

1 AN ACT

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

8  
9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

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

12 "9-8-1. SHORT TITLE.--Chapter 9, Article 8 NMSA 1978  
13 may be cited as the "Health Care Authority Act"."

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

16 "9-8-2. DEFINITIONS.--As used in the Health Care  
17 Authority Act:

18 A. "authority" means the health care authority;  
19 and

20 B. "secretary" means the secretary of health care  
21 authority."

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

24 "9-8-3. PURPOSE.--The purpose of the Health Care  
25 Authority Act is to establish a single, unified department to

1 administer laws and exercise functions relating to health  
2 facility licensure and health care purchasing and  
3 regulation."

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

6 "9-8-4. AUTHORITY ESTABLISHED.--The "health care  
7 authority" is created in the executive branch. The authority  
8 is a cabinet department and consists of:

9 A. the office of the secretary of health care  
10 authority;

11 B. the administrative services division;

12 C. the information technology division;

13 D. the behavioral health services division;

14 E. the developmental disabilities division;

15 F. the health improvement division;

16 G. the medical assistance division;

17 H. the state health benefits division;

18 I. the child support enforcement division; and

19 J. the income support division."

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

22 "9-8-5. SECRETARY OF HEALTH CARE AUTHORITY--  
23 APPOINTMENT.--

24 A. The administrative head of the health care  
25 authority is the "secretary of health care authority", who

1 shall be appointed by the governor with the consent of the  
2 senate and who shall serve in the executive cabinet.

3 B. An appointed secretary shall serve and have all  
4 of the duties, responsibilities and authority of that office  
5 during the period of time prior to final action by the senate  
6 confirming or rejecting the appointed secretary's  
7 appointment."

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

10 "9-8-6. SECRETARY--DUTIES AND GENERAL POWERS.--

11 A. The secretary is responsible to the governor  
12 for the operation of the authority. It is the secretary's  
13 duty to manage all operations of the authority and to  
14 administer and enforce the laws with which the secretary or  
15 the authority is charged.

16 B. To perform duties of office, the secretary has  
17 every power expressly enumerated in the laws, whether granted  
18 to the secretary or the authority or any division of the  
19 authority, except where authority conferred upon any division  
20 is explicitly exempted from the secretary's authority by  
21 statute. In accordance with these provisions, the secretary  
22 shall:

23 (1) except as otherwise provided in the  
24 Health Care Authority Act, exercise general supervisory and  
25 appointing authority over all authority employees, subject to

1 any applicable personnel laws and rules;

2 (2) delegate authority to subordinates as  
3 the secretary deems necessary and appropriate, clearly  
4 delineating such delegated authority and the limitations  
5 thereto;

6 (3) organize the authority into those  
7 organizational units the secretary deems will enable it to  
8 function most efficiently, subject to any provisions of law  
9 requiring or establishing specific organizational units;

10 (4) within the limitations of available  
11 appropriations and applicable laws, employ and fix the  
12 compensation of those persons necessary to discharge the  
13 secretary's duties;

14 (5) conduct background checks on authority  
15 employees and prospective authority employees that have or  
16 will have access to federal tax information; provided that:

17 (a) local law enforcement agency  
18 criminal history record checks shall be conducted on all  
19 employees, prospective employees, contractors, prospective  
20 contractors, subcontractors and prospective subcontractors  
21 with access to federal tax information;

22 (b) record checks for any identified  
23 arrests shall be conducted through local law enforcement  
24 agencies in jurisdictions where the subject has lived, worked  
25 or attended school within the last five years preceding the

1 record check;

2 (c) federal bureau of investigation  
3 fingerprinting shall be conducted on all employees,  
4 prospective employees, contractors, prospective contractors,  
5 subcontractors and prospective subcontractors with access to  
6 federal tax information;

7 (d) for the purpose of conducting a  
8 national agency background check, the authority shall submit  
9 to the department of public safety and the federal bureau of  
10 investigation a fingerprint card for each of the following  
11 personnel who have or will have access to federal tax  
12 information: 1) employees; 2) prospective employees; 3)  
13 contractors; 4) prospective contractors; 5) subcontractors;  
14 and 6) prospective subcontractors;

15 (e) the authority shall conduct a check  
16 for eligibility to legally work as a citizen or legal  
17 resident of the United States on all employees, prospective  
18 employees, contractors, prospective contractors,  
19 subcontractors and prospective subcontractors with access to  
20 federal tax information. The authority shall complete a  
21 citizenship or residency check for each new employee and any  
22 employee with expiring employment eligibility and shall  
23 document and monitor the employee's citizenship or residency  
24 status for continued compliance;

25 (f) criminal history records obtained

1 by the authority pursuant to the provisions of this paragraph  
2 and the information contained in those records are  
3 confidential, shall not be used for any purpose other than  
4 conducting background checks for the purpose of determining  
5 eligibility for employment and shall not be released or  
6 disclosed to any other person or agency except pursuant to a  
7 court order or with the written consent of the person who is  
8 the subject of the records;

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

14 (h) the secretary shall adopt and  
15 promulgate rules to establish procedures to provide for  
16 background checks; provided that background checks shall  
17 not be evaluated for any purpose other than a person's  
18 authority-related activities, and criteria according to which  
19 background checks are evaluated, for all present and  
20 prospective personnel identified in the provisions of this  
21 paragraph;

22 (i) contractors, prospective  
23 contractors, subcontractors and prospective subcontractors  
24 shall bear any costs associated with ordering or conducting  
25 background checks pursuant to this paragraph; and

1 (j) an authority employee or  
2 prospective authority employee who is denied employment or  
3 whose employment is terminated based on information obtained  
4 in a background check shall be entitled to review the  
5 information obtained pursuant to this paragraph and to appeal  
6 the decision;

7 (6) take administrative action by issuing  
8 orders and instructions, not inconsistent with the law, to  
9 assure implementation of and compliance with the provisions  
10 of law for whose administration or execution the secretary is  
11 responsible and to enforce those orders and instructions by  
12 appropriate administrative action in the courts;

13 (7) conduct research and studies that will  
14 improve the operations of the authority and the provision of  
15 services to the citizens of the state;

16 (8) provide courses of instruction and  
17 practical training for employees of the authority and other  
18 persons involved in the administration of programs with the  
19 objective of improving the operations and efficiency of  
20 administration;

21 (9) prepare an annual budget of the  
22 authority;

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

25 (a) minimize or eliminate duplication

1 of services and jurisdictional conflicts;

2 (b) coordinate activities and resolve  
3 problems of mutual concern; and

4 (c) resolve by agreement the manner  
5 and extent to which the authority shall provide budgeting,  
6 recordkeeping and related clerical assistance to  
7 administratively attached agencies; and

8 (11) appoint, with the governor's consent,  
9 a "director" for each division. These appointed positions  
10 are exempt from the provisions of the Personnel Act. Persons  
11 appointed to these positions shall serve at the pleasure of  
12 the secretary, except as provided in Section 9-8-9 NMSA 1978.

13 C. The secretary may apply for and receive, with  
14 the governor's approval, in the name of the authority, any  
15 public or private funds, including United States government  
16 funds, available to the authority to carry out its programs,  
17 duties or services.

18 D. Where functions of departments overlap or a  
19 function assigned to one department could better be performed  
20 by another department, the secretary may recommend  
21 appropriate legislation to the next session of the  
22 legislature for its approval.

23 E. The secretary may make and adopt such  
24 reasonable procedural rules as may be necessary to carry out  
25 the duties of the authority and its divisions. No rule



1 promulgated by the director of any division in carrying out  
2 the functions and duties of the division shall be effective  
3 until approved by the secretary unless otherwise provided by  
4 statute. Unless otherwise provided by statute, no rule  
5 affecting any person or agency outside the authority shall be  
6 adopted, amended or repealed without a public hearing on the  
7 proposed action before the secretary or a hearing officer  
8 designated by the secretary. The public hearing shall be  
9 held in Santa Fe unless otherwise permitted by statute.

10 Notice of the subject matter of the rule, the action proposed  
11 to be taken, the time and place of the hearing, the manner in  
12 which interested persons may present their views and the  
13 method by which copies of the proposed rule or proposed  
14 amendment or repeal of an existing rule may be obtained shall  
15 be published once at least thirty days prior to the hearing  
16 date in a newspaper of general circulation and mailed at  
17 least thirty days prior to the hearing date to all persons  
18 who have made a written request for advance notice of  
19 hearing.

20 F. In the event the secretary anticipates that  
21 adoption, amendment or repeal of a rule will be required by a  
22 cancellation, reduction or suspension of federal funds or  
23 order by a court of competent jurisdiction:

24 (1) if the secretary is notified by  
25 appropriate federal authorities at least sixty days prior to

1 the effective date of such cancellation, reduction or  
2 termination of federal funds, the authority is required to  
3 promulgate rules through the public hearing process to be  
4 effective on the date mandated by the appropriate federal  
5 authority; or

6 (2) if the secretary is notified by  
7 appropriate federal authorities or court less than sixty days  
8 prior to the effective date of such cancellation, reduction  
9 or suspension of federal funds or court order, the authority  
10 is authorized without a public hearing to promulgate interim  
11 rules effective for a period not to exceed ninety days.

12 Interim rules shall not be promulgated without first  
13 providing a written notice twenty days in advance to  
14 providers of medical or behavioral health services and  
15 beneficiaries of authority programs. At the time of the  
16 promulgation of the interim rules, the authority shall give  
17 notice of the public hearing on the final rules in accordance  
18 with Subsection E of this section.

19 G. If the secretary certifies to the secretary of  
20 finance and administration and gives contemporaneous notice  
21 of such certification through the human services register  
22 that the authority has insufficient state funds to operate  
23 any of the programs it administers and that reductions in  
24 services or benefit levels are necessary, the secretary may  
25 engage in interim rulemaking. Notwithstanding any provision

1 to the contrary in the State Rules Act, interim rulemaking  
2 shall be conducted pursuant to Subsection E of this section,  
3 except:

4 (1) the period of notice of public hearing  
5 shall be fifteen days;

6 (2) the authority shall also send  
7 individual notices of the interim rulemaking and of the  
8 public hearing to affected providers and beneficiaries;

9 (3) rules promulgated pursuant to the  
10 provisions of this subsection shall be in effect not less  
11 than five days after the public hearing;

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

15 (5) if final rules are necessary to replace  
16 the interim rules, the authority shall give notice of intent  
17 to promulgate final rules at the time of notice. The final  
18 rules shall be promulgated not more than forty-five days  
19 after the public hearing and filed in accordance with the  
20 State Rules Act.

21 H. At the time of the promulgation of the interim  
22 rules, the authority shall give notice of the public hearing  
23 on the final rules in accordance with Subsection E of this  
24 section.

25 I. The secretary shall ensure that any behavioral

1 health services, including mental health and substance abuse  
2 services, provided, contracted for or approved are in  
3 compliance with the requirements of Section 24A-3-1 NMSA  
4 1978.

5 J. All rules shall be filed in accordance with  
6 the State Rules Act."

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

9 "9-8-7. ORGANIZATIONAL UNITS OF AUTHORITY--POWERS AND  
10 DUTIES SPECIFIED BY LAW--ACCESS TO INFORMATION.--Those  
11 organizational units of the authority and the officers of  
12 those units specified by law shall have all of the powers and  
13 duties enumerated in the specific laws involved. However,  
14 the carrying out of those powers and duties shall be subject  
15 to the direction and supervision of the secretary, and the  
16 secretary shall retain the final decision-making authority  
17 and responsibility for the administration of any such laws as  
18 provided in Subsection B of Section 9-8-6 NMSA 1978. The  
19 authority shall have access to all records, data and  
20 information of other state departments, agencies and  
21 institutions, including its own organizational units, not  
22 specifically held confidential by law."

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

25 "9-8-7.1. BEHAVIORAL HEALTH SERVICES DIVISION--POWERS

1 AND DUTIES OF THE AUTHORITY.--Subject to appropriation, the  
2 authority shall:

3 A. contract for behavioral health treatment and  
4 support services, including mental health, alcoholism and  
5 other substance abuse services;

6 B. establish standards for the delivery of  
7 behavioral health services, including quality management and  
8 improvement, performance measures, accessibility and  
9 availability of services, utilization management,  
10 credentialing and recredentialing, rights and  
11 responsibilities of providers, preventive behavioral health  
12 services, clinical treatment and evaluation and the  
13 documentation and confidentiality of client records;

14 C. ensure that all behavioral health services,  
15 including mental health and substance abuse services, that  
16 are provided, contracted for or approved are in compliance  
17 with the requirements of Section 24A-3-1 NMSA 1978;

18 D. assume responsibility for and implement adult  
19 mental health and substance abuse services in the state in  
20 coordination with the children, youth and families  
21 department;

22 E. create, implement and continually evaluate the  
23 effectiveness of a framework for targeted, individualized  
24 interventions for persons who are incarcerated in a county or  
25 municipal correctional facility and adult and juvenile

1 offenders who have behavioral health diagnoses, which  
2 framework shall address those persons' behavioral health  
3 needs while they are incarcerated and connect them to  
4 resources and services immediately upon release;

5 F. establish criteria for determining individual  
6 eligibility for behavioral health services; and

7 G. maintain a management information system in  
8 accordance with standards for reporting clinical and fiscal  
9 information."

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

12 "9-8-7.2. COOPERATION WITH THE NEW MEXICO HEALTH  
13 INSURANCE EXCHANGE.--The medical assistance division of the  
14 authority shall cooperate with the New Mexico health  
15 insurance exchange to share information and facilitate  
16 transitions in enrollment between the exchange and medicaid."

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

19 "9-8-8. ADMINISTRATIVELY ATTACHED AGENCIES.--The  
20 following agencies are administratively attached to the  
21 authority:

22 A. the commission on the status of women; and

23 B. the group benefits committee."

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

1 "9-8-9. DIRECTORS.--The secretary shall appoint with  
2 the approval of the governor "directors" of divisions  
3 established within the authority and a director of  
4 communications. The positions so appointed are exempt from  
5 the Personnel Act."

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

8 "9-8-10. BUREAUS--CHIEFS.--The secretary shall  
9 establish within each division such bureaus as the secretary  
10 deems necessary to carry out the provisions of the Health  
11 Care Authority Act. The secretary shall employ a chief to be  
12 administrative head of any such bureau. The chief and all  
13 subsidiary employees of the authority shall be covered by the  
14 Personnel Act unless otherwise provided by law."

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

17 "9-8-11. ADVISORY COMMITTEES.--

18 A. The governor shall appoint advisory committees  
19 to the authority's income support division and may appoint  
20 other advisory committees as needed. Creation of the  
21 advisory committees shall be in accordance with the  
22 provisions of the Executive Reorganization Act. If the  
23 existence of a committee, representational membership  
24 requirements or other matters are required or specified under  
25 any federal law, regulation or order as a condition of

1 receiving federal funding for a particular program  
2 administered by the authority, the governor shall comply with  
3 those requirements in the creation of the advisory committee.

4 B. All members of the advisory committees  
5 appointed under the authority of this section are entitled to  
6 receive as their sole remuneration for service as a member  
7 those amounts authorized under the Per Diem and Mileage Act."

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

10 "9-8-12. COOPERATION WITH THE FEDERAL GOVERNMENT--  
11 AUTHORITY OF SECRETARY--SINGLE STATE AGENCY STATUS.--

12 A. The authority is authorized to cooperate with  
13 the federal government in the administration of health care  
14 and human services programs in which financial or other  
15 participation by the federal government is authorized or  
16 mandated under federal laws, regulations or orders. The  
17 secretary may enter into agreements with agencies of the  
18 federal government to implement these health care or human  
19 services programs subject to availability of appropriated  
20 state funds and any provisions of state laws applicable to  
21 such agreements or participation by the state.

22 B. The governor or the secretary may by  
23 appropriate order designate the authority or any  
24 organizational unit of the authority as the single state  
25 agency for the administration of any health care or human



1 services program when such designation is a condition of  
2 federal financial or other participation in the program under  
3 applicable federal law, regulation or order. Whether or not  
4 a federal condition exists, the governor may designate the  
5 authority or any organizational unit of the authority as the  
6 single state agency for the administration of any health care  
7 or human services program. No designation of a single state  
8 agency under the authority granted in this section shall be  
9 made in contravention of state law."

10 SECTION 15. Section 10-7B-2 NMSA 1978 (being Laws  
11 1989, Chapter 231, Section 2, as amended) is amended to read:

12 "10-7B-2. DEFINITIONS.--As used in the Group Benefits  
13 Act:

14 A. "committee" means the group benefits  
15 committee;

16 B. "director" means the director of the state  
17 health benefits division of the health care authority;

18 C. "employee" means a salaried officer, employee  
19 or legislator of the state; a salaried officer or an employee  
20 of a local public body; or an elected or appointed supervisor  
21 of a soil and water conservation district;

22 D. "local public body" means any New Mexico  
23 municipality, county or school district;

24 E. "professional claims administrator" means any  
25 person or legal entity that has at least five years of

1 experience handling group benefits claims, as well as such  
2 other qualifications as the director may determine from time  
3 to time with the committee's advice;

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

7 G. "state" or "state agency" means the state of  
8 New Mexico or any of its branches, agencies, departments,  
9 boards, instrumentalities or institutions."

10 SECTION 16. Section 10-7B-6 NMSA 1978 (being Laws  
11 1989, Chapter 231, Section 6, as amended) is amended to read:

12 "10-7B-6. STATE EMPLOYEES GROUP BENEFITS  
13 SELF-INSURANCE PLAN--AUTHORIZATION--LOCAL PUBLIC BODY  
14 PARTICIPATION.--

15 A. The state health benefits division of the  
16 health care authority may, with the prior advice of the  
17 committee, establish and administer a group benefits  
18 self-insurance plan, providing life, vision, health, dental  
19 and disability coverages, or any combination of such  
20 coverages, for employees of the state and of participating  
21 local public bodies. Any such group benefits self-insurance  
22 plan shall afford coverage for employees' dependents at each  
23 employee's option. Any such group benefits self-insurance  
24 plan may consist of self-insurance or a combination of  
25 self-insurance and insurance; provided that particular

1 coverages or risks may be fully insured, fully self-insured  
2 or partially insured and partially self-insured.

3 B. The director, with the advice of the  
4 committee, shall establish by rule the types, extent, nature  
5 and description of coverages, the eligibility rules for  
6 participation, the deductibles, rates and all other matters  
7 reasonably necessary to carry on or administer a group  
8 benefits self-insurance plan established pursuant to  
9 Subsection A of this section.

10 C. The contribution of each participating state  
11 agency to the cost of any such group benefits self-insurance  
12 plan shall not exceed that percentage provided for state  
13 group benefits insurance plans as provided by law. The  
14 contribution of a participating local public body to the cost  
15 of any such group benefits self-insurance plan shall not  
16 exceed that percentage provided for local public body group  
17 benefits insurance plans as provided by law.

18 D. Except as provided in Subsection E of this  
19 section, public employees' contributions to the cost of any  
20 group benefits self-insurance plan may be deducted from their  
21 salaries and paid directly to the group self-insurance fund;  
22 provided that where risks are insured or reinsured, the  
23 director may authorize payment of the costs of such insurance  
24 or reinsurance directly to the insurer or reinsurer.

