the director may determine."

13 SECTION 17. Section 10-7B-7 NMSA 1978 (being Laws 1989,  
14 Chapter 231, Section 7) is amended to read:

15 "10-7B-7. GROUP SELF-INSURANCE FUND CREATED.--

16 A. The "group self-insurance fund" is created. The  
17 fund and any income produced by the fund shall be held in trust  
18 for the benefit of participating state agencies and their  
19 employees and local public bodies and their employees,  
20 deposited in a segregated account and invested by the director  
21 with the advice of the committee. Money in the fund shall be  
22 used solely for the purposes of the fund and shall not be used  
23 to pay any general or special obligation or debt of the state,  
24 other than as authorized by this section. Balances in the fund  
25 in excess of amounts needed for the purposes of the fund shall

.227869.2

1 not be used to pay dividends or refunds, however described, to  
 2 individual public employees or their dependents, but may be  
 3 used, in the director's discretion, to reduce future  
 4 contributions, to provide additional benefits or as a reserve  
 5 to stabilize premiums.

6 B. The fund shall consist of money appropriated to  
 7 the fund, income from investment of the fund, employers'  
 8 contributions, employees' contributions, insurance or  
 9 reinsurance proceeds and other funds received by gift, grant,  
 10 bequest or otherwise for deposit in the fund, including but not  
 11 limited to refunds of amounts from prior state group life,  
 12 vision, dental, health and disability insurance plans, all of  
 13 which are hereby appropriated to and for the purposes of the  
 14 fund.

15 C. Disbursements from the fund shall be made by  
 16 warrant signed by the secretary of finance and administration  
 17 upon vouchers signed by the director. Lump sum disbursements  
 18 from the fund may be advanced, in the manner described in this  
 19 subsection, to a professional claims administrator to be used  
 20 to pay benefits. Such lump sum disbursements may be made not  
 21 more than weekly in advance. The professional claims  
 22 administrator shall keep any such lump sum advance in a  
 23 segregated account and shall hold the advance in trust for the  
 24 benefit of participating employees. On or before the last day  
 25 of each month, the professional claims administrator shall

.227869.2

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1 prepare a request for replenishment of the lump sum  
2 disbursement in the amount actually paid out for benefits  
3 during the month. Not more than thirty days after the last day  
4 of each month, the professional claims administrator shall make  
5 and submit to the director a detailed report of expenditures of  
6 any such lump sum advance during the month.

7 D. Money in the fund may be used by and is [~~hereby~~]  
8 appropriated to the [~~risk management division of the general~~  
9 ~~services department~~] state health benefits division of the  
10 health care authority:

11 (1) to purchase life, vision, health, dental  
12 and disability insurance, or any combination of these, for  
13 state and local public body employees participating in the  
14 group self-insurance plan and their covered dependents, from an  
15 insurance company determined to be the best responsible bidder,  
16 as defined in the Procurement Code, after:

17 (a) requesting sealed proposals from  
18 three or more insurance agents licensed in New Mexico; or

19 (b) requesting sealed proposals in  
20 accordance with the provisions of the Procurement Code;

21 (2) to contract with and pay one or more  
22 professional claims administrators;

23 (3) to contract with and pay private attorneys  
24 or law firms for advice and for defense of contested claims  
25 determinations;

.227869.2



1 (4) to contract with and pay qualified  
 2 independent actuaries, financial auditors and claims management  
 3 and procedures auditors;

4 (5) to contract with and pay consultants,  
 5 financial advisors and investment advisors for independent  
 6 consulting and advice;

7 (6) to pay reasonable investment commissions  
 8 and expenses;

9 (7) to make lump sum advances to any person or  
 10 firm acting as a professional claims administrator, such  
 11 advances to be used exclusively to pay benefits to  
 12 participating employees;

13 (8) to pay benefits to or for participating  
 14 employees and their dependents;

15 (9) to pay any other costs and expenses  
 16 incurred in carrying out this section; and

17 (10) as otherwise provided by law.

18 E. The fund shall be maintained in actuarially  
 19 sound condition as evidenced by the annual written  
 20 certification of an actuary qualified for such work that as of  
 21 June 30 of the current year the fund was actuarially sound.

22 F. Annually on or before January 15, the director  
 23 shall submit to the legislature a report on any group self-  
 24 insurance plan created pursuant to Subsection A of Section [5  
 25 ~~of the Group Benefits Act~~] 10-7B-6 NMSA 1978, a financial audit

.227869.2

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1 of the fund and a claims management and procedures audit by a  
2 qualified claims auditor for the one-year period ending on June  
3 30 immediately preceding the report. With respect to claims  
4 files, the claims audit may, in the director's discretion, be  
5 limited to a random sampling."

6 SECTION 18. Section 10-7C-6 NMSA 1978 (being Laws 1990,  
7 Chapter 6, Section 6, as amended) is amended to read:

8 "10-7C-6. BOARD CREATED--MEMBERSHIP--AUTHORITY.--

9 A. ~~[There is created]~~ The "board of the retiree  
10 health care authority" is created. The board shall be composed  
11 of not more than ~~[twelve]~~ thirteen members.

12 B. The board shall include:

13 (1) one member who is not employed by or on  
14 behalf of or contracting with an employer participating in or  
15 eligible to participate in the Retiree Health Care Act and who  
16 shall be appointed by the governor to serve at the pleasure of  
17 the governor;

18 (2) the educational retirement director or the  
19 educational retirement director's designee;

20 (3) one member to be selected by the ~~[public~~  
21 ~~school superintendents' association of]~~ New Mexico coalition of  
22 school administrators;

23 (4) one member who is a teacher who is  
24 certified and teaching in elementary or secondary education to  
25 be selected by a committee composed of one person designated by

.227869.2

1 the New Mexico association of classroom teachers, one person  
2 designated by the national education association of New Mexico  
3 and one person designated by the [~~New Mexico~~] American  
4 federation of teachers New Mexico;

5 (5) one member who is an eligible retiree of a  
6 public school and who is selected by the New Mexico association  
7 of [~~retired educators~~] educational retirees;

8 (6) the executive secretary of the public  
9 employees retirement association or the executive secretary's  
10 designee;

11 (7) one member who is an eligible retiree  
12 receiving a benefit from the public employees retirement  
13 association and who is selected by the retired public employees  
14 of New Mexico;

15 (8) one member who is an elected official or  
16 employee of a municipality participating in the Retiree Health  
17 Care Act and who is selected by the New Mexico municipal  
18 league;

19 (9) the state treasurer or the state  
20 treasurer's designee; [~~and~~]

21 (10) one member who is a classified state  
22 employee selected by the personnel board; and

23 (11) the director of the state benefits  
24 division of the health care authority.

25 C. The board, in accordance with the provisions of

.227869.2

1 Paragraph (3) of Subsection D of Section 10-7C-9 NMSA 1978,  
2 shall include, if they qualify:

3 (1) one member who is an eligible retiree of  
4 an institution of higher education participating in the Retiree  
5 Health Care Act and who is selected by the New Mexico  
6 association of ~~[retired educators]~~ educational retirees; and

7 (2) one member who is an elected official or  
8 employee of a county participating in the Retiree Health Care  
9 Act and who is selected by the New Mexico association of  
10 counties.

11 D. Every member of the board shall serve at the  
12 pleasure of the party that selected that member.

13 E. The members of the board shall begin serving  
14 their positions on the board on the effective date of the  
15 Retiree Health Care Act or upon their selection, whichever  
16 occurs last, unless that member's corresponding position on the  
17 board has been eliminated pursuant to Subsection D of Section  
18 10-7C-9 NMSA 1978.

19 F. The board shall elect from its membership a  
20 president, vice president and secretary.

21 G. The board may appoint such officers and advisory  
22 committees as it deems necessary. The board may enter into  
23 contracts or arrangements with consultants, professional  
24 persons or firms as may be necessary to carry out the  
25 provisions of the Retiree Health Care Act.

.227869.2

1           H. The members of the board and its advisory  
 2 committees shall receive per diem and mileage as provided in  
 3 the Per Diem and Mileage Act but shall receive no other  
 4 compensation, perquisite or allowance."

5           **SECTION 19.** Section 13-7-3 NMSA 1978 (being Laws 1997,  
 6 Chapter 74, Section 3) is amended to read:

7           "13-7-3. DEFINITIONS.--As used in the Health Care  
 8 Purchasing Act:

9           A. "consolidated purchasing" means a single process  
 10 for the procurement of and contracting for all health care  
 11 benefits by the publicly funded insurance agencies in  
 12 compliance with the Procurement Code and includes associated  
 13 activities related to the procurement such as actuarial, cost  
 14 containment, benefits consultation and analysis; and

15           B. "publicly funded health care agency" means the:

16                   (1) [~~risk management~~] state health benefits  
 17 division and the group benefits committee of the [~~general~~  
 18 ~~services department~~] health care authority;

19                   (2) retiree health care authority;

20                   (3) public school insurance authority; and

21                   (4) publicly funded health care program of any  
 22 public school district with a student enrollment in excess of  
 23 sixty thousand students."

24           **SECTION 20.** Section 24-14A-2 NMSA 1978 (being Laws 1989,  
 25 Chapter 29, Section 2, as amended) is amended to read:

.227869.2

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1 "24-14A-2. DEFINITIONS.--As used in the Health  
2 Information System Act:

3 A. "aggregate data" means data that are obtained by  
4 combining like data elements in a manner that precludes  
5 specific identification of a single client;

6 B. "data source" or "data provider" means a person  
7 that possesses health information, including the health care  
8 authority, any public or private sector licensed health care  
9 practitioner, primary care clinic, ambulatory surgery center,  
10 ambulatory urgent care center, ambulatory dialysis unit, home  
11 health agency, long-term care facility, hospital, pharmacy,  
12 third-party payer and any public entity that has health  
13 information;

14 C. "department" means the department of health;

15 D. "health information" or "health data" means any  
16 data relating to health care; health status, including  
17 environmental, social and economic factors; the health system;  
18 or health costs and financing;

19 E. "hospital" means any general or special hospital  
20 licensed by the [~~department~~] health care authority, whether  
21 publicly or privately owned;

22 F. "long-term care facility" means any skilled  
23 nursing facility or nursing facility licensed by the  
24 [~~department~~] health care authority, whether publicly or  
25 privately owned;

.227869.2

1           G. "record-level data" means a medical record that  
 2 contains unique and nonaggregated data elements that relate to  
 3 a single identifiable individual; and

4           H. "third-party payer" means any public or private  
 5 payer of health care services and includes health maintenance  
 6 organizations and health insurers."

7           **SECTION 21.** Section 24-14A-6 NMSA 1978 (being Laws 1989,  
 8 Chapter 29, Section 6, as amended) is amended to read:

9           "24-14A-6. HEALTH INFORMATION SYSTEM--ACCESS.--

10           A. Access to data in the health information system  
 11 shall be provided in accordance with [~~regulations~~] rules  
 12 adopted by the department pursuant to the Health Information  
 13 System Act.

14           B. A data provider may obtain data it has submitted  
 15 to the system, as well as aggregate data, but, except as  
 16 provided in Subsection D of this section, it shall not have  
 17 access to data submitted by another provider that [~~is~~] are  
 18 limited only to that provider unless [~~that~~] those data [~~is~~] are  
 19 aggregated data and publicly disseminated by the department.  
 20 Except as provided in Subsection D of this section, in no event  
 21 may a data provider obtain data regarding an individual patient  
 22 except in instances where the data were originally submitted by  
 23 the requesting provider. Prior to the release of any data, in  
 24 any form, data sources shall be permitted the opportunity to  
 25 verify the accuracy of the data pertaining to that data source.

.227869.2

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1 Data identified in writing as inaccurate shall be corrected  
2 prior to the data's release. Time limits shall be set for the  
3 submission and review of data by data sources, and penalties  
4 shall be established for failure to submit and review the data  
5 within the established time.

6 C. Any person may obtain any aggregate data  
7 publicly disseminated by the department.

8 D. Through a secure delivery or transmission  
9 process, the department may share record-level data with the  
10 health care authority or a federal agency that is authorized to  
11 collect, analyze or disseminate health information. The  
12 department shall remove identifiable individual or provider  
13 information from the record-level data prior to its disclosure  
14 to the federal agency. In providing hospital information under  
15 an agreement or arrangement with a federal agency, the  
16 department shall ensure that any identifiable hospital  
17 information disclosed is necessary for the agency's authorized  
18 use and that its disclosure meets with state and federal  
19 privacy and confidentiality laws, rules and regulations."

20 SECTION 22. A new Section 24A-1-1 NMSA 1978 is enacted  
21 to read:

22 "24A-1-1. [NEW MATERIAL] SHORT TITLE.--Chapter 24A NMSA  
23 1978 may be cited as the "Health Care Code"."

24 SECTION 23. A new Section 24A-1-2 NMSA 1978 is enacted  
25 to read:

.227869.2



1 "24A-1-2. [NEW MATERIAL] DEFINITIONS.--As used in the  
 2 Health Care Code:

3 A. "authority" means the health care authority;

4 B. "crisis triage center" means a health facility  
 5 that:

6 (1) is licensed by the authority; and

7 (2) provides stabilization of behavioral  
 8 health crises and may include residential and nonresidential  
 9 stabilization;

10 C. "health care provider" means a person licensed  
 11 to provide health care in the ordinary course of business,  
 12 except as otherwise defined in the Health Care Code;

13 D. "health facility" means a public hospital;  
 14 profit or nonprofit private hospital; general or special  
 15 hospital; outpatient facility; crisis triage center;  
 16 freestanding birth center; adult daycare facility; nursing  
 17 home; intermediate care facility; assisted living facility;  
 18 boarding home not under the control of an institution of higher  
 19 learning; shelter care home; diagnostic and treatment center;  
 20 rehabilitation center; infirmary; community mental health  
 21 center that serves both children and adults or adults only; or  
 22 a health service organization operating as a freestanding  
 23 hospice or a home health agency. The designation of  
 24 freestanding hospices or home health agencies as health  
 25 facilities is only for the purposes of definition in the Health

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1 Care Code and does not imply that a freestanding hospice or a  
2 home health agency is considered a health facility for the  
3 purposes of other provisions of state or federal laws. "Health  
4 facility" includes those facilities that by federal regulation  
5 must be licensed by the state to obtain or maintain full or  
6 partial, permanent or temporary federal funding. "Health  
7 facility" does not include the offices and treatment rooms of  
8 licensed private practitioners; and

9 E. "secretary" means the secretary of health care  
10 authority."

11 SECTION 24. A new Section 24A-1-3 NMSA 1978 is enacted  
12 to read:

13 "24A-1-3. [NEW MATERIAL] POWERS AND DUTIES.--

14 A. The authority may:

15 (1) bring action in court for the enforcement  
16 of laws and rules pertaining to the authority's powers and  
17 duties;

18 (2) enter into joint powers agreements to  
19 carry out the powers and duties of the authority;

20 (3) cooperate and enter into contracts or  
21 agreements with the federal government or any other person to  
22 carry out the powers and duties of the authority;

23 (4) cooperate and enter into contracts or  
24 agreements with Native American nations, tribes and pueblos and  
25 off-reservation groups to coordinate the provision of essential

.227869.2

1 physical, mental and behavioral health services and functions;

2 (5) adopt, promulgate and enforce such rules  
3 as may be necessary to carry out the provisions of the Health  
4 Care Code;

5 (6) sue and, with the consent of the  
6 legislature, be sued;

7 (7) request and inspect, while maintaining  
8 federal and state confidentiality requirements, copies of:

9 (a) medical and clinical records  
10 reasonably required for the authority's quality assurance and  
11 quality improvement activities; and

12 (b) medical and clinical records  
13 pertaining to a person whose death is the subject of inquiry by  
14 the department of health's mortality review activities; and

15 (8) do all other things necessary to carry out  
16 its duties as defined by law and rules promulgated in  
17 accordance with law.

18 B. The authority shall:

19 (1) promulgate and enforce rules for the  
20 licensure of health facilities under its jurisdiction;

21 (2) license and inspect health facility  
22 premises to ensure compliance with laws, rules and public  
23 safety; and

24 (3) carry out such other duties as provided by  
25 law.

.227869.2

1           C. The authority and the office of the state long-  
2 term care ombud shall have prompt access to all files and  
3 records in the possession of the department of health that are  
4 related to any health facility investigation; provided that a  
5 person who discloses confidential information protected by  
6 federal or state law is guilty of a petty misdemeanor."

7           SECTION 25. A new Section 24A-1-4 NMSA 1978 is enacted  
8 to read:

9           "24A-1-4. [NEW MATERIAL] RECORDS CONFIDENTIAL.--

10           A. The files and records of the authority giving  
11 identifying information about persons who have received or are  
12 receiving from the authority treatment, diagnostic services or  
13 preventive care for diseases, disabilities or physical injuries  
14 are confidential and are not open to inspection except:

15                       (1) where permitted by rule of the authority;

16                       (2) as provided in Subsection B of this

17 section; and

18                       (3) to the secretary or to an employee of the  
19 authority authorized by the secretary to obtain such  
20 information, but the information shall only be revealed for use  
21 in connection with a governmental function of the secretary or  
22 the authorized employee.

23           B. The files and records of the authority are  
24 subject to subpoena for use in a pending cause in an  
25 administrative proceeding or in any of the courts of the state,

.227869.2

1 unless otherwise provided by law.

2 C. A person who discloses confidential information  
3 in violation of this section is guilty of a petty misdemeanor."

4 SECTION 26. A new Section 24A-1-5 NMSA 1978 is enacted  
5 to read:

6 "24A-1-5. [NEW MATERIAL] LICENSURE OF HEALTH  
7 FACILITIES--HEARINGS--APPEALS.--

8 A. A health facility shall not be operated without  
9 a license issued by the authority. If a health facility is  
10 found to be operating without a license, in order to protect  
11 human health or safety, the secretary may issue a cease-and-  
12 desist order. The health facility may request a hearing that  
13 shall be held in the manner provided in this section. The  
14 authority may also proceed pursuant to the Health Facility  
15 Receivership Act.

16 B. The authority is authorized to make inspections  
17 and investigations and to prescribe rules it deems necessary or  
18 desirable to promote the health, safety and welfare of persons  
19 using health facilities.

20 C. Except as provided in Subsection F of this  
21 section, upon receipt of an application for a license to  
22 operate a health facility, the authority shall promptly inspect  
23 the health facility to determine if it is in compliance with  
24 all rules of the authority. Applications for hospital licenses  
25 shall include evidence that the bylaws or rules of the hospital

.227869.2

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1 apply equally to osteopathic and medical physicians. The  
2 authority shall consolidate the applications and inspections  
3 for a hospital that also operates as a hospital-based primary  
4 care clinic.

5 D. Upon inspection of a health facility, if the  
6 authority finds a violation of its rules, the authority may  
7 deny the application for a license, whether initial or renewal,  
8 or it may issue a temporary license. A temporary license shall  
9 not be issued for a period exceeding one hundred twenty days,  
10 nor shall more than two consecutive temporary licenses be  
11 issued.

12 E. A one-year nontransferable license shall be  
13 issued to any health facility complying with all rules of the  
14 authority. The license shall be renewable for successive one-  
15 year periods, upon filing of a renewal application, if the  
16 authority is satisfied that the health facility is in  
17 compliance with all rules of the authority or, if not in  
18 compliance with a rule, has been granted a waiver or variance  
19 of that rule by the authority pursuant to procedures,  
20 conditions and guidelines adopted by rule of the authority.  
21 Licenses shall be posted in a conspicuous place on the licensed  
22 premises.

23 F. A health facility that has been inspected and  
24 licensed by the authority, that has received certification for  
25 participation in federal reimbursement programs and that has

.227869.2

1 been fully accredited by a national accrediting organization  
2 approved by the federal centers for medicare and medicaid  
3 services or the authority shall be granted a license renewal  
4 based on that accreditation. A freestanding birth center that  
5 has been inspected and licensed by the authority and is  
6 accredited by the commission for accreditation of birth centers  
7 or its successor accreditation body shall be granted a license  
8 renewal based on that accreditation. Health facilities  
9 receiving less than full accreditation by an approved  
10 accrediting body may be granted a license renewal based on that  
11 accreditation. License renewals shall be issued upon  
12 application submitted by the health facility upon forms  
13 prescribed by the authority. This subsection does not limit in  
14 any way the authority's various duties and responsibilities  
15 under other provisions of law, including any of the authority's  
16 responsibilities for the health and safety of the public.

17 G. The authority may charge a reasonable fee not to  
18 exceed twelve dollars (\$12.00) per bed for an inpatient health  
19 facility or three hundred dollars (\$300) for any other health  
20 facility for each license application, whether initial or  
21 renewal, of an annual license or the second consecutive  
22 issuance of a temporary license. Fees collected shall not be  
23 refundable. All fees collected pursuant to licensure  
24 applications shall be deposited with the state treasurer for  
25 credit in a designated authority recurring account for use in

.227869.2

1 health facility licensure and certification operations.

2 H. The authority may revoke or suspend the license  
3 of a health facility or may impose on a health facility an  
4 intermediate sanction and a civil monetary penalty provided in  
5 Section 24A-1-6 NMSA 1978 after notice and an opportunity for a  
6 hearing before a hearing officer designated by the authority to  
7 hear the matter and, except for child care centers and  
8 facilities, may proceed pursuant to the Health Facility  
9 Receivership Act upon a determination that the health facility  
10 is not in compliance with any rule of the authority. If  
11 immediate action is required to protect human health and  
12 safety, the secretary may suspend a license or impose an  
13 intermediate sanction pending a hearing, provided the hearing  
14 is held within five working days of the suspension or  
15 imposition of the sanction, unless waived by the licensee, and,  
16 except for child care centers and facilities, may proceed ex  
17 parte pursuant to the Health Facility Receivership Act.

18 I. The authority shall schedule a hearing pursuant  
19 to Subsection H of this section if the authority receives a  
20 request for a hearing from a licensee:

21 (1) within ten working days after receipt by  
22 the licensee of notice of suspension, revocation, imposition of  
23 an intermediate sanction or civil monetary penalty or denial of  
24 an initial or renewal application;

25 (2) within four working days after receipt by

.227869.2



1 the licensee of an emergency suspension order or emergency  
2 intermediate sanction imposition and notice of hearing if the  
3 licensee wishes to waive the early hearing scheduled and  
4 request a hearing at a later date; or

5 (3) within five working days after receipt of  
6 a cease-and-desist order.

7 J. The authority shall also provide timely notice  
8 to the licensee of the date, time and place of the hearing,  
9 identity of the hearing officer, subject matter of the hearing  
10 and alleged violations.

11 K. A hearing held pursuant to provisions of this  
12 section shall be conducted in accordance with adjudicatory  
13 hearing rules and procedures adopted by rule of the authority.  
14 The licensee has the right to be represented by counsel, to  
15 present all relevant evidence by means of witnesses and books,  
16 papers, documents, records, files and other evidence and to  
17 examine all opposing witnesses who appear on any matter  
18 relevant to the issues. The hearing officer has the power to  
19 administer oaths on request of any party and issue subpoenas  
20 and subpoenas duces tecum prior to or after the commencement of  
21 the hearing to compel discovery and the attendance of witnesses  
22 and the production of relevant books, papers, documents,  
23 records, files and other evidence. Documents or records  
24 pertaining to abuse, neglect or exploitation of a resident,  
25 client or patient of a health facility or other documents,

.227869.2

1 records or files in the custody of the authority or the office  
2 of the state long-term care ombudsman at the aging and long-  
3 term services department that are relevant to the alleged  
4 violations are discoverable and admissible as evidence in any  
5 hearing.

6 L. Any party may appeal the final decision of the  
7 authority pursuant to the provisions of Section 39-3-1.1 NMSA  
8 1978.

9 M. A complaint about a health facility received by  
10 the authority pursuant to this section shall be promptly  
11 investigated and appropriate action shall be taken if  
12 substantiated. The authority shall develop a health facilities  
13 protocol in conjunction with the protective services division  
14 of the children, youth and families department, the office of  
15 the state long-term care ombudsman and other appropriate  
16 agencies to ensure the health, safety and rights of individuals  
17 in health facilities licensed by the authority. The health  
18 facilities protocol shall require:

19 (1) cross-reference among agencies pursuant to  
20 this subsection of an allegation of abuse, neglect or  
21 exploitation;

22 (2) an investigation, within the strict  
23 priority time frames established by each protocol member's  
24 rules, of an allegation or referral of abuse, neglect or  
25 exploitation after the authority has made a good cause

.227869.2

1 determination that abuse, neglect or exploitation occurred;

2 (3) an agency to share its investigative  
 3 information and findings with other agencies, unless otherwise  
 4 prohibited by law; and

5 (4) require the receiving agency to accept the  
 6 information provided pursuant to Paragraph (3) of this  
 7 subsection as potential evidence to initiate and conduct  
 8 investigations.

9 N. A complaint received by the authority pursuant  
 10 to this section shall not be disclosed publicly in a manner as  
 11 to identify any individuals or health facilities if upon  
 12 investigation the complaint is unsubstantiated.

13 O. The name and information regarding the person  
 14 making a complaint pursuant to this section shall not be  
 15 disclosed absent the consent of the informant or a court  
 16 order."

17 SECTION 27. A new Section 24A-1-6 NMSA 1978 is enacted  
 18 to read:

19 "24A-1-6. [NEW MATERIAL] HEALTH FACILITIES--INTERMEDIATE  
 20 SANCTIONS--CIVIL PENALTY.--

21 A. Upon a determination that a health facility is  
 22 not in compliance with any licensing requirement of the  
 23 authority, the authority, subject to the provisions of this  
 24 section and Section 24A-1-5 NMSA 1978, may:

25 (1) impose any intermediate sanction

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1 established by rule, including but not limited to:

- 2 (a) a directed plan of correction;
- 3 (b) facility monitors;
- 4 (c) denial of payment for new medicaid  
5 admissions to the facility;

6 (d) temporary management or  
7 receivership; and

8 (e) restricted admissions;

9 (2) assess a civil monetary penalty, with  
10 interest, for each day the facility is or was out of  
11 compliance. Civil monetary penalties shall not exceed a total  
12 of five thousand dollars (\$5,000) per day. Penalties and  
13 interest amounts assessed under this paragraph and recovered on  
14 behalf of the state shall be remitted to the state treasurer  
15 and deposited to the credit of the current school fund. The  
16 civil monetary penalties contained in this paragraph are  
17 cumulative and may be imposed in addition to any other fines or  
18 penalties provided by law; and

19 (3) with respect to health facilities other  
20 than child care centers or facilities, proceed pursuant to the  
21 Health Facility Receivership Act.

22 B. The secretary shall adopt and promulgate rules  
23 specifying the criteria for imposition of any intermediate  
24 sanction and civil monetary penalty. The criteria shall  
25 provide for more severe sanctions for a violation that results

.227869.2

1 in any abuse, neglect or exploitation of residents, clients or  
2 patients as defined in the rules or that places one or more  
3 residents, clients or patients of a health facility at  
4 substantial risk of serious physical or mental harm.

5 C. The provisions of this section for intermediate  
6 sanctions and civil monetary penalties shall apply to certified  
7 nursing facilities except when a federal agency has imposed the  
8 same remedies, sanctions or penalties for the same or similar  
9 violations.

10 D. Rules adopted by the authority shall permit  
11 sanctions pursuant to Paragraphs (1) and (2) of Subsection A of  
12 this section for a specific violation in a certified nursing  
13 facility if:

14 (1) the state statute or rule is not  
15 duplicated by a federal certification rule; or

16 (2) the authority determines intermediate  
17 sanctions are necessary if sanctions permitted pursuant to  
18 Paragraphs (1) and (2) of Subsection A of this section do not  
19 duplicate a sanction imposed under the authority of 42 U.S.C.  
20 1395 or 1396 for a particular deficiency.

21 E. A health facility is liable for the reasonable  
22 costs of a directed plan of correction, facility monitors,  
23 temporary management or receivership imposed pursuant to this  
24 section and Section 24A-1-5 NMSA 1978. The authority may take  
25 all necessary and appropriate legal action to recover these

.227869.2

1 costs from a health facility. All money recovered from a  
2 health facility pursuant to this subsection shall be paid into  
3 the general fund."