25 E. A legislator and the legislator's covered

1 dependents and a soil and water conservation district  
2 supervisor and the supervisor's covered dependents are  
3 eligible to participate in and receive benefits from the  
4 group benefits self-insurance plan if the legislator or  
5 supervisor pays monthly premiums in amounts that equal one  
6 hundred percent of the cost of the insurance. The premiums  
7 shall be paid directly to the group self-insurance fund;  
8 provided that where risks are insured or reinsured, the  
9 director may authorize payment of the premiums directly to  
10 the insurer or reinsurer.

11 F. Local public bodies and state agencies that  
12 are not participating in the state group benefits insurance  
13 plan or self-insurance plan may elect to participate in any  
14 group benefits self-insurance plan established pursuant to  
15 Subsection A of this section by giving written notice to the  
16 director on a date set by the director, which date shall not  
17 be later than ninety days prior to the date participation is  
18 to begin. The director shall determine an initial rate for  
19 the electing entity in accordance with a letter of  
20 administration setting forth written guidelines established  
21 by the director with the committee's advice. The initial  
22 rate shall be based on the claims experience of the electing  
23 entity's group for the three immediately preceding continuous  
24 years. If three years of continuous experience are not  
25 available, a rate fixed for the entity by the director with

1 the committee's advice shall apply, and the electing entity's  
2 group shall be rerated on the first premium anniversary  
3 following the date one full year of experience for the group  
4 becomes available. Any such election may be terminated  
5 effective not earlier than June 30 of the third calendar year  
6 succeeding the year in which the election became effective or  
7 on any June 30 thereafter. Notice of termination shall be  
8 made in writing to the director not later than April 1  
9 immediately preceding the June 30 on which participation will  
10 terminate. A reelection to participate in the plan following  
11 a termination shall not be made effective for at least three  
12 full years following the effective date of termination.

13 G. As soon as practicable, the director with the  
14 committee's advice shall establish an experience rating plan  
15 for state agencies and local public bodies participating in  
16 any group benefits self-insurance plan created pursuant to  
17 Subsection A of this section. Rates applicable to state  
18 agencies and participating local public bodies shall be based  
19 on such experience rating plan. Any such experience rating  
20 plan may provide separate rates for individual state agencies  
21 and individual local public bodies or for such other  
22 experience centers as the director may determine."

23 SECTION 17. Section 10-7B-7 NMSA 1978 (being Laws  
24 1989, Chapter 231, Section 7) is amended to read:

25 "10-7B-7. GROUP SELF-INSURANCE FUND CREATED.--

1           A. The "group self-insurance fund" is created.  
2 The fund and any income produced by the fund shall be held in  
3 trust for the benefit of participating state agencies and  
4 their employees and local public bodies and their employees,  
5 deposited in a segregated account and invested by the  
6 director with the advice of the committee. Money in the fund  
7 shall be used solely for the purposes of the fund and shall  
8 not be used to pay any general or special obligation or debt  
9 of the state, other than as authorized by this section.

10 Balances in the fund in excess of amounts needed for the  
11 purposes of the fund shall not be used to pay dividends or  
12 refunds, however described, to individual public employees or  
13 their dependents, but may be used, in the director's  
14 discretion, to reduce future contributions, to provide  
15 additional benefits or as a reserve to stabilize premiums.

16           B. The fund shall consist of money appropriated  
17 to the fund, income from investment of the fund, employers'  
18 contributions, employees' contributions, insurance or  
19 reinsurance proceeds and other funds received by gift, grant,  
20 bequest or otherwise for deposit in the fund, including but  
21 not limited to refunds of amounts from prior state group  
22 life, vision, dental, health and disability insurance plans,  
23 all of which are hereby appropriated to and for the purposes  
24 of the fund.

25           C. Disbursements from the fund shall be made by

1 warrant signed by the secretary of finance and administration  
2 upon vouchers signed by the director. Lump sum disbursements  
3 from the fund may be advanced, in the manner described in  
4 this subsection, to a professional claims administrator to be  
5 used to pay benefits. Such lump sum disbursements may be  
6 made not more than weekly in advance. The professional  
7 claims administrator shall keep any such lump sum advance in  
8 a segregated account and shall hold the advance in trust for  
9 the benefit of participating employees. On or before the  
10 last day of each month, the professional claims administrator  
11 shall prepare a request for replenishment of the lump sum  
12 disbursement in the amount actually paid out for benefits  
13 during the month. Not more than thirty days after the last  
14 day of each month, the professional claims administrator  
15 shall make and submit to the director a detailed report of  
16 expenditures of any such lump sum advance during the month.

17 D. Money in the fund may be used by and is  
18 appropriated to the state health benefits division of the  
19 health care authority:

20 (1) to purchase life, vision, health,  
21 dental and disability insurance, or any combination of these,  
22 for state and local public body employees participating in  
23 the group self-insurance plan and their covered dependents,  
24 from an insurance company determined to be the best  
25 responsible bidder, as defined in the Procurement Code,

1 after:

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

4 (b) requesting sealed proposals in  
5 accordance with the provisions of the Procurement Code;

6 (2) to contract with and pay one or more  
7 professional claims administrators;

8 (3) to contract with and pay private  
9 attorneys or law firms for advice and for defense of  
10 contested claims determinations;

11 (4) to contract with and pay qualified  
12 independent actuaries, financial auditors and claims  
13 management and procedures auditors;

14 (5) to contract with and pay consultants,  
15 financial advisors and investment advisors for independent  
16 consulting and advice;

17 (6) to pay reasonable investment  
18 commissions and expenses;

19 (7) to make lump sum advances to any person  
20 or firm acting as a professional claims administrator, such  
21 advances to be used exclusively to pay benefits to  
22 participating employees;

23 (8) to pay benefits to or for participating  
24 employees and their dependents;

25 (9) to pay any other costs and expenses



1 incurred in carrying out this section; and

2 (10) as otherwise provided by law.

3 E. The fund shall be maintained in actuarially  
4 sound condition as evidenced by the annual written  
5 certification of an actuary qualified for such work that as  
6 of June 30 of the current year the fund was actuarially  
7 sound.

8 F. Annually on or before January 15, the director  
9 shall submit to the legislature a report on any group  
10 self-insurance plan created pursuant to Subsection A of  
11 Section 10-7B-6 NMSA 1978, a financial audit of the fund and  
12 a claims management and procedures audit by a qualified  
13 claims auditor for the one-year period ending on June 30  
14 immediately preceding the report. With respect to claims  
15 files, the claims audit may, in the director's discretion, be  
16 limited to a random sampling."

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

19 "10-7C-6. BOARD CREATED--MEMBERSHIP--AUTHORITY.--

20 A. The "board of the retiree health care  
21 authority" is created. The board shall be composed of not  
22 more than thirteen members.

23 B. The board shall include:

24 (1) one member who is not employed by or on  
25 behalf of or contracting with an employer participating in or

1 eligible to participate in the Retiree Health Care Act and  
2 who shall be appointed by the governor to serve at the  
3 pleasure of the governor;

4 (2) the educational retirement director or  
5 the educational retirement director's designee;

6 (3) one member to be selected by the  
7 New Mexico coalition of school administrators;

8 (4) one member who is a teacher who is  
9 certified and teaching in elementary or secondary education  
10 to be selected by a committee composed of one person  
11 designated by the New Mexico association of classroom  
12 teachers, one person designated by the national education  
13 association of New Mexico and one person designated by the  
14 American federation of teachers New Mexico;

15 (5) one member who is an eligible retiree  
16 of a public school and who is selected by the New Mexico  
17 association of educational retirees;

18 (6) the executive secretary of the public  
19 employees retirement association or the executive secretary's  
20 designee;

21 (7) one member who is an eligible retiree  
22 receiving a benefit from the public employees retirement  
23 association and who is selected by the retired public  
24 employees of New Mexico;

25 (8) one member who is an elected official

1 or employee of a municipality participating in the Retiree  
2 Health Care Act and who is selected by the New Mexico  
3 municipal league;

4 (9) the state treasurer or the state  
5 treasurer's designee;

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

8 (11) the director of the state benefits  
9 division of the health care authority.

10 C. The board, in accordance with the provisions  
11 of Paragraph (3) of Subsection D of Section 10-7C-9 NMSA  
12 1978, shall include, if they qualify:

13 (1) one member who is an eligible retiree  
14 of an institution of higher education participating in the  
15 Retiree Health Care Act and who is selected by the New Mexico  
16 association of educational retirees; and

17 (2) one member who is an elected official  
18 or employee of a county participating in the Retiree Health  
19 Care Act and who is selected by the New Mexico association of  
20 counties.

21 D. Every member of the board shall serve at the  
22 pleasure of the party that selected that member.

23 E. The members of the board shall begin serving  
24 their positions on the board on the effective date of the  
25 Retiree Health Care Act or upon their selection, whichever

1 occurs last, unless that member's corresponding position on  
2 the board has been eliminated pursuant to Subsection D of  
3 Section 10-7C-9 NMSA 1978.

4 F. The board shall elect from its membership a  
5 president, vice president and secretary.

6 G. The board may appoint such officers and  
7 advisory committees as it deems necessary. The board may  
8 enter into contracts or arrangements with consultants,  
9 professional persons or firms as may be necessary to carry  
10 out the provisions of the Retiree Health Care Act.

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

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

17 "13-7-3. DEFINITIONS.--As used in the Health Care  
18 Purchasing Act:

19 A. "consolidated purchasing" means a single  
20 process for the procurement of and contracting for all health  
21 care benefits by the publicly funded insurance agencies in  
22 compliance with the Procurement Code and includes associated  
23 activities related to the procurement such as actuarial, cost  
24 containment, benefits consultation and analysis; and

25 B. "publicly funded health care agency" means

1 the:

2 (1) state health benefits division and the  
3 group benefits committee of the health care authority;

4 (2) retiree health care authority;

5 (3) public school insurance authority; and

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

9 SECTION 20. Section 24-14A-2 NMSA 1978 (being Laws  
10 1989, Chapter 29, Section 2, as amended) is amended to read:

11 "24-14A-2. DEFINITIONS.--As used in the Health  
12 Information System Act:

13 A. "aggregate data" means data that are obtained  
14 by combining like data elements in a manner that precludes  
15 specific identification of a single client;

16 B. "data source" or "data provider" means a  
17 person that possesses health information, including the  
18 health care authority, any public or private sector licensed  
19 health care practitioner, primary care clinic, ambulatory  
20 surgery center, ambulatory urgent care center, ambulatory  
21 dialysis unit, home health agency, long-term care facility,  
22 hospital, pharmacy, third-party payer and any public entity  
23 that has health information;

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

25 D. "health information" or "health data" means

1 any data relating to health care; health status, including  
2 environmental, social and economic factors; the health  
3 system; or health costs and financing;

4 E. "hospital" means any general or special  
5 hospital licensed by the health care authority, whether  
6 publicly or privately owned;

7 F. "long-term care facility" means any skilled  
8 nursing facility or nursing facility licensed by the health  
9 care authority, whether publicly or privately owned;

10 G. "record-level data" means a medical record  
11 that contains unique and nonaggregated data elements that  
12 relate to a single identifiable individual; and

13 H. "third-party payer" means any public or  
14 private payer of health care services and includes health  
15 maintenance organizations and health insurers."

16 SECTION 21. Section 24-14A-6 NMSA 1978 (being Laws  
17 1989, Chapter 29, Section 6, as amended) is amended to read:

18 "24-14A-6. HEALTH INFORMATION SYSTEM--ACCESS.--

19 A. Access to data in the health information  
20 system shall be provided in accordance with rules adopted by  
21 the department pursuant to the Health Information System Act.

22 B. A data provider may obtain data it has  
23 submitted to the system, as well as aggregate data, but,  
24 except as provided in Subsection D of this section, it shall  
25 not have access to data submitted by another provider that

1 are limited only to that provider unless those data are  
2 aggregated data and publicly disseminated by the department.  
3 Except as provided in Subsection D of this section, in no  
4 event may a data provider obtain data regarding an individual  
5 patient except in instances where the data were originally  
6 submitted by the requesting provider. Prior to the release  
7 of any data, in any form, data sources shall be permitted the  
8 opportunity to verify the accuracy of the data pertaining to  
9 that data source. Data identified in writing as inaccurate  
10 shall be corrected prior to the data's release. Time limits  
11 shall be set for the submission and review of data by data  
12 sources, and penalties shall be established for failure to  
13 submit and review the data within the established time.

14 C. Any person may obtain any aggregate data  
15 publicly disseminated by the department.

16 D. Through a secure delivery or transmission  
17 process, the department may share record-level data with the  
18 health care authority or a federal agency that is authorized  
19 to collect, analyze or disseminate health information. The  
20 department shall remove identifiable individual or provider  
21 information from the record-level data prior to its  
22 disclosure to the federal agency. In providing hospital  
23 information under an agreement or arrangement with a federal  
24 agency, the department shall ensure that any identifiable  
25 hospital information disclosed is necessary for the agency's

1 authorized use and that its disclosure meets with state and  
2 federal privacy and confidentiality laws, rules and  
3 regulations."

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

6 "24A-1-1. SHORT TITLE.--Chapter 24A NMSA 1978 may be  
7 cited as the "Health Care Code"."

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

10 "24A-1-2. DEFINITIONS.--As used in the Health Care  
11 Code:

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

13 B. "crisis triage center" means a health facility  
14 that:

15 (1) is licensed by the authority; and

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

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

22 D. "health facility" means a public hospital;  
23 profit or nonprofit private hospital; general or special  
24 hospital; outpatient facility; crisis triage center;  
25 freestanding birth center; adult daycare facility; nursing



1 home; intermediate care facility; assisted living facility;  
2 boarding home not under the control of an institution of  
3 higher learning; shelter care home; diagnostic and treatment  
4 center; rehabilitation center; infirmary; community mental  
5 health center that serves both children and adults or adults  
6 only; or a health service organization operating as a  
7 freestanding hospice or a home health agency. The  
8 designation of freestanding hospices or home health agencies  
9 as health facilities is only for the purposes of definition  
10 in the Health Care Code and does not imply that a  
11 freestanding hospice or a home health agency is considered a  
12 health facility for the purposes of other provisions of state  
13 or federal laws. "Health facility" includes those facilities  
14 that by federal regulation must be licensed by the state to  
15 obtain or maintain full or partial, permanent or temporary  
16 federal funding. "Health facility" does not include the  
17 offices and treatment rooms of licensed private  
18 practitioners; and

19 E. "secretary" means the secretary of health care  
20 authority."

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

23 "24A-1-3. POWERS AND DUTIES.--

24 A. The authority may:

25 (1) bring action in court for the

1 enforcement of laws and rules pertaining to the authority's  
2 powers and duties;

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

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

8 (4) cooperate and enter into contracts or  
9 agreements with Native American nations, tribes and pueblos  
10 and off-reservation groups to coordinate the provision of  
11 essential physical, mental and behavioral health services and  
12 functions;

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

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

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

20 (a) medical and clinical records  
21 reasonably required for the authority's quality assurance and  
22 quality improvement activities; and

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

1 and

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

5 B. The authority shall:

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

8 (2) license and inspect health facility  
9 premises to ensure compliance with laws, rules and public  
10 safety; and

11 (3) carry out such other duties as provided  
12 by law.

13 C. The authority and the office of the state  
14 long-term care ombud shall have prompt access to all files  
15 and records in the possession of the department of health  
16 that are related to any health facility investigation;  
17 provided that a person who discloses confidential information  
18 protected by federal or state law is guilty of a petty  
19 misdemeanor."

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

22 "24A-1-4. RECORDS CONFIDENTIAL.--

23 A. The files and records of the authority giving  
24 identifying information about persons who have received or  
25 are receiving from the authority treatment, diagnostic

1 services or preventive care for diseases, disabilities or  
2 physical injuries are confidential and are not open to  
3 inspection except:

4 (1) where permitted by rule of the  
5 authority;

6 (2) as provided in Subsection B of this  
7 section; and

8 (3) to the secretary or to an employee of  
9 the authority authorized by the secretary to obtain such  
10 information, but the information shall only be revealed for  
11 use in connection with a governmental function of the  
12 secretary or the authorized employee.

13 B. The files and records of the authority are  
14 subject to subpoena for use in a pending cause in an  
15 administrative proceeding or in any of the courts of the  
16 state, unless otherwise provided by law.

17 C. A person who discloses confidential  
18 information in violation of this section is guilty of a petty  
19 misdemeanor."

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

22 "24A-1-5. LICENSURE OF HEALTH FACILITIES--HEARINGS--  
23 APPEALS.--

24 A. A health facility shall not be operated  
25 without a license issued by the authority. If a health

1 facility is found to be operating without a license, in order  
2 to protect human health or safety, the secretary may issue a  
3 cease-and-desist order. The health facility may request a  
4 hearing that shall be held in the manner provided in this  
5 section. The authority may also proceed pursuant to the  
6 Health Facility Receivership Act.

7 B. The authority is authorized to make  
8 inspections and investigations and to prescribe rules it  
9 deems necessary or desirable to promote the health, safety  
10 and welfare of persons using health facilities.

11 C. Except as provided in Subsection F of this  
12 section, upon receipt of an application for a license to  
13 operate a health facility, the authority shall promptly  
14 inspect the health facility to determine if it is in  
15 compliance with all rules of the authority. Applications for  
16 hospital licenses shall include evidence that the bylaws or  
17 rules of the hospital apply equally to osteopathic and  
18 medical physicians. The authority shall consolidate the  
19 applications and inspections for a hospital that also  
20 operates as a hospital-based primary care clinic.

21 D. Upon inspection of a health facility, if the  
22 authority finds a violation of its rules, the authority may  
23 deny the application for a license, whether initial or  
24 renewal, or it may issue a temporary license. A temporary  
25 license shall not be issued for a period exceeding one

1 hundred twenty days, nor shall more than two consecutive  
2 temporary licenses be issued.

3 E. A one-year nontransferable license shall be  
4 issued to any health facility complying with all rules of the  
5 authority. The license shall be renewable for successive  
6 one-year periods, upon filing of a renewal application, if  
7 the authority is satisfied that the health facility is in  
8 compliance with all rules of the authority or, if not in  
9 compliance with a rule, has been granted a waiver or variance  
10 of that rule by the authority pursuant to procedures,  
11 conditions and guidelines adopted by rule of the authority.  
12 Licenses shall be posted in a conspicuous place on the  
13 licensed premises.

14 F. A health facility that has been inspected and  
15 licensed by the authority, that has received certification  
16 for participation in federal reimbursement programs and that  
17 has been fully accredited by a national accrediting  
18 organization approved by the federal centers for medicare and  
19 medicaid services or the authority shall be granted a license  
20 renewal based on that accreditation. A freestanding birth  
21 center that has been inspected and licensed by the authority  
22 and is accredited by the commission for accreditation of  
23 birth centers or its successor accreditation body shall be  
24 granted a license renewal based on that accreditation.

25 Health facilities receiving less than full accreditation by

1 an approved accrediting body may be granted a license renewal  
2 based on that accreditation. License renewals shall be  
3 issued upon application submitted by the health facility upon  
4 forms prescribed by the authority. This subsection does not  
5 limit in any way the authority's various duties and  
6 responsibilities under other provisions of law, including any  
7 of the authority's responsibilities for the health and safety  
8 of the public.