4 SECTION 28. Section 24-1-5.8 NMSA 1978 (being Laws 2003,  
5 Chapter 426, Section 1) is recompiled as Section 24A-1-7 NMSA  
6 1978 and is amended to read:

7 "24A-1-7. LEGISLATIVE FINDINGS--DEFINITIONS--LICENSING  
8 REQUIREMENTS FOR CERTAIN HOSPITALS.--

9 A. The legislature finds that:

10 (1) acute care general hospitals throughout  
11 New Mexico operate emergency departments and provide vital  
12 emergency medical services to patients requiring immediate  
13 medical care; and

14 (2) federal and state laws require hospitals  
15 that operate an emergency department to provide certain  
16 emergency services and care to any person, regardless of that  
17 person's ability to pay. Accordingly, these hospitals  
18 encounter significant financial losses when treating uninsured  
19 or underinsured patients.

20 B. As used in this section:

21 (1) "limited service hospital" means a  
22 hospital that limits admissions according to medical or  
23 surgical specialty, type of disease or medical condition, or a  
24 hospital that limits its inpatient hospital services to  
25 surgical services or invasive diagnostic and treatment

.227869.2

1 procedures; provided, however, that a "limited service  
2 hospital" does not include:

3 (a) a hospital licensed by the  
4 ~~[department]~~ authority as a special hospital;

5 (b) an eleemosynary hospital that does  
6 not bill patients for services provided; or

7 (c) a hospital that has been granted a  
8 license prior to January 1, 2003; and

9 ~~[(2) "department" means the department of  
10 health; and~~

11 ~~(3)]~~ (2) "low-income patient" means a patient  
12 whose family or household income does not exceed two hundred  
13 percent of the federal poverty level.

14 C. The ~~[department]~~ authority shall issue a license  
15 to an acute-care or general hospital or a limited services  
16 hospital that agrees to:

17 (1) continuously maintain and operate an  
18 emergency department that provides emergency medical services  
19 as determined by the ~~[department]~~ authority;

20 (2) participate in the medicaid, medicare and  
21 county indigent care programs;

22 (3) require a physician owner to disclose a  
23 financial interest in the hospital before referring a patient  
24 to the hospital;

25 (4) comply with the same quality standards

.227869.2

1 applied to other hospitals;

2 (5) provide emergency services and general  
3 health care to nonpaying patients and low-income reimbursed  
4 patients in the same proportion as the patients are treated in  
5 acute-care general hospitals in the local community, as  
6 determined by the ~~[department]~~ authority in consultation with a  
7 statewide hospital organization, the government of the county  
8 in which the facilities are located and the affected hospitals;  
9 provided that:

10 (a) a hospital may appeal the  
11 determination of the ~~[department pursuant to]~~ authority as a  
12 final agency decision as provided in Section 39-3-1.1 NMSA  
13 1978; and

14 (b) the annual cost of the care required  
15 to be provided pursuant to this paragraph shall not exceed an  
16 amount equal to five percent of the hospital's annual revenue;  
17 and

18 (6) require a health care provider to disclose  
19 a financial interest before referring a patient to the  
20 hospital."

21 SECTION 29. Section 24-1-5.9 NMSA 1978 (being Laws 2004,  
22 Chapter 44, Section 2 and Laws 2004, Chapter 50, Section 2) is  
23 recompiled as Section 24A-1-8 NMSA 1978 and is amended to read:

24 "24A-1-8. REPORTING REQUIREMENTS.--

25 A. A hospital, a long-term care facility or a



1 primary care clinic shall provide information sufficient for  
2 the ~~[secretary]~~ authority to make a reasonable assessment based  
3 on clear and convincing evidence of its financial viability,  
4 sustainability and potential impact on health care access.  
5 Information provided to the ~~[secretary]~~ authority pursuant to  
6 this section shall remain confidential, is exempt from the  
7 Inspection of Public Records Act, unless disclosure or use is  
8 mandated by the state or federal law, and shall not be used as  
9 a basis for suspension, revocation or issuance of a license.  
10 The hospital, long-term care facility or primary care clinic  
11 shall provide this information to the ~~[secretary]~~ authority at  
12 least sixty days before the anticipated effective date of a  
13 proposed licensure, closure, disposition or acquisition of the  
14 hospital, the long-term care facility or the primary care  
15 clinic or its essential services.

16 B. The secretary shall issue a notice of finding to  
17 the facility within sixty days of receiving information from  
18 the facility.

19 C. For the purposes of this section:

20 (1) "hospital" means a facility providing  
21 emergency or urgent care, inpatient medical care and nursing  
22 care for acute illness, injury, surgery or obstetrics.

23 "Hospital" includes a facility licensed by the ~~[department]~~  
24 authority as a critical access hospital, general hospital,  
25 long-term acute care hospital, psychiatric hospital,

.227869.2

1 rehabilitation hospital, limited services hospital and special  
2 hospital;

3 (2) "long-term care facility" means a nursing  
4 home licensed by the [~~department~~] authority to provide  
5 intermediate or skilled nursing care; and

6 (3) "primary care clinic" means a community-  
7 based clinic that provides the first level of basic or general  
8 health care for [~~an individual's~~] a person's health needs,  
9 including diagnostic and treatment services and, if integrated  
10 into the clinic's service array, mental health services."

11 SECTION 30. Section 24-1-5.10 NMSA 1978 (being Laws  
12 2004, Chapter 47, Section 1) is recompiled as Section 24A-1-9  
13 NMSA 1978 and is amended to read:

14 "24A-1-9. FEDERAL PARTICIPATION REQUIRED--EXCEPTION.--

15 A. Except as provided in Subsection B of this  
16 section, all programs, clinics, hospitals and other health-  
17 related centers and entities, including those identified by the  
18 [~~human services department~~] authority pursuant to Paragraph (3)  
19 of Subsection A of Section 27-2-12.13 NMSA 1978, that are  
20 eligible under Section 340B of the federal Public Health  
21 Service Act, including hospitals and clinics licensed under the  
22 state [~~Public Health Act~~] Health Care Code, shall participate  
23 in that Section 340B federal prescription drug price discount  
24 program.

25 B. If an entity described in Subsection A of this

.227869.2

1 section can demonstrate to the satisfaction of the [~~department~~  
 2 ~~of health~~] authority that the prescription drug price discount  
 3 it receives other than through the Section 340B program results  
 4 in greater savings to the state, the entity may be granted an  
 5 exception to the requirements of this section."

6 SECTION 31. Section 24-1-5.12 NMSA 1978 (being Laws  
 7 2023, Chapter 109, Section 1) is recompiled as Section 24A-1-10  
 8 NMSA 1978 and is amended to read:

9 "24A-1-10. RURAL EMERGENCY HOSPITAL LICENSURE--LICENSING  
 10 REQUIREMENTS.--

11 A. The [~~department~~] authority shall promulgate  
 12 rules to establish a rural emergency hospital license that  
 13 enables certain hospitals to apply to receive federal health  
 14 care reimbursement as rural emergency hospitals.

15 B. The [~~department~~] authority shall only issue a  
 16 rural emergency hospital license to a health facility that:

17 (1) on December 27, 2020, was:

18 (a) designated as a critical access  
 19 hospital by the centers for medicare and medicaid services; or

20 (b) licensed as a hospital with less  
 21 than fifty licensed beds and located in a county in a rural  
 22 area as defined in Section 1886(d)(2)(D) or Section  
 23 1886(d)(8)(E) of the federal Social Security Act;

24 (2) provides rural emergency hospital services  
 25 in the facility twenty-four hours per day and is staffed

.227869.2

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1 twenty-four hours per day, seven days per week with a  
2 physician, nurse practitioner, clinical nurse specialist or  
3 physician assistant;

4 (3) has a transfer agreement in effect with a  
5 level [F] 1 or level [FF] 2 trauma center;

6 (4) does not have an annual average patient  
7 length of stay over twenty-four hours; and

8 (5) meets any other requirements that the  
9 [department] authority finds necessary to implement state  
10 licensure and satisfy centers for medicare and medicaid  
11 services requirements for reimbursement as a rural emergency  
12 hospital.

13 C. A health facility that applies to the  
14 [department] authority for licensure as a rural emergency  
15 hospital shall include with the licensure application:

16 (1) an action plan for initiating rural  
17 emergency hospital services, including a detailed transition  
18 plan that lists the specific services that the facility will  
19 retain, modify, add and discontinue;

20 (2) a description of services that the  
21 facility intends to provide on an outpatient basis; and

22 (3) any other information required by rules of  
23 the [department] authority.

24 D. A rural emergency hospital shall not have  
25 inpatient beds, but a rural emergency hospital may have a unit

1 that is a distinct part of the hospital that is licensed as a  
 2 skilled nursing facility and provides post-hospital extended  
 3 care services.

4 E. For the purposes of this section,

5 [~~(1)~~ "department" means the department of  
 6 health; and

7 ~~(2)~~] "rural emergency hospital" means a health  
 8 facility that provides emergency and observational care and  
 9 meets the licensure requirements outlined in Subsection B of  
 10 this section."

11 SECTION 32. Section 24-1-37 NMSA 1978 (being Laws 2015,  
 12 Chapter 155, Section 1) is recompiled as Section 24A-1-11 NMSA  
 13 1978 and is amended to read:

14 "24A-1-11. LAY CAREGIVER--AFTERCARE--DESIGNATION.--

15 A. A hospital shall provide each patient or the  
 16 patient's legal guardian with an opportunity to designate one  
 17 lay caregiver following the patient's admission into a hospital  
 18 and before the patient's discharge to the patient's residence.

19 B. As soon as practicable, a hospital shall attempt  
 20 to consult with a designated lay caregiver to prepare the lay  
 21 caregiver to provide aftercare. The hospital shall provide the  
 22 lay caregiver with a discharge plan for the patient that  
 23 describes the patient's aftercare needs. This discharge plan:

24 (1) may include, but is not limited to:

25 (a) culturally competent training on how

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1 to provide care and tasks;

2 (b) medication management guidelines;

3 (c) aftercare guidelines; and

4 (d) an identification of tasks that the  
5 discharging health care provider specifies;

6 (2) shall reflect the active engagement of a  
7 patient or lay caregiver in the discharge planning process and  
8 incorporate a patient's goals and preferences as much as  
9 possible; and

10 (3) shall educate a lay caregiver in a manner  
11 that is consistent with current accepted practices and is based  
12 on an assessment of the lay caregiver's learning needs.

13 C. A hospital shall allow a patient to change the  
14 patient's designation of a lay caregiver in the event that the  
15 originally designated lay caregiver becomes unavailable,  
16 unwilling or unable to care for the patient.

17 D. Designation of an individual as a lay caregiver  
18 pursuant to this section does not obligate that ~~[individual]~~  
19 person to accept the role of lay caregiver for the patient.

20 E. The provisions of this section shall not be  
21 construed to require a patient to designate a lay caregiver.

22 F. In the event that a patient or a patient's legal  
23 guardian declines to designate a lay caregiver pursuant to this  
24 section, a hospital shall promptly document this refusal to  
25 designate a lay caregiver in the patient's medical record.

.227869.2

1 G. A hospital shall not allow the process of  
 2 appointing or refusal or failure to appoint a lay caregiver for  
 3 a patient to interfere with, delay or otherwise affect the  
 4 services that the hospital provides to a patient.

5 H. In the event that a hospital is unable to  
 6 contact a designated lay caregiver, this lack of contact shall  
 7 not interfere with or otherwise affect an appropriate discharge  
 8 of the patient.

9 I. The provisions of this section shall not be  
 10 construed to:

11 (1) create a private right of action against a  
 12 hospital, hospital employee, contractor having a contractual  
 13 relationship with a hospital or duly authorized agent of a  
 14 hospital; or

15 (2) remove the obligation of a third-party  
 16 payer to cover any health care item or service that the third-  
 17 party payer is obligated to provide to a patient pursuant to  
 18 the terms of a valid agreement, insurance policy, plan or  
 19 certificate of coverage or health maintenance organization  
 20 contract.

21 J. A hospital, hospital employee, contractor having  
 22 a contractual relationship with a hospital or duly authorized  
 23 agent of a hospital shall not be held liable in any way for an  
 24 act or omission of a lay caregiver.

25 K. As used in this section:

.227869.2

1 (1) "aftercare" means assistance provided in a  
2 private home by a designated lay caregiver to a patient after  
3 the patient's discharge from a hospital. "Aftercare" includes  
4 exclusively those tasks related to a patient's condition at the  
5 time of discharge that do not require the lay caregiver  
6 performing the tasks to be a licensed, certified or otherwise  
7 authorized health care provider;

8 (2) "discharge" means a patient's exit or  
9 release from a hospital to that patient's residence following  
10 an inpatient stay;

11 (3) "hospital" means a health facility  
12 licensed as a general acute hospital by the [~~department of~~  
13 ~~health~~] authority;

14 (4) "lay caregiver" means [~~an individual~~] a  
15 person who is eighteen years of age or older, who has been  
16 designated as a lay caregiver pursuant to this section and who  
17 provides aftercare to a patient in the patient's residence; and

18 (5) "residence" means a dwelling considered by  
19 a patient to be the patient's home, not including a hospital,  
20 nursing home or group home or assisted living facility."

21 SECTION 33. Section 24-1-5.7 NMSA 1978 (being Laws 2003,  
22 Chapter 190, Section 1, as amended) is recompiled as Section  
23 24A-1-12 NMSA 1978 and is amended to read:

24 "24A-1-12. METHADONE CLINICS--REGULATION BY THE [~~HUMAN~~  
25 ~~SERVICES DEPARTMENT~~] AUTHORITY.--

.227869.2



1           A. The federal government requires the state to  
 2 approve the establishment of all new methadone clinics. In an  
 3 effort to maintain compliance with the federal requirement, the  
 4 [~~human services department~~] authority shall regulate the  
 5 establishment and continuance of methadone clinics in New  
 6 Mexico in accordance with its powers and duties.

7           B. In regulating methadone clinics, the [~~human  
 8 services department~~] authority shall perform an assessment of  
 9 the need for clinics and develop clinical and administrative  
 10 standards as required by federal law. The [~~human services  
 11 department~~] authority may consider other factors it deems  
 12 necessary to ensure the provision of drug abuse treatment  
 13 services and the protection of the health and safety of New  
 14 Mexico residents.

15           C. For the purposes of this section, "methadone  
 16 clinic" means a public or private facility that dispenses  
 17 methadone for the detoxification treatment or maintenance  
 18 treatment of narcotic addicts."

19           **SECTION 34.** Section 24-1-41 NMSA 1978 (being Laws 2019,  
 20 Chapter 129, Section 1) is recompiled as Section 24A-1-13 NMSA  
 21 1978 and is amended to read:

22           "24A-1-13. HEALTH FACILITIES--CERTIFIED NURSE  
 23 PRACTITIONERS--CERTIFIED NURSE-MIDWIVES--PRIVILEGES--PARITY  
 24 WITH PHYSICIANS.--

25           A. Unless required by federal law, a health

.227869.2

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1 facility shall establish the same criteria for granting patient  
2 admitting or discharge privileges or in authorizing continuing  
3 patient care for certified nurse practitioners, certified  
4 nurse-midwives and clinical nurse specialists as the health  
5 facility has established for physicians.

6 B. A health facility shall ensure that certified  
7 nurse practitioners, certified nurse-midwives and clinical  
8 nurse specialists acting in accordance with these  
9 professionals' respective scopes of practice under New Mexico  
10 law are:

11 (1) eligible to serve on the health facility's  
12 medical staff;

13 (2) credentialed under the same procedures as  
14 the health facility has established for physicians; and

15 (3) authorized to conduct peer review of their  
16 professional colleagues.

17 C. As used in this section:

18 (1) "certified nurse-midwife" means [~~an~~  
19 ~~individual~~] a person licensed as a registered nurse pursuant to  
20 the Nursing Practice Act and licensed by the department of  
21 health as a certified nurse-midwife;

22 (2) "certified nurse practitioner" means a  
23 registered nurse who is licensed by the board of nursing for  
24 advanced practice as a certified nurse practitioner pursuant to  
25 the Nursing Practice Act;

.227869.2

1 (3) "clinical nurse specialist" means a  
 2 registered nurse who is licensed by the board of nursing for  
 3 advanced practice as a clinical nurse specialist and whose name  
 4 and pertinent information are entered on the list of clinical  
 5 nurse specialists maintained by the board of nursing;

6 (4) "health facility" means a health facility  
 7 licensed by the [~~department of health pursuant to the Public~~  
 8 ~~Health Act~~] authority; and

9 (5) "physician" means [~~an individual~~] a person  
 10 licensed to practice as a medical doctor or an osteopathic  
 11 physician."

12 SECTION 35. Section 24-1K-3 NMSA 1978 (being Laws 2021,  
 13 Chapter 87, Section 3) is recompiled as Section 24A-1-14 NMSA  
 14 1978 and is amended to read:

15 "24A-1-14. PRIMARY CARE COUNCIL CREATED--DUTIES.--

16 A. The secretary shall create the "primary care  
 17 council" to:

18 (1) develop a shared description of primary  
 19 care practitioners and services;

20 (2) analyze annually the proportion of health  
 21 care delivery expenditures allocated to primary care statewide;

22 (3) review national and state models of  
 23 optimal primary care investment with the objectives of  
 24 increasing access to primary care, improving the quality of  
 25 primary care services and lowering the cost of primary care

.227869.2

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1 delivery statewide;

2 (4) review New Mexico state and county data  
3 and information about barriers to accessing primary care  
4 services faced by New Mexico residents;

5 (5) recommend policies, [~~regulations~~] rules  
6 and legislation to increase access to primary care, improve the  
7 quality of primary care services and lower the cost of primary  
8 care delivery while reducing overall health care costs;

9 (6) coordinate efforts with the graduate  
10 medical education expansion review board and other primary care  
11 workforce development initiatives to devise a plan that  
12 addresses primary care workforce shortages within the state;

13 (7) report annually to the interim legislative  
14 health and human services committee and the legislative finance  
15 committee on ways that primary care investment could increase  
16 access to primary care, improve the quality of primary care  
17 services, lower the cost of primary care delivery, address the  
18 shortage of primary care providers and reduce overall health  
19 care costs; and

20 (8) develop and present to the secretary a  
21 five-year plan to determine how primary care investment could  
22 increase access to primary care, improve the quality of primary  
23 care services, lower the cost of primary care delivery, address  
24 the shortage of primary care providers and reduce overall  
25 health care costs.

.227869.2

1           B. The primary care council shall include nine  
 2 voting members and thirteen advisory members, appointed by the  
 3 secretary, and shall consist of:

4                   (1) one member from the [~~department~~]  
 5 authority;

6                   (2) one member from the department of health;

7                   (3) one member from the office of  
 8 superintendent of insurance;

9                   (4) one member from a statewide organization  
 10 representing federally qualified health centers in New Mexico;

11                   (5) five members from statewide organizations  
 12 representing primary care providers or statewide health  
 13 professional societies or associations; and

14                   (6) thirteen nonvoting members representing  
 15 health care and other stakeholders, in an advisory capacity.

16           C. The chair of the primary care council shall be  
 17 elected by the voting members of the council.

18           D. The council shall meet at the call of the chair.

19           E. Members of the council shall not be paid per  
 20 diem and mileage or other compensation for their services.

21           F. The [~~secretary~~] authority shall provide staff  
 22 support for the council in the performance of its duties.

23           G. A simple majority of the voting members of the  
 24 council constitutes a quorum.

25           H. The council shall hold its first meeting no

.227869.2

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1 later than October 1, 2021."

2 SECTION 36. Section 24-1-34 NMSA 1978 (being Laws 2012,  
3 Chapter 4, Section 1, as amended) is recompiled as Section  
4 24A-1-15 NMSA 1978 and is amended to read:

5 "24A-1-15. PRIMARY STROKE CENTERS--COMPREHENSIVE STROKE  
6 CENTERS--ACUTE STROKE CAPABLE CENTERS--[DEPARTMENT] AUTHORITY  
7 CERTIFICATION--RULEMAKING.--

8 A. In accordance with [~~department~~] authority rules,  
9 the [~~department~~] authority shall certify any acute care  
10 hospital as a primary stroke center, comprehensive stroke  
11 center or acute stroke capable center if that hospital has been  
12 accredited by the joint commission or any other nationally  
13 recognized accrediting body as a primary stroke center,  
14 comprehensive stroke center or acute stroke capable center.  
15 The [~~department~~] authority shall post information regarding  
16 certification on the [~~department's web site~~] authority's  
17 website. If a hospital loses accreditation as a primary stroke  
18 center, comprehensive stroke center or acute stroke capable  
19 center, the secretary shall also remove that hospital's  
20 certification.

21 B. In accordance with [~~department~~] authority rules,  
22 the emergency medical systems bureau of the department of  
23 health shall work in coordination with all local and regional  
24 emergency medical services authorities statewide on the  
25 development of pre-hospitalization protocols related to the

.227869.2

1 assessment, treatment and transport of stroke patients by  
2 licensed emergency medical services providers. These protocols  
3 shall include, at a minimum, plans for the triage and transport  
4 of stroke patients to the closest comprehensive or primary  
5 stroke center or, when appropriate, to an acute stroke capable  
6 center.

7 C. The secretary may adopt rules to assist and  
8 encourage primary stroke centers to enter into coordinated  
9 stroke care agreements with other health care facilities  
10 throughout the state to provide appropriate access to care for  
11 acute stroke patients."

12 SECTION 37. Section 24-1-35 NMSA 1978 (being Laws 2013,  
13 Chapter 114, Section 1) is recompiled as Section 24A-1-16 NMSA  
14 1978 and is amended to read:

15 "24A-1-16. ASSISTED LIVING FACILITIES CONTRACTS--LIMIT  
16 ON CHARGES AFTER RESIDENT DEATH.--

17 A. The contract for each resident of an assisted  
18 living facility shall include a refund policy to be implemented  
19 at the time of a resident's death. The refund policy shall  
20 provide that the resident's estate or responsible party is  
21 entitled to a prorated refund based on the calculated daily  
22 rate for any unused portion of payment beyond the termination  
23 date after all charges have been paid to the licensee. For the  
24 purpose of this section, the termination date shall be the date  
25 the unit is vacated by the resident due to the resident's death

.227869.2

1 and cleared of all personal belongings.

2 B. If a resident's belongings are not removed  
3 within one week of the resident's death and the amount of  
4 belongings does not preclude renting the unit, the facility may  
5 clear the unit and charge the resident's estate for moving and  
6 storing the items at a rate equal to the actual cost to the  
7 facility, not to exceed ten percent of the regular rate for the  
8 unit; provided that the responsible party for the resident is  
9 given notice at least one week before the resident's belongings  
10 are removed. If the resident's belongings are not claimed  
11 within forty-five days after notification, the facility may  
12 dispose of them.

13 C. For the purposes of this section, "assisted  
14 living facility" means a facility required to be licensed as an  
15 assisted living facility for adults by the [~~department of~~  
16 ~~health~~] authority."

17 SECTION 38. A new Section 24A-1-17 NMSA 1978 is enacted  
18 to read:

19 "24A-1-17. [NEW MATERIAL] RURAL HEALTH CARE DELIVERY  
20 FUND--GRANTS--APPLICATIONS--AWARDS.--

21 A. The "rural health care delivery fund" is created  
22 as a nonreverting fund in the state treasury. The fund  
23 consists of appropriations, gifts, grants, donations, income  
24 from investment of the fund and any other revenue credited to  
25 the fund. The authority shall administer the fund, and money

.227869.2



1 in the fund is appropriated to the authority to carry out the  
2 provisions of this section. Expenditures shall be by warrant  
3 of the secretary of finance and administration pursuant to  
4 vouchers signed by the secretary or the secretary's authorized  
5 representative.

6 B. A rural health care provider or rural health  
7 care facility may apply to the authority for a grant to defray  
8 operating losses, including rural health care provider or rural  
9 health care facility start-up costs, incurred in providing  
10 inpatient, outpatient, primary, specialty or behavioral health  
11 care services to New Mexico residents. The authority may award  
12 a grant from the rural health care delivery fund to a rural  
13 health care provider or rural health care facility that is  
14 providing a new or expanded health care service as approved by  
15 the authority that covers operating losses for the new or  
16 expanded health care service, subject to the following  
17 conditions and limitations:

18 (1) the rural health care provider or rural  
19 health care facility meets state licensing requirements to  
20 provide health care services and is an enrolled medicaid  
21 provider that actively serves medicaid recipients;

22 (2) grants are for one year and for no more  
23 than the first five years of operation as a newly constructed  
24 rural health care facility or the operation of a new or  
25 expanded health care service;

.227869.2

1 (3) grants are limited to covering operating  
2 losses for which recognized revenue is not sufficient;

3 (4) the rural health care provider or rural  
4 health care facility provides adequate cost data, as defined by  
5 rule of the authority, based on financial and statistical  
6 records that can be verified by qualified auditors and which  
7 data are based on an approved method of cost finding and the  
8 accrual basis of accounting and can be confirmed as having been  
9 delivered through review of claims;

10 (5) grant award amounts shall be reconciled by  
11 the authority to audited operating losses after the close of  
12 the grant period;

13 (6) in the case of a rural health care  
14 provider, the provider commits to:

15 (a) a period of operation equivalent to  
16 the number of years grants are awarded; and

17 (b) actively serve medicaid recipients  
18 throughout the duration of the grant period; and

19 (7) in prioritizing grant awards, the  
20 authority shall consider the health needs of the state and the  
21 locality and the long-term sustainability of the new or  
22 expanded service.

23 C. As used in this section:

24 (1) "allowable costs" means necessary and  
25 proper costs defined by rule of the authority based on medicare

.227869.2

1 reimbursement principles, including reasonable direct expenses,  
2 but not including general overhead and management fees paid to  
3 a parent corporation;

4 (2) "health care services" means services for  
5 the diagnosis, prevention, treatment, cure or relief of a  
6 physical, dental, behavioral or mental health condition,  
7 substance use disorder, illness, injury or disease and for  
8 medical or behavioral health ground transportation;

9 (3) "medicaid" means the medical assistance  
10 program established pursuant to Title 19 of the federal Social  
11 Security Act and rules issued pursuant to that act;

12 (4) "medicaid provider" means a person that  
13 provides medicaid-related services to medicaid recipients;

14 (5) "medicaid recipient" means a person whom  
15 the authority has determined to be eligible to receive  
16 medicaid-related services in the state;

17 (6) "operating losses" means the projected  
18 difference between recognized revenue and allowable costs for a  
19 grant request period;

20 (7) "recognized revenue" means operating  
21 revenue, including revenue directly related to the rendering of  
22 patient care services and revenue from nonpatient care services  
23 to patients and persons other than patients; the value of  
24 donated commodities; supplemental payments; distributions from  
25 the safety net care pool fund; and distributions of federal

.227869.2

1 funds;

2 (8) "rural health care facility" means a  
3 health care facility licensed in the state that provides  
4 inpatient or outpatient physical or behavioral health services  
5 or programmatic services in a county that has a population of  
6 one hundred thousand or fewer according to the most recent  
7 federal decennial census;

8 (9) "rural health care provider" means an  
9 individual health professional licensed by the appropriate  
10 board, a medical or behavioral health ground transportation  
11 entity licensed by the public regulation commission or a health  
12 facility organization licensed by the authority to provide  
13 health care diagnosis and treatment of physical or behavioral  
14 health or programmatic services in a county that has a  
15 population of one hundred thousand or fewer according to the  
16 most recent federal decennial census; and

17 (10) "start-up costs" means the planning,  
18 development and operation of rural health care services,  
19 including legal fees; accounting fees; costs associated with  
20 leasing equipment, a location or property; depreciation of  
21 equipment costs; and staffing costs. "Start-up costs" does not  
22 mean the construction or purchase of land or buildings."

23 SECTION 39. Section 24-1E-1 NMSA 1978 (being Laws 1996,  
24 Chapter 35, Section 4, as amended) is recompiled as Section  
25 24A-2-1 NMSA 1978 and is amended to read:

.227869.2

1 "24A-2-1. SHORT TITLE.--Chapter [24] 24A, Article [~~E~~] 2  
 2 NMSA 1978 may be cited as the "Health Facility Receivership  
 3 Act"."

4 SECTION 40. Section 24-1E-2 NMSA 1978 (being Laws 1996,  
 5 Chapter 35, Section 5, as amended) is recompiled as Section  
 6 24A-2-2 NMSA 1978 and is amended to read:

7 "24A-2-2. DEFINITIONS.--As used in the Health Facility  
 8 Receivership Act:

9 [~~A. "department" means the department of health;~~

10 ~~B.] A. "health facility" [means:~~

11 ~~(1) a health facility as defined in Subsection~~  
 12 ~~D of Section 24-1-2 NMSA 1978 other than a child-care center or~~  
 13 ~~facility, whether or not licensed by the state of New Mexico;~~  
 14 ~~or~~

15 ~~(2) a] includes~~ community-based [~~program]~~  
 16 programs providing services funded, directly or indirectly, in  
 17 whole or in part, by the home and community-based medicaid  
 18 waiver program or by developmental disabilities, traumatic  
 19 brain injury or other medical disabilities programs; and

20 [~~C. "person" includes a natural person and any~~  
 21 ~~other form of entity recognized by law;~~

22 ~~D.] B. "receiver" means the secretary, upon~~  
 23 appointment pursuant to the Health Facility Receivership Act  
 24 [~~and~~

25 ~~E. "secretary" means the secretary of health]."~~

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1           SECTION 41. Section 24-1E-3 NMSA 1978 (being Laws 1996,  
2 Chapter 35, Section 6) is recompiled as Section 24A-2-3 NMSA  
3 1978 and is amended to read:

4           "24A-2-3. HEALTH FACILITY RECEIVERSHIPS AUTHORIZED--  
5 VENUE.--

6           A. The secretary may file a verified petition in  
7 the district court seeking appointment as receiver of a health  
8 facility if the facility:

9                   (1) is being operated without a valid license  
10 from the [~~division~~] authority;

11                   (2) will be closed within sixty days and  
12 adequate arrangements to relocate its residents have not been  
13 submitted to and approved by the secretary;

14                   (3) has been abandoned, its residents have  
15 been abandoned or such abandonment is imminent; or

16                   (4) presents a situation, physical condition,  
17 practice or method of operation that the secretary finds  
18 presents an imminent danger of death or significant mental or  
19 physical harm to its residents or other persons.

20           B. The proceedings shall be governed by, and the  
21 receiver's powers and duties shall be as specified in, the  
22 Receivership Act, supplemented as provided in the Health  
23 Facility Receivership Act.

24           C. Venue shall be laid in the district court for  
25 Santa Fe county or any other county in which the health

1 facility or any of its satellite facilities is located.

2 D. Service of process shall be made in any manner  
 3 provided by the Rules of Civil Procedure for the District  
 4 Courts. If personal service cannot practicably or promptly be  
 5 made as so provided, service may be made by delivery of the  
 6 summons with the petition attached to any person in charge of  
 7 the health facility at the time service is made.

8 E. The health facility shall file a responsive  
 9 pleading within ten days after the date service is made or  
 10 within such time as directed by the district court."

11 SECTION 42. Section 24-1E-3.1 NMSA 1978 (being Laws  
 12 2001, Chapter 225, Section 4) is recompiled as Section 24A-2-4  
 13 NMSA 1978 and is amended to read:

14 "24A-2-4. RULEMAKING.--~~[No later than December 31, 2001]~~  
 15 The secretary shall promulgate rules to implement the  
 16 provisions of the Health Facility Receivership Act. As a  
 17 minimum, the rules shall establish:

18 A. conditions under which a petition for a health  
 19 facility receivership may be filed;

20 B. the duties, authority and responsibilities of  
 21 the deputy receiver and the health facility;

22 C. the specific authority of the deputy receiver to  
 23 impose financial conditions and requirements on the health  
 24 facility;

25 D. minimum qualifications for deputy receivers; and

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1 E. provisions that will be requested for inclusion  
2 in district court orders entered pursuant to the Health  
3 Facility Receivership Act."

4 SECTION 43. Section 9-7-6.4 NMSA 1978 (being Laws 2004,  
5 Chapter 46, Section 8, as amended) is recompiled as Section  
6 24A-3-1 NMSA 1978 and is amended to read:

7 "24A-3-1. INTERAGENCY BEHAVIORAL HEALTH PURCHASING  
8 COLLABORATIVE.--

9 A. The "interagency behavioral health purchasing  
10 collaborative" is created, consisting of the secretaries of  
11 health care authority, aging and long-term services, Indian  
12 affairs, [~~human services~~] health, corrections, children, youth  
13 and families, early childhood education and care, finance and  
14 administration, workforce solutions, public education and  
15 transportation or their designees; the directors of the  
16 administrative office of the courts, the [~~New Mexico mortgage~~  
17 ~~finance~~] retiree health care authority, the governor's  
18 commission on disability, the developmental disabilities  
19 council, the instructional support and vocational education  
20 division of the public education department and the New Mexico  
21 health policy commission or their designees; and the governor's  
22 health policy coordinator [~~or their designees~~]. The  
23 collaborative shall be chaired by the secretary of [~~human~~  
24 ~~services~~] health care authority with the respective secretaries  
25 of health and children, youth and families alternating annually

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1 as co-chairs.

2 B. The collaborative shall meet regularly and at  
3 the call of either co-chair and shall:

4 (1) identify behavioral health needs  
5 statewide, with an emphasis on that hiatus between needs and  
6 services set forth in the ~~[department of health's]~~ authority's  
7 gap analysis and in ongoing needs assessments, and develop a  
8 master plan for statewide delivery of services;

9 (2) give special attention to regional  
10 differences, including cultural, rural, frontier, urban and  
11 border issues;

12 (3) inventory all expenditures for behavioral  
13 health, including mental health and substance abuse;

14 (4) plan, design and direct a statewide  
15 behavioral health system, ensuring both availability of  
16 services and efficient use of all behavioral health funding,  
17 taking into consideration funding appropriated to specific  
18 affected departments; and

19 (5) contract for operation of one or more  
20 behavioral health entities to ensure availability of services  
21 throughout the state.

22 C. The plan for delivery of behavioral health  
23 services shall include specific service plans to address the  
24 needs of infants, children, adolescents, adults and seniors, as  
25 well as to address workforce development and retention and

.227869.2

1 quality improvement issues. The plan shall be revised every  
2 two years and shall be adopted by the [~~department of health~~]  
3 authority as part of the statewide health plan.

4 D. The plan shall take the following principles  
5 into consideration, to the extent practicable and within  
6 available resources:

7 (1) services should be individually centered  
8 and family-focused based on principles of individual capacity  
9 for recovery and resiliency;

10 (2) services should be delivered in a  
11 culturally responsive manner in a home- or community-based  
12 setting, where possible;

13 (3) services should be delivered in the least  
14 restrictive and most appropriate manner;

15 (4) individualized service planning and case  
16 management should take into consideration individual and family  
17 circumstances, abilities and strengths and be accomplished in  
18 consultation with appropriate family, caregivers and other  
19 persons critical to the individual's life and well-being;

20 (5) services should be coordinated,  
21 accessible, accountable and of high quality;

22 (6) services should be directed by the  
23 individual or family served to the extent possible;

24 (7) services may be consumer- or family-  
25 provided, as defined by the collaborative;

.227869.2

1 (8) services should include behavioral health  
 2 promotion, prevention, early intervention, treatment and  
 3 community support; and

4 (9) services should consider regional  
 5 differences, including cultural, rural, frontier, urban and  
 6 border issues.

7 E. The collaborative shall seek and consider  
 8 suggestions of Native American representatives from Indian  
 9 nations, tribes and pueblos and the urban Indian population,  
 10 located wholly or partially within New Mexico, in the  
 11 development of the plan for delivery of behavioral health  
 12 services.

13 F. Pursuant to the State Rules Act, the  
 14 collaborative shall adopt rules through the [~~human services~~  
 15 ~~department~~] authority for:

16 (1) standards of delivery for behavioral  
 17 health services provided through contracted behavioral health  
 18 entities, including:

- 19 (a) quality management and improvement;
- 20 (b) performance measures;
- 21 (c) accessibility and availability of  
 22 services;
- 23 (d) utilization management;
- 24 (e) credentialing of providers;
- 25 (f) rights and responsibilities of

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1 consumers and providers;

2 (g) clinical evaluation and treatment  
3 and supporting documentation; and

4 (h) confidentiality of consumer records;  
5 and

6 (2) approval of contracts and contract  
7 amendments by the collaborative, including public notice of the  
8 proposed final contract.

9 G. The collaborative shall, through the [~~human~~  
10 ~~services department~~] authority, submit a separately  
11 identifiable consolidated behavioral health budget request.  
12 The consolidated behavioral health budget request shall account  
13 for requested funding for the behavioral health services  
14 program at the [~~human services department~~] authority and any  
15 other requested funding for behavioral health services from  
16 agencies identified in Subsection A of this section that will  
17 be used pursuant to Paragraph (5) of Subsection B of this  
18 section. Any contract proposed, negotiated or entered into by  
19 the collaborative is subject to the provisions of the  
20 Procurement Code.

21 H. The collaborative shall, with the consent of the  
22 governor, appoint a "director of the collaborative". The  
23 director is responsible for the coordination of day-to-day  
24 activities of the collaborative, including the coordination of  
25 staff from the collaborative member agencies.

.227869.2

1 I. The collaborative shall provide a quarterly  
 2 report to the legislative finance committee on performance  
 3 outcome measures. The collaborative shall submit an annual  
 4 report to the legislative finance committee and the interim  
 5 legislative health and human services committee that provides  
 6 information on:

7 (1) the collaborative's progress toward  
 8 achieving its strategic plans and goals;

9 (2) the collaborative's performance  
 10 information, including contractors and providers; and

11 (3) the number of people receiving services,  
 12 the most frequently treated diagnoses, expenditures by type of  
 13 service and other aggregate claims data relating to services  
 14 rendered and program operations."

15 SECTION 44. Section 24-1-28 NMSA 1978 (being Laws 2004,  
 16 Chapter 46, Section 2, as amended) is recompiled as Section  
 17 24A-3-2 NMSA 1978 and is amended to read:

18 "24A-3-2. BEHAVIORAL HEALTH PLANNING COUNCIL CREATED--  
 19 POWERS AND DUTIES--MEMBERSHIP.--~~[There is created]~~

20 A. The "behavioral health planning council" ~~[A.]~~ is  
 21 created. The council ~~[shall consist]~~ consists of the following  
 22 members, all of whom shall be appointed by and serve at the  
 23 pleasure of the governor:

24 (1) consumers of behavioral health services  
 25 and consumers of substance abuse services, as follows:

.227869.2

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- 1 (a) adults with serious mental illness;
- 2 (b) seniors;
- 3 (c) family members of adults with
- 4 serious mental illness and of children with serious emotional
- 5 or neurobiological disorders; and
- 6 (d) persons with co-occurring disorders;
- 7 (2) Native American representatives from a
- 8 pueblo, an Apache tribe, the Navajo Nation and an urban Native
- 9 American population;
- 10 (3) providers;
- 11 (4) state agency representation from agencies
- 12 responsible for:
- 13 (a) adult mental health and substance
- 14 abuse;
- 15 (b) children's mental health and
- 16 substance abuse;
- 17 (c) education;
- 18 (d) vocational rehabilitation;
- 19 (e) criminal justice;
- 20 (f) juvenile justice;
- 21 (g) housing;
- 22 (h) medicaid and social services;
- 23 (i) health policy planning;
- 24 (j) developmental disabilities planning;

25 and

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1 (k) disabilities issues and advocacy;

2 (5) such other members as the governor may  
3 appoint to ensure appropriate cultural and geographic  
4 representation; and

5 (6) advocates.

6 B. Providers and state agency representatives  
7 together may not constitute more than forty-nine percent of the  
8 council membership.

9 C. The council shall:

10 (1) advocate for adults, children and  
11 adolescents with serious mental illness or severe emotional,  
12 neurobiological and behavioral disorders, as well as those with  
13 mental illness or emotional problems, including substance abuse  
14 and co-occurring disorders;

15 (2) report annually to the governor and the  
16 legislature on the adequacy and allocation of mental health  
17 services throughout the state;

18 (3) encourage and support the development of a  
19 comprehensive, integrated, community-based behavioral health  
20 system of care, including mental health and substance abuse  
21 services, and services for persons with co-occurring disorders;

22 (4) advise state agencies responsible for  
23 behavioral health services for children and adults, as those  
24 agencies are charged in Section ~~[9-7-6.4]~~ 24A-3-1 NMSA 1978;

25 (5) meet regularly and at the call of the

.227869.2

1 chair, who shall be selected by the council membership from  
2 among its members;

3 (6) establish subcommittees, to meet at least  
4 quarterly, as follows:

5 (a) a medicaid subcommittee, chaired by  
6 the secretary of [~~human services~~] health care authority or a  
7 designee, which may also serve as a subcommittee of the  
8 medicaid advisory committee;

9 (b) a child and adolescent subcommittee,  
10 chaired by the secretary of children, youth and families or a  
11 designee;

12 (c) an adult subcommittee, chaired by  
13 the secretary of health care authority or a designee;

14 (d) a substance abuse subcommittee,  
15 chaired by the secretary of health or a designee, which shall  
16 include DWI issues and shall include representation from local  
17 DWI councils;

18 (e) a Native American subcommittee,  
19 chaired by the secretary of Indian affairs or a designee; and

20 (f) other subcommittees as may be  
21 established by the chair of the council to address specific  
22 issues. All subcommittees may include nonvoting members  
23 appointed by the chair for purposes of providing expertise  
24 necessary to the charge of the respective subcommittee;

25 (7) review and make recommendations for the



1 comprehensive mental health state block grant and the substance  
 2 abuse block grant applications, the state plan for medicaid  
 3 services and any other plan or application for federal or  
 4 foundation funding for behavioral health services; and

5 (8) replace the governor's mental health  
 6 planning council and act in accordance with Public Law 102-321  
 7 of the federal Public Health Service Act."

8 SECTION 45. Section 9-8-7.3 NMSA 1978 (being Laws 2019,  
 9 Chapter 222, Section 2, as amended) is recompiled as Section  
 10 24A-3-3 NMSA 1978 and is amended to read:

11 "24A-3-3. INCARCERATED PERSONS--BEHAVIORAL HEALTH  
 12 SERVICES--COUNTY FUNDING PROGRAM.--To carry out the provisions  
 13 of Subsection E of Section 9-8-7.1 NMSA 1978 and to provide  
 14 behavioral health services to persons who are incarcerated in a  
 15 county correctional facility:

16 A. the secretary shall adopt and promulgate rules:

17 (1) pursuant to which a county may apply for  
 18 and be awarded funding through the [~~department~~] authority; and

19 (2) to establish priorities and guidelines for  
 20 the award of funding to counties; and

21 B. the [~~department~~] authority shall distribute  
 22 funds, as funding permits, to the county health care assistance  
 23 funds of those counties:

24 (1) that apply for behavioral health services  
 25 funding in accordance with [~~department~~] authority rules; and

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1 (2) whose proposed utilization of funding  
2 pursuant to this section meets the priorities and guidelines  
3 for the awarding of behavioral health services funding  
4 established in ~~[department]~~ authority rules."

5 SECTION 46. Section 24-17A-1 NMSA 1978 (being Laws 1998,  
6 Chapter 82, Section 1) is recompiled as Section 24A-5-1 NMSA  
7 1978 and is amended to read:

8 "24A-5-1. SHORT TITLE.--~~[This act]~~ Chapter 24A, Article  
9 5 NMSA 1978 may be cited as the "Long-Term Care Services Act"."

10 SECTION 47. Section 24-17A-3 NMSA 1978 (being Laws 1998,  
11 Chapter 82, Section 3) is recompiled as Section 24A-5-3 NMSA  
12 1978 and is amended to read:

13 "24A-5-3. INTERAGENCY COMMITTEE CREATED--COORDINATED  
14 SERVICE DELIVERY SYSTEM--LEAD AGENCY--SERVICE DELIVERY  
15 SYSTEM.--

16 A. The "interagency committee on long-term care" is  
17 created.

18 B. Members of the interagency committee on long-  
19 term care shall be the heads of the following agencies or their  
20 designated representatives:

21 (1) the authority;

22 ~~[(1)]~~ (2) the [state agency on] aging and  
23 long-term services department;

24 ~~[(2) the human services department;]~~

25 (3) the department of health;

- 1 (4) the children, youth and families  
 2 department;  
 3 (5) the [~~labor~~] workforce solutions  
 4 department;  
 5 (6) the governor's [~~committee on concerns of~~  
 6 ~~the handicapped~~] commission on disability;  
 7 (7) the developmental disabilities [~~planning~~]  
 8 council; and  
 9 (8) the [~~department~~] office of superintendent  
 10 of insurance.

11 C. The interagency committee on long-term care  
 12 shall design and implement a coordinated service delivery  
 13 system that fulfills the legislative mandate to develop a  
 14 coordinated long-term care system.

15 D. The governor shall appoint a chairperson from  
 16 the membership of the interagency committee on long-term care."

17 **SECTION 48.** Section 24-17B-1 NMSA 1978 (being Laws 2021,  
 18 Chapter 111, Section 1) is recompiled as Section 24A-6-1 NMSA  
 19 1978 and is amended to read:

20 "24A-6-1. SHORT TITLE.--[~~This act~~] Chapter 24A, Article  
 21 6 NMSA 1978 may be cited as the "Long-Term Care Facility  
 22 Dementia Training Act"."

23 **SECTION 49.** Section 24-17B-2 NMSA 1978 (being Laws 2021,  
 24 Chapter 111, Section 2, as amended) is recompiled as Section  
 25 24A-6-2 NMSA 1978 and is amended to read:

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1 "24A-6-2. DEFINITIONS.--As used in the Long-Term Care  
2 Facility Dementia Training Act:

3 [~~A.~~ "~~department~~" means the department of health;

4 ~~B.~~] A. "direct care service" means services  
5 provided to long-term care facility residents that maintain or  
6 improve the health and quality of life of the residents;

7 [~~C.~~] B. "direct care service staff member" means a  
8 person employed by or contracted with a long-term care facility  
9 to provide in-person direct care services to long-term care  
10 facility residents. "Direct care service staff member" does  
11 not include a registered nurse licensed pursuant to the Nursing  
12 Practice Act or a physician licensed pursuant to the Medical  
13 Practice Act who has received specialized training or education  
14 in geriatric care; and

15 [~~D.~~] C. "long-term care facility" means a long-term  
16 care facility licensed by the state that is not otherwise  
17 required to provide at least four hours of dementia care  
18 training under state or federal law. "Long-term care facility"  
19 does not include a facility licensed pursuant to the [~~Public~~  
20 ~~Health Act~~] Health Care Code as an intermediate care facility  
21 for [~~individuals~~] persons with intellectual disabilities."

22 SECTION 50. Section 24-17B-3 NMSA 1978 (being Laws 2021,  
23 Chapter 111, Section 3, as amended) is recompiled as Section  
24 24A-6-3 NMSA 1978 and is amended to read:

25 "24A-6-3. TRAINING REQUIRED.--

1           A. Each long-term care facility that is subject to  
 2 the Long-Term Care Facility Dementia Training Act shall provide  
 3 at least four hours of dementia training to each direct care  
 4 service staff member that it employs on:

- 5                   (1) recognizing and treating Alzheimer's
- 6 disease and dementia;
- 7                   (2) person-centered care;
- 8                   (3) activities of daily living;
- 9                   (4) an overview of the different types of
- 10 dementia;
- 11                   (5) strategies to manage the behavior of
- 12 people who have dementia; and
- 13                   (6) strategies to effectively communicate with
- 14 people who have dementia.

15           B. Training may be online or in-person and shall be  
 16 a training program of at least four hours. Each long-term care  
 17 facility shall submit the training program that it uses or  
 18 proposes to use to the [~~department~~] authority for review. If  
 19 the [~~department~~] authority finds that the training program does  
 20 not satisfy the purposes of the Long-Term Care Facility  
 21 Dementia Training Act, it shall require the long-term care  
 22 facility to submit a new proposed training program.

23           C. A person designing the training shall have at  
 24 least two years of work experience related to Alzheimer's  
 25 disease, dementia, health care, gerontology or other related

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1 field.

2 D. Every direct care service staff member shall  
3 complete the requirements for and obtain a training  
4 certificate. ~~[as provided in Subsection E of this section.~~  
5 ~~E.]~~ A direct care service staff member:

6 (1) hired after January 1, 2022 shall complete  
7 the training required ~~[pursuant to this section]~~ within ninety  
8 days of the start of employment;

9 (2) hired prior to January 1, 2022 who has not  
10 received training equivalent to the requirements set forth in  
11 the Long-Term Care Facility Dementia Training Act shall  
12 complete training within sixty days of January 1, 2022;

13 (3) hired prior to January 1, 2022 who  
14 received training within the past twenty-four months equivalent  
15 to the requirements set forth in ~~[the Long-Term Care Facility~~  
16 ~~Dementia Training]~~ that act shall be issued a training  
17 certificate by the long-term care facility that employs the  
18 direct care service staff member; and

19 (4) who has successfully obtained a training  
20 certificate but has had a lapse of dementia-related direct care  
21 service employment for twenty-four consecutive months or more  
22 shall complete training within ninety days of the start of  
23 employment.

24 ~~[F. Any]~~ E. A long-term care facility that  
25 contracts for the services of a direct care service staff

1 member may include a requirement in the contract that the  
 2 direct care service staff member [~~has received~~] is required to  
 3 receive dementia care training that satisfies the requirements  
 4 of the Long-Term Care Facility Dementia Training Act."

5 SECTION 51. Section 24-17B-4 NMSA 1978 (being Laws 2021,  
 6 Chapter 111, Section 4, as amended) is recompiled as Section  
 7 24A-6-4 NMSA 1978 and is amended to read:

8 "24A-6-4. [~~DEPARTMENT~~] AUTHORITY OVERSIGHT AND  
 9 RULEMAKING.--In consultation with the aging and long-term  
 10 services department, the [~~department~~] authority shall:

11 A. identify, publish a list of and periodically  
 12 review online or in-person standardized training programs that  
 13 meet the requirements of the Long-Term Care Facility Dementia  
 14 Training Act;

15 B. develop and periodically review required  
 16 evaluation instruments that demonstrate competency and  
 17 knowledge gained in training topics;

18 C. promulgate rules to carry out the provisions of  
 19 the Long-Term Care Facility Dementia Training Act, including:

20 (1) for evaluation on the training topics for  
 21 treatment and care of persons with Alzheimer's disease or  
 22 dementia; and

23 (2) requiring [~~an~~] one hour of dementia care  
 24 training to be included as part of an annual continuing  
 25 education training requirement for direct care service staff

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1 members at long-term care facilities, unless additional time is  
2 necessitated to address changing standards of care [~~and~~

3 ~~(3) as necessary to carry out the Long-Term~~  
4 ~~Care Facility Dementia Training Act];~~

5 D. issue interpretative guidance as necessary to  
6 ensure compliance with the Long-Term Care Facility Dementia  
7 Training Act;

8 E. review all long-term care facility dementia  
9 training programs related to the Long-Term Care Facility  
10 Dementia Training Act; and

11 F. give notice of the requirements of the Long-Term  
12 Care Facility Dementia Training Act to long-term care  
13 facilities within ninety days of June 18, 2021."

14 SECTION 52. Section 24-17B-5 NMSA 1978 (being Laws 2021,  
15 Chapter 111, Section 5, as amended) is recompiled as Section  
16 24A-6-5 NMSA 1978 and is amended to read:

17 "24A-6-5. DEMENTIA TRAINING CERTIFICATES.--The training  
18 provider [~~of training conducted pursuant to the Long-Term Care~~  
19 ~~Facility Dementia Training Act]~~ shall issue a certificate to  
20 staff upon completion of initial training. The certificate  
21 shall be valid so long as the certificate holder meets the  
22 requirements set forth by the [~~department]~~ authority pursuant  
23 to the Long-Term Care Facility Dementia Training Act and the  
24 certificate holder has not had a lapse of dementia-related  
25 direct care service employment for twenty-four consecutive

.227869.2



1 months or more. The certificate shall be valid among long-term  
 2 care facilities. Each long-term care facility and long-term  
 3 care facility contractor that is subject to ~~[the Long-Term Care  
 4 Facility Dementia Training]~~ that act shall be responsible for  
 5 maintaining documentation regarding completed dementia training  
 6 and evaluation for each direct care service staff member."

7 **SECTION 53.** Section 24-33-1 NMSA 1978 (being Laws 2019,  
 8 Chapter 141, Section 1) is recompiled as Section 24A-7-1 NMSA  
 9 1978 and is amended to read:

10 "24A-7-1. SHORT TITLE.--~~[This act]~~ Chapter 24A, Article  
 11 7 NMSA 1978 may be cited as the "Graduate Medical Education  
 12 Expansion Grant Program Act"."

13 **SECTION 54.** Section 24-33-2 NMSA 1978 (being Laws 2019,  
 14 Chapter 141, Section 2) is recompiled as Section 24A-7-2 NMSA  
 15 1978 and is amended to read:

16 "24A-7-2. ~~[DEFINITIONS]~~ DEFINITION.--As used in the  
 17 Graduate Medical Education Expansion Grant Program Act, ~~[A.~~  
 18 ~~"department" means the human services department; B.]~~ "graduate  
 19 medical education training program" means a program that has  
 20 received approval or is in the process of seeking approval to  
 21 operate as a graduate medical education training program  
 22 sponsor from the appropriate professional association that  
 23 evaluates and accredits medical residency and internship  
 24 programs, including:

25 ~~[A.]~~ A. a licensed and accredited hospital;

.227869.2

- 1           [~~(2)~~] B. an academic medical education institution;
- 2           [~~(3)~~] C. a new freestanding graduate medical
- 3 education program;
- 4           [~~(4)~~] D. an established or new graduate medical
- 5 education training consortium; and
- 6           [~~(5)~~] E. a federally qualified health center [~~and~~
- 7           G. "~~secretary~~" means the secretary of human
- 8 ~~services~~]."

9           SECTION 55. Section 24-33-3 NMSA 1978 (being Laws 2019,  
10 Chapter 141, Section 3) is recompiled as Section 24A-7-3 NMSA  
11 1978 and is amended to read:

12           "24A-7-3. GRADUATE MEDICAL EDUCATION EXPANSION GRANT  
13 PROGRAM--FUND--DISTRIBUTIONS--APPLICATION REQUIREMENTS--  
14 PRIORITIES FOR AWARDS--REPORTING REQUIREMENTS.--

15           A. The "graduate medical education expansion grant  
16 program fund" is created as a nonreverting fund in the state  
17 treasury. The fund consists of [~~money appropriated by the~~  
18 ~~legislature. Money in the fund shall not revert to any other~~  
19 ~~fund at the end of a fiscal year~~] appropriations, gifts, grants  
20 and donations. The [~~secretary~~] authority shall administer the  
21 fund, and money in the fund is appropriated to the [~~department~~]  
22 authority to administer the provisions of the Graduate Medical  
23 Education Expansion Grant Program Act. Money in the fund may  
24 be [~~utilized~~] used to secure federal and private matching funds  
25 as determined by the secretary. Money in the fund shall be

.227869.2

1 disbursed on warrants signed by the secretary of finance and  
 2 administration pursuant to vouchers signed by the secretary of  
 3 ~~[human services]~~ health care authority or the secretary's  
 4 authorized representative.

5 B. To receive a grant, a graduate medical education  
 6 training program shall apply to the graduate medical education  
 7 expansion grant program ~~[pursuant to rules adopted]~~ as provided  
 8 by rules promulgated by the ~~[secretary]~~ authority. Grant  
 9 amounts ~~[will]~~ shall be determined by each ~~[entity's]~~  
 10 applicant's grant application. Funds from the graduate medical  
 11 education expansion grant program fund shall be distributed to  
 12 graduate medical education training programs to develop and  
 13 implement graduate medical education training programs. The  
 14 application ~~[must]~~ shall include the applicant's plan to  
 15 receive accreditation for the positions within the graduate  
 16 medical education training program.