9 G. The authority may charge a reasonable fee not  
10 to exceed twelve dollars (\$12.00) per bed for an inpatient  
11 health facility or three hundred dollars (\$300) for any other  
12 health facility for each license application, whether initial  
13 or renewal, of an annual license or the second consecutive  
14 issuance of a temporary license. Fees collected shall not be  
15 refundable. All fees collected pursuant to licensure  
16 applications shall be deposited with the state treasurer for  
17 credit in a designated authority recurring account for use in  
18 health facility licensure and certification operations.

19 H. The authority may revoke or suspend the  
20 license of a health facility or may impose on a health  
21 facility an intermediate sanction and a civil monetary  
22 penalty provided in Section 24A-1-6 NMSA 1978 after notice  
23 and an opportunity for a hearing before a hearing officer  
24 designated by the authority to hear the matter and, except  
25 for child care centers and facilities, may proceed pursuant

1 to the Health Facility Receivership Act upon a determination  
2 that the health facility is not in compliance with any rule  
3 of the authority. If immediate action is required to protect  
4 human health and safety, the secretary may suspend a license  
5 or impose an intermediate sanction pending a hearing,  
6 provided the hearing is held within five working days of the  
7 suspension or imposition of the sanction, unless waived by  
8 the licensee, and, except for child care centers and  
9 facilities, may proceed ex parte pursuant to the Health  
10 Facility Receivership Act.

11 I. The authority shall schedule a hearing  
12 pursuant to Subsection H of this section if the authority  
13 receives a request for a hearing from a licensee:

14 (1) within ten working days after receipt  
15 by the licensee of notice of suspension, revocation,  
16 imposition of an intermediate sanction or civil monetary  
17 penalty or denial of an initial or renewal application;

18 (2) within four working days after receipt  
19 by the licensee of an emergency suspension order or emergency  
20 intermediate sanction imposition and notice of hearing if the  
21 licensee wishes to waive the early hearing scheduled and  
22 request a hearing at a later date; or

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

25 J. The authority shall also provide timely notice



1 to the licensee of the date, time and place of the hearing,  
2 identity of the hearing officer, subject matter of the  
3 hearing and alleged violations.

4 K. A hearing held pursuant to provisions of this  
5 section shall be conducted in accordance with adjudicatory  
6 hearing rules and procedures adopted by rule of the  
7 authority. The licensee has the right to be represented by  
8 counsel, to present all relevant evidence by means of  
9 witnesses and books, papers, documents, records, files and  
10 other evidence and to examine all opposing witnesses who  
11 appear on any matter relevant to the issues. The hearing  
12 officer has the power to administer oaths on request of any  
13 party and issue subpoenas and subpoenas duces tecum prior to  
14 or after the commencement of the hearing to compel discovery  
15 and the attendance of witnesses and the production of  
16 relevant books, papers, documents, records, files and other  
17 evidence. Documents or records pertaining to abuse, neglect  
18 or exploitation of a resident, client or patient of a health  
19 facility or other documents, records or files in the custody  
20 of the authority or the office of the state long-term care  
21 ombudsman at the aging and long-term services department that  
22 are relevant to the alleged violations are discoverable and  
23 admissible as evidence in any hearing.

24 L. Any party may appeal the final decision of the  
25 authority pursuant to the provisions of Section 39-3-1.1

1 NMSA 1978.

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

12 (1) cross-reference among agencies pursuant  
13 to this subsection of an allegation of abuse, neglect or  
14 exploitation;

15 (2) an investigation, within the strict  
16 priority time frames established by each protocol member's  
17 rules, of an allegation or referral of abuse, neglect or  
18 exploitation after the authority has made a good cause  
19 determination that abuse, neglect or exploitation occurred;

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

23 (4) require the receiving agency to accept  
24 the information provided pursuant to Paragraph (3) of this  
25 subsection as potential evidence to initiate and conduct

1 investigations.

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

6 O. The name and information regarding the person  
7 making a complaint pursuant to this section shall not be  
8 disclosed absent the consent of the informant or a court  
9 order."

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

12 "24A-1-6. HEALTH FACILITIES--INTERMEDIATE SANCTIONS--  
13 CIVIL PENALTY.--

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

18 (1) impose any intermediate sanction  
19 established by rule, including but not limited to:

- 20 (a) a directed plan of correction;  
21 (b) facility monitors;  
22 (c) denial of payment for new medicaid  
23 admissions to the facility;  
24 (d) temporary management or  
25 receivership; and

1 (e) restricted admissions;

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

12 (3) with respect to health facilities other  
13 than child care centers or facilities, proceed pursuant to  
14 the Health Facility Receivership Act.

15 B. The secretary shall adopt and promulgate rules  
16 specifying the criteria for imposition of any intermediate  
17 sanction and civil monetary penalty. The criteria shall  
18 provide for more severe sanctions for a violation that  
19 results in any abuse, neglect or exploitation of residents,  
20 clients or patients as defined in the rules or that places  
21 one or more residents, clients or patients of a health  
22 facility at substantial risk of serious physical or mental  
23 harm.

24 C. The provisions of this section for  
25 intermediate sanctions and civil monetary penalties shall

1 apply to certified nursing facilities except when a federal  
2 agency has imposed the same remedies, sanctions or penalties  
3 for the same or similar violations.

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

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

10 (2) the authority determines intermediate  
11 sanctions are necessary if sanctions permitted pursuant to  
12 Paragraphs (1) and (2) of Subsection A of this section do not  
13 duplicate a sanction imposed under the authority of 42 U.S.C.  
14 1395 or 1396 for a particular deficiency.

15 E. A health facility is liable for the reasonable  
16 costs of a directed plan of correction, facility monitors,  
17 temporary management or receivership imposed pursuant to this  
18 section and Section 24A-1-5 NMSA 1978. The authority may  
19 take all necessary and appropriate legal action to recover  
20 these costs from a health facility. All money recovered from  
21 a health facility pursuant to this subsection shall be paid  
22 into the general fund."

23 SECTION 28. Section 24-1-5.8 NMSA 1978 (being Laws  
24 2003, Chapter 426, Section 1) is recompiled as Section  
25 24A-1-7 NMSA 1978 and is amended to read:

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

3 A. The legislature finds that:

4 (1) acute care general hospitals throughout  
5 New Mexico operate emergency departments and provide vital  
6 emergency medical services to patients requiring immediate  
7 medical care; and

8 (2) federal and state laws require  
9 hospitals that operate an emergency department to provide  
10 certain emergency services and care to any person, regardless  
11 of that person's ability to pay. Accordingly, these  
12 hospitals encounter significant financial losses when  
13 treating uninsured or underinsured patients.

14 B. As used in this section:

15 (1) "limited service hospital" means a  
16 hospital that limits admissions according to medical or  
17 surgical specialty, type of disease or medical condition, or  
18 a hospital that limits its inpatient hospital services to  
19 surgical services or invasive diagnostic and treatment  
20 procedures; provided, however, that a "limited service  
21 hospital" does not include:

22 (a) a hospital licensed by the  
23 authority as a special hospital;

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

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

3 (2) "low-income patient" means a patient  
4 whose family or household income does not exceed two hundred  
5 percent of the federal poverty level.

6 C. The authority shall issue a license to an  
7 acute-care or general hospital or a limited services hospital  
8 that agrees to:

9 (1) continuously maintain and operate an  
10 emergency department that provides emergency medical services  
11 as determined by the authority;

12 (2) participate in the medicaid, medicare  
13 and county indigent care programs;

14 (3) require a physician owner to disclose a  
15 financial interest in the hospital before referring a patient  
16 to the hospital;

17 (4) comply with the same quality standards  
18 applied to other hospitals;

19 (5) provide emergency services and general  
20 health care to nonpaying patients and low-income reimbursed  
21 patients in the same proportion as the patients are treated  
22 in acute-care general hospitals in the local community, as  
23 determined by the authority in consultation with a statewide  
24 hospital organization, the government of the county in which  
25 the facilities are located and the affected hospitals;

1 provided that:

2 (a) a hospital may appeal the  
3 determination of the authority as a final agency decision as  
4 provided in Section 39-3-1.1 NMSA 1978; and

5 (b) the annual cost of the care  
6 required to be provided pursuant to this paragraph shall not  
7 exceed an amount equal to five percent of the hospital's  
8 annual revenue; and

9 (6) require a health care provider to  
10 disclose a financial interest before referring a patient to  
11 the hospital."

12 SECTION 29. Section 24-1-5.9 NMSA 1978 (being Laws  
13 2004, Chapter 44, Section 2 and Laws 2004, Chapter 50,  
14 Section 2) is recompiled as Section 24A-1-8 NMSA 1978 and is  
15 amended to read:

16 "24A-1-8. REPORTING REQUIREMENTS.--

17 A. A hospital, a long-term care facility or a  
18 primary care clinic shall provide information sufficient for  
19 the authority to make a reasonable assessment based on clear  
20 and convincing evidence of its financial viability,  
21 sustainability and potential impact on health care access.  
22 Information provided to the authority pursuant to this  
23 section shall remain confidential, is exempt from the  
24 Inspection of Public Records Act, unless disclosure or use is  
25 mandated by the state or federal law, and shall not be used



1 as a basis for suspension, revocation or issuance of a  
2 license. The hospital, long-term care facility or primary  
3 care clinic shall provide this information to the authority  
4 at least sixty days before the anticipated effective date of  
5 a proposed licensure, closure, disposition or acquisition of  
6 the hospital, the long-term care facility or the primary care  
7 clinic or its essential services.

8 B. The secretary shall issue a notice of finding  
9 to the facility within sixty days of receiving information  
10 from the facility.

11 C. For the purposes of this section:

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

15 "Hospital" includes a facility licensed by the authority as a  
16 critical access hospital, general hospital, long-term acute  
17 care hospital, psychiatric hospital, rehabilitation hospital,  
18 limited services hospital and special hospital;

19 (2) "long-term care facility" means a  
20 nursing home licensed by the authority to provide  
21 intermediate or skilled nursing care; and

22 (3) "primary care clinic" means a  
23 community-based clinic that provides the first level of basic  
24 or general health care for a person's health needs, including  
25 diagnostic and treatment services and, if integrated into the

1 clinic's service array, mental health services."

2 SECTION 30. Section 24-1-5.10 NMSA 1978 (being Laws  
3 2004, Chapter 47, Section 1) is recompiled as Section 24A-1-9  
4 NMSA 1978 and is amended to read:

5 "24A-1-9. FEDERAL PARTICIPATION REQUIRED--EXCEPTION.--

6 A. Except as provided in Subsection B of this  
7 section, all programs, clinics, hospitals and other  
8 health-related centers and entities, including those  
9 identified by the authority pursuant to Paragraph (3) of  
10 Subsection A of Section 27-2-12.13 NMSA 1978, that are  
11 eligible under Section 340B of the federal Public Health  
12 Service Act, including hospitals and clinics licensed under  
13 the state Health Care Code, shall participate in that Section  
14 340B federal prescription drug price discount program.

15 B. If an entity described in Subsection A of this  
16 section can demonstrate to the satisfaction of the authority  
17 that the prescription drug price discount it receives other  
18 than through the Section 340B program results in greater  
19 savings to the state, the entity may be granted an exception  
20 to the requirements of this section."

21 SECTION 31. Section 24-1-5.12 NMSA 1978 (being Laws  
22 2023, Chapter 109, Section 1) is recompiled as Section  
23 24A-1-10 NMSA 1978 and is amended to read:

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

1           A. The authority shall promulgate rules to  
2 establish a rural emergency hospital license that enables  
3 certain hospitals to apply to receive federal health care  
4 reimbursement as rural emergency hospitals.

5           B. The authority shall only issue a rural  
6 emergency hospital license to a health facility that:

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

8                           (a) designated as a critical access  
9 hospital by the centers for medicare and medicaid services;  
10 or

11                           (b) licensed as a hospital with less  
12 than fifty licensed beds and located in a county in a rural  
13 area as defined in Section 1886(d)(2)(D) or Section  
14 1886(d)(8)(E) of the federal Social Security Act;

15                   (2) provides rural emergency hospital  
16 services in the facility twenty-four hours per day and is  
17 staffed twenty-four hours per day, seven days per week with a  
18 physician, nurse practitioner, clinical nurse specialist or  
19 physician assistant;

20                   (3) has a transfer agreement in effect with  
21 a level 1 or level 2 trauma center;

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

24                   (5) meets any other requirements that the  
25 authority finds necessary to implement state licensure and

1 satisfy centers for medicare and medicaid services  
2 requirements for reimbursement as a rural emergency hospital.

3 C. A health facility that applies to the  
4 authority for licensure as a rural emergency hospital shall  
5 include with the licensure application:

6 (1) an action plan for initiating rural  
7 emergency hospital services, including a detailed transition  
8 plan that lists the specific services that the facility will  
9 retain, modify, add and discontinue;

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

12 (3) any other information required by rules  
13 of the authority.

14 D. A rural emergency hospital shall not have  
15 inpatient beds, but a rural emergency hospital may have a  
16 unit that is a distinct part of the hospital that is licensed  
17 as a skilled nursing facility and provides post-hospital  
18 extended care services.

19 E. For the purposes of this section,

20 "rural emergency hospital" means a health  
21 facility that provides emergency and observational care and  
22 meets the licensure requirements outlined in Subsection B of  
23 this section."

24 SECTION 32. Section 24-1-37 NMSA 1978 (being Laws  
25 2015, Chapter 155, Section 1) is recompiled as Section

1 24A-1-11 NMSA 1978 and is amended to read:

2 "24A-1-11. LAY CAREGIVER--AFTERCARE--DESIGNATION.--

3 A. A hospital shall provide each patient or the  
4 patient's legal guardian with an opportunity to designate one  
5 lay caregiver following the patient's admission into a  
6 hospital and before the patient's discharge to the patient's  
7 residence.

8 B. As soon as practicable, a hospital shall  
9 attempt to consult with a designated lay caregiver to prepare  
10 the lay caregiver to provide aftercare. The hospital shall  
11 provide the lay caregiver with a discharge plan for the  
12 patient that describes the patient's aftercare needs. This  
13 discharge plan:

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

- 15 (a) culturally competent training on  
16 how to provide care and tasks;  
17 (b) medication management guidelines;  
18 (c) aftercare guidelines; and  
19 (d) an identification of tasks that  
20 the discharging health care provider specifies;

21 (2) shall reflect the active engagement of  
22 a patient or lay caregiver in the discharge planning process  
23 and incorporate a patient's goals and preferences as much as  
24 possible; and

25 (3) shall educate a lay caregiver in a

1 manner that is consistent with current accepted practices and  
2 is based on an assessment of the lay caregiver's learning  
3 needs.

4 C. A hospital shall allow a patient to change the  
5 patient's designation of a lay caregiver in the event that  
6 the originally designated lay caregiver becomes unavailable,  
7 unwilling or unable to care for the patient.

8 D. Designation of an individual as a lay  
9 caregiver pursuant to this section does not obligate that  
10 person to accept the role of lay caregiver for the patient.

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

13 F. In the event that a patient or a patient's  
14 legal guardian declines to designate a lay caregiver pursuant  
15 to this section, a hospital shall promptly document this  
16 refusal to designate a lay caregiver in the patient's medical  
17 record.

18 G. A hospital shall not allow the process of  
19 appointing or refusal or failure to appoint a lay caregiver  
20 for a patient to interfere with, delay or otherwise affect  
21 the services that the hospital provides to a patient.

22 H. In the event that a hospital is unable to  
23 contact a designated lay caregiver, this lack of contact  
24 shall not interfere with or otherwise affect an appropriate  
25 discharge of the patient.

1 I. The provisions of this section shall not be  
2 construed to:

3 (1) create a private right of action  
4 against a hospital, hospital employee, contractor having a  
5 contractual relationship with a hospital or duly authorized  
6 agent of a hospital; or

7 (2) remove the obligation of a third-party  
8 payer to cover any health care item or service that the  
9 third-party payer is obligated to provide to a patient  
10 pursuant to the terms of a valid agreement, insurance policy,  
11 plan or certificate of coverage or health maintenance  
12 organization contract.

13 J. A hospital, hospital employee, contractor  
14 having a contractual relationship with a hospital or duly  
15 authorized agent of a hospital shall not be held liable in  
16 any way for an act or omission of a lay caregiver.

17 K. As used in this section:

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

25 (2) "discharge" means a patient's exit or

1 release from a hospital to that patient's residence following  
2 an inpatient stay;

3 (3) "hospital" means a health facility  
4 licensed as a general acute hospital by the authority;

5 (4) "lay caregiver" means a person who is  
6 eighteen years of age or older, who has been designated as a  
7 lay caregiver pursuant to this section and who provides  
8 aftercare to a patient in the patient's residence; and

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

13 SECTION 33. Section 24-1-5.7 NMSA 1978 (being Laws  
14 2003, Chapter 190, Section 1, as amended) is recompiled as  
15 Section 24A-1-12 NMSA 1978 and is amended to read:

16 "24A-1-12. METHADONE CLINICS--REGULATION BY THE  
17 AUTHORITY.--

18 A. The federal government requires the state to  
19 approve the establishment of all new methadone clinics. In  
20 an effort to maintain compliance with the federal  
21 requirement, the authority shall regulate the establishment  
22 and continuance of methadone clinics in New Mexico in  
23 accordance with its powers and duties.

24 B. In regulating methadone clinics, the authority  
25 shall perform an assessment of the need for clinics and



1 develop clinical and administrative standards as required by  
2 federal law. The authority may consider other factors it  
3 deems necessary to ensure the provision of drug abuse  
4 treatment services and the protection of the health and  
5 safety of New Mexico residents.

6 C. For the purposes of this section, "methadone  
7 clinic" means a public or private facility that dispenses  
8 methadone for the detoxification treatment or maintenance  
9 treatment of narcotic addicts."

10 SECTION 34. Section 24-1-41 NMSA 1978 (being Laws  
11 2019, Chapter 129, Section 1) is recompiled as Section  
12 24A-1-13 NMSA 1978 and is amended to read:

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

16 A. Unless required by federal law, a health  
17 facility shall establish the same criteria for granting  
18 patient admitting or discharge privileges or in authorizing  
19 continuing patient care for certified nurse practitioners,  
20 certified nurse-midwives and clinical nurse specialists as  
21 the health facility has established for physicians.

22 B. A health facility shall ensure that certified  
23 nurse practitioners, certified nurse-midwives and clinical  
24 nurse specialists acting in accordance with these  
25 professionals' respective scopes of practice under New Mexico

1 law are:

2 (1) eligible to serve on the health  
3 facility's medical staff;

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

6 (3) authorized to conduct peer review of  
7 their professional colleagues.

8 C. As used in this section:

9 (1) "certified nurse-midwife" means a  
10 person licensed as a registered nurse pursuant to the Nursing  
11 Practice Act and licensed by the department of health as a  
12 certified nurse-midwife;

13 (2) "certified nurse practitioner" means a  
14 registered nurse who is licensed by the board of nursing for  
15 advanced practice as a certified nurse practitioner pursuant  
16 to the Nursing Practice Act;

17 (3) "clinical nurse specialist" means a  
18 registered nurse who is licensed by the board of nursing for  
19 advanced practice as a clinical nurse specialist and whose  
20 name and pertinent information are entered on the list of  
21 clinical nurse specialists maintained by the board of  
22 nursing;

23 (4) "health facility" means a health  
24 facility licensed by the authority; and

25 (5) "physician" means a person licensed to

1 practice as a medical doctor or an osteopathic physician."