17 C. The ~~[department]~~ authority may provide one-time  
 18 planning grants to graduate medical education training programs  
 19 ~~[pursuant to rules adopted by the secretary]~~ as provided by  
 20 rule.

21 D. The ~~[department]~~ authority may provide graduate  
 22 medical education grants to:

23 (1) establish new graduate medical education  
 24 training programs with first-year positions;

25 (2) fund unfilled, accredited first-year

.227869.2

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1 positions within a graduate medical education training program;

2 (3) expand the number of first-year positions  
3 within an existing graduate medical education training program;  
4 and

5 (4) fund existing graduate medical education  
6 training programs.

7 E. The ~~[department]~~ authority may prioritize  
8 applications that emphasize the following:

9 (1) developing new or expanded programs with  
10 specialties of psychiatry, family medicine, pediatric medicine  
11 and internal medicine;

12 (2) increasing positions for medical  
13 specialities having shortages within the state, with preference  
14 being given to the primary care specialties of family medicine,  
15 pediatric medicine and internal medicine; and

16 (3) increasing primary care positions in  
17 medically underserved areas within the state.

18 F. Each award recipient shall report annually to  
19 the graduate medical education expansion review board on the:

20 (1) expenditures of grant funds; and

21 (2) plans for unexpended funds."

22 SECTION 56. Section 24-33-4 NMSA 1978 (being Laws 2019,  
23 Chapter 141, Section 4) is recompiled as Section 24A-7-4 NMSA  
24 1978 and is amended to read:

25 "24A-7-4. GRADUATE MEDICAL EDUCATION EXPANSION REVIEW

.227869.2

1 BOARD--CREATED--DUTIES.--

2 A. ~~[Prior to October 1, 2019, the department shall~~  
 3 ~~create]~~ The "graduate medical education expansion review board"  
 4 is created to:

5 (1) develop a state strategic plan for  
 6 expanding graduate medical education training programs;

7 (2) review grant applications; and

8 (3) review the grants awarded pursuant to the  
 9 Graduate Medical Education Expansion Grant Program Act.

10 B. The graduate medical education expansion review  
 11 board shall consist of nine members who shall be appointed by  
 12 the ~~[department]~~ authority. The review board shall include  
 13 representation from each accredited osteopathic and allopathic  
 14 medical school and from the following groups:

15 (1) the ~~[department]~~ authority;

16 (2) the higher education department;

17 (3) hospitals, primary care consortiums and  
 18 medical organizations; and

19 (4) osteopathic and allopathic medical  
 20 professional societies and associations.

21 C. The chair of the review board shall be elected  
 22 by the review board. The review board shall meet at the call  
 23 of the chair.

24 D. Members of the review board shall not be paid  
 25 per diem and mileage or other compensation for their services.

.227869.2

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1 E. The ~~[secretary]~~ authority shall provide staff  
2 support for the review board in the performance of its duties.

3 F. A simple majority of the review board members  
4 constitutes a quorum. A member of the review board shall  
5 abstain from voting or the member's vote shall be disqualified  
6 on any matter in which the member has a pecuniary interest.

7 G. The ~~[secretary of human services]~~ health care  
8 authority and the ~~[secretary of]~~ higher education department  
9 shall assist the graduate medical education expansion review  
10 board in developing a strategic plan for the expansion of  
11 graduate medical education training programs, which shall  
12 include the following:

13 (1) a statement describing the objectives and  
14 goals of the review board, the strategies by which those goals  
15 will be achieved and a time line for achieving those goals;

16 (2) a summary of the current graduate medical  
17 education training programs throughout the state;

18 (3) a five-year plan for expanding graduate  
19 medical education training programs in the state;

20 (4) an evaluation of the standards and  
21 curriculum guidelines for graduate medical education training  
22 programs;

23 (5) an ongoing evaluation process of funds  
24 distributed through the graduate medical education expansion  
25 grant program that is overseen by the review board; and

.227869.2

1 (6) a plan to ensure long-term sustainability.

2 H. The graduate medical education expansion review  
 3 board shall review applications to the graduate medical  
 4 education expansion grant program and provide recommendations  
 5 to the secretary."

6 SECTION 57. Section 26-4-1 NMSA 1978 (being Laws 2020,  
 7 Chapter 45, Section 1) is amended to read:

8 "26-4-1. SHORT TITLE.--~~[This act]~~ Chapter 26, Article 4  
 9 NMSA 1978 may be cited as the "Wholesale Prescription Drug  
 10 Importation Act"."

11 SECTION 58. Section 26-4-2 NMSA 1978 (being Laws 2020,  
 12 Chapter 45, Section 2) is amended to read:

13 "26-4-2. DEFINITIONS.--As used in the Wholesale  
 14 Prescription Drug Importation Act:

15 A. "Canadian supplier" means a manufacturer,  
 16 wholesale distributor or pharmacy that is appropriately  
 17 licensed or permitted under Canadian federal or provincial laws  
 18 and rules to manufacture, distribute or dispense prescription  
 19 drugs;

20 B. "committee" means the prescription drug  
 21 importation advisory committee;

22 C. "department" or "authority" means the  
 23 ~~[department of]~~ health care authority department;

24 D. "eligible prescription drug" means a drug  
 25 eligible for importation that:

.227869.2

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1 (1) meets the United States [~~federal~~] food and  
2 drug administration's standards related to safety,  
3 effectiveness, misbranding and adulteration;

4 (2) does not violate federal patent laws;

5 (3) is expected to generate cost savings; and

6 (4) is not a controlled substance;

7 E. "program" means the wholesale prescription drug  
8 importation program; and

9 F. "state drug wholesaler" means a licensed  
10 wholesale drug distributor that contracts with the state to  
11 import eligible prescription drugs from a Canadian supplier."

12 SECTION 59. Section 26-4-3 NMSA 1978 (being Laws 2020,  
13 Chapter 45, Section 3) is amended to read:

14 "26-4-3. ADVISORY COMMITTEE CREATED--MEMBERSHIP--  
15 DUTIES.--

16 A. The "prescription drug importation advisory  
17 committee" is created as an interagency advisory committee of  
18 the [~~department~~] health care authority. The committee consists  
19 of:

20 (1) the secretary of health care authority,  
21 who shall serve as the chair of the committee;

22 (2) the executive director of the board of  
23 pharmacy;

24 (3) the superintendent of insurance;

25 (4) the secretary of [~~human services~~] health;



1 and

2 (5) the secretary of general services.

3 B. Members may appoint designees.

4 C. The committee shall advise the [~~department~~]  
 5 health care authority in developing and implementing the  
 6 program. The committee shall consult with interested  
 7 stakeholders and appropriate federal officials as necessary in  
 8 shaping its advice to the [~~department~~] authority. The  
 9 [~~department~~] health care authority shall hold a public hearing  
 10 on the proposed program prior to submitting the program for  
 11 federal approval."

12 SECTION 60. Section 27-1-1 NMSA 1978 (being Laws 1977,  
 13 Chapter 252, Section 16) is amended to read:

14 "27-1-1. DEFINITIONS.--As used in Articles 1 and 2 of  
 15 Chapter 13 NMSA 1953, "department", "department of public  
 16 welfare", "state department of public welfare", "New Mexico  
 17 department of public welfare", "state board of public welfare",  
 18 "board of public welfare", "state board", "state department",  
 19 "health and social services department", "department of health  
 20 and social services", "health and social services board" [~~and~~],  
 21 "board" and "human services department" mean the [~~human~~  
 22 ~~services department~~] health care authority."

23 SECTION 61. Section 27-1-2 NMSA 1978 (being Laws 1937,  
 24 Chapter 18, Section 3, as amended) is amended to read:

25 "27-1-2. POWERS OF [~~HUMAN SERVICES DEPARTMENT~~] HEALTH

.227869.2

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1 CARE AUTHORITY.--

2 A. The [~~human services department~~] health care  
3 authority is an agency of the state and shall at all times be  
4 under the exclusive control of this state. The management and  
5 control of the [~~human services department~~] health care  
6 authority is vested in the secretary of [~~human services~~] health  
7 care authority.

8 B. Subject to the constitution of New Mexico, the  
9 [~~human services department~~] health care authority has the power  
10 to:

- 11 (1) sue and, with the consent of the  
12 legislature, be sued;
- 13 (2) adopt and use a corporate seal;
- 14 (3) have succession in its corporate name;
- 15 (4) make contracts as authorized in Chapter 27  
16 NMSA 1978 to carry out the purposes of that chapter;
- 17 (5) adopt, amend and repeal bylaws and rules  
18 [~~and regulations~~];
- 19 (6) purchase, lease and hold real and personal  
20 property necessary or convenient for the carrying out of its  
21 powers and duties, to exercise the right of eminent domain to  
22 acquire such real property in the same manner as the state now  
23 exercises that right and to dispose of any property acquired in  
24 any manner;
- 25 (7) have such powers as may be necessary or

1 appropriate for the exercise of the powers specifically  
2 conferred upon it in Chapter 27 NMSA 1978;

3 (8) receive and have custody for protection  
4 and administration, disburse, dispose of and account for funds,  
5 commodities, equipment, supplies and any kind of property  
6 given, granted, loaned or advanced to the state for public  
7 assistance, public welfare, social security or any other  
8 similar purpose;

9 (9) enter into reciprocal agreements with  
10 public welfare agencies of other states relative to the  
11 provision for relief or assistance to transients and  
12 nonresidents;

13 (10) establish and administer programs of old  
14 age assistance and [~~aid to dependent children~~] temporary  
15 assistance for needy families and persons with a visual  
16 impairment;

17 (11) establish and administer a program of  
18 services for children with a disability or who have a condition  
19 that may lead to a disability, and to supervise the  
20 administration of those services that are not administered  
21 directly by it;

22 (12) establish, extend and strengthen public  
23 welfare services for children; and

24 (13) establish and administer a program for  
25 general relief."

.227869.2

1           SECTION 62. Section 27-1-3 NMSA 1978 (being Laws 1937,  
2 Chapter 18, Section 4, as amended) is amended to read:

3           "27-1-3. ACTIVITIES OF [~~HUMAN SERVICES DEPARTMENT~~]  
4 HEALTH CARE AUTHORITY.--The [~~department~~] health care authority  
5 shall be charged with the administration of all the welfare  
6 activities of the state as provided in Chapter 27 NMSA 1978,  
7 except as otherwise provided for by law. The [~~department~~]  
8 health care authority shall, except as otherwise provided by  
9 law:

10           A. administer old age assistance, [~~aid to dependent~~  
11 ~~children~~] temporary assistance for needy families, assistance  
12 to persons with a visual impairment or other physical  
13 disability and general relief;

14           B. administer all aid or services to children with  
15 a disability, including the extension and improvement of  
16 services for children with such a disability, insofar as  
17 practicable under conditions in this state, provide for  
18 locating children who have a disability or a condition that may  
19 become a disability, provide corrective and any other services  
20 and care and facilities for diagnosis, hospitalization and  
21 after-care for such children and supervise the administration  
22 of those services that are not administered directly by the  
23 [~~department~~] health care authority;

24           [~~C. administer and supervise all child welfare~~  
25 ~~activities, service to children placed for adoption, service~~

1 ~~and care of homeless, dependent and neglected children, service~~  
2 ~~and care for children in foster family homes or in institutions~~  
3 ~~because of dependency or delinquency and care and service to a~~  
4 ~~child who because of a physical or mental disability may need~~  
5 ~~such service;~~

6 ~~D.]~~ C. formulate detailed plans, make rules [~~and~~  
7 ~~regulations]~~ and take action that is deemed necessary or  
8 desirable to carry out the provisions of Chapter 27 NMSA 1978  
9 and that is not inconsistent with the provisions of that  
10 chapter;

11 ~~[E-]~~ D. cooperate with the federal government in  
12 matters of mutual concern pertaining to public welfare and  
13 public assistance, including the adoption of such methods of  
14 administration as are found by the federal government to be  
15 necessary for the efficient operation of the plan for public  
16 welfare and assistance;

17 ~~[F-]~~ E. assist other departments, agencies and  
18 institutions of local, state and federal governments when so  
19 requested, cooperate with such agencies when expedient in  
20 performing services in conformity with the purposes of Chapter  
21 27 NMSA 1978 and cooperate with medical, health, nursing and  
22 welfare groups, any state agency charged with the  
23 administration of laws providing for vocational rehabilitation  
24 of persons with a physical disability and organizations within  
25 the state;

.227869.2

1           ~~[G.]~~ F. act as the agent of the federal government  
2 in welfare matters of mutual concern in conformity with the  
3 provisions of Chapter 27 NMSA 1978 and in the administration of  
4 any federal funds granted to this state, to aid in furtherance  
5 of any such functions of the state government;

6           ~~[H.]~~ G. establish in counties or in districts,  
7 which may include two or more counties, local units of  
8 administration to serve as agents of the ~~[department]~~ health  
9 care authority;

10           ~~[I.]~~ H. at its discretion, establish local ~~[boards~~  
11 ~~of public welfare]~~ offices of the health care authority for  
12 such territory as it may see fit and by rule ~~[and regulation]~~  
13 prescribe the duties of the local ~~[board]~~ office;

14           ~~[J.]~~ I. administer such other public welfare  
15 functions as may be assumed by the state after June 19, 1987;

16           ~~[K.]~~ J. carry on research and compile statistics  
17 relative to the entire public welfare program throughout the  
18 state, including all phases of dependency, defectiveness,  
19 delinquency and related problems, and develop plans in  
20 cooperation with other public and private agencies for the  
21 prevention as well as treatment of conditions giving rise to  
22 public welfare problems; and

23           ~~[L.]~~ K. inspect and require reports from all  
24 private institutions, boarding homes and agencies providing  
25 assistance, care or other direct services to persons who are

1 elderly, who have a visual impairment, who have a physical or  
 2 developmental disability or who are otherwise dependent.

3 Nothing contained in this section shall be construed to  
 4 authorize the [~~department~~] health care authority to establish  
 5 or prescribe standards or regulations for or otherwise regulate  
 6 programs or services to children in group homes as defined in  
 7 Section 9-8-13 NMSA 1978."

8 SECTION 63. Section 27-1-3.1 NMSA 1978 (being Laws 1980,  
 9 Chapter 83, Section 1) is amended to read:

10 "27-1-3.1. ACUTE CARE BED USAGE--FUNDING  
 11 AUTHORIZATION.--The [~~human services department~~] health care  
 12 authority is authorized to accept and use federal grants or  
 13 matching funds for the purpose of reimbursement to certain  
 14 rural hospitals for using empty acute care beds for  
 15 intermediate care and skilled nursing care, as defined in  
 16 federal statutes and regulations, subject to federal approval  
 17 and the availability of funds. The [~~department~~] health care  
 18 authority is authorized to use funds from existing  
 19 appropriations for matching federal funds for the purposes of  
 20 this [~~act~~] section."

21 SECTION 64. Section 27-1-8 NMSA 1978 (being Laws 1997,  
 22 Chapter 237, Section 1) is amended to read:

23 "27-1-8. STATE CASE REGISTRY.--

24 A. The [~~human services department~~] health care  
 25 authority, acting as the state's child support enforcement

.227869.2

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1 agency pursuant to Title [~~IV-D~~] 4-D of the Social Security Act,  
2 shall establish a state case registry by October 1, 1998 that  
3 contains records with respect to:

4 (1) each case in which services are being  
5 provided on or after October 1, 1998 by the state Title [~~IV-D~~]  
6 4-D agency; and

7 (2) each support order established or modified  
8 in the state on or after October 1, 1998, whether or not the  
9 order was obtained by the Title [~~IV-D~~] 4-D agency.

10 B. The records maintained by the state case  
11 registry shall use standardized data elements for parents, such  
12 as names, social security numbers and other uniform  
13 identification numbers like dates of birth and case  
14 identification numbers and contain such other information, such  
15 as [~~on~~] case status, as the United States secretary of [~~the~~  
16 ~~United States department of~~] health and human services may  
17 require.

18 C. The Title [~~IV-D~~] 4-D agency and the  
19 administrative office of the courts shall work cooperatively to  
20 ensure that the requirements of [~~this act~~] Laws 1997, Chapter  
21 237 are implemented in an effective, efficient and timely  
22 manner. The [~~human services department~~] health care authority  
23 shall reimburse the administrative office of the courts for all  
24 costs incurred in furnishing the information. A cooperative  
25 agreement between the Title [~~IV-D~~] 4-D agency and the

.227869.2



1 administrative office of the courts shall include costs to be  
2 charged by the administrative office of the courts for all work  
3 performed to conform to these requirements. The [~~human~~  
4 ~~services department~~] health care authority shall promptly  
5 provide the administrative office of the courts the data  
6 elements and formats required under Subsection B of this  
7 section as soon as they become available to the [~~department~~  
8 authority].

9 D. The state case registry shall extract  
10 information from its automated system to share and compare  
11 information with and to receive information from other  
12 databases and information comparison services in order to  
13 obtain or provide information necessary to enable the Title  
14 [~~IV-D~~] 4-D agency or the United States secretary of health and  
15 human services [~~department secretary~~] or other state or federal  
16 agencies to carry out the Title [~~IV-D~~] 4-D program, subject to  
17 Section 6103 of the Internal Revenue Code of 1986. Such  
18 information comparison activities shall include the following:

19 (1) furnishing to the federal case registry of  
20 child support orders established (and update as necessary with  
21 information, including notice of expiration of orders) the  
22 minimum amount of information on child support cases recorded  
23 in the state case registry that is necessary to operate the  
24 federal registry, as specified by the United States secretary  
25 of health and human services [~~department secretary~~] in

.227869.2

1 regulations;

2 (2) exchanging information with the federal  
3 parent locator service for the purposes specified in the State  
4 Directory of New Hires Act;

5 (3) exchanging information with [~~state~~] New  
6 Mexico agencies [~~of the state~~] and agencies of other states  
7 administering programs of temporary assistance for needy  
8 families and medicaid and other programs designated by the  
9 United States secretary of health and human services  
10 [~~secretary~~] as necessary to perform state agency  
11 responsibilities under this [~~part~~] section and under such  
12 programs; and

13 (4) exchanging information with other agencies  
14 of the state, agencies of other states and interstate  
15 information networks as necessary and appropriate to carry out  
16 or assist other states to carry out purposes of the Title  
17 [~~IV-D~~] 4-D program."

18 SECTION 65. Section 27-1-13 NMSA 1978 (being Laws 1997,  
19 Chapter 237, Section 33) is amended to read:

20 "27-1-13. FINANCIAL INSTITUTION DATA MATCHES.--

21 A. "Financial institution" means:

22 (1) a depository institution, as defined in  
23 Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C.  
24 1813(c));

25 (2) an institution-affiliated party, as

1 defined in Section 3(u) of [~~such~~] that act (12 U.S.C. 1813(u));

2 (3) any federal credit union or state credit  
3 union, as defined in Section 101 of the Federal Credit Union  
4 Act (12 U.S.C. 1752), including an institution-affiliated party  
5 of such a credit union, as defined in Section 206(r) of [~~such~~]  
6 that act (12 U.S.C. 1786(r)); and

7 (4) any benefit association, insurance  
8 company, safe deposit company, money-market mutual fund or  
9 similar entity authorized to do business in the state.

10 B. "Account" means a demand deposit account,  
11 checking or negotiable withdrawal order account, savings  
12 account, time deposit account or money-market mutual fund  
13 account.

14 C. "Past-due support" means the amount of support  
15 determined under a court order or an order of an administrative  
16 process established under state law for support and maintenance  
17 of a child or of a child and the parent with whom the child is  
18 living [~~which~~] that has not been paid.

19 D. The [~~human services department~~] health care  
20 authority, acting as the state's child support enforcement  
21 agency pursuant to Title [~~IV-D~~] 4-D of the Social Security Act,  
22 shall enter into agreements with financial institutions doing  
23 business in the state to develop and operate, in coordination  
24 with such financial institutions, a data match system to be  
25 operational by October 1, 2000, using automated data exchanges

.227869.2

1 to the maximum extent feasible, in which each such financial  
2 institution is required to provide the information.

3 E. The [~~human services department~~] health care  
4 authority shall establish standard procedures and formats for  
5 the financial institutions. Such procedures shall include  
6 administrative due process for child support obligors before  
7 funds or assets may be seized by the [~~department~~] health care  
8 authority.

9 F. Each financial institution in New Mexico shall  
10 provide to the [~~human services department~~] health care  
11 authority for each calendar quarter the name, record address,  
12 social security number or other taxpayer identification number  
13 and other identifying information for each noncustodial parent  
14 who maintains an account at such institution and who owes past-  
15 due support, as identified by the [~~human services department~~]  
16 authority, by name and social security number or other taxpayer  
17 identification number.

18 G. Upon receipt of a notice of lien or levy from  
19 the [~~human services department~~] health care authority,  
20 financial institutions shall encumber and surrender assets held  
21 by the institution on behalf of any noncustodial parent who is  
22 subject to a child support lien.

23 H. The [~~human services department~~] health care  
24 authority may establish and pay a reasonable fee to a financial  
25 institution for conducting the data match provided for in this

.227869.2

1 ~~[act]~~ section, not to exceed the actual costs incurred by such  
 2 financial institutions.

3 I. A financial institution shall not be liable  
 4 under any state law to any person for disclosing of information  
 5 to the ~~[human services department]~~ health care authority under  
 6 this section or for freezing or surrendering any assets held by  
 7 ~~[such]~~ the financial institution in response to a notice of  
 8 lien or seizure issued by the ~~[human services department]~~  
 9 authority or for any other action taken in good faith to comply  
 10 with the requirements of this section.

11 J. A state child support enforcement agency that  
 12 obtains a financial record of a person from a financial  
 13 institution may disclose ~~[such]~~ the financial record only for  
 14 the purpose of, and to the extent necessary in, establishing,  
 15 modifying or enforcing a child support obligation of ~~[such]~~ the  
 16 person."

17 **SECTION 66.** Section 27-1-16 NMSA 1978 (being Laws 2013,  
 18 Chapter 44, Section 1, as amended) is amended to read:

19 "27-1-16. BRAIN INJURY SERVICES FUND CREATED.--

20 A. ~~[There is created in the state treasury]~~ The  
 21 "brain injury services fund" is created as a nonreverting fund  
 22 in the state treasury. The fund shall be invested in  
 23 accordance with the provisions of Section 6-10-10 NMSA 1978,  
 24 and all income earned on the fund shall be credited to the  
 25 fund.

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1           B. The brain injury services fund shall be used to  
2 institute and maintain a statewide brain injury services  
3 program designed to increase the independence of persons with  
4 brain injuries.

5           C. The ~~[human services department]~~ health care  
6 authority shall adopt all rules ~~[regulations]~~ and policies  
7 necessary to administer a statewide brain injury services  
8 program. The ~~[human services department]~~ authority shall  
9 coordinate with and seek advice from the brain injury advisory  
10 council to ensure that the statewide brain injury services  
11 program is appropriate for persons with brain injuries.

12           D. All money credited to the brain injury services  
13 fund shall be appropriated to the ~~[human services department~~  
14 ~~for the purpose of carrying]~~ health care authority to carry out  
15 the provisions of this section ~~[and shall not revert to the~~  
16 ~~general fund]~~.

17           E. Disbursements from the brain injury services  
18 fund shall be made upon warrant drawn by the secretary of  
19 finance and administration pursuant to vouchers signed by the  
20 secretary of ~~[human services]~~ health care authority.

21           F. For the purposes of this section, "brain  
22 injury":

23                   (1) means an injury to the brain of traumatic  
24 or acquired origin, including an open or closed head injury  
25 caused by:

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- 1 (a) an insult to the brain from an  
 2 outside physical force;  
 3 (b) anoxia;  
 4 (c) electrical shock;  
 5 (d) shaken baby syndrome;  
 6 (e) a toxic or chemical substance;  
 7 (f) near-drowning;  
 8 (g) infection;  
 9 (h) a tumor;  
 10 (i) a vascular lesion; or  
 11 (j) an event that results in either  
 12 temporary or permanent, partial or total impairments in one or  
 13 more areas of the brain that results in total or partial  
 14 functional disability, including: 1) cognition; 2) language;  
 15 3) memory; 4) attention; 5) reasoning; 6) abstract thinking; 7)  
 16 judgment; 8) problem solving; 9) sensory perception and motor  
 17 abilities; 10) psychosocial behavior; 11) physical functions;  
 18 12) information processing; or 13) speech; and  
 19 (2) does not apply to an injury that is:  
 20 (a) congenital;  
 21 (b) degenerative;  
 22 (c) induced by birth trauma;  
 23 (d) induced by a neurological disorder  
 24 related to the aging process; or  
 25 (e) a chemically caused brain injury

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1 that is a result of habitual substance abuse."

2 SECTION 67. Section 27-2-2 NMSA 1978 (being Laws 1973,  
3 Chapter 376, Section 2, as amended) is amended to read:

4 "27-2-2. DEFINITIONS.--As used in the Public Assistance  
5 Act:

6 A. "authority" or "department" means the [~~human~~  
7 ~~services department~~] health care authority;

8 B. "board" means the [~~human services department~~]  
9 authority;

10 C. "director" means the secretary [~~of human~~  
11 ~~services~~];

12 D. "local office" means the county or district  
13 office of the [~~human services department~~] authority;

14 E. "medicaid advisory committee" means the body,  
15 established by federal law, that advises the New Mexico  
16 medicaid program on policy development and program  
17 administration;

18 F. "medicaid forward plan" means a health care  
19 coverage plan that leverages the medicaid program to provide a  
20 state-administered health care coverage option;

21 G. "public welfare" or "public assistance" means  
22 any aid or relief granted to or on behalf of an eligible person  
23 under the Public Assistance Act and [~~regulations~~] rules issued  
24 pursuant to that act;

25 H. "applicant" means a person who has applied for

.227869.2



1 assistance or services under the Public Assistance Act;

2 I. "recipient" means a person who is receiving  
3 assistance or services under the Public Assistance Act;

4 J. "federal act" means the federal Social Security  
5 Act, as may be amended from time to time, and regulations  
6 issued pursuant to that act; and

7 K. "secretary" means the secretary of [~~human~~  
8 ~~services~~] health care authority."

9 SECTION 68. Section 27-2-9.1 NMSA 1978 (being Laws 1979,  
10 Chapter 401, Section 1, as amended) is amended to read:

11 "27-2-9.1. ADMINISTRATION OF SHELTER CARE SUPPLEMENT.--

12 A. A shelter care supplement shall be provided to  
13 those [~~individuals~~] persons who are recipients of supplemental  
14 security income under Title 16 of the federal Social Security  
15 Act and who reside in shelter care homes licensed [~~pursuant to~~  
16 ~~regulations of the health and environment department~~] by the  
17 authority.

18 B. The [~~human services department~~] authority is  
19 authorized to determine eligibility, compute payment, make  
20 payments and otherwise administer the shelter care supplement  
21 program.

22 C. The amount of the shelter care supplement  
23 payment shall be established by the secretary [~~of human~~  
24 ~~services~~] subject to the availability of general funds."

25 SECTION 69. Section 27-2-12.4 NMSA 1978 (being Laws

.227869.2

1 1987, Chapter 214, Section 1) is amended to read:

2 "27-2-12.4. LONG-TERM CARE FACILITIES--NONCOMPLIANCE  
3 WITH STANDARDS AND CONDITIONS--SANCTIONS.--

4 A. In addition to any other actions required or  
5 permitted by federal law or regulation, the [~~human services~~  
6 ~~department~~] authority shall impose a hold on state medicaid  
7 payments to a long-term care facility thirty days after the  
8 [~~health and environment department notifies the human services~~  
9 ~~department in writing pursuant to~~] authority makes an on-site  
10 visit that the long-term care facility is not in substantial  
11 compliance with the standards or conditions of participation  
12 promulgated by the [~~federal~~] United States department of health  
13 and human services pursuant to which the facility is a party to  
14 a medicaid provider agreement, unless the substantial  
15 noncompliance has been corrected within that thirty-day period  
16 or the facility's medicaid provider agreement is terminated or  
17 not renewed based in whole or in part on the noncompliance.  
18 The written notice shall cite the specific deficiencies that  
19 constitute noncompliance.

20 B. The [~~human services department~~] authority shall  
21 remove the payment hold imposed under Subsection A of this  
22 section when [~~the health and environment department pursuant~~  
23 ~~to~~] after an on-site visit, the authority certifies in writing  
24 [~~to the human services department~~] that the long-term care  
25 facility is in substantial compliance with the standards or

.227869.2

1 conditions of participation pursuant to which the facility is a  
2 party to a medicaid provider agreement.

3 C. The [~~human services department~~] authority shall  
4 not reimburse any long-term care facility during the payment  
5 hold period imposed pursuant to Subsection A of this section  
6 for any medicaid recipient-patients who are new admissions and  
7 who are admitted on or after the day the hold is imposed and  
8 prior to the day the hold is removed.

9 D. If a long-term care facility is certified in  
10 writing to be in noncompliance pursuant to Subsection A of this  
11 section for the second time in any twelve-month period, the  
12 [~~human services department~~] authority shall cancel or refuse to  
13 execute the long-term care facility's medicaid provider  
14 agreement for a two-month period, unless it can be demonstrated  
15 that harm to the patients would result from this action or that  
16 good cause exists to allow the facility to continue to  
17 participate in the medicaid program. The provisions of this  
18 subsection are subject to appeal procedures set forth in  
19 federal regulations for nonrenewal or termination of a medicaid  
20 provider agreement.

21 E. A long-term care facility shall not charge  
22 medicaid recipient-patients, their families or their  
23 responsible parties to recoup any payments not received because  
24 of a hold on medicaid payments imposed pursuant to this  
25 section.

.227869.2

1           F. This section shall not be construed to affect  
2 any other provisions for medicaid provider agreement  
3 termination, nonrenewal, due process and appeal pursuant to  
4 federal law or regulation.

5           G. As used in this section:

6                   (1) "day" means a twenty-four hour period  
7 beginning at midnight and ending one second before midnight;

8                   (2) "long-term care facility" means ~~[any]~~ an  
9 intermediate care facility or skilled nursing facility ~~[which]~~  
10 that is licensed by the ~~[health and environment department and~~  
11 ~~which]~~ authority and is medicaid certified;

12                   (3) "new admissions" means medicaid recipients  
13 who have never been in the long-term care facility or, if  
14 previously admitted, had been discharged or had voluntarily  
15 left the facility. The term does not include:

16                           (a) ~~[individuals]~~ persons who were in  
17 the long-term care facility before the effective date of the  
18 hold on medicaid payments and became eligible for medicaid  
19 after that date; and

20                           (b) ~~[individuals]~~ persons who, after a  
21 temporary absence from the facility, are readmitted to beds  
22 reserved for them in accordance with federal regulations; and

23                   (4) "substantial compliance" means the  
24 condition of having no cited deficiencies or having only those  
25 cited deficiencies ~~[which]~~ that:

.227869.2

- 1 (a) are not inconsistent with any
- 2 federal statutory requirement;
- 3 (b) do not interfere with adequate
- 4 patient care;
- 5 (c) do not represent a hazard to the
- 6 patients' health or safety;
- 7 (d) are capable of correction within a
- 8 reasonable period of time; and
- 9 (e) are ones ~~which~~ that the long-term
- 10 care facility is making reasonable plans to correct."

11 SECTION 70. Section 27-2-12.7 NMSA 1978 (being Laws  
 12 1980, Chapter 86, Section 1) is amended to read:

13 "27-2-12.7. MEDICAID--~~[HUMAN SERVICES DEPARTMENT]~~ HEALTH  
 14 CARE AUTHORITY EMPLOYEES--STANDARDS OF CONDUCT--ENFORCEMENT.--

15 A. As used in this section:

- 16 (1) "business" means a corporation,
- 17 partnership, sole proprietorship, firm, organization or
- 18 individual carrying on a business;
- 19 (2) "authority" or "department" means the
- 20 ~~[human services department]~~ health care authority;
- 21 (3) "employee" means ~~[any]~~ a person who has
- 22 been appointed to or hired for ~~[any department]~~ an authority
- 23 office connected with the administration of medicaid funds and
- 24 who receives compensation in the form of salary;
- 25 (4) "employee with responsibility" means an

.227869.2

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1 employee who is directly involved in or has a significant part  
2 in the medicaid decision-making, regulatory, procurement or  
3 contracting process; and

4 (5) "financial interest" means an interest  
5 held by [~~an individual, his~~] a person, the person's spouse or  
6 minor child [~~which~~] that is:

7 (a) an ownership interest in business;  
8 or

9 (b) [~~any~~] an employment or prospective  
10 employment for which negotiations have already begun.

11 B. No employee with responsibility shall, for  
12 twenty-four months following the date on which [~~he~~] the  
13 employee ceases to be an employee, act as agent or attorney for  
14 [~~any other~~] another person or business in connection with a  
15 judicial or administrative proceeding, application, ruling,  
16 contract, claim or other matter relating to the medicaid  
17 program with respect to which the employee made [~~any~~] an  
18 investigation, rendered [~~any~~] a ruling or was otherwise  
19 substantially and directly involved during the last year [~~he~~]  
20 the employee was an employee and [~~which~~] that was actually  
21 pending under [~~his~~] the employee's responsibility within that  
22 period.

23 C. [~~No department~~] The secretary, income support  
24 division director or medical assistance [~~bureau chief~~] division  
25 director or their deputies shall not, for twelve months

1 following the date on which [~~he~~] that person ceases to be an  
 2 employee, participate [~~in any manner~~] with respect to a  
 3 judicial or administrative proceeding, application, ruling,  
 4 contract, claim or other matter relating to the medicaid  
 5 program and pending before the [~~department~~] authority.

6 D. [~~No~~] An employee with responsibility shall not  
 7 participate in any manner with respect to a judicial or  
 8 administrative proceeding, application, ruling, contract, claim  
 9 or other matter relating to the medicaid program and involving  
 10 [~~his~~] the employee's spouse, minor child or [~~any~~] a business in  
 11 which [~~he~~] the employee has a financial interest unless prior  
 12 to [~~such~~] the participation:

13 (1) full disclosure of [~~his~~] the employee's  
 14 relationship or financial interest is made in writing to the  
 15 secretary [~~of the department~~]; and

16 (2) a written determination is made by the  
 17 secretary that the disclosed relationship or financial interest  
 18 is too remote or inconsequential to affect the integrity of the  
 19 services of the employee.

20 E. Violation of any of the provisions of this  
 21 section by an employee is grounds for dismissal, demotion or  
 22 suspension. A former employee who violates [~~any of the~~  
 23 ~~provisions~~] a provision of this section [~~shall be~~] is subject  
 24 to assessment by the [~~department~~] authority of a civil money  
 25 penalty of two hundred fifty dollars (\$250) for each violation.

.227869.2

1 The [~~department~~] authority shall promulgate [~~regulations~~] rules  
2 to provide for an administrative appeal of [~~any~~] an assessment  
3 imposed."

4 SECTION 71. Section 27-2-12.20 NMSA 1978 (being Laws  
5 2015, Chapter 61, Section 2, as amended) is amended to read:

6 "27-2-12.20. CRISIS TRIAGE CENTER--MEDICAL ASSISTANCE  
7 REIMBURSEMENT.--

8 A. In accordance with federal law, the secretary  
9 shall adopt and promulgate rules to establish a reimbursement  
10 rate for services provided to recipients of state medical  
11 assistance at a crisis triage center.

12 B. As used in this section, "crisis triage center"  
13 means a health facility that:

14 (1) is licensed by the [~~department of health~~]  
15 authority; and

16 (2) provides stabilization of behavioral  
17 health crises and may include residential and nonresidential  
18 stabilization."

19 SECTION 72. Section 27-2-12.22 NMSA 1978 (being Laws  
20 2015, Chapter 127, Section 2, as amended) is amended to read:

21 "27-2-12.22. INCARCERATED [~~INDIVIDUALS~~] PERSONS--  
22 MEDICAID ELIGIBILITY--COUNTY JAIL TECHNICAL ASSISTANCE--  
23 PRESUMPTIVE ELIGIBILITY DETERMINER TRAINING AND  
24 CERTIFICATION.--

25 A. Incarceration shall not be a basis to deny or  
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1 terminate eligibility for medicaid.

2 B. Upon release from incarceration, a formerly  
 3 incarcerated ~~[individual]~~ person shall remain eligible for  
 4 medicaid until the ~~[individual]~~ person is determined to be  
 5 ineligible for medicaid on grounds other than incarceration.

6 C. An incarcerated ~~[individual]~~ person who was not  
 7 enrolled in medicaid upon the date that the ~~[individual]~~ person  
 8 became incarcerated shall be permitted to submit an application  
 9 for medicaid during the incarcerated ~~[individual's]~~ person's  
 10 period of incarceration.

11 D. The provisions of this section shall not be  
 12 construed to abrogate:

13 (1) any deadline that governs the processing  
 14 of applications for medicaid pursuant to existing federal or  
 15 state law; or

16 (2) requirements under federal or state law  
 17 that the ~~[human services department]~~ authority be notified of  
 18 changes in income, resources, residency or household  
 19 composition.

20 E. The provisions of this section shall not require  
 21 the ~~[human services department]~~ authority to pay for services  
 22 on behalf of any incarcerated ~~[individual]~~ person except as  
 23 permitted by federal law.

24 F. A correctional facility shall:

25 (1) inform the ~~[human services department]~~

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1 authority when an eligible [~~individual~~] person is incarcerated;

2 (2) facilitate, with assistance from the  
3 [~~department~~] authority, eligibility determinations for medicaid  
4 during the incarcerated [~~individuals'~~] person's incarceration  
5 or upon release;

6 (3) notify the [~~department~~] authority upon an  
7 eligible [~~individual's~~] person's release; and

8 (4) facilitate the [~~department's~~] authority's  
9 or any [~~department~~] authority contractor's provision of care  
10 coordination pursuant to the provisions of Section [~~2 of this~~  
11 ~~2018 act~~] 33-1-22 NMSA 1978.

12 G. Upon the written request of a county, the  
13 [~~department~~] authority shall provide a behavioral health  
14 screening tool to facilitate screenings performed in accordance  
15 with the provisions of Subsection A of Section [~~2 of this 2018~~  
16 ~~act~~] 33-1-22 NMSA 1978, technical assistance and training and  
17 certification of county jail presumptive eligibility  
18 determiners to a county jail.

19 H. The secretary [~~of human services~~] shall adopt  
20 and promulgate rules consistent with this section.

21 I. As used in this section:

22 (1) "care coordination" means an assessment  
23 for health risks and the creation of a plan of care to address  
24 [~~an individual's~~] a person's comprehensive health needs,  
25 including access to physical health care and mental health

1 services; substance use disorder treatment; and transportation  
 2 services;

3 (2) "eligibility" means a finding by the  
 4 [~~human services department~~] authority that [~~an individual~~] a  
 5 person has met the criteria established in state and federal  
 6 law and the requirements established by [~~department~~] authority  
 7 rules to enroll in medicaid;

8 (3) "incarcerated [~~individual~~] person" means  
 9 [~~an individual~~] a person, the legal guardian or conservator of  
 10 [~~an individual~~] a person or, for [~~an individual~~] a person who  
 11 is an unemancipated minor, the parent or guardian of the  
 12 [~~individual~~] person, who is confined in any of the following  
 13 correctional facilities:

- 14 (a) a state correctional facility;
- 15 (b) a privately operated correctional  
 16 facility;
- 17 (c) a county jail;
- 18 (d) a privately operated jail;
- 19 (e) a detention facility that is  
 20 operated under the authority of the children, youth and  
 21 families department and that holds the [~~individual~~] person  
 22 pending a court hearing; or
- 23 (f) a facility that is operated under  
 24 the authority of the children, youth and families department  
 25 and that provides for the care and rehabilitation of [~~an~~

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1 ~~individual]~~ a person who is under eighteen years of age and who  
2 has committed an act that would be designated as a crime under  
3 the law if committed by ~~[an individual]~~ a person who is  
4 eighteen years of age or older;

5 (4) "medicaid" means the joint federal-state  
6 health coverage program pursuant to Title 19 or Title 21 of the  
7 federal Social Security Act and rules promulgated pursuant to  
8 that act; and

9 (5) "unemancipated minor" means ~~[an~~  
10 ~~individual]~~ a person who is under eighteen years of age and  
11 who:

12 (a) is not on active duty in the armed  
13 forces; and

14 (b) has not been declared by court order  
15 to be emancipated."

16 SECTION 73. Section 27-2-15 NMSA 1978 (being Laws 1937,  
17 Chapter 18, Section 9) is amended to read:

18 "27-2-15. COOPERATION WITH THE UNITED STATES.--

19 A. The ~~[state department is hereby]~~ authority is  
20 designated as the state agency to cooperate with the federal  
21 government in the administration of the provisions of Title 1,  
22 Title 4, ~~[part]~~ Parts 2 and 3 of Title 5 and Title 10 of the  
23 federal Social Security Act. The ~~[state board is hereby~~  
24 ~~authorized and directed to]~~ authority shall cooperate with the  
25 proper departments of the federal government and with all other

1 departments of the state and local governments in the  
 2 enforcement and administration of [~~such~~] those provisions of  
 3 the federal Social Security Act and [~~any amendments thereto and~~  
 4 ~~the rules and regulations issued thereunder and in compliance~~  
 5 ~~therewith~~] rules adopted in accordance with that act in the  
 6 manner prescribed in [~~this act~~] Chapter 27 NMSA 1978 or as  
 7 otherwise provided by law.

8           B. The [~~department~~] authority shall [~~also~~] make  
 9 reports in such form and containing such information as any  
 10 agency or instrumentality of the United States with which it is  
 11 cooperating may [~~from time to time~~] require and shall comply  
 12 with such provisions as [~~any such~~] that agency or  
 13 instrumentality may [~~from time to time~~] find necessary to  
 14 assure the correctness and verification of [~~such~~] the reports."

15           SECTION 74. Section 27-2-16 NMSA 1978 (being Laws 1974,  
 16 Chapter 31, Section 1, as amended) is amended to read:

17           "27-2-16. COMPLIANCE WITH FEDERAL LAW.--

18           A. Subject to the availability of state funds, the  
 19 [~~human services department~~] authority may provide assistance to  
 20 aged, blind or disabled [~~individuals~~] persons in the amounts  
 21 consistent with federal law to enable the state to be eligible  
 22 for medicaid funding. [~~Individuals~~] Persons shall be  
 23 determined to be aged, blind or disabled according to  
 24 [~~regulations of the human services department~~] rules of the  
 25 authority.

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1           B. If drug product selection is permitted by  
2 Section 26-3-3 NMSA 1978, reimbursement by the medicaid program  
3 shall be limited to the wholesale cost of the lesser expensive  
4 therapeutic equivalent drug generally available in New Mexico  
5 plus a reasonable dispensing fee of at least three dollars  
6 sixty-five cents (\$3.65)."

7           SECTION 75. Section 27-2-17 NMSA 1978 (being Laws 1937,  
8 Chapter 18, Section 10) is amended to read:

9           "27-2-17. CUSTODIAN OF FUNDS.--The [~~state department~~]  
10 authority is [~~hereby~~] designated as the custodian [~~subject to~~  
11 ~~the provisions of Section 21 of this act~~] of [~~any and~~] all  
12 [~~monies which may be~~] money received by the state [~~of New~~  
13 ~~Mexico~~], which the [~~state board of public welfare~~] authority is  
14 authorized to administer, from any appropriations made by the  
15 congress of the United States for the purpose of cooperating  
16 with the several states in the enforcement and administration  
17 of the provisions of the federal Social Security Act [~~referred~~  
18 ~~to in Section 9~~] and all [~~monies~~] money received from any other  
19 source for the purposes set forth in [~~this act~~] Chapter 27 NMSA  
20 1978. The [~~state department~~] authority is [~~hereby~~] authorized  
21 to receive such [~~monies~~] money, provide for [~~the~~] its proper  
22 custody [~~thereof~~] and [~~to~~] make disbursements [~~therefrom~~] of it  
23 under such rules [~~and regulations~~] as the [~~state board~~]  
24 authority may prescribe."

25           SECTION 76. Section 27-2-25 NMSA 1978 (being Laws 1937,

1 Chapter 18, Section 11j, as amended) is amended to read:

2 "27-2-25. FUNERAL EXPENSES.--

3 A. On the death of:

4 (1) a recipient of financial assistance under  
 5 Section [~~13-17-9 or Section 13-17-10 NMSA 1953~~] 27-2-6 or  
 6 27-2-7 NMSA 1978 or under the federal supplemental security  
 7 income program; or

8 (2) [~~an individual~~] a person living in a  
 9 nursing home or an intermediate care facility, the payment for  
 10 whose care is made in whole or in part pursuant to Title 19 of  
 11 the federal Social Security Act;  
 12 funeral expenses up to two hundred dollars (\$200) shall be paid  
 13 by the [~~health and social services department~~] income support  
 14 division of the authority if the deceased's available  
 15 resources, as defined by [~~regulation~~] rule of the [~~board~~]  
 16 division, are insufficient to pay the funeral expenses, the  
 17 persons legally responsible for the support of the deceased are  
 18 unable to pay the funeral expenses and no other person will  
 19 undertake to pay [~~said~~] those expenses.

20 B. No payment shall be made by the [~~department~~]  
 21 income support division when resources available from all  
 22 sources to pay the funeral expenses total six hundred dollars  
 23 (\$600) or more. When the resources are less than six hundred  
 24 dollars (\$600), the [~~department~~] division shall pay the  
 25 difference between six hundred dollars (\$600) and the

.227869.2

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1 resources, or two hundred dollars (\$200), whichever is less."

2 SECTION 77. Section 27-2-26 NMSA 1978 (being Laws 1975,  
3 Chapter 220, Section 2) is amended to read:

4 "27-2-26. MONEY RECEIVED FROM OTHER SOURCES--DUTY AND  
5 LIABILITY OF FUNERAL DIRECTOR.--Should any funeral director  
6 accept payment from sources other than the ~~[department]~~ income  
7 support division of the authority for burial of a deceased  
8 person for whom a claim for burial expenses has been made to  
9 the ~~[department-he]~~ division, the funeral director shall  
10 immediately notify the ~~[department]~~ division of ~~[said]~~ the  
11 payment. The ~~[department-will]~~ division shall consider ~~[said]~~  
12 the payment in determining the amount of any funeral expense  
13 payment it makes. If the ~~[department]~~ division has already  
14 made payment, the funeral director shall refund to the  
15 ~~[department]~~ division any excess over the amount ~~[which]~~ that  
16 the ~~[department]~~ division would have paid had it known of the  
17 payment from other sources. If any funeral director ~~[shall~~  
18 ~~fail]~~ fails to notify the ~~[department]~~ division of any such  
19 payment from other sources, ~~[he]~~ the funeral director shall be  
20 liable to the ~~[department]~~ division in an amount double the  
21 amount paid or to be paid by the ~~[department]~~ division."

22 SECTION 78. Section 27-2-27 NMSA 1978 (being Laws 1981,  
23 Chapter 90, Section 1, as amended) is amended to read:

24 "27-2-27. SINGLE STATE AGENCY--POWERS AND DUTIES.--

25 A. The ~~[department]~~ authority is designated as the



1 single state agency for the enforcement of child and spousal  
2 support obligations pursuant to Title [~~IV-D~~] 4-D of the federal  
3 Social Security Act with the following duties and powers to:

4 (1) establish the paternity of a child in the  
5 case of the child born out of wedlock with respect to whom an  
6 assignment of support rights has been executed in favor of the  
7 [~~department~~] authority;

8 (2) establish an order of support for children  
9 receiving aid [~~to families with dependent children~~] from  
10 temporary assistance for needy families and, at the option of  
11 the [~~department~~] authority, for the spouse or former spouse  
12 with whom such children are living, but only if a support  
13 obligation has been established with respect to such spouse or  
14 former spouse, for whom no order of support currently exists  
15 and seek modification, based upon the noncustodial parent's  
16 ability to pay, of existing orders in which the support order  
17 is inadequate to properly care for the child and the spouse or  
18 former spouse with whom the child is living;

19 (3) enforce as the real party in interest any  
20 existing order for the support of children who are receiving  
21 [~~aid to families with dependent children~~] temporary assistance  
22 for needy families or of the spouse or former spouse with whom  
23 such children are living;

24 (4) provide services to non-aid families with  
25 dependent children in the establishment and enforcement of

.227869.2

1 paternity and child support obligations, including locating the  
2 absent parent. For these services, the [~~department~~] authority  
3 is authorized to establish and collect fees, costs and charges  
4 permitted or required by federal law or by regulations adopted  
5 pursuant to that federal law; and

6 (5) adopt [~~regulations~~] rules for the  
7 disposition of unclaimed child, spousal or medical support  
8 payments.

9 B. In all cases handled by the [~~department~~]  
10 authority pursuant to the provisions of this section, the child  
11 support enforcement division or an attorney employed by the  
12 division represent the [~~department~~] authority, to the exclusion  
13 of any other party, in establishing, modifying and enforcing  
14 support obligations.

15 C. An attorney employed to provide the Title [~~IV-D~~]  
16 4-D services represents only the [~~department's~~] authority's  
17 interests, and no attorney-client relationship shall exist  
18 between the attorney and another party.

19 D. The [~~department~~] authority shall, at the time an  
20 application for child support services is made, inform the  
21 applicant that neither the Title [~~IV-D~~] 4-D agency nor the  
22 attorney who provides services under this section is the  
23 applicant's attorney and that the attorney who provides  
24 services under this section shall not provide legal  
25 representation to the applicant.

.227869.2

1 E. The [~~department~~] authority may initiate an  
 2 action or may intervene in an action involving child support.

3 F. The attorney employed by the [~~department~~]  
 4 authority pursuant to this section shall not act as a guardian  
 5 ad litem for the applicant.

6 G. A court shall not disqualify the [~~department~~]  
 7 authority in a legal action filed pursuant to the Support  
 8 Enforcement Act of the federal Social Security Act because the  
 9 [~~department~~] authority has previously provided services to a  
 10 party whose interests are now adverse to the relief requested."

11 SECTION 79. Section 27-2-28 NMSA 1978 (being Laws 1981,  
 12 Chapter 90, Section 2, as amended) is amended to read:

13 "27-2-28. LIABILITY FOR REPAYMENT OF PUBLIC  
 14 ASSISTANCE.--

15 A. In cases where the [~~department~~] authority has  
 16 provided cash assistance to children in a household, the court  
 17 shall award judgment in favor of the [~~department~~] authority and  
 18 against the noncustodial parents of the children for child  
 19 support, calculated pursuant to Section 40-4-11.1 NMSA 1978,  
 20 for all months in which the children received cash assistance  
 21 benefits.

22 B. Equitable defenses available to the noncustodial  
 23 parent in claims by the custodian for retroactive support or  
 24 past due support shall not operate to deprive the [~~department~~]  
 25 authority of its right to request retroactive support or past

.227869.2

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1 due support for months during which the noncustodial parent's  
2 children received cash assistance benefits.

3 C. Amounts of support collected that are in excess  
4 of the amounts specified in Subsections A and B of this section  
5 shall be paid by the [~~department~~] authority to the custodian of  
6 the child.

7 D. No agreement between any custodian of a child  
8 and a parent of that child, either relieving the parent of any  
9 duty of child or spousal support or responsibility or  
10 purporting to settle past, present or future support  
11 obligations, either as a settlement or prepayment, shall act to  
12 reduce or terminate any rights of the [~~department~~] authority to  
13 recover from that parent for support provided, unless the  
14 [~~department~~] authority has consented to the agreement in  
15 writing.

16 E. The noncustodial parent shall be given credit  
17 for any support actually provided, including housing, clothing,  
18 food or funds paid prior to the entry of any order for support.  
19 The noncustodial parent has the burden to prove that the  
20 noncustodial parent has provided any support.

21 F. An application for public assistance by any  
22 person constitutes an assignment by operation of law of any  
23 support rights the person is entitled to during the time the  
24 person's household receives public assistance, whether the  
25 support rights are owed to the applicant or to any family

.227869.2

1 member for whom the applicant is applying for or receiving  
 2 assistance. The assignment includes all support rights that  
 3 accrue as long as the applicant receives public assistance.

4 G. By operation of law, an assignment to the  
 5 [~~department~~] authority of any and all rights of an applicant  
 6 for or recipient of medical assistance under the medicaid  
 7 program in New Mexico or supplemental security income through  
 8 the social security administration:

9 (1) is deemed to be made of:

10 (a) any payment for medical care from  
 11 any natural person, firm or corporation, including an insurance  
 12 carrier; and

13 (b) any recovery for personal injury,  
 14 whether by judgment or contract for compromise or settlement;

15 (2) shall be effective to the extent of the  
 16 amount of medical assistance actually paid by the [~~department~~]  
 17 authority under the medicaid program; and

18 (3) shall be effective as to the rights of any  
 19 other [~~individuals~~] persons who are eligible for medical  
 20 assistance and whose rights can legally be assigned by the  
 21 applicant or recipient.

22 H. An applicant or recipient is required to  
 23 cooperate fully with the [~~department~~] authority in its efforts  
 24 to secure the assignment and to execute and deliver any  
 25 instruments and papers deemed necessary to complete the

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1 assignment by the [~~department~~] authority."

2 SECTION 80. Section 27-2-29.1 NMSA 1978 (being Laws  
3 2010, Chapter 80, Section 1) is amended to read:

4 "27-2-29.1. COMPENSATION UNDER CONTINGENT FEE  
5 CONTRACTS--SUSPENSE FUND CREATED.--

6 A. [~~For the purpose of making~~] To make  
7 disbursements and distributions pursuant to this section, the  
8 "[~~human services department~~] health care authority  
9 reimbursement suspense fund" is created in the state treasury.

10 B. When pursuing a claim arising under Section  
11 27-2-23 or 27-2-28 NMSA 1978, in addition to other available  
12 alternatives, the [~~department~~] authority may contract with a  
13 person to represent the [~~department~~] authority on a contingent  
14 fee basis if the contract:

15 (1) is approved by the attorney general;

16 (2) provides that all amounts received by the  
17 contractor as satisfaction of the claim shall be transferred to  
18 the [~~department~~] authority and deposited into the [~~human~~  
19 ~~services department~~] health care authority reimbursement  
20 suspense fund to the credit of the [~~department~~] authority; and

21 (3) provides that, upon the direction of the  
22 secretary [~~of human services~~], the compensation due to the  
23 contractor shall be disbursed from the suspense fund to the  
24 contractor.

25 C. After a disbursement to a contractor pursuant to

.227869.2

1 Paragraph (3) of Subsection B of this section, the balance of  
 2 each deposit into the [~~human services department~~] health care  
 3 authority reimbursement suspense fund shall be distributed to  
 4 the general fund and shall be appropriated to the [~~department~~  
 5 ~~for the purpose of reimbursing the department~~] authority to  
 6 reimburse the authority for the public assistance from which  
 7 the claim arose and, if required, for reimbursing the federal  
 8 government."

9 SECTION 81. Section 27-2-31 NMSA 1978 (being Laws 1965,  
 10 Chapter 66, Section 4) is amended to read:

11 "27-2-31. JUDGMENTS AND PROCEEDS.--Upon final hearing,  
 12 judgment for the [~~department~~] authority shall include all sums  
 13 expended during the pendency of the action. When the  
 14 [~~department of public welfare~~] authority recovers judgments  
 15 under [~~this act~~] Chapter 27, Article 2 NMSA 1978, it may  
 16 enforce, compromise or settle the judgments in any way  
 17 considered by the [~~board of public welfare~~] authority to be in  
 18 the public interest. Any proceeds of judgments or settlements  
 19 shall be retained by the [~~department~~] authority for its  
 20 authorized activities and required reimbursements to the  
 21 federal government."