2 SECTION 35. Section 24-1K-3 NMSA 1978 (being Laws  
3 2021, Chapter 87, Section 3) is recompiled as Section  
4 24A-1-14 NMSA 1978 and is amended to read:

5 "24A-1-14. PRIMARY CARE COUNCIL CREATED--DUTIES.--

6 A. The secretary shall create the "primary care  
7 council" to:

8 (1) develop a shared description of primary  
9 care practitioners and services;

10 (2) analyze annually the proportion of  
11 health care delivery expenditures allocated to primary care  
12 statewide;

13 (3) review national and state models of  
14 optimal primary care investment with the objectives of  
15 increasing access to primary care, improving the quality of  
16 primary care services and lowering the cost of primary care  
17 delivery statewide;

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

21 (5) recommend policies, rules and  
22 legislation to increase access to primary care, improve the  
23 quality of primary care services and lower the cost of  
24 primary care delivery while reducing overall health care  
25 costs;

1 (6) coordinate efforts with the graduate  
2 medical education expansion review board and other primary  
3 care workforce development initiatives to devise a plan that  
4 addresses primary care workforce shortages within the state;

5 (7) report annually to the interim  
6 legislative health and human services committee and the  
7 legislative finance committee on ways that primary care  
8 investment could increase access to primary care, improve the  
9 quality of primary care services, lower the cost of primary  
10 care delivery, address the shortage of primary care providers  
11 and reduce overall health care costs; and

12 (8) develop and present to the secretary a  
13 five-year plan to determine how primary care investment could  
14 increase access to primary care, improve the quality of  
15 primary care services, lower the cost of primary care  
16 delivery, address the shortage of primary care providers and  
17 reduce overall health care costs.

18 B. The primary care council shall include nine  
19 voting members and thirteen advisory members, appointed by  
20 the secretary, and shall consist of:

21 (1) one member from the authority;

22 (2) one member from the department of  
23 health;

24 (3) one member from the office of  
25 superintendent of insurance;

1 (4) one member from a statewide  
2 organization representing federally qualified health centers  
3 in New Mexico;

4 (5) five members from statewide  
5 organizations representing primary care providers or  
6 statewide health professional societies or associations; and

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

9 C. The chair of the primary care council shall be  
10 elected by the voting members of the council.

11 D. The council shall meet at the call of the  
12 chair.

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

15 F. The authority shall provide staff support for  
16 the council in the performance of its duties.

17 G. A simple majority of the voting members of the  
18 council constitutes a quorum.

19 H. The council shall hold its first meeting no  
20 later than October 1, 2021."

21 SECTION 36. Section 24-1-34 NMSA 1978 (being Laws  
22 2012, Chapter 4, Section 1, as amended) is recompiled as  
23 Section 24A-1-15 NMSA 1978 and is amended to read:

24 "24A-1-15. PRIMARY STROKE CENTERS--COMPREHENSIVE  
25 STROKE CENTERS--ACUTE STROKE CAPABLE CENTERS--AUTHORITY

1 CERTIFICATION--RULEMAKING.--

2 A. In accordance with authority rules, the  
3 authority shall certify any acute care hospital as a primary  
4 stroke center, comprehensive stroke center or acute stroke  
5 capable center if that hospital has been accredited by the  
6 joint commission or any other nationally recognized  
7 accrediting body as a primary stroke center, comprehensive  
8 stroke center or acute stroke capable center. The authority  
9 shall post information regarding certification on the  
10 authority's website. If a hospital loses accreditation as a  
11 primary stroke center, comprehensive stroke center or acute  
12 stroke capable center, the secretary shall also remove that  
13 hospital's certification.

14 B. In accordance with authority rules, the  
15 emergency medical systems bureau of the department of health  
16 shall work in coordination with all local and regional  
17 emergency medical services authorities statewide on the  
18 development of pre-hospitalization protocols related to the  
19 assessment, treatment and transport of stroke patients by  
20 licensed emergency medical services providers. These  
21 protocols shall include, at a minimum, plans for the triage  
22 and transport of stroke patients to the closest comprehensive  
23 or primary stroke center or, when appropriate, to an acute  
24 stroke capable center.

25 C. The secretary may adopt rules to assist and

1 encourage primary stroke centers to enter into coordinated  
2 stroke care agreements with other health care facilities  
3 throughout the state to provide appropriate access to care  
4 for acute stroke patients."

5 SECTION 37. Section 24-1-35 NMSA 1978 (being Laws  
6 2013, Chapter 114, Section 1) is recompiled as Section  
7 24A-1-16 NMSA 1978 and is amended to read:

8 "24A-1-16. ASSISTED LIVING FACILITIES CONTRACTS--LIMIT  
9 ON CHARGES AFTER RESIDENT DEATH.--

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

21 B. If a resident's belongings are not removed  
22 within one week of the resident's death and the amount of  
23 belongings does not preclude renting the unit, the facility  
24 may clear the unit and charge the resident's estate for  
25 moving and storing the items at a rate equal to the actual

1 cost to the facility, not to exceed ten percent of the  
2 regular rate for the unit; provided that the responsible  
3 party for the resident is given notice at least one week  
4 before the resident's belongings are removed. If the  
5 resident's belongings are not claimed within forty-five days  
6 after notification, the facility may dispose of them.

7 C. For the purposes of this section, "assisted  
8 living facility" means a facility required to be licensed as  
9 an assisted living facility for adults by the authority."

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

12 "24A-1-17. RURAL HEALTH CARE DELIVERY FUND--  
13 GRANTS--APPLICATIONS--AWARDS.--

14 A. The "rural health care delivery fund" is  
15 created as a nonreverting fund in the state treasury. The  
16 fund consists of appropriations, gifts, grants, donations,  
17 income from investment of the fund and any other revenue  
18 credited to the fund. The authority shall administer the  
19 fund, and money in the fund is appropriated to the authority  
20 to carry out the provisions of this section. Expenditures  
21 shall be by warrant of the secretary of finance and  
22 administration pursuant to vouchers signed by the secretary  
23 or the secretary's authorized representative.

24 B. A rural health care provider or rural health  
25 care facility may apply to the authority for a grant to



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

11 (1) the rural health care provider or rural  
12 health care facility meets state licensing requirements to  
13 provide health care services and is an enrolled medicaid  
14 provider that actively serves medicaid recipients;

15 (2) grants are for one year and for no more  
16 than the first five years of operation as a newly constructed  
17 rural health care facility or the operation of a new or  
18 expanded health care service;

19 (3) grants are limited to covering  
20 operating losses for which recognized revenue is not  
21 sufficient;

22 (4) the rural health care provider or rural  
23 health care facility provides adequate cost data, as defined  
24 by rule of the authority, based on financial and statistical  
25 records that can be verified by qualified auditors and which

1 data are based on an approved method of cost finding and the  
2 accrual basis of accounting and can be confirmed as having  
3 been delivered through review of claims;

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

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

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

11 (b) actively serve medicaid recipients  
12 throughout the duration of the grant period; and

13 (7) in prioritizing grant awards, the  
14 authority shall consider the health needs of the state and  
15 the locality and the long-term sustainability of the new or  
16 expanded service.

17 C. As used in this section:

18 (1) "allowable costs" means necessary and  
19 proper costs defined by rule of the authority based on  
20 medicare reimbursement principles, including reasonable  
21 direct expenses, but not including general overhead and  
22 management fees paid to a parent corporation;

23 (2) "health care services" means services  
24 for the diagnosis, prevention, treatment, cure or relief of a  
25 physical, dental, behavioral or mental health condition,

1 substance use disorder, illness, injury or disease and for  
2 medical or behavioral health ground transportation;

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

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

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

11 (6) "operating losses" means the projected  
12 difference between recognized revenue and allowable costs for  
13 a grant request period;

14 (7) "recognized revenue" means operating  
15 revenue, including revenue directly related to the rendering  
16 of patient care services and revenue from nonpatient care  
17 services to patients and persons other than patients; the  
18 value of donated commodities; supplemental payments;  
19 distributions from the safety net care pool fund; and  
20 distributions of federal funds;

21 (8) "rural health care facility" means a  
22 health care facility licensed in the state that provides  
23 inpatient or outpatient physical or behavioral health  
24 services or programmatic services in a county that has a  
25 population of one hundred thousand or fewer according to the

1 most recent federal decennial census;

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

11 (10) "start-up costs" means the planning,  
12 development and operation of rural health care services,  
13 including legal fees; accounting fees; costs associated with  
14 leasing equipment, a location or property; depreciation of  
15 equipment costs; and staffing costs. "Start-up costs" does  
16 not mean the construction or purchase of land or buildings."

17 SECTION 39. Section 24-1E-1 NMSA 1978 (being Laws  
18 1996, Chapter 35, Section 4, as amended) is recompiled as  
19 Section 24A-2-1 NMSA 1978 and is amended to read:

20 "24A-2-1. SHORT TITLE.--Chapter 24A, Article 2 NMSA  
21 1978 may be cited as the "Health Facility Receivership Act"."

22 SECTION 40. Section 24-1E-2 NMSA 1978 (being Laws  
23 1996, Chapter 35, Section 5, as amended) is recompiled as  
24 Section 24A-2-2 NMSA 1978 and is amended to read:

25 "24A-2-2. DEFINITIONS.--As used in the Health Facility

1 Receivership Act:

2 A. "health facility" includes community-based  
3 programs providing services funded, directly or indirectly,  
4 in whole or in part, by the home and community-based medicaid  
5 waiver program or by developmental disabilities, traumatic  
6 brain injury or other medical disabilities programs; and

7 B. "receiver" means the secretary, upon  
8 appointment pursuant to the Health Facility Receivership  
9 Act."

10 SECTION 41. Section 24-1E-3 NMSA 1978 (being Laws  
11 1996, Chapter 35, Section 6) is recompiled as Section 24A-2-3  
12 NMSA 1978 and is amended to read:

13 "24A-2-3. HEALTH FACILITY RECEIVERSHIPS AUTHORIZED--  
14 VENUE.--

15 A. The secretary may file a verified petition in  
16 the district court seeking appointment as receiver of a  
17 health facility if the facility:

18 (1) is being operated without a valid  
19 license from the authority;

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

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

25 (4) presents a situation, physical

1 condition, practice or method of operation that the secretary  
2 finds presents an imminent danger of death or significant  
3 mental or physical harm to its residents or other persons.

4 B. The proceedings shall be governed by, and the  
5 receiver's powers and duties shall be as specified in, the  
6 Receivership Act, supplemented as provided in the Health  
7 Facility Receivership Act.

8 C. Venue shall be laid in the district court for  
9 Santa Fe county or any other county in which the health  
10 facility or any of its satellite facilities is located.

11 D. Service of process shall be made in any manner  
12 provided by the Rules of Civil Procedure for the District  
13 Courts. If personal service cannot practicably or promptly  
14 be made as so provided, service may be made by delivery of  
15 the summons with the petition attached to any person in  
16 charge of the health facility at the time service is made.

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

20 SECTION 42. Section 24-1E-3.1 NMSA 1978 (being Laws  
21 2001, Chapter 225, Section 4) is recompiled as Section  
22 24A-2-4 NMSA 1978 and is amended to read:

23 "24A-2-4. RULEMAKING.--The secretary shall promulgate  
24 rules to implement the provisions of the Health Facility  
25 Receivership Act. As a minimum, the rules shall establish:

1           A. conditions under which a petition for a health  
2 facility receivership may be filed;

3           B. the duties, authority and responsibilities of  
4 the deputy receiver and the health facility;

5           C. the specific authority of the deputy receiver  
6 to impose financial conditions and requirements on the health  
7 facility;

8           D. minimum qualifications for deputy receivers;  
9 and

10           E. provisions that will be requested for  
11 inclusion in district court orders entered pursuant to the  
12 Health Facility Receivership Act."

13           SECTION 43. Section 9-7-6.4 NMSA 1978 (being Laws  
14 2004, Chapter 46, Section 8, as amended) is recompiled as  
15 Section 24A-3-1 NMSA 1978 and is amended to read:

16           "24A-3-1. INTERAGENCY BEHAVIORAL HEALTH PURCHASING  
17 COLLABORATIVE.--

18           A. The "interagency behavioral health purchasing  
19 collaborative" is created, consisting of the secretaries of  
20 health care authority, aging and long-term services, Indian  
21 affairs, health, corrections, children, youth and families,  
22 early childhood education and care, finance and  
23 administration, workforce solutions, public education and  
24 transportation or their designees; the directors of the  
25 administrative office of the courts, the retiree health care

1 authority, the governor's commission on disability, the  
2 developmental disabilities council, the instructional support  
3 and vocational education division of the public education  
4 department and the New Mexico health policy commission or  
5 their designees; and the governor's health policy  
6 coordinator. The collaborative shall be chaired by the  
7 secretary of health care authority with the respective  
8 secretaries of health and children, youth and families  
9 alternating annually as co-chairs.

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

12 (1) identify behavioral health needs  
13 statewide, with an emphasis on that hiatus between needs and  
14 services set forth in the authority's gap analysis and in  
15 ongoing needs assessments, and develop a master plan for  
16 statewide delivery of services;

17 (2) give special attention to regional  
18 differences, including cultural, rural, frontier, urban and  
19 border issues;

20 (3) inventory all expenditures for  
21 behavioral health, including mental health and substance  
22 abuse;

23 (4) plan, design and direct a statewide  
24 behavioral health system, ensuring both availability of  
25 services and efficient use of all behavioral health funding,



1 taking into consideration funding appropriated to specific  
2 affected departments; and

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

6 C. The plan for delivery of behavioral health  
7 services shall include specific service plans to address the  
8 needs of infants, children, adolescents, adults and seniors,  
9 as well as to address workforce development and retention and  
10 quality improvement issues. The plan shall be revised every  
11 two years and shall be adopted by the authority as part of  
12 the statewide health plan.

13 D. The plan shall take the following principles  
14 into consideration, to the extent practicable and within  
15 available resources:

16 (1) services should be individually  
17 centered and family-focused based on principles of individual  
18 capacity for recovery and resiliency;

19 (2) services should be delivered in a  
20 culturally responsive manner in a home- or community-based  
21 setting, where possible;

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

24 (4) individualized service planning and  
25 case management should take into consideration individual and

1 family circumstances, abilities and strengths and be  
2 accomplished in consultation with appropriate family,  
3 caregivers and other persons critical to the individual's  
4 life and well-being;

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

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

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

11 (8) services should include behavioral  
12 health promotion, prevention, early intervention, treatment  
13 and community support; and

14 (9) services should consider regional  
15 differences, including cultural, rural, frontier, urban and  
16 border issues.

17 E. The collaborative shall seek and consider  
18 suggestions of Native American representatives from Indian  
19 nations, tribes and pueblos and the urban Indian population,  
20 located wholly or partially within New Mexico, in the  
21 development of the plan for delivery of behavioral health  
22 services.

23 F. Pursuant to the State Rules Act, the  
24 collaborative shall adopt rules through the authority for:

25 (1) standards of delivery for behavioral

1 health services provided through contracted behavioral health  
2 entities, including:

- 3 (a) quality management and  
4 improvement;
- 5 (b) performance measures;
- 6 (c) accessibility and availability of  
7 services;
- 8 (d) utilization management;
- 9 (e) credentialing of providers;
- 10 (f) rights and responsibilities of  
11 consumers and providers;
- 12 (g) clinical evaluation and treatment  
13 and supporting documentation; and
- 14 (h) confidentiality of consumer  
15 records; and

16 (2) approval of contracts and contract  
17 amendments by the collaborative, including public notice of  
18 the proposed final contract.

19 G. The collaborative shall, through the  
20 authority, submit a separately identifiable consolidated  
21 behavioral health budget request. The consolidated  
22 behavioral health budget request shall account for requested  
23 funding for the behavioral health services program at the  
24 authority and any other requested funding for behavioral  
25 health services from agencies identified in Subsection A of

1 this section that will be used pursuant to Paragraph (5) of  
2 Subsection B of this section. Any contract proposed,  
3 negotiated or entered into by the collaborative is subject to  
4 the provisions of the Procurement Code.

5 H. The collaborative shall, with the consent of  
6 the governor, appoint a "director of the collaborative". The  
7 director is responsible for the coordination of day-to-day  
8 activities of the collaborative, including the coordination  
9 of staff from the collaborative member agencies.

10 I. The collaborative shall provide a quarterly  
11 report to the legislative finance committee on performance  
12 outcome measures. The collaborative shall submit an annual  
13 report to the legislative finance committee and the interim  
14 legislative health and human services committee that provides  
15 information on:

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

18 (2) the collaborative's performance  
19 information, including contractors and providers; and

20 (3) the number of people receiving  
21 services, the most frequently treated diagnoses, expenditures  
22 by type of service and other aggregate claims data relating  
23 to services rendered and program operations."

24 SECTION 44. Section 24-1-28 NMSA 1978 (being Laws  
25 2004, Chapter 46, Section 2, as amended) is recompiled as

1 Section 24A-3-2 NMSA 1978 and is amended to read:

2 "24A-3-2. BEHAVIORAL HEALTH PLANNING COUNCIL CREATED--  
3 POWERS AND DUTIES--MEMBERSHIP.--

4 A. The "behavioral health planning council" is  
5 created. The council consists of the following members, all  
6 of whom shall be appointed by and serve at the pleasure of  
7 the governor:

8 (1) consumers of behavioral health services  
9 and consumers of substance abuse services, as follows:

10 (a) adults with serious mental  
11 illness;

12 (b) seniors;

13 (c) family members of adults with  
14 serious mental illness and of children with serious emotional  
15 or neurobiological disorders; and

16 (d) persons with co-occurring  
17 disorders;

18 (2) Native American representatives from a  
19 pueblo, an Apache tribe, the Navajo Nation and an urban  
20 Native American population;

21 (3) providers;

22 (4) state agency representation from  
23 agencies responsible for:

24 (a) adult mental health and substance  
25 abuse;

- 1 (b) children's mental health and  
2 substance abuse;
- 3 (c) education;
- 4 (d) vocational rehabilitation;
- 5 (e) criminal justice;
- 6 (f) juvenile justice;
- 7 (g) housing;
- 8 (h) medicaid and social services;
- 9 (i) health policy planning;
- 10 (j) developmental disabilities  
11 planning; and
- 12 (k) disabilities issues and advocacy;
- 13 (5) such other members as the governor may  
14 appoint to ensure appropriate cultural and geographic  
15 representation; and
- 16 (6) advocates.

17 B. Providers and state agency representatives  
18 together may not constitute more than forty-nine percent of  
19 the council membership.