22 SECTION 82. Section 27-2-32 NMSA 1978 (being Laws 1969,  
 23 Chapter 182, Section 3, as amended) is amended to read:

24 "27-2-32. DUTY OF AGENCIES TO COOPERATE.--All state,  
 25 county and municipal agencies, departments, bureaus and

.227869.2

1 divisions shall cooperate in the location of absent parents who  
2 are not fulfilling their obligation to support their children  
3 and shall on request supply the ~~[department]~~ authority with all  
4 information on hand relative to the location, social security  
5 number, income and property of such absent parents,  
6 notwithstanding any other provision of law making the  
7 information confidential. The ~~[department]~~ authority shall use  
8 such information only for the purpose of enforcing the support  
9 liability of such absent parents and shall not use the  
10 information or disclose it for any other purpose."

11 SECTION 83. Section 27-2-41 NMSA 1978 (being Laws 1990,  
12 Chapter 93, Section 1) is amended to read:

13 "27-2-41. SHORT TITLE.--~~[This act]~~ Sections 27-2-41  
14 through 27-2-47 NMSA 1978 may be cited as the "Indigent  
15 Catastrophic Illness Hospital Funding Act"."

16 SECTION 84. Section 27-2-43 NMSA 1978 (being Laws 1990,  
17 Chapter 93, Section 3) is amended to read:

18 "27-2-43. DEFINITIONS.--As used in the Indigent  
19 Catastrophic Illness Hospital Funding Act:

20 A. "authority" or "department" means the ~~[human~~  
21 ~~services department]~~ health care authority;

22 B. "fund" means the indigent catastrophic illness  
23 hospital fund;

24 C. "hospital" means any general or special hospital  
25 that is licensed by the ~~[health and environment department]~~



1 authority and that has annual gross charges for medicare,  
 2 medicaid and indigent patients greater than ten percent of the  
 3 hospital's total annual gross charges; and

4 D. "medically indigent patient" means [~~an~~  
 5 ~~individual~~] a person who is a New Mexico resident who incurs  
 6 hospital charges, who is not eligible for medicaid or medicare  
 7 and whose family or household income does not exceed two  
 8 hundred fifty percent of the federal poverty level."

9 SECTION 85. Section 27-2-44 NMSA 1978 (being Laws 1990,  
 10 Chapter 93, Section 4) is amended to read:

11 "27-2-44. INDIGENT CATASTROPHIC ILLNESS HOSPITAL FUND  
 12 CREATED.-- [~~There is created in the state treasury~~] The  
 13 "indigent catastrophic illness hospital fund" is created as a  
 14 nonreverting fund in the state treasury. Money in the fund is  
 15 appropriated to the [~~department for the purpose of reimbursing~~]  
 16 authority to reimburse hospitals for eligible claims for  
 17 hospital charges incurred by medically indigent patients and  
 18 for paying administrative costs of the [~~department~~] authority  
 19 not to exceed three percent of the annual appropriation or  
 20 other distribution or transfer to the fund. Money in the fund  
 21 shall be invested as provided for other state funds and income  
 22 earned on the fund shall be credited to the fund. [~~No balance~~  
 23 ~~remaining at the end of any fiscal year shall revert to the~~  
 24 ~~general fund.~~]"

25 SECTION 86. Section 27-2A-1 NMSA 1978 (being Laws 1994,

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1 Chapter 87, Section 1) is amended to read:

2 "27-2A-1. SHORT TITLE.--~~[This act]~~ Chapter 27, Article  
3 2A NMSA 1978 may be cited as the "Medicaid Estate Recovery  
4 Act"."

5 SECTION 87. Section 27-2A-3 NMSA 1978 (being Laws 1994,  
6 Chapter 87, Section 3) is amended to read:

7 "27-2A-3. DEFINITIONS.--As used in the Medicaid Estate  
8 Recovery Act:

9 A. "authority" or "department" means the [~~human~~  
10 ~~services department]~~ health care authority;

11 B. "estate" means real and personal property and  
12 other assets of the individual subject to probate or  
13 administration pursuant to the provisions of the Uniform  
14 Probate Code; and

15 C. "medical assistance" means amounts paid by the  
16 department as medical assistance pursuant to Title [~~XIX~~] 19 of  
17 the Social Security Act."

18 SECTION 88. Section 27-2B-3 NMSA 1978 (being Laws 1998,  
19 Chapter 8, Section 3 and Laws 1998, Chapter 9, Section 3, as  
20 amended) is amended to read:

21 "27-2B-3. DEFINITIONS.--As used in the New Mexico Works  
22 Act:

23 A. "applicant" means a person applying for cash  
24 assistance on behalf of a benefit group;

25 B. "benefit group" means a pregnant woman or a

1 group of people that includes a dependent child, all of that  
 2 dependent child's full, half or adopted siblings or  
 3 stepsiblings living with the dependent child's parent or  
 4 relative within the fifth degree of consanguinity and the  
 5 parent with whom the children live;

6 C. "cash assistance" means cash payments funded by  
 7 the temporary assistance for needy families block grant  
 8 pursuant to the federal Social Security Act and by state funds;

9 D. "authority" or "department" means the [~~human~~  
 10 ~~services department~~] health care authority;

11 E. "dependent child" means a natural child, adopted  
 12 child, stepchild or ward who is:

13 (1) seventeen years of age or younger;

14 (2) eighteen years of age and is enrolled in  
 15 high school; or

16 (3) between eighteen and twenty-two years of  
 17 age and is receiving special education services regulated by  
 18 the public education department;

19 F. "director" means the director of the income  
 20 support division of the [~~department~~] authority;

21 G. "earned income" means cash or payment in kind  
 22 that is received as wages from employment or payment in lieu of  
 23 wages; and earnings from self-employment or earnings acquired  
 24 from the direct provision of services, goods or property,  
 25 production of goods, management of property or supervision of

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1 services;

2 H. "federal act" means the federal Social Security  
3 Act and rules promulgated pursuant to the Social Security Act;

4 I. "federal poverty guidelines" means the level of  
5 income defining poverty by family size published annually in  
6 the federal register by the United States department of health  
7 and human services;

8 J. "immigrant" means an alien as defined in the  
9 federal act;

10 K. "parent" means natural parent, adoptive parent  
11 or stepparent;

12 L. "participant" means a recipient of cash  
13 assistance or services or a member of a benefit group who has  
14 reached the age of majority;

15 M. "person" means an individual;

16 N. "secretary" means the secretary of [~~the~~  
17 ~~department~~] health care authority;

18 O. "services" means child care assistance; payment  
19 for employment-related transportation costs; job search  
20 assistance; employment counseling; employment, education and  
21 job training placement; one-time payment for necessary  
22 employment-related costs; case management; or other activities  
23 whose purpose is to assist transition into employment;

24 P. "unearned income" means old age, survivors and  
25 disability insurance; railroad retirement benefits; veterans

.227869.2

1 administration compensation or pension; military retirement;  
 2 pensions, annuities and retirement benefits; lodge or fraternal  
 3 benefits; shared shelter payments; settlement payments;  
 4 individual Indian money; child support; unemployment  
 5 compensation benefits; union benefits paid in cash; gifts and  
 6 contributions; and real property income;

7 Q. "vehicle" means a conveyance for the  
 8 transporting of [~~individuals~~] persons to or from employment,  
 9 for the activities of daily living or for the transportation of  
 10 goods; "vehicle" does not include any boat, trailer or mobile  
 11 home used as a principal place of residence; and

12 R. "vocational education" means an organized  
 13 educational program that is directly related to the preparation  
 14 of a person for employment in a current or emerging occupation  
 15 requiring training other than a baccalaureate or advanced  
 16 degree. Vocational education [~~must~~] shall be provided by an  
 17 educational or a training organization, such as a vocational-  
 18 technical school, community college, post-secondary educational  
 19 institution or proprietary school."

20 SECTION 89. Section 27-2C-1 NMSA 1978 (being Laws 2002,  
 21 Chapter 105, Section 1) is amended to read:

22 "27-2C-1. SHORT TITLE.--~~[This act]~~ Chapter 27, Article  
 23 2C NMSA 1978 may be cited as the "Pharmaceutical Supplemental  
 24 Rebate Act"."

25 SECTION 90. Section 27-2C-2 NMSA 1978 (being Laws 2002,

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1 Chapter 105, Section 2) is amended to read:

2 "27-2C-2. DEFINITIONS.--As used in the Pharmaceutical  
3 Supplemental Rebate Act:

4 A. "authority" or "department" means the [~~human~~  
5 ~~services department~~] health care authority;

6 B. "labeler" means a person that receives  
7 prescription drugs from a manufacturer or wholesaler and  
8 repackages those drugs for later retail sale and that has a  
9 labeler code from the federal food and drug administration;

10 C. "manufacturer" means a manufacturer of  
11 prescription drugs as defined in 42 U.S.C. 1396r-8(k)(5),  
12 including a subsidiary or affiliate of a manufacturer;

13 D. "medicaid" means the joint federal-state health  
14 coverage program pursuant to Title 19 or Title 21 of the  
15 federal Social Security Act;

16 E. "participating retail pharmacy" means a retail  
17 pharmacy or other business licensed to dispense prescription  
18 drugs that participates in the state medicaid program;

19 F. "secretary" means the secretary of [~~human~~  
20 ~~services~~] health care authority; and

21 G. "wholesaler" means a business licensed to  
22 distribute prescription drugs in the state."

23 SECTION 91. Section 27-2D-2 NMSA 1978 (being Laws 2003,  
24 Chapter 317, Section 2, as amended) is amended to read:

25 "27-2D-2. DEFINITIONS.--As used in the Education Works  
.227869.2

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1 Act:

2 A. "applicant" means a person applying for cash  
3 assistance on behalf of a benefit group;

4 B. "benefit group" means a pregnant woman or a  
5 group of people that includes a dependent child, all of that  
6 dependent child's full, half, step- or adopted siblings living  
7 with the dependent child's parent or relative within the fifth  
8 degree of consanguinity and the parent with whom the children  
9 live;

10 C. "cash assistance" means cash payments  
11 distributed by the [~~department~~] authority pursuant to the  
12 Education Works Act;

13 D. "authority" or "department" means the [~~human~~  
14 ~~services department~~] health care authority;

15 E. "dependent child" means a natural, adopted step-  
16 child or ward who is:

17 (1) seventeen years of age or younger;

18 (2) eighteen years of age and is enrolled in  
19 high school; or

20 (3) between eighteen and twenty-two years of  
21 age and is receiving special education services regulated by  
22 the public education department;

23 F. "director" means the director of the income  
24 support division of the [~~department~~] authority;

25 G. "earned income" means cash or payment in kind

.227869.2

1 that is received as wages from employment or payment in lieu of  
2 wages; and earnings from self-employment or earnings acquired  
3 from the direct provision of services, goods or property,  
4 production of goods, management of property or supervision of  
5 services;

6 H. "education works program" means the cash  
7 assistance, activities and services available to a recipient  
8 pursuant to the Education Works Act;

9 I. "federal act" means the federal Social Security  
10 Act and rules promulgated pursuant to the Social Security Act;

11 J. "federal poverty guidelines" means the level of  
12 income defining poverty by family size published annually in  
13 the federal register by the United States department of health  
14 and human services;

15 K. "parent" means natural parent, adoptive parent  
16 or stepparent;

17 L. "person" means an individual;

18 M. "recipient" means a person who receives cash  
19 assistance or services or a member of a benefit group who has  
20 reached the age of majority;

21 N. "secretary" means the secretary of [~~human~~  
22 ~~services~~] health care authority;

23 O. "services" means child-care assistance; payment  
24 for education- or employment-related transportation costs; job  
25 search assistance; employment counseling; employment, education



1 and job training placement; an annual payment for education-  
 2 related costs; case management; or other activities whose  
 3 purpose is to assist transition into employment;

4 P. "unearned income" means old age, survivors and  
 5 disability insurance; railroad retirement benefits; veterans  
 6 administration compensation or pension; military retirement;  
 7 pensions, annuities and retirement benefits; lodge or fraternal  
 8 benefits; shared shelter payments; settlement payments;  
 9 individual Indian money; child support; unemployment  
 10 compensation benefits; union benefits paid in cash; gifts and  
 11 contributions; and real property income; and

12 Q. "vehicle" means a conveyance for the  
 13 transporting of persons to or from employment or education for  
 14 the activities of daily living or for the transportation of  
 15 goods; "vehicle" does not include boats, trailers or mobile  
 16 homes used as a principal place of residence."

17 SECTION 92. Section 27-2E-1 NMSA 1978 (being Laws 2003,  
 18 Chapter 381, Section 1) is amended to read:

19 "27-2E-1. AVERAGE MANUFACTURER PRICE--FILING--  
 20 REPORTING.--

21 A. A person who manufactures a prescription drug,  
 22 including a generic prescription drug, that is sold in New  
 23 Mexico shall file with the [~~human services department~~] health  
 24 care authority:

25 (1) the average manufacturer price for the

.227869.2

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1 drug;

2 (2) the price that each wholesaler or pharmacy  
3 benefit manager doing business in this state pays the  
4 manufacturer to purchase the drug; and

5 (3) the price paid to the manufacturer by any  
6 entity in an arrangement or contract that sells or provides  
7 prescription drugs in New Mexico without the services of a  
8 wholesaler.

9 B. The information required under Subsection A of  
10 this section shall be filed annually or more frequently, as  
11 determined by the [~~human services department~~] health care  
12 authority. The information required under Subsection A of this  
13 section is confidential and shall not be disclosed pursuant to  
14 Section [~~3 of this act~~] 27-2E-3 NMSA 1978 and shall not be  
15 subject to public inspection pursuant to the provisions of  
16 Section 14-2-1 NMSA 1978.

17 C. A person who engages in the wholesale  
18 distribution of prescription drugs in New Mexico shall file  
19 with the [~~human services department~~] health care authority  
20 information showing the actual price at which the wholesaler or  
21 distributor sells a particular drug to a pharmacy.

22 D. As used in this section, "average manufacturer  
23 price" means the average price paid to the manufacturer for the  
24 drug in New Mexico, including rebates, discounts and market  
25 incentives, after deducting customary prompt-pay discounts."

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1           **SECTION 93.** Section 27-2E-2 NMSA 1978 (being Laws 2003,  
2 Chapter 381, Section 2) is amended to read:

3           "27-2E-2. UNLAWFUL DISCLOSURE--PENALTIES.--

4           A. It is unlawful for an employee, former employee,  
5 contractor or former contractor of the [~~human services~~  
6 ~~department~~] health care authority to reveal to another person,  
7 except to another employee or contractor of the [~~department~~  
8 authority] as required by the employee's or contractor's duties  
9 or responsibilities or by state or federal court order,  
10 information acquired pursuant to Section [~~1 of this act~~]  
11 27-2E-1 NMSA 1978 or any other information about a prescription  
12 drug manufacturer acquired as a result of [~~his~~] employment or  
13 contract by the [~~department~~] authority and not available from  
14 public sources.

15           B. An employee, former employee, contractor or  
16 former contractor of the [~~human services department~~] health  
17 care authority who reveals to another person information that  
18 [~~he~~] the person is prohibited from lawfully revealing is guilty  
19 of a misdemeanor and shall, upon conviction thereof, be fined  
20 not more than one thousand dollars (\$1,000) or imprisoned not  
21 more than one year, or both, together with costs of  
22 prosecution, and shall not be employed by the state for a  
23 period of five years after the date of the conviction."

24           **SECTION 94.** Section 27-2E-3 NMSA 1978 (being Laws 2003,  
25 Chapter 381, Section 3) is amended to read:

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1 "27-2E-3. ENFORCEMENT.--The office of the attorney  
2 general may take action to investigate and enforce the  
3 requirements of Sections [~~1 and 2 of this act~~] 27-2E-1 and  
4 27-2E-2 NMSA 1978."

5 SECTION 95. Section 27-3-1 NMSA 1978 (being Laws 1973,  
6 Chapter 256, Section 1) is amended to read:

7 "27-3-1. SHORT TITLE.--~~[This act]~~ Chapter 27, Article 3  
8 NMSA 1978 may be cited as the "Public Assistance Appeals Act"."

9 SECTION 96. Section 27-3-2 NMSA 1978 (being Laws 1973,  
10 Chapter 256, Section 2, as amended) is amended to read:

11 "27-3-2. DEFINITIONS.--As used in the Public Assistance  
12 Appeals Act:

13 A. "authority" or "department" means the income  
14 support division or the medical assistance division [~~or the~~  
15 ~~social services division~~] of the [~~human services department~~]  
16 health care authority;

17 B. "board" means the income support division or the  
18 medical assistance division [~~or the social services division~~]  
19 of the [~~human services department~~] authority; and

20 C. "director" means the director of the income  
21 support division or the medical assistance division [~~or the~~  
22 ~~social services division~~] of the [~~human services department~~]  
23 authority."

24 SECTION 97. Section 27-4-1 NMSA 1978 (being Laws 1973,  
25 Chapter 311, Section 1) is amended to read:

1 "27-4-1. SHORT TITLE.--~~[Sections 1 through 7 of this~~  
 2 ~~act]~~ Chapter 27, Article 4 NMSA 1978 may be cited as the  
 3 "Special Medical Needs Act"."

4 SECTION 98. Section 27-4-2 NMSA 1978 (being Laws 1973,  
 5 Chapter 311, Section 2, as amended) is amended to read:

6 "27-4-2. DEFINITIONS.--As used in the Special Medical  
 7 Needs Act:

8 A. "department" or "division" means the income  
 9 support division of the ~~[human services department]~~ health care  
 10 authority;

11 B. "board" means the division;

12 C. "aged person" means a person who has attained  
 13 the age of sixty-five years and does not have a spouse  
 14 financially able, according to ~~[regulations]~~ rules of the  
 15 division, to furnish support;

16 D. "person with a disability" means a person who  
 17 has attained the age of eighteen years and is determined to  
 18 have a permanent and total disability, according to  
 19 ~~[regulations]~~ rules of the division; and

20 E. "blind person" means a person who is determined  
 21 to be blind according to ~~[regulations]~~ rules of the division."

22 SECTION 99. Section 27-5-4 NMSA 1978 (being Laws 1965,  
 23 Chapter 234, Section 4, as amended) is amended to read:

24 "27-5-4. DEFINITIONS.--As used in the Indigent Hospital  
 25 and County Health Care Act:

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1           A. "ambulance provider" or "ambulance service"  
2 means a specialized carrier based within the state authorized  
3 under provisions and subject to limitations as provided in  
4 individual carrier certificates issued by the department of  
5 transportation to transport persons alive, dead or dying en  
6 route by means of ambulance service. The rates and charges  
7 established by department of transportation tariff shall govern  
8 as to allowable cost. Also included are air ambulance services  
9 approved by the county. The air ambulance service charges  
10 shall be filed and approved pursuant to Subsection D of Section  
11 27-5-6 NMSA 1978 and Section 27-5-11 NMSA 1978;

12           B. "cost" means all allowable costs of providing  
13 health care services, to the extent determined by resolution of  
14 a county, for an indigent patient. Allowable costs shall be  
15 based on medicaid fee-for-service reimbursement rates for  
16 hospitals, licensed medical doctors and osteopathic physicians;

17           C. "county" means a county except a class A county  
18 with a county hospital operated and maintained pursuant to a  
19 lease or operating agreement with a state educational  
20 institution named in Article 12, Section 11 of the constitution  
21 of New Mexico;

22           D. "department" or "authority" means the [~~human~~  
23 ~~services department~~] health care authority;

24           E. "fund" means a county health care assistance  
25 fund;

1 F. "health care services" means treatment and  
2 services designed to promote improved health in the county  
3 indigent population, including primary care, prenatal care,  
4 dental care, behavioral health care, alcohol or drug  
5 detoxification and rehabilitation, hospital care, provision of  
6 prescription drugs, preventive care or health outreach  
7 services, to the extent determined by resolution of the county;

8 G. "indigent patient" means a person to whom an  
9 ambulance service, a hospital or a health care provider has  
10 provided medical care, ambulance transportation or health care  
11 services and who can normally support the person's self and the  
12 person's dependents on present income and liquid assets  
13 available to the person but, taking into consideration the  
14 person's income, assets and requirements for other necessities  
15 of life for the person and the person's dependents, is unable  
16 to pay the cost of the ambulance transportation or medical care  
17 administered or both; provided that if a definition of  
18 "indigent patient" is adopted by a county in a resolution, the  
19 definition shall not include any person whose annual income  
20 together with that person's spouse's annual income totals an  
21 amount that is fifty percent greater than the per capita  
22 personal income for New Mexico as shown for the most recent  
23 year available in the survey of current business published by  
24 the United States department of commerce. "Indigent patient"  
25 includes a minor who has received ambulance transportation or

.227869.2

1 medical care or both and whose parent or the person having  
2 custody of that minor would qualify as an indigent patient if  
3 transported by ambulance, admitted to a hospital for care or  
4 treated by a health care provider;

5 H. "medicaid eligible" means a person who is  
6 eligible for medical assistance from the department;

7 I. "planning" means the development of a countywide  
8 or multicounty health plan to improve and fund health services  
9 in the county based on the county's needs assessment and  
10 inventory of existing services and resources and that  
11 demonstrates coordination between the county and state and  
12 local health planning efforts;

13 J. "public entity" means a state, local or tribal  
14 government or other political subdivision or agency of that  
15 government; and

16 K. "qualifying hospital" means an acute care  
17 general hospital licensed by the ~~[department of health]~~  
18 authority that is qualified to receive payments from the safety  
19 net care pool pursuant to an agreement with the federal centers  
20 for medicare and medicaid services."

21 SECTION 100. Section 27-5-6.1 NMSA 1978 (being Laws  
22 1993, Chapter 321, Section 18, as amended) is amended to read:

23 "27-5-6.1. SAFETY NET CARE POOL FUND CREATED.--

24 A. The "safety net care pool fund" is created as a  
25 nonreverting fund in the state treasury. The safety net care

.227869.2



1 pool fund, which shall be administered by the [~~department~~]  
 2 authority, shall consist of public [~~funds~~] money provided  
 3 through intergovernmental transfers from counties or other  
 4 public entities and transferred from counties pursuant to  
 5 Section [~~16 of this 2014 act~~] 27-5-6.2 NMSA 1978. Money in the  
 6 fund shall be invested by the state treasurer as other state  
 7 funds are invested. [~~Any unexpended or unencumbered balance~~  
 8 ~~remaining in the fund at the end of any fiscal year shall not~~  
 9 ~~revert.~~]

10 B. Money in the safety net care pool fund is  
 11 appropriated to the [~~department~~] authority to make payments to  
 12 qualifying hospitals. No safety net care pool fund payments or  
 13 money in the safety net care pool fund shall be used to  
 14 supplant any general fund support for the state medicaid  
 15 program."

16 SECTION 101. Section 27-5-16 NMSA 1978 (being Laws 1965,  
 17 Chapter 234, Section 16, as amended) is amended to read:

18 "27-5-16. [~~DEPARTMENT~~] AUTHORITY--PAYMENTS--  
 19 COOPERATION--REPORTING.--

20 A. The [~~department~~] authority shall not decrease  
 21 the amount of any assistance payments made to the hospitals or  
 22 health care providers of this state pursuant to law because of  
 23 any financial reimbursement made to ambulance services,  
 24 hospitals or health care providers for indigent or medicaid  
 25 eligible patients as provided in the Indigent Hospital and

.227869.2

1 County Health Care Act.

2 B. The ~~[department]~~ authority shall cooperate with  
3 each county in furnishing information or assisting in the  
4 investigation of any person to determine whether the person  
5 meets the qualifications of an indigent patient as defined in  
6 the Indigent Hospital and County Health Care Act.

7 C. The ~~[department]~~ authority shall provide an  
8 annual report to each county and each qualifying hospital on  
9 the previous calendar year's payments from the safety net  
10 care pool for uncompensated care to qualifying hospitals and  
11 estimated payments of enhanced medicaid base rates. The  
12 annual report for the previous year shall be provided by July  
13 1 of the succeeding year."

14 SECTION 102. Section 27-6-13 NMSA 1978 (being Laws  
15 1979, Chapter 290, Section 3, as amended) is amended to read:

16 "27-6-13. ADMINISTRATION OF LOW INCOME UTILITY  
17 ASSISTANCE ACT.--

18 A. As used in the Low Income Utility Assistance  
19 Act:

20 (1) "authority" or "department" means the  
21 ~~[agency of the state designated by the governor]~~ health care  
22 authority; and

23 (2) "utility" means a publicly, privately or  
24 municipally owned utility or a distribution cooperative  
25 utility for the rendition of electric power or gas.

.227869.2

1           B. The [~~department~~] authority shall determine  
 2 eligibility, establish payment amounts, make utility  
 3 assistance payments to or on behalf of eligible recipients and  
 4 otherwise administer the Low Income Utility Assistance Act.

5           C. The [~~department~~] authority shall use funds  
 6 appropriated under the Low Income Utility Assistance Act to  
 7 the maximum extent to generate available federal and local  
 8 government funds and to mobilize other resources that may be  
 9 applied to the concepts of the Low Income Utility Assistance  
 10 Act."

11           **SECTION 103.** Section 27-6-14 NMSA 1978 (being Laws  
 12 1979, Chapter 290, Section 4, as amended) is amended to read:

13           "27-6-14. PERSONS ELIGIBLE FOR UTILITY ASSISTANCE.--

14           A. Utility assistance supplements shall be paid to  
 15 or on behalf of those [~~individuals~~] persons who are determined  
 16 to be eligible by [~~regulation~~] rule of the [~~department~~]  
 17 authority.

18           B. The [~~department~~] authority shall determine the  
 19 amount of payment to be made; provided that no payment shall  
 20 be made if a payment for the same services or incurred bills  
 21 has been made to the household under a federal program for a  
 22 similar purpose."

23           **SECTION 104.** Section 27-6-15 NMSA 1978 (being Laws  
 24 1979, Chapter 290, Section 5, as amended) is amended to read:

25           "27-6-15. UTILITY ASSISTANCE SUPPLEMENT PROGRAM

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1 ESTABLISHED--DISTRIBUTION TO ELIGIBLE RECIPIENTS.--

2 A. The [~~department~~] authority is authorized to  
3 establish a utility assistance supplement program for purposes  
4 of the Low Income Utility Assistance Act.

5 B. Beginning on July 1, 1980 and each year  
6 thereafter, the [~~department~~] authority shall pay utility  
7 assistance supplement payments, subject to the availability of  
8 funds from the low income utility assistance fund created  
9 under the provisions of Section 27-6-16 NMSA 1978."

10 SECTION 105. Section 27-6-16 NMSA 1978 (being Laws  
11 1979, Chapter 290, Section 6, as amended) is amended to read:

12 "27-6-16. FUND CREATED.--~~[There is created in the state~~  
13 ~~treasury]~~ The "low income utility assistance fund" is created  
14 in the state treasury. Payments shall be made from the low  
15 income utility assistance fund upon warrants drawn by the  
16 secretary of finance and administration pursuant to vouchers  
17 signed by the [~~head of the department~~] secretary of health  
18 care authority. Such payments shall be made for the costs and  
19 administration of the Low Income Utility Assistance Act."

20 SECTION 106. Section 27-6-17 NMSA 1978 (being Laws  
21 1991, Chapter 81, Section 1, as amended) is amended to read:

22 "27-6-17. UTILITY SERVICE--PROCEDURES TO FOLLOW PRIOR  
23 TO SERVICE BEING DISCONTINUED.--

24 A. Unless requested by the customer, no gas or  
25 electric utility shall discontinue service to any residential

1 customer for nonpayment during the period from November 15  
2 through March 15 unless the following procedures are followed:

3 (1) at least fifteen days prior to the date  
4 scheduled for utility service to be discontinued, unless the  
5 ~~[New Mexico]~~ public ~~[utility]~~ regulation commission provides  
6 for a shorter period, the utility shall mail or hand-deliver  
7 to the customer a notice printed in both English and Spanish  
8 and in simple language, which notice clearly explains that:

9 (a) utility service shall stop on a  
10 specific date;

11 (b) the customer may be eligible for  
12 financial assistance to pay for the utility service; and

13 (c) for assistance, the customer should  
14 contact the utility or the ~~[department]~~ authority;

15 (2) any utility subject to this section  
16 shall attempt to advise customers who contact the utility  
17 seeking financial assistance of the program administered under  
18 the Low Income Utility Assistance Act and of assistance  
19 programs the utility may administer on its own or in  
20 conjunction with others;

21 (3) the utilities subject to this section  
22 and the ~~[department]~~ authority shall provide application forms  
23 for utility service payment assistance at billing and agency  
24 offices; and

25 (4) before the service is actually

.227869.2

1 discontinued, the utility shall attempt to make contact in  
2 person or by telephone to remind the customer of the pending  
3 date of discontinuance of service and that financial  
4 assistance for utility payments may be available.