20 C. The council shall:

- 21 (1) advocate for adults, children and  
22 adolescents with serious mental illness or severe emotional,  
23 neurobiological and behavioral disorders, as well as those  
24 with mental illness or emotional problems, including  
25 substance abuse and co-occurring disorders;

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

4 (3) encourage and support the development  
5 of a comprehensive, integrated, community-based behavioral  
6 health system of care, including mental health and substance  
7 abuse services, and services for persons with co-occurring  
8 disorders;

9 (4) advise state agencies responsible for  
10 behavioral health services for children and adults, as those  
11 agencies are charged in Section 24A-3-1 NMSA 1978;

12 (5) meet regularly and at the call of the  
13 chair, who shall be selected by the council membership from  
14 among its members;

15 (6) establish subcommittees, to meet at  
16 least quarterly, as follows:

17 (a) a medicaid subcommittee, chaired  
18 by the secretary of health care authority or a designee,  
19 which may also serve as a subcommittee of the medicaid  
20 advisory committee;

21 (b) a child and adolescent  
22 subcommittee, chaired by the secretary of children, youth and  
23 families or a designee;

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

1 (d) a substance abuse subcommittee,  
2 chaired by the secretary of health or a designee, which shall  
3 include DWI issues and shall include representation from  
4 local DWI councils;

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

7 (f) other subcommittees as may be  
8 established by the chair of the council to address specific  
9 issues. All subcommittees may include nonvoting members  
10 appointed by the chair for purposes of providing expertise  
11 necessary to the charge of the respective subcommittee;

12 (7) review and make recommendations for the  
13 comprehensive mental health state block grant and the  
14 substance abuse block grant applications, the state plan for  
15 medicaid services and any other plan or application for  
16 federal or foundation funding for behavioral health services;  
17 and

18 (8) replace the governor's mental health  
19 planning council and act in accordance with Public Law  
20 102-321 of the federal Public Health Service Act."

21 SECTION 45. Section 9-8-7.3 NMSA 1978 (being Laws  
22 2019, Chapter 222, Section 2, as amended) is recompiled as  
23 Section 24A-3-3 NMSA 1978 and is amended to read:

24 "24A-3-3. INCARCERATED PERSONS--BEHAVIORAL HEALTH  
25 SERVICES--COUNTY FUNDING PROGRAM.--To carry out the



1 provisions of Subsection E of Section 9-8-7.1 NMSA 1978 and  
2 to provide behavioral health services to persons who are  
3 incarcerated in a county correctional facility:

4 A. the secretary shall adopt and promulgate  
5 rules:

6 (1) pursuant to which a county may apply  
7 for and be awarded funding through the authority; and

8 (2) to establish priorities and guidelines  
9 for the award of funding to counties; and

10 B. the authority shall distribute funds, as  
11 funding permits, to the county health care assistance funds  
12 of those counties:

13 (1) that apply for behavioral health  
14 services funding in accordance with authority rules; and

15 (2) whose proposed utilization of funding  
16 pursuant to this section meets the priorities and guidelines  
17 for the awarding of behavioral health services funding  
18 established in authority rules."

19 SECTION 46. Section 24-17A-1 NMSA 1978 (being Laws  
20 1998, Chapter 82, Section 1) is recompiled as Section 24A-5-1  
21 NMSA 1978 and is amended to read:

22 "24A-5-1. SHORT TITLE.--Chapter 24A, Article 5 NMSA  
23 1978 may be cited as the "Long-Term Care Services Act"."

24 SECTION 47. Section 24-17A-3 NMSA 1978 (being Laws  
25 1998, Chapter 82, Section 3) is recompiled as Section 24A-5-3

1 NMSA 1978 and is amended to read:

2 "24A-5-3. INTERAGENCY COMMITTEE CREATED--COORDINATED  
3 SERVICE DELIVERY SYSTEM--LEAD AGENCY--SERVICE DELIVERY  
4 SYSTEM.--

5 A. The "interagency committee on long-term care"  
6 is created.

7 B. Members of the interagency committee on  
8 long-term care shall be the heads of the following agencies  
9 or their designated representatives:

- 10 (1) the authority;
- 11 (2) the aging and long-term services  
12 department;
- 13 (3) the department of health;
- 14 (4) the children, youth and families  
15 department;
- 16 (5) the workforce solutions department;
- 17 (6) the governor's commission on  
18 disability;
- 19 (7) the developmental disabilities council;
- 20 and
- 21 (8) the office of superintendent of  
22 insurance.

23 C. The interagency committee on long-term care  
24 shall design and implement a coordinated service delivery  
25 system that fulfills the legislative mandate to develop a

1 coordinated long-term care system.

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

5 SECTION 48. Section 24-17B-1 NMSA 1978 (being Laws  
6 2021, Chapter 111, Section 1) is recompiled as Section  
7 24A-6-1 NMSA 1978 and is amended to read:

8 "24A-6-1. SHORT TITLE.--Chapter 24A, Article 6 NMSA  
9 1978 may be cited as the "Long-Term Care Facility Dementia  
10 Training Act"."

11 SECTION 49. Section 24-17B-2 NMSA 1978 (being Laws  
12 2021, Chapter 111, Section 2, as amended) is recompiled as  
13 Section 24A-6-2 NMSA 1978 and is amended to read:

14 "24A-6-2. DEFINITIONS.--As used in the Long-Term Care  
15 Facility Dementia Training Act:

16 A. "direct care service" means services provided  
17 to long-term care facility residents that maintain or improve  
18 the health and quality of life of the residents;

19 B. "direct care service staff member" means a  
20 person employed by or contracted with a long-term care  
21 facility to provide in-person direct care services to  
22 long-term care facility residents. "Direct care service  
23 staff member" does not include a registered nurse licensed  
24 pursuant to the Nursing Practice Act or a physician licensed  
25 pursuant to the Medical Practice Act who has received

1 specialized training or education in geriatric care; and

2 C. "long-term care facility" means a long-term  
3 care facility licensed by the state that is not otherwise  
4 required to provide at least four hours of dementia care  
5 training under state or federal law. "Long-term care  
6 facility" does not include a facility licensed pursuant to  
7 the Health Care Code as an intermediate care facility for  
8 persons with intellectual disabilities."

9 SECTION 50. Section 24-17B-3 NMSA 1978 (being Laws  
10 2021, Chapter 111, Section 3, as amended) is recompiled as  
11 Section 24A-6-3 NMSA 1978 and is amended to read:

12 "24A-6-3. TRAINING REQUIRED.--

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

17 (1) recognizing and treating Alzheimer's  
18 disease and dementia;

19 (2) person-centered care;

20 (3) activities of daily living;

21 (4) an overview of the different types of  
22 dementia;

23 (5) strategies to manage the behavior of  
24 people who have dementia; and

25 (6) strategies to effectively communicate

1 with people who have dementia.

2 B. Training may be online or in-person and shall  
3 be a training program of at least four hours. Each long-term  
4 care facility shall submit the training program that it uses  
5 or proposes to use to the authority for review. If the  
6 authority finds that the training program does not satisfy  
7 the purposes of the Long-Term Care Facility Dementia Training  
8 Act, it shall require the long-term care facility to submit a  
9 new proposed training program.

10 C. A person designing the training shall have at  
11 least two years of work experience related to Alzheimer's  
12 disease, dementia, health care, gerontology or other related  
13 field.

14 D. Every direct care service staff member shall  
15 complete the requirements for and obtain a training  
16 certificate. A direct care service staff member:

17 (1) hired after January 1, 2022 shall  
18 complete the training required within ninety days of the  
19 start of employment;

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

24 (3) hired prior to January 1, 2022 who  
25 received training within the past twenty-four months

1 equivalent to the requirements set forth in that act shall be  
2 issued a training certificate by the long-term care facility  
3 that employs the direct care service staff member; and

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

9 E. A long-term care facility that contracts for  
10 the services of a direct care service staff member may  
11 include a requirement in the contract that the direct care  
12 service staff member is required to receive dementia care  
13 training that satisfies the requirements of the Long-Term  
14 Care Facility Dementia Training Act."

15 SECTION 51. Section 24-17B-4 NMSA 1978 (being Laws  
16 2021, Chapter 111, Section 4, as amended) is recompiled as  
17 Section 24A-6-4 NMSA 1978 and is amended to read:

18 "24A-6-4. AUTHORITY OVERSIGHT AND RULEMAKING.--In  
19 consultation with the aging and long-term services  
20 department, the authority shall:

21 A. identify, publish a list of and periodically  
22 review online or in-person standardized training programs  
23 that meet the requirements of the Long-Term Care Facility  
24 Dementia Training Act;

25 B. develop and periodically review required

1 evaluation instruments that demonstrate competency and  
2 knowledge gained in training topics;

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

6 (1) for evaluation on the training topics  
7 for treatment and care of persons with Alzheimer's disease or  
8 dementia; and

9 (2) requiring one hour of dementia care  
10 training to be included as part of an annual continuing  
11 education training requirement for direct care service staff  
12 members at long-term care facilities, unless additional time  
13 is necessitated to address changing standards of care;

14 D. issue interpretative guidance as necessary to  
15 ensure compliance with the Long-Term Care Facility Dementia  
16 Training Act;

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

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

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

1 "24A-6-5. DEMENTIA TRAINING CERTIFICATES.--The  
2 training provider shall issue a certificate to staff upon  
3 completion of initial training. The certificate shall be  
4 valid so long as the certificate holder meets the  
5 requirements set forth by the authority pursuant to the  
6 Long-Term Care Facility Dementia Training Act and the  
7 certificate holder has not had a lapse of dementia-related  
8 direct care service employment for twenty-four consecutive  
9 months or more. The certificate shall be valid among  
10 long-term care facilities. Each long-term care facility and  
11 long-term care facility contractor that is subject to that  
12 act shall be responsible for maintaining documentation  
13 regarding completed dementia training and evaluation for each  
14 direct care service staff member."

15 SECTION 53. Section 24-33-1 NMSA 1978 (being Laws  
16 2019, Chapter 141, Section 1) is recompiled as Section  
17 24A-7-1 NMSA 1978 and is amended to read:

18 "24A-7-1. SHORT TITLE.--Chapter 24A, Article 7 NMSA  
19 1978 may be cited as the "Graduate Medical Education  
20 Expansion Grant Program Act"."

21 SECTION 54. Section 24-33-2 NMSA 1978 (being Laws  
22 2019, Chapter 141, Section 2) is recompiled as Section  
23 24A-7-2 NMSA 1978 and is amended to read:

24 "24A-7-2. DEFINITION.--As used in the Graduate Medical  
25 Education Expansion Grant Program Act, "graduate medical



1 education training program" means a program that has received  
2 approval or is in the process of seeking approval to operate  
3 as a graduate medical education training program sponsor from  
4 the appropriate professional association that evaluates and  
5 accredits medical residency and internship programs,  
6 including:

- 7 A. a licensed and accredited hospital;
- 8 B. an academic medical education institution;
- 9 C. a new freestanding graduate medical education  
10 program;
- 11 D. an established or new graduate medical  
12 education training consortium; and
- 13 E. a federally qualified health center."

14 SECTION 55. Section 24-33-3 NMSA 1978 (being Laws  
15 2019, Chapter 141, Section 3) is recompiled as Section  
16 24A-7-3 NMSA 1978 and is amended to read:

17 "24A-7-3. GRADUATE MEDICAL EDUCATION EXPANSION GRANT  
18 PROGRAM--FUND--DISTRIBUTIONS--APPLICATION REQUIREMENTS--  
19 PRIORITIES FOR AWARDS--REPORTING REQUIREMENTS.--

20 A. The "graduate medical education expansion  
21 grant program fund" is created as a nonreverting fund in the  
22 state treasury. The fund consists of appropriations, gifts,  
23 grants and donations. The authority shall administer the  
24 fund, and money in the fund is appropriated to the authority  
25 to administer the provisions of the Graduate Medical

1 Education Expansion Grant Program Act. Money in the fund may  
2 be used to secure federal and private matching funds as  
3 determined by the secretary. Money in the fund shall be  
4 disbursed on warrants signed by the secretary of finance and  
5 administration pursuant to vouchers signed by the secretary  
6 of health care authority or the secretary's authorized  
7 representative.

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

19 C. The authority may provide one-time planning  
20 grants to graduate medical education training programs as  
21 provided by rule.

22 D. The authority may provide graduate medical  
23 education grants to:

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

1 (2) fund unfilled, accredited first-year  
2 positions within a graduate medical education training  
3 program;

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

7 (4) fund existing graduate medical  
8 education training programs.

9 E. The authority may prioritize applications that  
10 emphasize the following:

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

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

19 (3) increasing primary care positions in  
20 medically underserved areas within the state.

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

23 (1) expenditures of grant funds; and

24 (2) plans for unexpended funds."

25 SECTION 56. Section 24-33-4 NMSA 1978 (being Laws

1 2019, Chapter 141, Section 4) is recompiled as Section  
2 24A-7-4 NMSA 1978 and is amended to read:

3 "24A-7-4. GRADUATE MEDICAL EDUCATION EXPANSION REVIEW  
4 BOARD--CREATED--DUTIES.--

5 A. The "graduate medical education expansion  
6 review board" is created to:

- 7 (1) develop a state strategic plan for  
8 expanding graduate medical education training programs;  
9 (2) review grant applications; and  
10 (3) review the grants awarded pursuant to  
11 the Graduate Medical Education Expansion Grant Program Act.

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

- 17 (1) the authority;  
18 (2) the higher education department;  
19 (3) hospitals, primary care consortiums and  
20 medical organizations; and  
21 (4) osteopathic and allopathic medical  
22 professional societies and associations.

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

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

4 E. The authority shall provide staff support for  
5 the review board in the performance of its duties.

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

11 G. The health care authority and the higher  
12 education department shall assist the graduate medical  
13 education expansion review board in developing a strategic  
14 plan for the expansion of graduate medical education training  
15 programs, which shall include the following:

16 (1) a statement describing the objectives  
17 and goals of the review board, the strategies by which those  
18 goals will be achieved and a time line for achieving those  
19 goals;

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

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

24 (4) an evaluation of the standards and  
25 curriculum guidelines for graduate medical education training

1 programs;

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

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

7 H. The graduate medical education expansion  
8 review board shall review applications to the graduate  
9 medical education expansion grant program and provide  
10 recommendations to the secretary."

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

13 "26-4-1. SHORT TITLE.--Chapter 26, Article 4 NMSA 1978  
14 may be cited as the "Wholesale Prescription Drug Importation  
15 Act"."

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

18 "26-4-2. DEFINITIONS.--As used in the Wholesale  
19 Prescription Drug Importation Act:

20 A. "Canadian supplier" means a manufacturer,  
21 wholesale distributor or pharmacy that is appropriately  
22 licensed or permitted under Canadian federal or provincial  
23 laws and rules to manufacture, distribute or dispense  
24 prescription drugs;

25 B. "committee" means the prescription drug

1 importation advisory committee;

2 C. "department" or "authority" means the health  
3 care authority department;

4 D. "eligible prescription drug" means a drug  
5 eligible for importation that:

6 (1) meets the United States food and drug  
7 administration's standards related to safety, effectiveness,  
8 misbranding and adulteration;

9 (2) does not violate federal patent laws;

10 (3) is expected to generate cost savings;

11 and

12 (4) is not a controlled substance;

13 E. "program" means the wholesale prescription  
14 drug importation program; and

15 F. "state drug wholesaler" means a licensed  
16 wholesale drug distributor that contracts with the state to  
17 import eligible prescription drugs from a Canadian supplier."

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

20 "26-4-3. ADVISORY COMMITTEE CREATED--MEMBERSHIP--  
21 DUTIES.--

22 A. The "prescription drug importation advisory  
23 committee" is created as an interagency advisory committee of  
24 the health care authority. The committee consists of:

25 (1) the secretary of health care authority,

1 who shall serve as the chair of the committee;

2 (2) the executive director of the board of  
3 pharmacy;

4 (3) the superintendent of insurance;

5 (4) the secretary of health; and

6 (5) the secretary of general services.

7 B. Members may appoint designees.

8 C. The committee shall advise the health care  
9 authority in developing and implementing the program. The  
10 committee shall consult with interested stakeholders and  
11 appropriate federal officials as necessary in shaping its  
12 advice to the authority. The health care authority shall  
13 hold a public hearing on the proposed program prior to  
14 submitting the program for federal approval."

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

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



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

3 "27-1-2. POWERS OF HEALTH CARE AUTHORITY.--

4 A. The health care authority is an agency of the  
5 state and shall at all times be under the exclusive control  
6 of this state. The management and control of the health care  
7 authority is vested in the secretary of health care  
8 authority.

9 B. Subject to the constitution of New Mexico, the  
10 health care authority has the power 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  
16 Chapter 27 NMSA 1978 to carry out the purposes of that  
17 chapter;

18 (5) adopt, amend and repeal bylaws and  
19 rules;

20 (6) purchase, lease and hold real and  
21 personal property necessary or convenient for the carrying  
22 out of its powers and duties, to exercise the right of  
23 eminent domain to acquire such real property in the same  
24 manner as the state now exercises that right and to dispose  
25 of any property acquired in any manner;

1 (7) have such powers as may be necessary or  
2 appropriate for the exercise of the powers specifically  
3 conferred upon it in Chapter 27 NMSA 1978;

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

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

14 (10) establish and administer programs of  
15 old age assistance and temporary assistance for needy  
16 families and persons with a visual impairment;

17 (11) establish and administer a program of  
18 services for children with a disability or who have a  
19 condition 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  
23 public welfare services for children; and

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

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 HEALTH CARE AUTHORITY.--The  
4 health care authority shall be charged with the  
5 administration of all the welfare activities of the state as  
6 provided in Chapter 27 NMSA 1978, except as otherwise  
7 provided for by law. The health care authority shall, except  
8 as otherwise provided by law:

9 A. administer old age assistance, temporary  
10 assistance for needy families, assistance to persons with a  
11 visual impairment or other physical disability and general  
12 relief;

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

23 C. formulate detailed plans, make rules and take  
24 action that is deemed necessary or desirable to carry out the  
25 provisions of Chapter 27 NMSA 1978 and that is not

1 inconsistent with the provisions of that chapter;

2 D. cooperate with the federal government in  
3 matters of mutual concern pertaining to public welfare and  
4 public assistance, including the adoption of such methods of  
5 administration as are found by the federal government to be  
6 necessary for the efficient operation of the plan for public  
7 welfare and assistance;

8 E. assist other departments, agencies and  
9 institutions of local, state and federal governments when so  
10 requested, cooperate with such agencies when expedient in  
11 performing services in conformity with the purposes of  
12 Chapter 27 NMSA 1978 and cooperate with medical, health,  
13 nursing and welfare groups, any state agency charged with the  
14 administration of laws providing for vocational  
15 rehabilitation of persons with a physical disability and  
16 organizations within the state;

17 F. act as the agent of the federal government in  
18 welfare matters of mutual concern in conformity with the  
19 provisions of Chapter 27 NMSA 1978 and in the administration  
20 of any federal funds granted to this state, to aid in  
21 furtherance of any such functions of the state government;

22 G. establish in counties or in districts, which  
23 may include two or more counties, local units of  
24 administration to serve as agents of the health care  
25 authority;

1 H. at its discretion, establish local offices of  
2 the health care authority for such territory as it may see  
3 fit and by rule prescribe the duties of the local office;

4 I. administer such other public welfare functions  
5 as may be assumed by the state after June 19, 1987;

6 J. carry on research and compile statistics  
7 relative to the entire public welfare program throughout the  
8 state, including all phases of dependency, defectiveness,  
9 delinquency and related problems, and develop plans in  
10 cooperation with other public and private agencies for the  
11 prevention as well as treatment of conditions giving rise to  
12 public welfare problems; and

13 K. inspect and require reports from all private  
14 institutions, boarding homes and agencies providing  
15 assistance, care or other direct services to persons who are  
16 elderly, who have a visual impairment, who have a physical or  
17 developmental disability or who are otherwise dependent.

18 Nothing contained in this section shall be construed to  
19 authorize the health care authority to establish or prescribe  
20 standards or regulations for or otherwise regulate programs  
21 or services to children in group homes as defined in Section  
22 9-8-13 NMSA 1978."