5 B. Unless requested by the customer, no gas or  
6 electric utility shall discontinue service to any residential  
7 customer for nonpayment during the period from November 15  
8 through March 15 until at least fifteen days after the date  
9 scheduled for discontinuance of service if the [~~department~~]  
10 authority has certified to the utility that a customer is  
11 eligible for utility payment assistance under the Low Income  
12 Utility Assistance Act and that payment for the utility  
13 service provided to the customer will be made within the  
14 fifteen-day period.

15 C. The [~~department~~] authority and the [~~New Mexico~~]  
16 public [~~utility~~] regulation commission shall coordinate and  
17 adopt, as they deem appropriate, either separate or joint  
18 rules [~~and regulations~~] necessary to implement the provisions  
19 of this section; provided that nothing in this section  
20 authorizes the [~~department~~] authority to revise tariffs or  
21 rate filings subject to the jurisdiction of the [~~New Mexico~~]  
22 public [~~utility~~] regulation commission."

23 SECTION 107. Section 27-6-18.1 NMSA 1978 (being Laws  
24 2007, Chapter 231, Section 1) is amended to read:

25 "27-6-18.1. PROHIBITION ON DISCONTINUANCE OR

.227869.2

1 DISCONNECTION OF UTILITY SERVICE DURING THE WINTER HEATING  
2 SEASON--MINIMUM PAYMENTS--PAYMENT PLANS--EXCEPTIONS.--

3 A. Except as provided in Subsection C of this  
4 section, unless requested by the customer, no utility shall  
5 discontinue or disconnect service to a residential customer  
6 during the heating season for nonpayment of the customer's  
7 utility bill if the customer meets the qualifications to  
8 receive assistance pursuant to the low-income home energy  
9 assistance program from the administering authority during the  
10 program's current heating season.

11 B. The utility shall make payment plan options  
12 available to the customer pursuant to rules adopted by the  
13 public regulation commission.

14 C. If the customer does not pay the past due  
15 charges from the customer's utility bill before the beginning  
16 of the next heating season, the customer shall not be eligible  
17 for protection from discontinued or disconnected utility  
18 service pursuant to this section during that next heating  
19 season until the past due charges are paid in full.

20 D. A customer who has defaulted on the customer's  
21 chosen payment plan and whose utility service has been  
22 discontinued or disconnected during the nonheating season can  
23 be reconnected and maintain the protection afforded by this  
24 section by paying reconnection charges, if any, and by paying  
25 the amount due pursuant to the payment plan by the date on

.227869.2

1 which service is reconnected.

2 E. If a customer notifies the utility that the  
3 customer needs payment assistance and if the customer  
4 requests, the utility shall promptly report the customer's  
5 request for assistance to the administering authority. The  
6 administering authority shall take prompt action to evaluate  
7 the customer's eligibility for the low-income home energy  
8 assistance program.

9 F. Utilities subject to this section shall make  
10 the following information available to the public regarding:

11 (1) the low-income home energy assistance  
12 program's:

13 (a) application forms;  
14 (b) requirements for qualifying for the  
15 program;

16 (c) procedures for making an  
17 application; and

18 (d) location to which an application  
19 may be submitted; and

20 (2) the protection against discontinued and  
21 disconnected service set forth in this section for customers  
22 seeking assistance paying utility bills during a heating  
23 season, including:

24 (a) payment options; and

25 (b) circumstances under which



1 disconnection or discontinuance of service may occur.

2 G. As used in this section:

3 (1) "administering authority" means the  
 4 [~~human services department~~] health care authority or a tribal  
 5 entity that administers its own low-income home energy  
 6 assistance program;

7 (2) "current season" means the period  
 8 beginning in September and continuing through August of the  
 9 subsequent year;

10 (3) "heating season" means the period  
 11 beginning November 15 and continuing through March 15 of the  
 12 subsequent year;

13 (4) "nonheating season" means the period  
 14 beginning on March 16 and continuing through November 14 of  
 15 the same year; and

16 (5) "tribal entity" means the governing body  
 17 or an agency of a federally recognized Indian nation, tribe or  
 18 pueblo located in whole or in part in New Mexico."

19 SECTION 108. Section 27-6A-1 NMSA 1978 (being Laws  
 20 1993, Chapter 206, Section 1) is amended to read:

21 "27-6A-1. SHORT TITLE.--~~[This act]~~ Chapter 27, Article  
 22 6A NMSA 1978 may be cited as the "Low Income Water, Sewer and  
 23 Solid Waste Service Assistance Act"."

24 SECTION 109. Section 27-6A-3 NMSA 1978 (being Laws  
 25 1993, Chapter 206, Section 3) is amended to read:

.227869.2

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 [bracketed material] = delete

1           "27-6A-3. DEFINITIONS.--As used in the Low Income  
2 Water, Sewer and Solid Waste Service Assistance Act:

3           A. "authority" or "department" means the [~~human~~  
4 ~~services department~~] health care authority; and

5           B. "utility" means any individual, firm,  
6 partnership, company, district, including [~~but not limited to~~]  
7 solid waste district, water and sanitation district and  
8 special district, cooperative, association, public or private  
9 corporation, lessee, trustee or receiver appointed by any  
10 court, municipality and municipal utility as defined in the  
11 Municipal Code, incorporated county or county that may or does  
12 own, operate, lease or control any plant, property or facility  
13 for:

14                       (1) the supply, storage, distribution or  
15 furnishing of water to or for the public;

16                       (2) the supply and furnishing of sanitary  
17 sewer service to or for the public; or

18                       (3) the supply and furnishing of collection,  
19 transportation, treatment or disposal of solid waste to or for  
20 the public. "Utility" does not include a public utility  
21 subject to the jurisdiction of the [~~New Mexico~~] public  
22 [~~service~~] regulation commission."

23           SECTION 110. Section 27-6A-5 NMSA 1978 (being Laws  
24 1993, Chapter 206, Section 5) is amended to read:

25           "27-6A-5. [~~DEPARTMENT~~] AUTHORITY COOPERATION.--Subject  
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1 to state and federal statutes and [~~regulations~~] rules  
 2 governing the sharing of confidential information, the  
 3 [~~department~~] authority shall cooperate with a participating  
 4 utility in identifying those persons eligible for assistance  
 5 [~~pursuant to~~] in accordance with the Low Income Water, Sewer  
 6 and Solid Waste Service Assistance Act."

7 SECTION 111. Section 27-8-1 NMSA 1978 (being Laws 1983,  
 8 Chapter 139, Section 1) is amended to read:

9 "27-8-1. SHORT TITLE.--~~[This act]~~ Chapter 27, Article 8  
 10 NMSA 1978 may be cited as the "Community Action Act"."

11 SECTION 112. Section 27-8-3 NMSA 1978 (being Laws 1983,  
 12 Chapter 139, Section 3) is amended to read:

13 "27-8-3. DEFINITIONS.--As used in the Community Action  
 14 Act:

15 A. "poverty level" means the official poverty  
 16 level established by the federal director of the office of  
 17 management and budget and revised periodically by the  
 18 [~~federal~~] United States secretary of health and human  
 19 services; and

20 B. "secretary" means the secretary of [~~human~~  
 21 ~~services~~] health care authority."

22 SECTION 113. Section 27-9-1 NMSA 1978 (being Laws 1983,  
 23 Chapter 323, Section 1, as amended) is amended to read:

24 "27-9-1. PROGRAM--DEMONSTRATIONS.--The [~~human services~~  
 25 ~~department~~] health care authority, in cooperation with the

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1 ~~[department of health]~~ aging and long-term services  
2 department, is authorized to administer demonstration programs  
3 that provide in-home and coordinated community care services  
4 to the frail elderly and to persons with ~~[a disability]~~  
5 disabilities who would otherwise require institutionalization.  
6 The programs authorized by this section shall serve both those  
7 eligible and not eligible for federal medical assistance  
8 programs."

9 SECTION 114. Section 27-9-2 NMSA 1978 (being Laws 1983,  
10 Chapter 323, Section 2) is amended to read:

11 "27-9-2. IMPLEMENTATION.--The secretary of ~~[human~~  
12 ~~services]~~ health care authority shall, by ~~[regulation]~~ rule,  
13 specify the areas in which the programs shall operate, specify  
14 the services to be provided, establish eligibility criteria of  
15 persons to be served and provide for cost sharing, where  
16 possible, with ~~[individuals]~~ persons and participating  
17 communities."

18 SECTION 115. Section 27-10-1 NMSA 1978 (being Laws  
19 1991, Chapter 212, Section 1) is amended to read:

20 "27-10-1. SHORT TITLE.--~~[Sections 1 through 4 of this~~  
21 ~~act]~~ Chapter 27, Article 10 NMSA 1978 may be cited as the  
22 "Statewide Health Care Act".

23 SECTION 116. Section 27-10-3 NMSA 1978 (being Laws  
24 1991, Chapter 212, Section 3, as amended) is amended to read:

25 "27-10-3. COUNTY-SUPPORTED MEDICAID FUND CREATED--USE--

## 1 APPROPRIATION BY THE LEGISLATURE.--

2 A. ~~[There is created in the state treasury]~~ The  
3 "county-supported medicaid fund" is created as a nonreverting  
4 fund in the state treasury. The fund shall be invested by the  
5 state treasurer as other state funds are invested. Income  
6 earned from investment of the fund shall be credited to the  
7 county-supported medicaid fund. ~~[The fund shall not revert in~~  
8 ~~any fiscal year.]~~

9 B. Money in the county-supported medicaid fund is  
10 subject to appropriation by the legislature to support the  
11 state medicaid program and to institute or support primary  
12 care health care services pursuant to Subsections D and E of  
13 Section 24-1A-3.1 NMSA 1978. Of the amount appropriated each  
14 year, nine percent shall be appropriated to the ~~[department of~~  
15 ~~health]~~ health care authority to institute or support primary  
16 care health care services pursuant to Subsections D and E of  
17 Section 24-1A-3.1 NMSA 1978.

18 C. Up to three percent of the county-supported  
19 medicaid fund each year may be expended for administrative  
20 costs related to medicaid or developing new primary care  
21 health care centers or facilities.

22 D. In the event federal funds for medicaid are not  
23 received by New Mexico for any eighteen-month period, the  
24 unencumbered balance remaining in the county-supported  
25 medicaid fund and the safety net care pool fund at the end of

.227869.2

1 the fiscal year following the end of any eighteen-month period  
2 shall be paid within a reasonable time to each county for  
3 deposit in the county health care assistance fund in  
4 proportion to the payments made by each county through tax  
5 revenues or transfers in the previous fiscal year as certified  
6 by the local government division of the department of finance  
7 and administration. The department will provide for budgeting  
8 and accounting of payments to the fund."

9 SECTION 117. Section 27-11-2 NMSA 1978 (being Laws  
10 1998, Chapter 30, Section 2, as amended) is amended to read:

11 "27-11-2. DEFINITIONS.--As used in the Medicaid  
12 Provider and Managed Care Act:

13 A. "claim" means a request for payment for  
14 services;

15 B. "clean claim" means a claim for reimbursement  
16 that:

17 (1) contains substantially all the required  
18 data elements necessary for accurate adjudication of the claim  
19 without the need for additional information from the medicaid  
20 provider or subcontractor;

21 (2) is not materially deficient or improper,  
22 including lacking substantiating documentation required by  
23 medicaid; and

24 (3) has no particular or unusual  
25 circumstances that require special treatment or that prevent

1 payment from being made in due course on behalf of medicaid;

2 C. "credible" means having indicia of reliability  
 3 after the state has reviewed all allegations, facts and  
 4 evidence carefully and acted judiciously on a case-by-case  
 5 basis;

6 D. "credible allegation of fraud" means an  
 7 allegation that has been verified by the state from any  
 8 source, including fraud hotline complaints, claims data mining  
 9 and provider audits;

10 E. "department" or "authority" means the [~~human~~  
 11 ~~services department~~] health care authority;

12 F. "fraud" means any act that constitutes fraud  
 13 under state or federal law;

14 G. "managed care organization" means a person  
 15 eligible to enter into risk-based prepaid capitation  
 16 agreements with the [~~department~~] authority to provide health  
 17 care and related services;

18 H. "medicaid" means the medical assistance program  
 19 established pursuant to Title 19 of the federal Social  
 20 Security Act and regulations issued pursuant to that act;

21 I. "medicaid provider" means a person that  
 22 provides medicaid-related services to recipients;

23 J. "overpayment" means an amount paid to a  
 24 medicaid provider or subcontractor in excess of the medicaid  
 25 allowable amount, including payment for any claim to which a

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1    medicaid provider or subcontractor is not entitled;

2           K. "person" means an individual or other legal  
3    entity;

4           L. "recipient" means a person whom the  
5    ~~[department]~~ authority has determined to be eligible to  
6    receive medicaid-related services;

7           M. "secretary" means the secretary of ~~[human~~  
8    ~~services]~~ health care authority; and

9           N. "subcontractor" means a person that contracts  
10   with a medicaid provider or a managed care organization to  
11   provide medicaid-related services to recipients."

12           SECTION 118. Section 27-14-1 NMSA 1978 (being Laws  
13   2004, Chapter 49, Section 1) is amended to read:

14           "27-14-1. SHORT TITLE.--~~[This]~~ Chapter 27, Article 14  
15   NMSA 1978 may be cited as the "Medicaid False Claims Act"."

16           SECTION 119. Section 27-14-3 NMSA 1978 (being Laws  
17   2004, Chapter 49, Section 3) is amended to read:

18           "27-14-3. DEFINITIONS.--As used in the Medicaid False  
19   Claims Act:

20           A. "claim" means a written or electronically  
21   submitted request for payment of health care services pursuant  
22   to the medicaid program;

23           B. "department" or "authority" means the ~~[human~~  
24   ~~services department]~~ health care authority;

25           C. "medicaid" means the federal-state program



1 administered by the [~~human services department~~] health care  
 2 authority pursuant to Title 19 or Title 21 of the federal  
 3 Social Security Act;

4 D. "medicaid recipient" means [~~an individual~~] a  
 5 person on whose behalf a person claims or receives a payment  
 6 from the medicaid program, regardless of whether the  
 7 [~~individual~~] person was eligible for the medicaid program; and

8 E. "qui tam" means an action brought under a  
 9 statute that allows a private person to sue for a recovery,  
 10 part of which the state will receive."

11 SECTION 120. Section 28-16-15.2 NMSA 1978 (being Laws  
 12 1993, Chapter 84, Section 2, as amended) is amended to read:

13 "28-16-15.2. DEVELOPMENTAL DISABILITIES COUNCIL--  
 14 ADDITIONAL DUTIES.--The developmental disabilities council  
 15 shall cooperate with the [~~department of health and the human~~  
 16 ~~services department~~] health care authority to:

17 A. provide data to support an amendment to the  
 18 developmental disabilities medicaid waiver program to increase  
 19 the number of eligible persons served;

20 B. develop a contingency plan to describe the role  
 21 and control the growth of intermediate care facilities for  
 22 [~~individuals~~] persons with developmental or intellectual  
 23 disabilities; and

24 C. develop flexibility in the system of  
 25 prioritization for admission to allow persons to move within

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 [bracketed material] = delete

1 the service system to an appropriate level of service,  
2 including movement of residents of intermediate care  
3 facilities for [~~individuals~~] persons with developmental or  
4 intellectual disabilities to the developmental disabilities  
5 medicaid waiver program."

6 SECTION 121. Section 28-16A-2 NMSA 1978 (being Laws  
7 1993, Chapter 50, Section 2, as amended) is amended to read:

8 "28-16A-2. LEGISLATIVE AUTHORIZATION.--The  
9 Developmental Disabilities Act authorizes the [~~department~~]  
10 authority to plan, provide and coordinate support and services  
11 to persons with developmental disabilities."

12 SECTION 122. Section 28-16A-3 NMSA 1978 (being Laws  
13 1993, Chapter 50, Section 3, as amended) is amended to read:

14 "28-16A-3. DEFINITIONS.--As used in the Developmental  
15 Disabilities Act:

16 A. "assessment" means a process for measuring and  
17 determining a person's strengths, needs and preferences to  
18 determine eligibility for support and services and to develop  
19 or modify an individual support and service plan;

20 B. "case management" means a process that:

21 (1) assists a person with a developmental  
22 disability to know and understand the person's choices and  
23 rights and to obtain support and services that the person is  
24 eligible to receive and that are reflected in the individual  
25 support and service plan; and

.227869.2

1 (2) monitors the provision of support and  
 2 services received by a person with a developmental disability;

3 [~~C.~~] ~~"comprehensive review and analysis" means the~~  
 4 ~~comprehensive review and analysis conducted pursuant to~~  
 5 ~~Subsection A of Section 28-16A-7 NMSA 1978;~~

6 ~~D.~~] C. "council" means the developmental  
 7 disabilities council;

8 [~~E.~~] D. "department" or "authority" means the  
 9 [~~department of~~] health care authority;

10 [~~F.~~] E. "diagnostic evaluation" means an empirical  
 11 process that determines if, and to what degree, a person has a  
 12 developmental deficiency and the type of intervention and  
 13 services that are needed for the person and that person's  
 14 family;

15 [~~G.~~] F. "direct support professional" means a non-  
 16 administrative employee or subcontractor of a direct support  
 17 provider agency who spends the majority of the employee's or  
 18 subcontractor's work hours providing supportive services to  
 19 individuals with developmental disabilities living and working  
 20 in the community;

21 [~~H.~~] G. "direct support provider agency" means an  
 22 entity that:

23 (1) has entered into a medicaid provider  
 24 participation agreement with the medical assistance division  
 25 of the [~~human services department~~] authority and a provider

.227869.2

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1 agreement with the [~~department of health~~] developmental  
2 disabilities division of the authority;

3 (2) is reimbursed for services provided to  
4 persons through a developmental disabilities medicaid waiver  
5 program; and

6 (3) employs or subcontracts with direct  
7 support professionals to provide services to persons with  
8 developmental disabilities;

9 [~~I.~~] H. "inclusive" means using the same community  
10 resources that are used by and available to all citizens and  
11 developing relationships with nonpaid caregivers or recipients  
12 of support and services for persons with developmental  
13 disabilities;

14 [~~J.~~] I. "individual support and service plan"  
15 means a plan developed by an interdisciplinary team and agreed  
16 to by a person with a developmental disability, or by a parent  
17 of a minor or a legal guardian, as appropriate, that describes  
18 the combination and sequence of special, interdisciplinary or  
19 generic care, treatment or other support and services that are  
20 needed and desired by a person with a developmental  
21 disability;

22 [~~K.~~] J. "interdisciplinary team" means a group of  
23 persons drawn from or representing professions that are  
24 relevant to identifying the needs of a person with a  
25 developmental disability and designing a program to meet that

1 person's needs. The team shall include the person with a  
2 developmental disability, the parent of a minor child or a  
3 legal guardian, as appropriate;

4 ~~[L.]~~ K. "self-determination" means having:

5 (1) the ability and opportunity to:

6 (a) communicate and make personal  
7 decisions;

8 (b) communicate choices and exercise  
9 control over the type and intensity of services, supports and  
10 other assistance that ~~[an individual]~~ a person receives; and

11 (c) participate in, and contribute to,  
12 an individual's community;

13 (2) the authority to control resources to  
14 obtain needed services, supports and other assistance; and

15 (3) support, including financial support, to  
16 advocate for oneself and others, develop leadership skills  
17 through training in self-advocacy, participate in coalitions,  
18 educate policymakers and play a role in the development of  
19 public policies that affect ~~[individuals]~~ persons with  
20 developmental disabilities; and

21 ~~[M.]~~ L. "service provider" means a nonprofit  
22 corporation, tribal government or tribal organization, unit of  
23 local government or other organization that has entered into a  
24 contract or provider agreement with the ~~[department]~~  
25 developmental disabilities division of the authority for the

.227869.2

1 purpose of providing developmental disabilities support and  
2 services."

3 SECTION 123. Section 28-16A-4 NMSA 1978 (being Laws  
4 1993, Chapter 50, Section 4, as amended) is amended to read:

5 "28-16A-4. DEVELOPMENTAL DISABILITIES COUNCIL--  
6 CREATION--MEMBERSHIP--TERMS.--

7 A. The "developmental disabilities council" is  
8 created in accordance with the federal Developmental  
9 Disabilities Assistance and Bill of Rights Act. The council  
10 shall be an adjunct agency as provided in the Executive  
11 Reorganization Act.

12 B. The council shall consist of no fewer than  
13 twenty-six members, at least sixty percent of whom shall be:

14 (1) persons with developmental disabilities;  
15 (2) parents or legal guardians of children  
16 with developmental disabilities; or

17 (3) immediate relatives or guardians of  
18 adults with mentally impairing developmental disabilities who  
19 cannot advocate for themselves.

20 C. Of the sixty percent of members described in  
21 Subsection B of this section, one-third shall be persons with  
22 developmental disabilities, one-third shall be members  
23 described in Paragraphs (2) and (3) of Subsection B of this  
24 section and one-third shall be a combination of members  
25 described in Subsection B of this section. At least one

.227869.2

1 member described in Subsection B of this section shall be an  
 2 immediate relative or guardian of a person who resides or  
 3 previously resided in an institution or shall be a person with  
 4 a developmental disability who resides or previously resided  
 5 in an institution. No member of the council shall be an  
 6 employee, or someone who manages employees, of a state agency  
 7 that receives funds to provide developmental disabilities  
 8 supports and services.

9 D. The council shall also include:

10 ~~[(1) the secretary of health, or the~~  
 11 ~~secretary's designee;~~

12 ~~(2)]~~ (1) the secretary of ~~[human services]~~  
 13 health care authority, or the secretary's designee;

14 ~~(3)]~~ (2) the secretary of children, youth  
 15 and families, or the secretary's designee;

16 ~~(4)]~~ (3) the secretary of early childhood  
 17 education and care, or the secretary's designee;

18 ~~(5)]~~ (4) the secretary of aging and long-  
 19 term services, or the secretary's designee;

20 ~~(6)]~~ (5) the secretary of public education,  
 21 or the secretary's designee;

22 ~~(7)]~~ (6) the director of the vocational  
 23 rehabilitation division of the public education department, or  
 24 the director's designee;

25 ~~(8)]~~ (7) the director of the state

.227869.2

1 protection and advocacy system established pursuant to the  
2 federal Developmental Disabilities Assistance and Bill of  
3 Rights Act of 1990, or the director's designee;

4           ~~[(9)]~~ (8) the director of an entity within a  
5 state institution of higher education designated as a  
6 university center for excellence in developmental disabilities  
7 education, research and service; and

8           ~~[(10)]~~ (9) at all times, representatives of  
9 local and nongovernmental agencies and private nonprofit  
10 groups concerned with services for persons with developmental  
11 disabilities in New Mexico.

12           E. The governor shall select the members of the  
13 council for appointment pursuant to Subsection B and  
14 Paragraphs (8) and (9) [~~and (10)~~] of Subsection D of this  
15 section after soliciting recommendations from organizations  
16 representing a broad range of persons with developmental  
17 disabilities and other persons interested in persons with  
18 developmental disabilities. The council may, at the  
19 initiative of the council or at the request of the governor,  
20 coordinate council and public input to the governor regarding  
21 all recommendations.

22           F. The membership of the council shall be  
23 geographically representative of the state and reflect the  
24 diversity of the state with respect to race and ethnicity.

25           G. Members, except for ex-officio members, shall



1 be appointed by the governor for terms of three years.

2 H. The governor shall provide for rotation of the  
 3 membership of the council. These provisions shall allow  
 4 members to continue to serve on the council until those  
 5 members' successors are appointed and qualified.

6 I. The council shall notify the governor regarding  
 7 membership requirements of the council and shall notify the  
 8 governor when vacancies on the council remain unfilled for a  
 9 significant period of time.

10 J. Council members shall recuse themselves from  
 11 any discussion of grants or contracts for which such members'  
 12 departments, agencies or programs are grantees, contractors or  
 13 applicants. The council shall ensure that no council member  
 14 casts a vote on any matter that would provide direct financial  
 15 benefit to the member or otherwise give the appearance of a  
 16 conflict of interest."