23 SECTION 63. Section 27-1-3.1 NMSA 1978 (being Laws  
24 1980, Chapter 83, Section 1) is amended to read:

25 "27-1-3.1. ACUTE CARE BED USAGE--FUNDING

1 AUTHORIZATION.--The health care authority is authorized to  
2 accept and use federal grants or matching funds for the  
3 purpose of reimbursement to certain rural hospitals for using  
4 empty acute care beds for intermediate care and skilled  
5 nursing care, as defined in federal statutes and regulations,  
6 subject to federal approval and the availability of funds.  
7 The health care authority is authorized to use funds from  
8 existing appropriations for matching federal funds for the  
9 purposes of this section."

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

12 "27-1-8. STATE CASE REGISTRY.--

13 A. The health care authority, acting as the  
14 state's child support enforcement agency pursuant to  
15 Title 4-D of the Social Security Act, shall establish a state  
16 case registry by October 1, 1998 that contains records with  
17 respect to:

18 (1) each case in which services are being  
19 provided on or after October 1, 1998 by the state Title 4-D  
20 agency; and

21 (2) each support order established or  
22 modified in the state on or after October 1, 1998, whether or  
23 not the order was obtained by the Title 4-D agency.

24 B. The records maintained by the state case  
25 registry shall use standardized data elements for parents,

1 such as names, social security numbers and other uniform  
2 identification numbers like dates of birth and case  
3 identification numbers and contain such other information,  
4 such as case status, as the United States secretary of health  
5 and human services may require.

6 C. The Title 4-D agency and the administrative  
7 office of the courts shall work cooperatively to ensure that  
8 the requirements of Laws 1997, Chapter 237 are implemented in  
9 an effective, efficient and timely manner. The health care  
10 authority shall reimburse the administrative office of the  
11 courts for all costs incurred in furnishing the information.  
12 A cooperative agreement between the Title 4-D agency and the  
13 administrative office of the courts shall include costs to be  
14 charged by the administrative office of the courts for all  
15 work performed to conform to these requirements. The health  
16 care authority shall promptly provide the administrative  
17 office of the courts the data elements and formats required  
18 under Subsection B of this section as soon as they become  
19 available to the authority.

20 D. The state case registry shall extract  
21 information from its automated system to share and compare  
22 information with and to receive information from other  
23 databases and information comparison services in order to  
24 obtain or provide information necessary to enable the Title  
25 4-D agency or the United States secretary of health and human

1 services or other state or federal agencies to carry out the  
2 Title 4-D program, subject to Section 6103 of the Internal  
3 Revenue Code of 1986. Such information comparison activities  
4 shall include the following:

5 (1) furnishing to the federal case registry  
6 of child support orders established (and update as necessary  
7 with information, including notice of expiration of orders)  
8 the minimum amount of information on child support cases  
9 recorded in the state case registry that is necessary to  
10 operate the federal registry, as specified by the United  
11 States secretary of health and human services in regulations;

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

15 (3) exchanging information with New Mexico  
16 agencies and agencies of other states administering programs  
17 of temporary assistance for needy families and medicaid and  
18 other programs designated by the United States secretary of  
19 health and human services as necessary to perform state  
20 agency responsibilities under this section and under such  
21 programs; and

22 (4) exchanging information with other  
23 agencies of the state, agencies of other states and  
24 interstate information networks as necessary and appropriate  
25 to carry out or assist other states to carry out purposes of



1 the Title 4-D program."

2 SECTION 65. Section 27-1-13 NMSA 1978 (being Laws  
3 1997, Chapter 237, Section 33) is amended to read:

4 "27-1-13. FINANCIAL INSTITUTION DATA MATCHES.--

5 A. "Financial institution" means:

6 (1) a depository institution, as defined  
7 in Section 3(c) of the Federal Deposit Insurance Act  
8 (12 U.S.C. 1813(c));

9 (2) an institution-affiliated party, as  
10 defined in Section 3(u) of that act (12 U.S.C. 1813(u));

11 (3) any federal credit union or state  
12 credit union, as defined in Section 101 of the Federal  
13 Credit Union Act (12 U.S.C. 1752), including an  
14 institution-affiliated party of such a credit union, as  
15 defined in Section 206(r) of that act (12 U.S.C. 1786(r));  
16 and

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

20 B. "Account" means a demand deposit account,  
21 checking or negotiable withdrawal order account, savings  
22 account, time deposit account or money-market mutual fund  
23 account.

24 C. "Past-due support" means the amount of support  
25 determined under a court order or an order of an

1 administrative process established under state law for  
2 support and maintenance of a child or of a child and the  
3 parent with whom the child is living that has not been paid.

4 D. The health care authority, acting as the  
5 state's child support enforcement agency pursuant to  
6 Title 4-D of the Social Security Act, shall enter into  
7 agreements with financial institutions doing business in the  
8 state to develop and operate, in coordination with such  
9 financial institutions, a data match system to be operational  
10 by October 1, 2000, using automated data exchanges to the  
11 maximum extent feasible, in which each such financial  
12 institution is required to provide the information.

13 E. The health care authority shall establish  
14 standard procedures and formats for the financial  
15 institutions. Such procedures shall include administrative  
16 due process for child support obligors before funds or assets  
17 may be seized by the health care authority.

18 F. Each financial institution in New Mexico shall  
19 provide to the health care authority for each calendar  
20 quarter the name, record address, social security number or  
21 other taxpayer identification number and other identifying  
22 information for each noncustodial parent who maintains an  
23 account at such institution and who owes past-due support, as  
24 identified by the authority, by name and social security  
25 number or other taxpayer identification number.

1           G. Upon receipt of a notice of lien or levy from  
2 the health care authority, financial institutions shall  
3 encumber and surrender assets held by the institution on  
4 behalf of any noncustodial parent who is subject to a child  
5 support lien.

6           H. The health care authority may establish and  
7 pay a reasonable fee to a financial institution for  
8 conducting the data match provided for in this section, not  
9 to exceed the actual costs incurred by such financial  
10 institutions.

11           I. A financial institution shall not be liable  
12 under any state law to any person for disclosing of  
13 information to the health care authority under this section  
14 or for freezing or surrendering any assets held by the  
15 financial institution in response to a notice of lien or  
16 seizure issued by the authority or for any other action taken  
17 in good faith to comply with the requirements of this  
18 section.

19           J. A state child support enforcement agency that  
20 obtains a financial record of a person from a financial  
21 institution may disclose the financial record only for the  
22 purpose of, and to the extent necessary in, establishing,  
23 modifying or enforcing a child support obligation of the  
24 person."

25           SECTION 66. Section 27-1-16 NMSA 1978 (being Laws

1 2013, Chapter 44, Section 1, as amended) is amended to read:

2 "27-1-16. BRAIN INJURY SERVICES FUND CREATED.--

3 A. The "brain injury services fund" is created as  
4 a nonreverting fund in the state treasury. The fund shall be  
5 invested in accordance with the provisions of Section 6-10-10  
6 NMSA 1978, and all income earned on the fund shall be  
7 credited to the fund.

8 B. The brain injury services fund shall be used  
9 to institute and maintain a statewide brain injury services  
10 program designed to increase the independence of persons with  
11 brain injuries.

12 C. The health care authority shall adopt all  
13 rules and policies necessary to administer a statewide brain  
14 injury services program. The authority shall coordinate with  
15 and seek advice from the brain injury advisory council to  
16 ensure that the statewide brain injury services program is  
17 appropriate for persons with brain injuries.

18 D. All money credited to the brain injury  
19 services fund shall be appropriated to the health care  
20 authority to carry out the provisions of this section.

21 E. Disbursements from the brain injury services  
22 fund shall be made upon warrant drawn by the secretary of  
23 finance and administration pursuant to vouchers signed by the  
24 secretary of health care authority.

25 F. For the purposes of this section, "brain

1 injury":

2 (1) means an injury to the brain of  
3 traumatic or acquired origin, including an open or closed  
4 head injury caused by:

- 5 (a) an insult to the brain from an  
6 outside physical force;
- 7 (b) anoxia;
- 8 (c) electrical shock;
- 9 (d) shaken baby syndrome;
- 10 (e) a toxic or chemical substance;
- 11 (f) near-drowning;
- 12 (g) infection;
- 13 (h) a tumor;
- 14 (i) a vascular lesion; or
- 15 (j) an event that results in either  
16 temporary or permanent, partial or total impairments in one  
17 or more areas of the brain that results in total or partial  
18 functional disability, including: 1) cognition; 2) language;  
19 3) memory; 4) attention; 5) reasoning; 6) abstract thinking;  
20 7) judgment; 8) problem solving; 9) sensory perception and  
21 motor abilities; 10) psychosocial behavior; 11) physical  
22 functions; 12) information processing; or 13) speech; and

23 (2) does not apply to an injury that is:

- 24 (a) congenital;
- 25 (b) degenerative;

- 1 (c) induced by birth trauma;  
2 (d) induced by a neurological disorder  
3 related to the aging process; or  
4 (e) a chemically caused brain injury  
5 that is a result of habitual substance abuse."

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

8 "27-2-2. DEFINITIONS.--As used in the Public  
9 Assistance Act:

- 10 A. "authority" or "department" means the health  
11 care authority;  
12 B. "board" means the authority;  
13 C. "director" means the secretary;  
14 D. "local office" means the county or district  
15 office of the authority;  
16 E. "medicaid advisory committee" means the body,  
17 established by federal law, that advises the New Mexico  
18 medicaid program on policy development and program  
19 administration;  
20 F. "medicaid forward plan" means a health care  
21 coverage plan that leverages the medicaid program to provide  
22 a state-administered health care coverage option;  
23 G. "public welfare" or "public assistance" means  
24 any aid or relief granted to or on behalf of an eligible  
25 person under the Public Assistance Act and rules issued

1 pursuant to that act;

2 H. "applicant" means a person who has applied for  
3 assistance or services under the Public Assistance Act;

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

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

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

11 SECTION 68. Section 27-2-9.1 NMSA 1978 (being Laws  
12 1979, Chapter 401, Section 1, as amended) is amended to read:

13 "27-2-9.1. ADMINISTRATION OF SHELTER CARE  
14 SUPPLEMENT.--

15 A. A shelter care supplement shall be provided to  
16 those persons who are recipients of supplemental security  
17 income under Title 16 of the federal Social Security Act and  
18 who reside in shelter care homes licensed by the authority.

19 B. The authority is authorized to determine  
20 eligibility, compute payment, make payments and otherwise  
21 administer the shelter care supplement program.

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

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

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

18 B. The authority shall remove the payment hold  
19 imposed under Subsection A of this section when after an  
20 on-site visit, the authority certifies in writing that the  
21 long-term care facility is in substantial compliance with the  
22 standards or conditions of participation pursuant to which  
23 the facility is a party to a medicaid provider agreement.

24 C. The authority shall not reimburse any  
25 long-term care facility during the payment hold period



1 imposed pursuant to Subsection A of this section for any  
2 medicaid recipient-patients who are new admissions and who  
3 are admitted on or after the day the hold is imposed and  
4 prior to the day the hold is removed.

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

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

22 F. This section shall not be construed to affect  
23 any other provisions for medicaid provider agreement  
24 termination, nonrenewal, due process and appeal pursuant to  
25 federal law or regulation.

1 G. As used in this section:

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

4 (2) "long-term care facility" means an  
5 intermediate care facility or skilled nursing facility that  
6 is licensed by the authority and is medicaid certified;

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

11 (a) persons who were in the long-term  
12 care facility before the effective date of the hold on  
13 medicaid payments and became eligible for medicaid after that  
14 date; and

15 (b) persons who, after a temporary  
16 absence from the facility, are readmitted to beds reserved  
17 for them in accordance with federal regulations; and

18 (4) "substantial compliance" means the  
19 condition of having no cited deficiencies or having only  
20 those cited deficiencies that:

21 (a) are not inconsistent with any  
22 federal statutory requirement;

23 (b) do not interfere with adequate  
24 patient care;

25 (c) do not represent a hazard to the

1 patients' health or safety;

2 (d) are capable of correction within a  
3 reasonable period of time; and

4 (e) are ones that the long-term care  
5 facility is making reasonable plans to correct."

6 SECTION 70. Section 27-2-12.7 NMSA 1978 (being Laws  
7 1980, Chapter 86, Section 1) is amended to read:

8 "27-2-12.7. MEDICAID--HEALTH CARE AUTHORITY  
9 EMPLOYEES--STANDARDS OF CONDUCT--ENFORCEMENT.--

10 A. As used in this section:

11 (1) "business" means a corporation,  
12 partnership, sole proprietorship, firm, organization or  
13 individual carrying on a business;

14 (2) "authority" or "department" means the  
15 health care authority;

16 (3) "employee" means a person who has been  
17 appointed to or hired for an authority office connected with  
18 the administration of medicaid funds and who receives  
19 compensation in the form of salary;

20 (4) "employee with responsibility" means an  
21 employee who is directly involved in or has a significant  
22 part in the medicaid decision-making, regulatory, procurement  
23 or contracting process; and

24 (5) "financial interest" means an interest  
25 held by a person, the person's spouse or minor child that is:

1 (a) an ownership interest in business;

2 or

3 (b) an employment or prospective  
4 employment for which negotiations have already begun.

5 B. No employee with responsibility shall, for  
6 twenty-four months following the date on which the employee  
7 ceases to be an employee, act as agent or attorney for  
8 another person or business in connection with a judicial or  
9 administrative proceeding, application, ruling, contract,  
10 claim or other matter relating to the medicaid program with  
11 respect to which the employee made an investigation, rendered  
12 a ruling or was otherwise substantially and directly involved  
13 during the last year the employee was an employee and that  
14 was actually pending under the employee's responsibility  
15 within that period.

16 C. The secretary, income support division  
17 director or medical assistance division director or their  
18 deputies shall not, for twelve months following the date on  
19 which that person ceases to be an employee, participate with  
20 respect to a judicial or administrative proceeding,  
21 application, ruling, contract, claim or other matter relating  
22 to the medicaid program and pending before the authority.

23 D. An employee with responsibility shall not  
24 participate in any manner with respect to a judicial or  
25 administrative proceeding, application, ruling, contract,

1 claim or other matter relating to the medicaid program and  
2 involving the employee's spouse, minor child or a business in  
3 which the employee has a financial interest unless prior to  
4 the participation:

5 (1) full disclosure of the employee's  
6 relationship or financial interest is made in writing to the  
7 secretary; and

8 (2) a written determination is made by the  
9 secretary that the disclosed relationship or financial  
10 interest is too remote or inconsequential to affect the  
11 integrity of the services of the employee.

12 E. Violation of any of the provisions of this  
13 section by an employee is grounds for dismissal, demotion or  
14 suspension. A former employee who violates a provision of  
15 this section is subject to assessment by the authority of a  
16 civil money penalty of two hundred fifty dollars (\$250) for  
17 each violation. The authority shall promulgate rules to  
18 provide for an administrative appeal of an assessment  
19 imposed."

20 SECTION 71. Section 27-2-12.20 NMSA 1978 (being Laws  
21 2015, Chapter 61, Section 2, as amended) is amended to read:

22 "27-2-12.20. CRISIS TRIAGE CENTER--MEDICAL ASSISTANCE  
23 REIMBURSEMENT.--

24 A. In accordance with federal law, the secretary  
25 shall adopt and promulgate rules to establish a reimbursement

1 rate for services provided to recipients of state medical  
2 assistance at a crisis triage center.

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

5 (1) is licensed by the authority; and

6 (2) provides stabilization of behavioral  
7 health crises and may include residential and nonresidential  
8 stabilization."

9 SECTION 72. Section 27-2-12.22 NMSA 1978 (being Laws  
10 2015, Chapter 127, Section 2, as amended) is amended to read:

11 "27-2-12.22. INCARCERATED PERSONS--MEDICAID  
12 ELIGIBILITY--COUNTY JAIL TECHNICAL ASSISTANCE--PRESUMPTIVE  
13 ELIGIBILITY DETERMINER TRAINING AND CERTIFICATION.--

14 A. Incarceration shall not be a basis to deny or  
15 terminate eligibility for medicaid.

16 B. Upon release from incarceration, a formerly  
17 incarcerated person shall remain eligible for medicaid until  
18 the person is determined to be ineligible for medicaid on  
19 grounds other than incarceration.

20 C. An incarcerated person who was not enrolled in  
21 medicaid upon the date that the person became incarcerated  
22 shall be permitted to submit an application for medicaid  
23 during the incarcerated person's period of incarceration.

24 D. The provisions of this section shall not be  
25 construed to abrogate:

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

4 (2) requirements under federal or state law  
5 that the authority be notified of changes in income,  
6 resources, residency or household composition.

7 E. The provisions of this section shall not  
8 require the authority to pay for services on behalf of any  
9 incarcerated person except as permitted by federal law.

10 F. A correctional facility shall:

11 (1) inform the authority when an eligible  
12 person is incarcerated;

13 (2) facilitate, with assistance from the  
14 authority, eligibility determinations for medicaid during the  
15 incarcerated person's incarceration or upon release;

16 (3) notify the authority upon an eligible  
17 person's release; and

18 (4) facilitate the authority's or any  
19 authority contractor's provision of care coordination  
20 pursuant to the provisions of Section 33-1-22 NMSA 1978.

21 G. Upon the written request of a county, the  
22 authority shall provide a behavioral health screening tool to  
23 facilitate screenings performed in accordance with the  
24 provisions of Subsection A of Section 33-1-22 NMSA 1978,  
25 technical assistance and training and certification of county

1 jail presumptive eligibility determiners to a county jail.

2 H. The secretary shall adopt and promulgate rules  
3 consistent with this section.

4 I. As used in this section:

5 (1) "care coordination" means an assessment  
6 for health risks and the creation of a plan of care to  
7 address a person's comprehensive health needs, including  
8 access to physical health care and mental health services;  
9 substance use disorder treatment; and transportation  
10 services;

11 (2) "eligibility" means a finding by the  
12 authority that a person has met the criteria established in  
13 state and federal law and the requirements established by  
14 authority rules to enroll in medicaid;

15 (3) "incarcerated person" means a person,  
16 the legal guardian or conservator of a person or, for a  
17 person who is an unemancipated minor, the parent or guardian  
18 of the person, who is confined in any of the following  
19 correctional facilities:

- 20 (a) a state correctional facility;  
21 (b) a privately operated correctional  
22 facility;  
23 (c) a county jail;  
24 (d) a privately operated jail;  
25 (e) a detention facility that is



1 operated under the authority of the children, youth and  
2 families department and that holds the person pending a court  
3 hearing; or

4 (f) a facility that is operated under  
5 the authority of the children, youth and families department  
6 and that provides for the care and rehabilitation of a person  
7 who is under eighteen years of age and who has committed an  
8 act that would be designated as a crime under the law if  
9 committed by a person who is eighteen years of age or older;

10 (4) "medicaid" means the joint  
11 federal-state health coverage program pursuant to Title 19 or  
12 Title 21 of the federal Social Security Act and rules  
13 promulgated pursuant to that act; and

14 (5) "unemancipated minor" means a person  
15 who is under eighteen years of age and who:

16 (a) is not on active duty in the armed  
17 forces; and

18 (b) has not been declared by court  
19 order to be emancipated."