17 SECTION 124. Section 43-1-3 NMSA 1978 (being Laws 1977,  
 18 Chapter 279, Section 2, as amended by Laws 2023, Chapter 113,  
 19 Section 12 and by Laws 2023, Chapter 117, Section 2) is  
 20 amended to read:

21 "43-1-3. DEFINITIONS.--As used in the Mental Health and  
 22 Developmental Disabilities Code:

23 A. "aversive stimuli" means anything that, because  
 24 it is believed to be unreasonably unpleasant, uncomfortable or  
 25 distasteful to the client, is administered or done to the

.227869.2

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1 client for the purpose of reducing the frequency of a  
2 behavior, but does not include verbal therapies, physical  
3 restrictions to prevent imminent harm to self or others or  
4 psychotropic medications that are not used for purposes of  
5 punishment;

6 B. "client" means [~~any~~] a patient who is  
7 requesting or receiving mental health services or any person  
8 requesting or receiving developmental disabilities services or  
9 who is present in a mental health or developmental  
10 disabilities facility for the purpose of receiving such  
11 services or who has been placed in a mental health or  
12 developmental disabilities facility by the person's parent or  
13 guardian or by any court order;

14 C. "code" means the Mental Health and  
15 Developmental Disabilities Code;

16 D. "consistent with the least drastic means  
17 principle" means that the habilitation or treatment and the  
18 conditions of habilitation or treatment for the client,  
19 separately and in combination:

20 (1) are no more harsh, hazardous or  
21 intrusive than necessary to achieve acceptable treatment  
22 objectives for the client;

23 (2) involve no restrictions on physical  
24 movement and no requirement for residential care except as  
25 reasonably necessary for the administration of treatment or

1 for the protection of the client or others from physical  
 2 injury; and

3 (3) are conducted at the suitable available  
 4 facility close to the client's place of residence;

5 E. "convulsive treatment" means any form of mental  
 6 health treatment that depends upon creation of a convulsion by  
 7 any means, including electroconvulsive treatment and insulin  
 8 coma treatment;

9 F. "court" means a district court of New Mexico;

10 G. "crisis triage center" means a health facility  
 11 that:

12 (1) is licensed by the [~~department of~~]  
 13 health care authority; and

14 (2) provides stabilization of behavioral  
 15 health crises and may include residential and nonresidential  
 16 stabilization;

17 H. "department" or "division" means the behavioral  
 18 health services division of the [~~human services department~~]  
 19 health care authority;

20 I. "developmental or intellectual disability"  
 21 means a severe chronic disability attributable to  
 22 significantly subaverage general intellectual functioning  
 23 existing concurrently with deficits in adaptive behavior,  
 24 cerebral palsy, autism or neurological dysfunction that  
 25 requires similar treatment or habilitation;

.227869.2

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1           J. "evaluation facility" means a community mental  
2 health or developmental disability program, a crisis triage  
3 center or a medical facility that has psychiatric or  
4 developmental or intellectual disability services available,  
5 including the New Mexico behavioral health institute at Las  
6 Vegas, [~~the Los Lunas medical center~~] or, if none of [~~the~~  
7 ~~foregoing~~] those is reasonably available or appropriate, the  
8 office of a physician or a certified psychologist [~~and~~] that  
9 is capable of performing a mental status examination adequate  
10 to determine the need for involuntary treatment;

11           K. "experimental treatment" means any mental  
12 health or developmental disabilities treatment that presents  
13 significant risk of physical harm, but does not include  
14 accepted treatment used in competent practice of medicine and  
15 psychology and supported by scientifically acceptable studies;

16           L. "grave passive neglect" means failure to  
17 provide for basic personal or medical needs or for one's own  
18 safety to such an extent that it is more likely than not that  
19 serious bodily harm will result in the near future;

20           M. "habilitation" means the process by which  
21 professional persons and their staff assist a client with a  
22 developmental or an intellectual disability in acquiring and  
23 maintaining those skills and behaviors that enable the person  
24 to cope more effectively with the demands of the person's self  
25 and environment and to raise the level of the person's

1 physical, mental and social efficiency. "Habilitation"  
2 includes but is not limited to programs of formal, structured  
3 education and treatment;

4 N. "likelihood of serious harm to oneself" means  
5 that it is more likely than not that in the near future the  
6 person will attempt to commit suicide or will cause serious  
7 bodily harm to the person's self by violent or other self-  
8 destructive means, including grave passive neglect;

9 O. "likelihood of serious harm to others" means  
10 that it is more likely than not that in the near future a  
11 person will inflict serious, unjustified bodily harm on  
12 another person or commit a criminal sexual offense, as  
13 evidenced by behavior causing, attempting or threatening such  
14 harm, which behavior gives rise to a reasonable fear of such  
15 harm from the person;

16 P. "mental disorder" means substantial disorder of  
17 a person's emotional processes, thought or cognition that  
18 grossly impairs judgment, behavior or capacity to recognize  
19 reality, but does not mean developmental or intellectual  
20 disability;

21 Q. "mental health or developmental or intellectual  
22 disabilities professional" means a physician or other  
23 professional who by training or experience is qualified to  
24 work with persons with a mental disorder or a developmental or  
25 intellectual disability;

.227869.2

1           R. "physician" or "certified psychologist", when  
2 used for the purpose of hospital admittance or discharge,  
3 means a physician or certified psychologist who has been  
4 granted admitting privileges at a hospital licensed by the  
5 [~~department of~~] health care authority, if such privileges are  
6 required;

7           S. "protected health information" means  
8 individually identifiable health information transmitted by or  
9 maintained in an electronic form or any other form or media  
10 that relates to the:

11                   (1) past, present or future physical or  
12 mental health or condition of [~~an individual~~] a person;

13                   (2) provision of health care to [~~an~~  
14 ~~individual~~] a person; or

15                   (3) payment for the provision of health care  
16 to [~~an individual~~] a person;

17           T. "psychosurgery":

18                   (1) means those operations currently  
19 referred to as lobotomy, psychiatric surgery and behavioral  
20 surgery and all other forms of brain surgery if the surgery is  
21 performed for the purpose of the following:

22                           (a) modification or control of  
23 thoughts, feelings, actions or behavior rather than the  
24 treatment of a known and diagnosed physical disease of the  
25 brain;

.227869.2

1 (b) treatment of abnormal brain  
 2 function or normal brain tissue in order to control thoughts,  
 3 feelings, actions or behavior; or

4 (c) treatment of abnormal brain  
 5 function or abnormal brain tissue in order to modify thoughts,  
 6 feelings, actions or behavior when the abnormality is not an  
 7 established cause for those thoughts, feelings, actions or  
 8 behavior; and

9 (2) does not include prefrontal sonic  
 10 treatment in which there is no destruction of brain tissue;

11 U. "qualified mental health professional licensed  
 12 for independent practice" means an independent social worker,  
 13 a licensed professional clinical mental health counselor, a  
 14 marriage and family therapist, a certified nurse practitioner,  
 15 a clinical nurse specialist with a specialty in mental health  
 16 or a licensed art therapist, all of whom by training and  
 17 experience are qualified to work with persons with a mental  
 18 disorder;

19 V. "residential treatment or habilitation program"  
 20 means diagnosis, evaluation, care, treatment or habilitation  
 21 rendered inside or on the premises of a mental health or  
 22 developmental disabilities facility, hospital, clinic,  
 23 institution or supervisory residence or nursing home when the  
 24 client resides on the premises; and

25 W. "treatment" means any effort to accomplish a

1 significant change in the mental or emotional condition or  
2 behavior of the client."

3 SECTION 125. Section 59A-23F-3 NMSA 1978 (being Laws  
4 2013, Chapter 54, Section 3, as amended) is amended to read:

5 "59A-23F-3. NEW MEXICO HEALTH INSURANCE EXCHANGE  
6 CREATED--BOARD CREATED.--

7 A. The "New Mexico health insurance exchange" is  
8 created as a nonprofit public corporation to provide qualified  
9 individuals and qualified employers with increased access to  
10 health insurance in the state and shall be governed by a board  
11 of directors constituted pursuant to the provisions of the New  
12 Mexico Health Insurance Exchange Act. The exchange is a  
13 governmental entity for purposes of the Governmental Conduct  
14 Act, the Gift Act, the Sunshine Portal Transparency Act, the  
15 Whistleblower Protection Act, the Procurement Code and the  
16 Tort Claims Act, and neither the exchange nor the board shall  
17 be considered a governmental entity for any other purpose.

18 B. The exchange shall not duplicate, impair,  
19 enhance, supplant, infringe upon or replace, in whole or in  
20 any part, the powers, duties or authority of the  
21 superintendent, including the superintendent's authority to  
22 review and approve premium rates pursuant to the provisions of  
23 the Insurance Code.

24 C. All health insurance issuers and health  
25 maintenance organizations authorized to conduct business in



1 this state and meeting the requirements of the rules  
 2 promulgated by the superintendent pursuant to Section  
 3 59A-23F-7 NMSA 1978, the regulations under federal law and the  
 4 requirements established by the board shall be eligible to  
 5 participate in the exchange.

6 D. The "board of directors of the New Mexico  
 7 health insurance exchange" is created. The board consists of  
 8 thirteen voting directors as follows:

9 (1) one voting director is the  
 10 superintendent or the superintendent's designee;

11 (2) six voting directors appointed by the  
 12 governor, including the secretary of [~~human services~~] health  
 13 care authority or the secretary's designee, a health insurance  
 14 issuer and a consumer advocate; and

15 (3) six voting directors, three appointed by  
 16 the president pro tempore of the senate, including one health  
 17 care provider, and three appointed by the speaker of the house  
 18 of representatives, including one health insurance issuer.

19 One of the directors appointed by the president pro tempore of  
 20 the senate and one of the directors appointed by the speaker  
 21 of the house of representatives shall be from a list of at  
 22 least two candidates provided, respectively, by the minority  
 23 floor leader of the senate and by the minority floor leader of  
 24 the house of representatives.

25 E. Except as provided in Subsection F of this

.227869.2

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1 section, managerial and full-time staff of the exchange shall  
2 be subject to applicable provisions of the Governmental  
3 Conduct Act and shall not have any direct or indirect  
4 affiliation with any health care provider, health insurance  
5 issuer or health care service provider.

6 F. Each director shall comply with the conflict-  
7 of-interest provisions of Subsection E of this section, except  
8 as follows:

9 (1) directors who may be appointed from the  
10 board of directors of the New Mexico medical insurance pool  
11 shall not be considered to have a conflict of interest with  
12 respect to their association with that entity;

13 (2) the secretary of [~~human services~~] health  
14 care authority, or the secretary's designee, shall not be  
15 considered to have a conflict of interest with respect to the  
16 secretary's performance of the secretary's duties as secretary  
17 of [~~human services~~] health care authority;

18 (3) the director who is a health care  
19 provider shall not be considered to have a conflict of  
20 interest arising from that director's receipt of payment for  
21 services as a health care provider; and

22 (4) directors who are representatives of  
23 health insurance issuers shall not be considered to have a  
24 conflict of interest with respect to those directors'  
25 association with their respective health insurance issuers.

1           G. Each director and employee of the exchange  
2 shall have a fiduciary duty to the exchange, to the state and  
3 to those persons who purchase or enroll in qualified health  
4 plan coverage or medical assistance coverage through the  
5 exchange.

6           H. The board shall be composed, as a whole, to  
7 assure representation of the state's Native American  
8 population, ethnic diversity, cultural diversity and  
9 geographic diversity.

10          I. Directors shall have demonstrated knowledge or  
11 experience in at least one of the following areas:

12                   (1) purchasing coverage in the individual  
13 market;

14                   (2) purchasing coverage in the small  
15 employer market;

16                   (3) health care finance;

17                   (4) health care economics or health care  
18 actuarial science;

19                   (5) health care policy;

20                   (6) the enrollment of underserved residents  
21 in health care coverage;

22                   (7) administration of a private or public  
23 health care delivery system;

24                   (8) information technology;

25                   (9) starting a small business with fifty or

.227869.2

1 fewer employees; or

2 (10) provision of health care services.

3 J. The governor shall appoint no more than four  
4 directors from the same political party.

5 K. Except for the secretary of [~~human services~~]  
6 health care authority, the non-health insurance issuer  
7 directors appointed by the governor shall be appointed for  
8 initial terms of three years or less, staggered so that the  
9 term of at least one director expires on June 30 of each year.  
10 The non-health insurance insurer directors appointed by the  
11 legislature shall be appointed for initial terms of three  
12 years or less, staggered so that the term of at least one  
13 director expires on June 30 of each year. The health  
14 insurance issuers appointed to the board shall, upon  
15 appointment, select one of them by lot to have an initial term  
16 ending on June 30 following one year of service and one to  
17 have an initial term ending on June 30 following two years of  
18 service. Following the initial terms, health insurance issuer  
19 directors shall be appointed for terms of two years. A  
20 director whose term has expired shall continue to serve until  
21 a successor is appointed by the respective appointing  
22 authority. Health insurance issuer directors shall not serve  
23 two consecutive terms.

24 L. The exchange, members of the board and  
25 employees of the exchange shall operate consistent with

1 provisions of the Governmental Conduct Act, the Inspection of  
2 Public Records Act, the Financial Disclosure Act, the Gift  
3 Act, the Whistleblower Protection Act, the Open Meetings Act  
4 and the Procurement Code and shall not be subject to the  
5 Personnel Act.

6 M. The board and the exchange shall implement  
7 performance-based budgeting and submit annual budgets for the  
8 exchange to the secretary of finance and administration and  
9 the legislative finance committee.

10 N. The exchange shall cover its directors and  
11 employees under a surety bond, in an amount that the director  
12 of the risk management division of the general services  
13 department shall prescribe.

14 O. A majority of directors constitutes a quorum.  
15 The board may allow members to attend meetings by telephone or  
16 other electronic media. A decision by the board requires a  
17 quorum and a majority of directors in attendance voting in  
18 favor of the decision.

19 P. Within thirty days of the effective date of the  
20 New Mexico Health Insurance Exchange Act, the board shall be  
21 fully appointed and the superintendent shall convene an  
22 organizational meeting of the board, during which the board  
23 shall elect a chair and vice chair from among the directors.  
24 Thereafter, every three years, the board shall elect in open  
25 meeting a chair and vice chair from among the directors. The

.227869.2

1 chair and vice chair shall serve no more than two consecutive  
2 three-year terms as chair and vice chair.

3 Q. A vacancy on the board shall be filled by  
4 appointment by the original appointing authority for the  
5 remainder of the director's unexpired term.

6 R. A director may be removed from the board by a  
7 [~~two-thirds~~] two-thirds' majority vote of the directors. The  
8 board shall set standards for attendance and may remove a  
9 director for lack of attendance, neglect of duty or  
10 malfeasance in office. A director shall not be removed  
11 without proceedings consisting of at least one ten-day notice  
12 of hearing and an opportunity to be heard. Removal  
13 proceedings shall be before the board and in accordance with  
14 procedures adopted by the board.

15 S. Appointed directors may receive per diem and  
16 mileage in accordance with the Per Diem and Mileage Act,  
17 subject to the travel policy set by the board. Appointed  
18 directors shall receive no other compensation, perquisite or  
19 allowance.

20 T. The board shall:

21 (1) meet at the call of the chair and no  
22 less often than once per calendar quarter. There shall be at  
23 least seven days' notice given to directors prior to any  
24 meeting. There shall be sufficient notice provided to the  
25 public prior to meetings pursuant to the Open Meetings Act;

.227869.2

1                   (2) create, make appointments to and duly  
2 consider recommendations of an advisory committee or  
3 committees made up of stakeholders, including health insurance  
4 issuers, health care consumers, health care providers, health  
5 care practitioners, insurance producers, qualified employer  
6 representatives and advocates for low-income or underserved  
7 residents;

8                   (3) create an advisory committee made up of  
9 members insured through the New Mexico medical insurance pool  
10 to make recommendations to the board regarding the transition  
11 of each organization's insured members into the exchange. The  
12 advisory committee shall only exist until a transition plan  
13 has been adopted by the board;

14                   (4) create an advisory committee made up of  
15 Native Americans, some of whom live on a reservation and some  
16 of whom do not live on a reservation, to guide the  
17 implementation of the Native American-specific provisions of  
18 the federal Patient Protection and Affordable Care Act and the  
19 federal Indian Health Care Improvement Act;

20                   (5) designate a Native American liaison, who  
21 shall assist the board in developing and ensuring  
22 implementation of communication and collaboration between the  
23 exchange and Native Americans in the state. The Native  
24 American liaison shall serve as a contact person between the  
25 exchange and New Mexico Indian nations, tribes and pueblos and

.227869.2

1 shall ensure that training is provided to the staff of the  
2 exchange, which may include training in:

- 3 (a) cultural competency;
- 4 (b) state and federal law relating to  
5 Indian health; and
- 6 (c) other matters relating to the  
7 functions of the exchange with respect to Native Americans in  
8 the state; and

9 (6) establish at least one walk-in customer  
10 service center where persons may, if eligible, enroll in  
11 qualified health plans or public coverage programs."

12 SECTION 126. Section 59A-23F-11 NMSA 1978 (being Laws  
13 2021, Chapter 136, Section 4) is amended to read:

14 "59A-23F-11. HEALTH CARE AFFORDABILITY FUND.--

15 A. The "health care affordability fund" is created  
16 in the state treasury. The fund consists of distributions,  
17 appropriations, gifts, grants and donations. Money in the  
18 fund at the end of a fiscal year shall not revert to any other  
19 fund. The ~~[office of superintendent of insurance]~~ health care  
20 authority shall administer the fund, and money in the fund is  
21 subject to appropriation by the legislature for purposes  
22 provided by this section. Disbursements from the fund shall  
23 be made by warrant of the secretary of finance and  
24 administration pursuant to vouchers signed by the  
25 ~~[superintendent or the superintendent's]~~ secretary of health



1 care authority or the secretary's authorized representative.

2 B. The purpose of the fund is to:

3 (1) reduce health care premiums and cost  
4 sharing for New Mexico residents who purchase health care  
5 coverage on the New Mexico health insurance exchange;

6 (2) reduce premiums for small businesses and  
7 their employees purchasing health care coverage in the fully  
8 insured small group market;

9 (3) provide resources for planning, design  
10 and implementation of health care coverage initiatives for  
11 uninsured New Mexico residents; and

12 (4) provide resources for administration of  
13 state health care coverage initiatives for uninsured New  
14 Mexico residents.

15 C. If the federal Patient Protection and  
16 Affordable Care Act is repealed in full or in part by an act  
17 of congress or invalidated by the United States supreme court  
18 and eliminates or reduces comprehensive health care coverage  
19 for New Mexico residents through medicaid or the New Mexico  
20 health insurance exchange, the fund may be used to maintain  
21 coverage through the New Mexico health insurance exchange or  
22 through medical assistance programs administered by the [~~human~~  
23 ~~services department~~] health care authority; provided that  
24 coverage is prioritized for New Mexico residents with incomes  
25 below two hundred percent of the federal poverty level.

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1 D. Prior to July 1, 2025, the staff of the  
2 legislative finance committee shall conduct a program  
3 evaluation to measure the impact of changes to the health  
4 insurance premium surtax and the creation of the health care  
5 affordability fund as it relates to the purpose of the fund.

6 E. Prior to July 1 of each year, the  
7 ~~[superintendent]~~ health care authority shall provide actuarial  
8 data from the health care affordability fund to the  
9 legislative finance committee.

10 F. Prior to July 1 of each year, ~~[the~~  
11 ~~superintendent, in consultation with]~~ the secretary of ~~[human~~  
12 ~~services]~~ health care authority, in consultation with the  
13 superintendent, the secretary of taxation and revenue and the  
14 chief executive officer of the New Mexico health insurance  
15 exchange, shall work with the legislative finance committee  
16 and the department of finance and administration to develop  
17 and report on performance measures relating to the health care  
18 affordability fund and any programs or initiatives funded by  
19 the fund."

20 SECTION 127. Section 59A-23F-12 NMSA 1978 (being Laws  
21 2021, Chapter 136, Section 5) is amended to read:

22 "59A-23F-12. HEALTH CARE AFFORDABILITY PLAN--  
23 RULEMAKING--REPORTING REQUIREMENTS.--

24 ~~[A. The superintendent, in consultation with the~~  
25 ~~secretary of human services, the secretary of taxation and~~

1 ~~revenue and the chief executive officer of the New Mexico~~  
 2 ~~health insurance exchange, shall promulgate rules to:]~~

3 A. After the effective date of this 2024 act,  
 4 rules covering the following provisions may be amended as the  
 5 health care authority determines:

6 (1) [~~provide~~] providing enhanced premium and  
 7 cost-sharing assistance to individuals and families for the  
 8 purchase of qualified health plans on the New Mexico health  
 9 insurance exchange. In providing this assistance, the  
 10 [~~superintendent~~] health care authority shall develop health  
 11 care affordability criteria designed to reduce the amount that  
 12 individuals pay in premiums and out-of-pocket medical expenses  
 13 for qualified health plans offered on the New Mexico health  
 14 insurance exchange; and

15 (2) [~~establish~~] establishing income  
 16 eligibility parameters for the health care affordability  
 17 criteria for plan year 2023 and each subsequent calendar year  
 18 based on available funds. New Mexico residents who qualify  
 19 shall have an income that is eligible for advanced premium tax  
 20 credits under the federal Patient Protection and Affordable  
 21 Care Act.

22 B. [~~The superintendent, in consultation with the~~  
 23 ~~human services department~~] After the effective date of this  
 24 2024 act, the health care authority, in consultation with the  
 25 superintendent, the New Mexico medical insurance pool, the

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1 department of health and stakeholder groups, including health  
2 care providers that serve uninsured residents, health  
3 insurance carriers and consumer advocacy groups, [~~shall~~  
4 ~~develop a~~] may update the plan for extending health care  
5 coverage access to uninsured New Mexico residents who do not  
6 qualify for federal premium assistance or, except by reason of  
7 incarceration, qualified health plans, through the New Mexico  
8 health insurance exchange. [~~No later than June 30, 2022, the~~  
9 ~~superintendent shall submit the plan to the legislative~~  
10 ~~finance committee and the legislative health and human~~  
11 ~~services committee that could offer health care coverage for~~  
12 ~~eligible New Mexico residents beginning July 1, 2023.~~] The  
13 plan shall include:

14 (1) details about health care benefits;

15 (2) health care affordability criteria  
16 designed to reduce the amount that individuals pay in premiums  
17 and out-of-pocket medical expenses under the plan and that  
18 result in, to the greatest extent possible, health care costs  
19 comparable to costs for New Mexico residents for whom  
20 assistance is provided under Subsection A of this section; and

21 (3) income eligibility parameters that  
22 prioritize eligibility for New Mexico residents with incomes  
23 under two hundred percent of the federal poverty level.

24 C. On or before October 31, [~~2023~~] 2024 and each  
25 October 31 thereafter, the [~~superintendent~~] health care

1 authority shall submit a report to the legislative finance  
 2 committee and the legislative health and human services  
 3 committee, which [~~shall include~~] includes:

4 (1) a summary of the affordability criteria  
 5 implemented pursuant to Subsections A and B of this section;

6 (2) the estimated number of uninsured New  
 7 Mexico residents who enrolled in coverage following  
 8 implementation of the affordability criteria pursuant to  
 9 Subsections A and B of this section; and

10 (3) the amount in reduced costs and coverage  
 11 assistance the initiatives provided in the current and  
 12 previous calendar years by income level, county and coverage  
 13 source."

14 **SECTION 128.** Section 59A-23H-1 NMSA 1978 (being Laws  
 15 2022, Chapter 33, Section 1) is amended to read:

16 "59A-23H-1. SHORT TITLE.--[~~Sections 1 through 6 of this~~  
 17 ~~act~~] Chapter 59A, Article 23H NMSA 1978 may be cited as the  
 18 "Easy Enrollment Act"."

19 **SECTION 129.** Section 59A-23H-2 NMSA 1978 (being Laws  
 20 2022, Chapter 33, Section 2) is amended to read:

21 "59A-23H-2. DEFINITIONS.--As used in the Easy  
 22 Enrollment Act:

23 A. "authority" or "department" means the [~~human~~  
 24 ~~services department~~] health care authority;

25 B. "exchange" means the New Mexico health

1 insurance exchange;

2 C. "health coverage program" means medicaid,  
3 health care coverage available through the federal children's  
4 health insurance program, a qualified health plan available  
5 through the exchange pursuant to the New Mexico Health  
6 Insurance Exchange Act or a health plan available through the  
7 New Mexico medical insurance pool pursuant to the Medical  
8 Insurance Pool Act;

9 D. "insurance-relevant information" means  
10 information pertaining to the insurance enrollment status of a  
11 taxpayer or members of a taxpayer's household and that is  
12 derived or obtained from the taxpayer's state income tax  
13 return; provided that information is limited to that  
14 information necessary to assess the eligibility of the  
15 taxpayer or members of the taxpayer's household for health  
16 coverage programs and includes:

17 (1) adjusted gross income and other types of  
18 reported income used to assess eligibility for health coverage  
19 programs;

20 (2) household size;

21 (3) claimed dependents; and

22 (4) contact information and identifying  
23 information necessary to assess health coverage program  
24 eligibility and used to match against relevant third-party  
25 data sources;

.227869.2

1 E. "medicaid" means the joint federal-state health  
 2 coverage program pursuant to Title 19 or Title 21 of the  
 3 federal Social Security Act, as amended, and the rules  
 4 promulgated pursuant to that act;

5 F. "qualified health plan" means a health plan  
 6 that has in effect a certification from the superintendent of  
 7 insurance that meets the standards set forth in applicable  
 8 federal and state law and rules as well as any additional  
 9 requirements established by the board of directors of the  
 10 exchange pursuant to the New Mexico Health Insurance Exchange  
 11 Act; and

12 G. "taxpayer" means an individual subject to the  
 13 tax imposed pursuant to the Income Tax Act."

14 SECTION 130. Section 59A-23H-5 NMSA 1978 (being Laws  
 15 2022, Chapter 33, Section 5) is amended to read:

16 "59A-23H-5. [~~HUMAN SERVICES DEPARTMENT~~] HEALTH CARE  
 17 AUTHORITY DUTIES.--

18 A. Upon receipt of a taxpayer's insurance-relevant  
 19 information from the taxation and revenue department, the  
 20 [~~department~~] authority shall assess the taxpayer's eligibility  
 21 or the eligibility of members of the taxpayer's household for  
 22 health coverage programs. If the required insurance-relevant  
 23 information is insufficient to assess the eligibility of the  
 24 taxpayer or of the members of the taxpayer's household for  
 25 those health coverage programs, the [~~department~~] authority may

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1 request additional information from the taxpayer.

2 B. If the [~~department~~] authority assesses that a  
3 taxpayer or a member of the taxpayer's household is eligible  
4 for medicaid, the [~~department~~] authority shall contact the  
5 taxpayer and provide the taxpayer with information on:

6 (1) health coverage programs available to  
7 the taxpayer or member of the taxpayer's household; and

8 (2) specific enrollment instructions and  
9 information on enrollment assistance.

10 C. If the information transferred to the  
11 [~~department~~] authority is sufficient to complete an  
12 eligibility determination and the taxpayer has consented to  
13 being enrolled in medicaid, the [~~department~~] authority may  
14 enroll the taxpayer in medicaid.

15 D. The [~~department~~] authority shall refer  
16 taxpayers or members of the taxpayer's household to the  
17 exchange if the [~~department~~] authority assesses that a  
18 taxpayer or a member of the taxpayer's household may be  
19 eligible for a qualified health plan available through the  
20 exchange pursuant to the New Mexico Health Insurance Exchange  
21 Act. The [~~department~~] authority may share insurance-relevant  
22 information provided by the taxation and revenue department  
23 with the exchange for the purpose of assisting a taxpayer with  
24 enrollment in a qualified health plan."

25 SECTION 131. TEMPORARY PROVISION--TRANSFERS OF

.227869.2



1 FUNCTIONS, EMPLOYEES, MONEY, APPROPRIATIONS, PROPERTY,  
 2 CONTRACTUAL OBLIGATIONS AND STATUTORY REFERENCES.--

3 A. On July 1, 2024:

4 (1) functions, employees, money,  
 5 appropriations, records, equipment and other property of the  
 6 department of health pertaining to the developmental  
 7 disabilities supports division, health improvement division  
 8 and health facility licensing and certification bureau are  
 9 transferred from the department of health to the health care  
 10 authority;

11 (2) all contractual obligations pertaining  
 12 to the developmental disabilities supports division, health  
 13 improvement division and health facility licensing and  
 14 certification bureau shall be deemed to be contractual  
 15 obligations of the health care authority; and

16 (3) statutory references to the  
 17 developmental disabilities supports division, health  
 18 improvement division and health facility licensing and  
 19 certification bureau or other functions transferred from the  
 20 department of health to the health care authority shall be  
 21 deemed to be references to the health care authority.

22 B. On July 1, 2024, functions, employees, money,  
 23 appropriations, records, equipment and other property of the  
 24 office of the superintendent of insurance pertaining to the  
 25 administration of the health care affordability fund are

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1 transferred to the health care authority. Contractual  
2 obligations of the office of the superintendent of insurance  
3 pertaining to the health care affordability fund shall be  
4 deemed to be contractual obligations of the health care  
5 authority.

6 SECTION 132. TEMPORARY PROVISION--RECOMPILATION.--

7 A. Sections 24-1-23, 24-1-39 and 24-1-42 NMSA 1978  
8 (being Laws 1987, Chapter 157, Section 1, Laws 2019, Chapter  
9 4, Section 1 and Laws 2021, Chapter 127, Section 1) are  
10 recompiled as Sections 24A-1-18 through 24A-1-20 NMSA 1978.

11 B. Sections 24-1E-4 through 24-1E-7 NMSA 1978  
12 (being Laws 1996, Chapter 35, Section 7 through 9 and Laws  
13 2001, Chapter 225, Section 5, as amended) are recompiled as  
14 Sections 24A-2-5 through 24A-2-8 NMSA 1978.

15 C. Sections 24-1I-1 through 24-1I-5 NMSA 1978  
16 (being Laws 2015, Chapter 96, Sections 1 through 5, as  
17 amended) are recompiled in Chapter 24A, Article 4 NMSA 1978.

18 D. Section 24-17A-2, 24-17A-4 and 24-17A-5 NMSA  
19 1978 (being Laws 1998, Chapter 82, Section 2, Laws 1998,  
20 Chapter 82, Section 4 and Laws 1998, Chapter 82, Section 5)  
21 are recompiled as Sections 24A-5-2, 24A-5-4 and 24A-5-5 NMSA  
22 1978.

23 SECTION 133. REPEAL.--

24 A. Section 9-8-7.4 NMSA 1978 (being Laws 2019,  
25 Chapter 211, Section 2, as amended) is repealed.

1           B. Section 24-1A-5 NMSA 1978 (being Laws 2023,  
2 Chapter 204, Section 1) is repealed.

3           C. Sections 24-1G-1 and 24-1G-2 NMSA 1978 (being  
4 Laws 2005, Chapter 55, Sections 1 and 2, as amended) are  
5 repealed.

6           D. Sections 24-1K-1 and 24-1K-2 NMSA 1978 (being  
7 Laws 2021, Chapter 87, Sections 1 and 2) are repealed.

8           **SECTION 134. EFFECTIVE DATE.**--The effective date of the  
9 provisions of this act is July 1, 2024.

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