20 SECTION 73. Section 27-2-15 NMSA 1978 (being Laws  
21 1937, Chapter 18, Section 9) is amended to read:

22 "27-2-15. COOPERATION WITH THE UNITED STATES.--

23 A. The authority is designated as the state  
24 agency to cooperate with the federal government in the  
25 administration of the provisions of Title 1, Title 4, Parts 2

1 and 3 of Title 5 and Title 10 of the federal Social Security  
2 Act. The authority shall cooperate with the proper  
3 departments of the federal government and with all other  
4 departments of the state and local governments in the  
5 enforcement and administration of those provisions of the  
6 federal Social Security Act and rules adopted in accordance  
7 with that act in the manner prescribed in Chapter 27 NMSA  
8 1978 or as otherwise provided by law.

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

15 SECTION 74. Section 27-2-16 NMSA 1978 (being Laws  
16 1974, 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,  
19 the authority may provide assistance to aged, blind or  
20 disabled persons in the amounts consistent with federal law  
21 to enable the state to be eligible for medicaid funding.  
22 Persons shall be determined to be aged, blind or disabled  
23 according to rules of the authority.

24 B. If drug product selection is permitted by  
25 Section 26-3-3 NMSA 1978, reimbursement by the medicaid

1 program shall be limited to the wholesale cost of the lesser  
2 expensive therapeutic equivalent drug generally available in  
3 New Mexico plus a reasonable dispensing fee of at least three  
4 dollars sixty-five cents (\$3.65)."

5 SECTION 75. Section 27-2-17 NMSA 1978 (being Laws  
6 1937, Chapter 18, Section 10) is amended to read:

7 "27-2-17. CUSTODIAN OF FUNDS.--The authority is  
8 designated as the custodian of all money received by the  
9 state, which the authority is authorized to administer, from  
10 any appropriations made by the congress of the United States  
11 for the purpose of cooperating with the several states in the  
12 enforcement and administration of the provisions of the  
13 federal Social Security Act and all money received from any  
14 other source for the purposes set forth in Chapter 27 NMSA  
15 1978. The authority is authorized to receive such money,  
16 provide for its proper custody and make disbursements of it  
17 under such rules as the authority may prescribe."

18 SECTION 76. Section 27-2-25 NMSA 1978 (being Laws  
19 1937, Chapter 18, Section 11j, as amended) is amended to  
20 read:

21 "27-2-25. FUNERAL EXPENSES.--

22 A. On the death of:

23 (1) a recipient of financial assistance  
24 under Section 27-2-6 or 27-2-7 NMSA 1978 or under the federal  
25 supplemental security income program; or

1 (2) a person living in a nursing home or an  
2 intermediate care facility, the payment for whose care is  
3 made in whole or in part pursuant to Title 19 of the federal  
4 Social Security Act;  
5 funeral expenses up to two hundred dollars (\$200) shall be  
6 paid by the income support division of the authority if the  
7 deceased's available resources, as defined by rule of the  
8 division, are insufficient to pay the funeral expenses, the  
9 persons legally responsible for the support of the deceased  
10 are unable to pay the funeral expenses and no other person  
11 will undertake to pay those expenses.

12 B. No payment shall be made by the income support  
13 division when resources available from all sources to pay the  
14 funeral expenses total six hundred dollars (\$600) or more.  
15 When the resources are less than six hundred dollars (\$600),  
16 the division shall pay the difference between six hundred  
17 dollars (\$600) and the resources, or two hundred dollars  
18 (\$200), whichever is less."

19 SECTION 77. Section 27-2-26 NMSA 1978 (being Laws  
20 1975, Chapter 220, Section 2) is amended to read:

21 "27-2-26. MONEY RECEIVED FROM OTHER SOURCES--DUTY AND  
22 LIABILITY OF FUNERAL DIRECTOR.--Should any funeral director  
23 accept payment from sources other than the income support  
24 division of the authority for burial of a deceased person for  
25 whom a claim for burial expenses has been made to the

1 division, the funeral director shall immediately notify the  
2 division of the payment. The division shall consider the  
3 payment in determining the amount of any funeral expense  
4 payment it makes. If the division has already made payment,  
5 the funeral director shall refund to the division any excess  
6 over the amount that the division would have paid had it  
7 known of the payment from other sources. If any funeral  
8 director fails to notify the division of any such payment  
9 from other sources, the funeral director shall be liable to  
10 the division in an amount double the amount paid or to be  
11 paid by the division."

12 SECTION 78. Section 27-2-27 NMSA 1978 (being Laws  
13 1981, Chapter 90, Section 1, as amended) is amended to read:

14 "27-2-27. SINGLE STATE AGENCY--POWERS AND DUTIES.--

15 A. The authority is designated as the single  
16 state agency for the enforcement of child and spousal support  
17 obligations pursuant to Title 4-D of the federal Social  
18 Security Act with the following duties and powers to:

19 (1) establish the paternity of a child in  
20 the case of the child born out of wedlock with respect to  
21 whom an assignment of support rights has been executed in  
22 favor of the authority;

23 (2) establish an order of support for  
24 children receiving aid from temporary assistance for needy  
25 families and, at the option of the authority, for the spouse

1 or former spouse with whom such children are living, but only  
2 if a support obligation has been established with respect to  
3 such spouse or former spouse, for whom no order of support  
4 currently exists and seek modification, based upon the  
5 noncustodial parent's ability to pay, of existing orders in  
6 which the support order is inadequate to properly care for  
7 the child and the spouse or former spouse with whom the child  
8 is living;

9 (3) enforce as the real party in interest  
10 any existing order for the support of children who are  
11 receiving temporary assistance for needy families or of the  
12 spouse or former spouse with whom such children are living;

13 (4) provide services to non-aid families  
14 with dependent children in the establishment and enforcement  
15 of paternity and child support obligations, including  
16 locating the absent parent. For these services, the  
17 authority is authorized to establish and collect fees, costs  
18 and charges permitted or required by federal law or by  
19 regulations adopted pursuant to that federal law; and

20 (5) adopt rules for the disposition of  
21 unclaimed child, spousal or medical support payments.

22 B. In all cases handled by the authority pursuant  
23 to the provisions of this section, the child support  
24 enforcement division or an attorney employed by the division  
25 represent the authority, to the exclusion of any other party,

1 in establishing, modifying and enforcing support obligations.

2 C. An attorney employed to provide the Title 4-D  
3 services represents only the authority's interests, and no  
4 attorney-client relationship shall exist between the attorney  
5 and another party.

6 D. The authority shall, at the time an  
7 application for child support services is made, inform the  
8 applicant that neither the Title 4-D agency nor the attorney  
9 who provides services under this section is the applicant's  
10 attorney and that the attorney who provides services under  
11 this section shall not provide legal representation to the  
12 applicant.

13 E. The authority may initiate an action or may  
14 intervene in an action involving child support.

15 F. The attorney employed by the authority  
16 pursuant to this section shall not act as a guardian ad litem  
17 for the applicant.

18 G. A court shall not disqualify the authority in  
19 a legal action filed pursuant to the Support Enforcement Act  
20 of the federal Social Security Act because the authority has  
21 previously provided services to a party whose interests are  
22 now adverse to the relief requested."

23 SECTION 79. Section 27-2-28 NMSA 1978 (being Laws  
24 1981, Chapter 90, Section 2, as amended) is amended to read:

25 "27-2-28. LIABILITY FOR REPAYMENT OF PUBLIC

1 ASSISTANCE.--

2 A. In cases where the authority has provided cash  
3 assistance to children in a household, the court shall award  
4 judgment in favor of the authority and against the  
5 noncustodial parents of the children for child support,  
6 calculated pursuant to Section 40-4-11.1 NMSA 1978, for all  
7 months in which the children received cash assistance  
8 benefits.

9 B. Equitable defenses available to the  
10 noncustodial parent in claims by the custodian for  
11 retroactive support or past due support shall not operate to  
12 deprive the authority of its right to request retroactive  
13 support or past due support for months during which the  
14 noncustodial parent's children received cash assistance  
15 benefits.

16 C. Amounts of support collected that are in  
17 excess of the amounts specified in Subsections A and B of  
18 this section shall be paid by the authority to the custodian  
19 of the child.

20 D. No agreement between any custodian of a child  
21 and a parent of that child, either relieving the parent of  
22 any duty of child or spousal support or responsibility or  
23 purporting to settle past, present or future support  
24 obligations, either as a settlement or prepayment, shall act  
25 to reduce or terminate any rights of the authority to recover



1 from that parent for support provided, unless the authority  
2 has consented to the agreement in writing.

3 E. The noncustodial parent shall be given credit  
4 for any support actually provided, including housing,  
5 clothing, food or funds paid prior to the entry of any order  
6 for support. The noncustodial parent has the burden to prove  
7 that the noncustodial parent has provided any support.

8 F. An application for public assistance by any  
9 person constitutes an assignment by operation of law of any  
10 support rights the person is entitled to during the time the  
11 person's household receives public assistance, whether the  
12 support rights are owed to the applicant or to any family  
13 member for whom the applicant is applying for or receiving  
14 assistance. The assignment includes all support rights that  
15 accrue as long as the applicant receives public assistance.

16 G. By operation of law, an assignment to the  
17 authority of any and all rights of an applicant for or  
18 recipient of medical assistance under the medicaid program in  
19 New Mexico or supplemental security income through the social  
20 security administration:

21 (1) is deemed to be made of:

22 (a) any payment for medical care from  
23 any natural person, firm or corporation, including an  
24 insurance carrier; and

25 (b) any recovery for personal injury,

1 whether by judgment or contract for compromise or settlement;

2 (2) shall be effective to the extent of the  
3 amount of medical assistance actually paid by the authority  
4 under the medicaid program; and

5 (3) shall be effective as to the rights of  
6 any other persons who are eligible for medical assistance and  
7 whose rights can legally be assigned by the applicant or  
8 recipient.

9 H. An applicant or recipient is required to  
10 cooperate fully with the authority in its efforts to secure  
11 the assignment and to execute and deliver any instruments and  
12 papers deemed necessary to complete the assignment by the  
13 authority."

14 SECTION 80. Section 27-2-29.1 NMSA 1978 (being Laws  
15 2010, Chapter 80, Section 1) is amended to read:

16 "27-2-29.1. COMPENSATION UNDER CONTINGENT FEE  
17 CONTRACTS--SUSPENSE FUND CREATED.--

18 A. To make disbursements and distributions  
19 pursuant to this section, the "health care authority  
20 reimbursement suspense fund" is created in the state  
21 treasury.

22 B. When pursuing a claim arising under Section  
23 27-2-23 or 27-2-28 NMSA 1978, in addition to other available  
24 alternatives, the authority may contract with a person to  
25 represent the authority on a contingent fee basis if the

1 contract:

2 (1) is approved by the attorney general;

3 (2) provides that all amounts received by  
4 the contractor as satisfaction of the claim shall be  
5 transferred to the authority and deposited into the health  
6 care authority reimbursement suspense fund to the credit of  
7 the authority; and

8 (3) provides that, upon the direction of  
9 the secretary, the compensation due to the contractor shall  
10 be disbursed from the suspense fund to the contractor.

11 C. After a disbursement to a contractor pursuant  
12 to Paragraph (3) of Subsection B of this section, the balance  
13 of each deposit into the health care authority reimbursement  
14 suspense fund shall be distributed to the general fund and  
15 shall be appropriated to the authority to reimburse the  
16 authority for the public assistance from which the claim  
17 arose and, if required, for reimbursing the federal  
18 government."

19 SECTION 81. Section 27-2-31 NMSA 1978 (being Laws  
20 1965, Chapter 66, Section 4) is amended to read:

21 "27-2-31. JUDGMENTS AND PROCEEDS.--Upon final hearing,  
22 judgment for the authority shall include all sums expended  
23 during the pendency of the action. When the authority  
24 recovers judgments under Chapter 27, Article 2 NMSA 1978, it  
25 may enforce, compromise or settle the judgments in any way

1 considered by the authority to be in the public interest.  
2 Any proceeds of judgments or settlements shall be retained by  
3 the authority for its authorized activities and required  
4 reimbursements to the federal government."

5 SECTION 82. Section 27-2-32 NMSA 1978 (being Laws  
6 1969, Chapter 182, Section 3, as amended) is amended to read:

7 "27-2-32. DUTY OF AGENCIES TO COOPERATE.--All state,  
8 county and municipal agencies, departments, bureaus and  
9 divisions shall cooperate in the location of absent parents  
10 who are not fulfilling their obligation to support their  
11 children and shall on request supply the authority with all  
12 information on hand relative to the location, social security  
13 number, income and property of such absent parents,  
14 notwithstanding any other provision of law making the  
15 information confidential. The authority shall use such  
16 information only for the purpose of enforcing the support  
17 liability of such absent parents and shall not use the  
18 information or disclose it for any other purpose."

19 SECTION 83. Section 27-2-41 NMSA 1978 (being Laws  
20 1990, Chapter 93, Section 1) is amended to read:

21 "27-2-41. SHORT TITLE.--Sections 27-2-41 through  
22 27-2-47 NMSA 1978 may be cited as the "Indigent Catastrophic  
23 Illness Hospital Funding Act"."

24 SECTION 84. Section 27-2-43 NMSA 1978 (being Laws  
25 1990, Chapter 93, Section 3) is amended to read:

1 "27-2-43. DEFINITIONS.--As used in the Indigent  
2 Catastrophic Illness Hospital Funding Act:

3 A. "authority" or "department" means the health  
4 care authority;

5 B. "fund" means the indigent catastrophic illness  
6 hospital fund;

7 C. "hospital" means any general or special  
8 hospital that is licensed by the authority and that has  
9 annual gross charges for medicare, medicaid and indigent  
10 patients greater than ten percent of the hospital's total  
11 annual gross charges; and

12 D. "medically indigent patient" means a person  
13 who is a New Mexico resident who incurs hospital charges, who  
14 is not eligible for medicaid or medicare and whose family or  
15 household income does not exceed two hundred fifty percent of  
16 the federal poverty level."

17 SECTION 85. Section 27-2-44 NMSA 1978 (being Laws  
18 1990, Chapter 93, Section 4) is amended to read:

19 "27-2-44. INDIGENT CATASTROPHIC ILLNESS HOSPITAL FUND  
20 CREATED.--The "indigent catastrophic illness hospital fund"  
21 is created as a nonreverting fund in the state treasury.

22 Money in the fund is appropriated to the authority to  
23 reimburse hospitals for eligible claims for hospital charges  
24 incurred by medically indigent patients and for paying  
25 administrative costs of the authority not to exceed three

1 percent of the annual appropriation or other distribution or  
2 transfer to the fund. Money in the fund shall be invested as  
3 provided for other state funds and income earned on the fund  
4 shall be credited to the fund."

5 SECTION 86. Section 27-2A-1 NMSA 1978 (being Laws  
6 1994, Chapter 87, Section 1) is amended to read:

7 "27-2A-1. SHORT TITLE.--Chapter 27, Article 2A NMSA  
8 1978 may be cited as the "Medicaid Estate Recovery Act"."

9 SECTION 87. Section 27-2A-3 NMSA 1978 (being Laws  
10 1994, Chapter 87, Section 3) is amended to read:

11 "27-2A-3. DEFINITIONS.--As used in the Medicaid Estate  
12 Recovery Act:

13 A. "authority" or "department" means the health  
14 care authority;

15 B. "estate" means real and personal property and  
16 other assets of the individual subject to probate or  
17 administration pursuant to the provisions of the Uniform  
18 Probate Code; and

19 C. "medical assistance" means amounts paid by the  
20 department as medical assistance pursuant to Title 19 of the  
21 Social Security Act."

22 SECTION 88. Section 27-2B-3 NMSA 1978 (being Laws  
23 1998, Chapter 8, Section 3 and Laws 1998, Chapter 9, Section  
24 3, as amended) is amended to read:

25 "27-2B-3. DEFINITIONS.--As used in the New Mexico

1 Works 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 or adopted siblings or  
7 stepsiblings living with the dependent child's parent or  
8 relative within the fifth degree of consanguinity and the  
9 parent with whom the children live;

10 C. "cash assistance" means cash payments funded  
11 by the temporary assistance for needy families block grant  
12 pursuant to the federal Social Security Act and by state  
13 funds;

14 D. "authority" or "department" means the health  
15 care authority;

16 E. "dependent child" means a natural child,  
17 adopted child, stepchild or ward who is:

18 (1) seventeen years of age or younger;

19 (2) eighteen years of age and is enrolled  
20 in high school; or

21 (3) between eighteen and twenty-two years  
22 of age and is receiving special education services regulated  
23 by the public education department;

24 F. "director" means the director of the income  
25 support division of the authority;

1           G. "earned income" means cash or payment in kind  
2 that is received as wages from employment or payment in lieu  
3 of wages; and earnings from self-employment or earnings  
4 acquired from the direct provision of services, goods or  
5 property, production of goods, management of property or  
6 supervision of services;

7           H. "federal act" means the federal Social  
8 Security Act and rules promulgated pursuant to the Social  
9 Security Act;

10          I. "federal poverty guidelines" means the level  
11 of income defining poverty by family size published annually  
12 in the federal register by the United States department of  
13 health and human services;

14          J. "immigrant" means an alien as defined in the  
15 federal act;

16          K. "parent" means natural parent, adoptive parent  
17 or stepparent;

18          L. "participant" means a recipient of cash  
19 assistance or services or a member of a benefit group who has  
20 reached the age of majority;

21          M. "person" means an individual;

22          N. "secretary" means the secretary of health care  
23 authority;

24          O. "services" means child care assistance;  
25 payment for employment-related transportation costs; job



1 search assistance; employment counseling; employment,  
2 education and job training placement; one-time payment for  
3 necessary employment-related costs; case management; or other  
4 activities whose purpose is to assist transition into  
5 employment;

6 P. "unearned income" means old age, survivors and  
7 disability insurance; railroad retirement benefits; veterans  
8 administration compensation or pension; military retirement;  
9 pensions, annuities and retirement benefits; lodge or  
10 fraternal benefits; shared shelter payments; settlement  
11 payments; individual Indian money; child support;  
12 unemployment compensation benefits; union benefits paid in  
13 cash; gifts and contributions; and real property income;

14 Q. "vehicle" means a conveyance for the  
15 transporting of persons to or from employment, for the  
16 activities of daily living or for the transportation of  
17 goods; "vehicle" does not include any boat, trailer or mobile  
18 home used as a principal place of residence; and

19 R. "vocational education" means an organized  
20 educational program that is directly related to the  
21 preparation of a person for employment in a current or  
22 emerging occupation requiring training other than a  
23 baccalaureate or advanced degree. Vocational education shall  
24 be provided by an educational or a training organization,  
25 such as a vocational-technical school, community college,

1 post-secondary educational institution or proprietary  
2 school."

3 SECTION 89. Section 27-2C-1 NMSA 1978 (being Laws  
4 2002, Chapter 105, Section 1) is amended to read:

5 "27-2C-1. SHORT TITLE.--Chapter 27, Article 2C NMSA  
6 1978 may be cited as the "Pharmaceutical Supplemental Rebate  
7 Act"."

8 SECTION 90. Section 27-2C-2 NMSA 1978 (being Laws  
9 2002, Chapter 105, Section 2) is amended to read:

10 "27-2C-2. DEFINITIONS.--As used in the Pharmaceutical  
11 Supplemental Rebate Act:

12 A. "authority" or "department" means the health  
13 care authority;

14 B. "labeler" means a person that receives  
15 prescription drugs from a manufacturer or wholesaler and  
16 repackages those drugs for later retail sale and that has a  
17 labeler code from the federal food and drug administration;

18 C. "manufacturer" means a manufacturer of  
19 prescription drugs as defined in 42 U.S.C. 1396r-8(k)(5),  
20 including a subsidiary or affiliate of a manufacturer;

21 D. "medicaid" means the joint federal-state  
22 health coverage program pursuant to Title 19 or Title 21 of  
23 the federal Social Security Act;

24 E. "participating retail pharmacy" means a retail  
25 pharmacy or other business licensed to dispense prescription

1 drugs that participates in the state medicaid program;

2 F. "secretary" means the secretary of health care  
3 authority; and

4 G. "wholesaler" means a business licensed to  
5 distribute prescription drugs in the state."

6 SECTION 91. Section 27-2D-2 NMSA 1978 (being Laws  
7 2003, Chapter 317, Section 2, as amended) is amended to read:

8 "27-2D-2. DEFINITIONS.--As used in the Education Works  
9 Act:

10 A. "applicant" means a person applying for cash  
11 assistance on behalf of a benefit group;

12 B. "benefit group" means a pregnant woman or a  
13 group of people that includes a dependent child, all of that  
14 dependent child's full, half, step- or adopted siblings  
15 living with the dependent child's parent or relative within  
16 the fifth degree of consanguinity and the parent with whom  
17 the children live;

18 C. "cash assistance" means cash payments  
19 distributed by the authority pursuant to the Education Works  
20 Act;

21 D. "authority" or "department" means the health  
22 care authority;

23 E. "dependent child" means a natural, adopted  
24 stepchild or ward who is:

25 (1) seventeen years of age or younger;

1                   (2) eighteen years of age and is enrolled  
2 in high school; or

3                   (3) between eighteen and twenty-two years  
4 of age and is receiving special education services regulated  
5 by the public education department;

6                   F. "director" means the director of the income  
7 support division of the authority;

8                   G. "earned income" means cash or payment in kind  
9 that is received as wages from employment or payment in lieu  
10 of wages; and earnings from self-employment or earnings  
11 acquired from the direct provision of services, goods or  
12 property, production of goods, management of property or  
13 supervision of services;

14                   H. "education works program" means the cash  
15 assistance, activities and services available to a recipient  
16 pursuant to the Education Works Act;

17                   I. "federal act" means the federal Social  
18 Security Act and rules promulgated pursuant to the Social  
19 Security Act;

20                   J. "federal poverty guidelines" means the level  
21 of income defining poverty by family size published annually  
22 in the federal register by the United States department of  
23 health and human services;

24                   K. "parent" means natural parent, adoptive parent  
25 or stepparent;

1 L. "person" means an individual;

2 M. "recipient" means a person who receives cash  
3 assistance or services or a member of a benefit group who has  
4 reached the age of majority;

5 N. "secretary" means the secretary of health care  
6 authority;

7 O. "services" means child-care assistance;  
8 payment for education- or employment-related transportation  
9 costs; job search assistance; employment counseling;  
10 employment, education and job training placement; an annual  
11 payment for education-related costs; case management; or  
12 other activities whose purpose is to assist transition into  
13 employment;

14 P. "unearned income" means old age, survivors and  
15 disability insurance; railroad retirement benefits; veterans  
16 administration compensation or pension; military retirement;  
17 pensions, annuities and retirement benefits; lodge or  
18 fraternal benefits; shared shelter payments; settlement  
19 payments; individual Indian money; child support;  
20 unemployment compensation benefits; union benefits paid in  
21 cash; gifts and contributions; and real property income; and

22 Q. "vehicle" means a conveyance for the  
23 transporting of persons to or from employment or education  
24 for the activities of daily living or for the transportation  
25 of goods; "vehicle" does not include boats, trailers or

1 mobile homes used as a principal place of residence."

2 SECTION 92. Section 27-2E-1 NMSA 1978 (being Laws  
3 2003, Chapter 381, Section 1) is amended to read:

4 "27-2E-1. AVERAGE MANUFACTURER PRICE--FILING--  
5 REPORTING.--

6 A. A person who manufactures a prescription drug,  
7 including a generic prescription drug, that is sold in  
8 New Mexico shall file with the health care authority:

9 (1) the average manufacturer price for the  
10 drug;

11 (2) the price that each wholesaler or  
12 pharmacy benefit manager doing business in this state pays  
13 the manufacturer to purchase the drug; and

14 (3) the price paid to the manufacturer by  
15 any entity in an arrangement or contract that sells or  
16 provides prescription drugs in New Mexico without the  
17 services of a wholesaler.

18 B. The information required under Subsection A of  
19 this section shall be filed annually or more frequently, as  
20 determined by the health care authority. The information  
21 required under Subsection A of this section is confidential  
22 and shall not be disclosed pursuant to Section 27-2E-3 NMSA  
23 1978 and shall not be subject to public inspection pursuant  
24 to the provisions of Section 14-2-1 NMSA 1978.

25 C. A person who engages in the wholesale

1 distribution of prescription drugs in New Mexico shall file  
2 with the health care authority information showing the actual  
3 price at which the wholesaler or distributor sells a  
4 particular drug to a pharmacy.

5 D. As used in this section, "average manufacturer  
6 price" means the average price paid to the manufacturer for  
7 the drug in New Mexico, including rebates, discounts and  
8 market incentives, after deducting customary prompt-pay  
9 discounts."

10 SECTION 93. Section 27-2E-2 NMSA 1978 (being Laws  
11 2003, Chapter 381, Section 2) is amended to read:

12 "27-2E-2. UNLAWFUL DISCLOSURE--PENALTIES.--

13 A. It is unlawful for an employee, former  
14 employee, contractor or former contractor of the health care  
15 authority to reveal to another person, except to another  
16 employee or contractor of the authority as required by the  
17 employee's or contractor's duties or responsibilities or by  
18 state or federal court order, information acquired pursuant  
19 to Section 27-2E-1 NMSA 1978 or any other information about a  
20 prescription drug manufacturer acquired as a result of  
21 employment or contract by the authority and not available  
22 from public sources.

23 B. An employee, former employee, contractor or  
24 former contractor of the health care authority who reveals to  
25 another person information that the person is prohibited from

1 lawfully revealing is guilty of a misdemeanor and shall, upon  
2 conviction thereof, be fined not more than one thousand  
3 dollars (\$1,000) or imprisoned not more than one year, or  
4 both, together with costs of prosecution, and shall not be  
5 employed by the state for a period of five years after the  
6 date of the conviction."

7 SECTION 94. Section 27-2E-3 NMSA 1978 (being Laws  
8 2003, Chapter 381, Section 3) is amended to read:

9 "27-2E-3. ENFORCEMENT.--The office of the attorney  
10 general may take action to investigate and enforce the  
11 requirements of Sections 27-2E-1 and 27-2E-2 NMSA 1978."

12 SECTION 95. Section 27-3-1 NMSA 1978 (being Laws 1973,  
13 Chapter 256, Section 1) is amended to read:

14 "27-3-1. SHORT TITLE.--Chapter 27, Article 3 NMSA 1978  
15 may be cited as the "Public Assistance Appeals Act"."

16 SECTION 96. Section 27-3-2 NMSA 1978 (being Laws 1973,  
17 Chapter 256, Section 2, as amended) is amended to read:

18 "27-3-2. DEFINITIONS.--As used in the Public  
19 Assistance Appeals Act:

20 A. "authority" or "department" means the income  
21 support division or the medical assistance division of the  
22 health care authority;

23 B. "board" means the income support division or  
24 the medical assistance division of the authority; and

25 C. "director" means the director of the income



1 support division or the medical assistance division of the  
2 authority."

3 SECTION 97. Section 27-4-1 NMSA 1978 (being Laws 1973,  
4 Chapter 311, Section 1) is amended to read:

5 "27-4-1. SHORT TITLE.--Chapter 27, Article 4 NMSA 1978  
6 may be cited as the "Special Medical Needs Act"."

7 SECTION 98. Section 27-4-2 NMSA 1978 (being Laws 1973,  
8 Chapter 311, Section 2, as amended) is amended to read:

9 "27-4-2. DEFINITIONS.--As used in the Special Medical  
10 Needs Act:

11 A. "department" or "division" means the income  
12 support division of the health care authority;

13 B. "board" means the division;

14 C. "aged person" means a person who has attained  
15 the age of sixty-five years and does not have a spouse  
16 financially able, according to rules of the division, to  
17 furnish support;

18 D. "person with a disability" means a person who  
19 has attained the age of eighteen years and is determined to  
20 have a permanent and total disability, according to rules of  
21 the division; and

22 E. "blind person" means a person who is  
23 determined to be blind according to rules of the division."

24 SECTION 99. Section 27-5-4 NMSA 1978 (being Laws 1965,  
25 Chapter 234, Section 4, as amended) is amended to read:

1 "27-5-4. DEFINITIONS.--As used in the Indigent  
2 Hospital and County Health Care Act:

3 A. "ambulance provider" or "ambulance service"  
4 means a specialized carrier based within the state authorized  
5 under provisions and subject to limitations as provided in  
6 individual carrier certificates issued by the department of  
7 transportation to transport persons alive, dead or dying en  
8 route by means of ambulance service. The rates and charges  
9 established by department of transportation tariff shall  
10 govern as to allowable cost. Also included are air ambulance  
11 services approved by the county. The air ambulance service  
12 charges shall be filed and approved pursuant to Subsection D  
13 of Section 27-5-6 NMSA 1978 and Section 27-5-11 NMSA 1978;

14 B. "cost" means all allowable costs of providing  
15 health care services, to the extent determined by resolution  
16 of a county, for an indigent patient. Allowable costs shall  
17 be based on medicaid fee-for-service reimbursement rates for  
18 hospitals, licensed medical doctors and osteopathic  
19 physicians;

20 C. "county" means a county except a class A  
21 county with a county hospital operated and maintained  
22 pursuant to a lease or operating agreement with a state  
23 educational institution named in Article 12, Section 11 of  
24 the constitution of New Mexico;

25 D. "department" or "authority" means the health

1 care authority;

2 E. "fund" means a county health care assistance  
3 fund;

4 F. "health care services" means treatment and  
5 services designed to promote improved health in the county  
6 indigent population, including primary care, prenatal care,  
7 dental care, behavioral health care, alcohol or drug  
8 detoxification and rehabilitation, hospital care, provision  
9 of prescription drugs, preventive care or health outreach  
10 services, to the extent determined by resolution of the  
11 county;

12 G. "indigent patient" means a person to whom an  
13 ambulance service, a hospital or a health care provider has  
14 provided medical care, ambulance transportation or health  
15 care services and who can normally support the person's self  
16 and the person's dependents on present income and liquid  
17 assets available to the person but, taking into consideration  
18 the person's income, assets and requirements for other  
19 necessities of life for the person and the person's  
20 dependents, is unable to pay the cost of the ambulance  
21 transportation or medical care administered or both; provided  
22 that if a definition of "indigent patient" is adopted by a  
23 county in a resolution, the definition shall not include any  
24 person whose annual income together with that person's  
25 spouse's annual income totals an amount that is fifty percent

1 greater than the per capita personal income for New Mexico as  
2 shown for the most recent year available in the survey of  
3 current business published by the United States department of  
4 commerce. "Indigent patient" includes a minor who has  
5 received ambulance transportation or medical care or both and  
6 whose parent or the person having custody of that minor would  
7 qualify as an indigent patient if transported by ambulance,  
8 admitted to a hospital for care or treated by a health care  
9 provider;

10 H. "medicaid eligible" means a person who is  
11 eligible for medical assistance from the department;

12 I. "planning" means the development of a  
13 countywide or multicounty health plan to improve and fund  
14 health services in the county based on the county's needs  
15 assessment and inventory of existing services and resources  
16 and that demonstrates coordination between the county and  
17 state and local health planning efforts;

18 J. "public entity" means a state, local or tribal  
19 government or other political subdivision or agency of that  
20 government; and

21 K. "qualifying hospital" means an acute care  
22 general hospital licensed by the authority that is qualified  
23 to receive payments from the safety net care pool pursuant to  
24 an agreement with the federal centers for medicare and  
25 medicaid services."

1 SECTION 100. Section 27-5-6.1 NMSA 1978 (being Laws  
2 1993, Chapter 321, Section 18, as amended) is amended to  
3 read:

4 "27-5-6.1. SAFETY NET CARE POOL FUND CREATED.--

5 A. The "safety net care pool fund" is created as  
6 a nonreverting fund in the state treasury. The safety net  
7 care pool fund, which shall be administered by the authority,  
8 shall consist of public money provided through  
9 intergovernmental transfers from counties or other public  
10 entities and transferred from counties pursuant to Section  
11 27-5-6.2 NMSA 1978. Money in the fund shall be invested by  
12 the state treasurer as other state funds are invested.

13 B. Money in the safety net care pool fund is  
14 appropriated to the authority to make payments to qualifying  
15 hospitals. No safety net care pool fund payments or money in  
16 the safety net care pool fund shall be used to supplant any  
17 general fund support for the state medicaid program."

18 SECTION 101. Section 27-5-16 NMSA 1978 (being Laws  
19 1965, Chapter 234, Section 16, as amended) is amended to  
20 read:

21 "27-5-16. AUTHORITY--PAYMENTS--COOPERATION--  
22 REPORTING.--

23 A. The authority shall not decrease the amount of  
24 any assistance payments made to the hospitals or health care  
25 providers of this state pursuant to law because of any

1 financial reimbursement made to ambulance services, hospitals  
2 or health care providers for indigent or medicaid eligible  
3 patients as provided in the Indigent Hospital and County  
4 Health Care Act.

5 B. The authority shall cooperate with each county  
6 in furnishing information or assisting in the investigation  
7 of any person to determine whether the person meets the  
8 qualifications of an indigent patient as defined in the  
9 Indigent Hospital and County Health Care Act.

10 C. The authority shall provide an annual report  
11 to each county and each qualifying hospital on the previous  
12 calendar year's payments from the safety net care pool for  
13 uncompensated care to qualifying hospitals and estimated  
14 payments of enhanced medicaid base rates. The annual report  
15 for the previous year shall be provided by July 1 of the  
16 succeeding year."

17 SECTION 102. Section 27-6-13 NMSA 1978 (being Laws  
18 1979, Chapter 290, Section 3, as amended) is amended to read:

19 "27-6-13. ADMINISTRATION OF LOW INCOME UTILITY  
20 ASSISTANCE ACT.--

21 A. As used in the Low Income Utility Assistance  
22 Act:

23 (1) "authority" or "department" means the  
24 health care authority; and

25 (2) "utility" means a publicly, privately or

1 municipally owned utility or a distribution cooperative  
2 utility for the rendition of electric power or gas.

3 B. The authority shall determine eligibility,  
4 establish payment amounts, make utility assistance payments to  
5 or on behalf of eligible recipients and otherwise administer  
6 the Low Income Utility Assistance Act.

7 C. The authority shall use funds appropriated  
8 under the Low Income Utility Assistance Act to the maximum  
9 extent to generate available federal and local government  
10 funds and to mobilize other resources that may be applied to  
11 the concepts of the Low Income Utility Assistance Act."

12 SECTION 103. Section 27-6-14 NMSA 1978 (being Laws  
13 1979, Chapter 290, Section 4, as amended) is amended to read:

14 "27-6-14. PERSONS ELIGIBLE FOR UTILITY ASSISTANCE.--

15 A. Utility assistance supplements shall be paid to  
16 or on behalf of those persons who are determined to be  
17 eligible by rule of the authority.

18 B. The authority shall determine the amount of  
19 payment to be made; provided that no payment shall be made if  
20 a payment for the same services or incurred bills has been  
21 made to the household under a federal program for a similar  
22 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

1 ESTABLISHED--DISTRIBUTION TO ELIGIBLE RECIPIENTS.--

2 A. The authority is authorized to establish a  
3 utility assistance supplement program for purposes of the Low  
4 Income Utility Assistance Act.

5 B. Beginning on July 1, 1980 and each year  
6 thereafter, the authority shall pay utility assistance  
7 supplement payments, subject to the availability of funds from  
8 the low income utility assistance fund created under the  
9 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.--The "low income utility  
13 assistance fund" is created in the state treasury. Payments  
14 shall be made from the low income utility assistance fund upon  
15 warrants drawn by the secretary of finance and administration  
16 pursuant to vouchers signed by the secretary of health care  
17 authority. Such payments shall be made for the costs and  
18 administration of the Low Income Utility Assistance Act."

19 SECTION 106. Section 27-6-17 NMSA 1978 (being Laws  
20 1991, Chapter 81, Section 1, as amended) is amended to read:

21 "27-6-17. UTILITY SERVICE--PROCEDURES TO FOLLOW PRIOR  
22 TO SERVICE BEING DISCONTINUED.--

23 A. Unless requested by the customer, no gas or  
24 electric utility shall discontinue service to any residential  
25 customer for nonpayment during the period from November 15



1 through March 15 unless the following procedures are followed:

2 (1) at least fifteen days prior to the date  
3 scheduled for utility service to be discontinued, unless the  
4 public regulation commission provides for a shorter period,  
5 the utility shall mail or hand-deliver to the customer a  
6 notice printed in both English and Spanish and in simple  
7 language, which notice clearly explains that:

8 (a) utility service shall stop on a  
9 specific date;

10 (b) the customer may be eligible for  
11 financial assistance to pay for the utility service; and

12 (c) for assistance, the customer should  
13 contact the utility or the authority;

14 (2) any utility subject to this section  
15 shall attempt to advise customers who contact the utility  
16 seeking financial assistance of the program administered under  
17 the Low Income Utility Assistance Act and of assistance  
18 programs the utility may administer on its own or in  
19 conjunction with others;

20 (3) the utilities subject to this section  
21 and the authority shall provide application forms for utility  
22 service payment assistance at billing and agency offices; and

23 (4) before the service is actually  
24 discontinued, the utility shall attempt to make contact in  
25 person or by telephone to remind the customer of the pending

1 date of discontinuance of service and that financial  
2 assistance for utility payments may be available.

3 B. Unless requested by the customer, no gas or  
4 electric utility shall discontinue service to any residential  
5 customer for nonpayment during the period from November 15  
6 through March 15 until at least fifteen days after the date  
7 scheduled for discontinuance of service if the authority has  
8 certified to the utility that a customer is eligible for  
9 utility payment assistance under the Low Income Utility  
10 Assistance Act and that payment for the utility service  
11 provided to the customer will be made within the fifteen-day  
12 period.

13 C. The authority and the public regulation  
14 commission shall coordinate and adopt, as they deem  
15 appropriate, either separate or joint rules necessary to  
16 implement the provisions of this section; provided that  
17 nothing in this section authorizes the authority to revise  
18 tariffs or rate filings subject to the jurisdiction of the  
19 public regulation commission."

20 SECTION 107. Section 27-6-18.1 NMSA 1978 (being Laws  
21 2007, Chapter 231, Section 1) is amended to read:

22 "27-6-18.1. PROHIBITION ON DISCONTINUANCE OR  
23 DISCONNECTION OF UTILITY SERVICE DURING THE WINTER HEATING  
24 SEASON--MINIMUM PAYMENTS--PAYMENT PLANS--EXCEPTIONS.--

25 A. Except as provided in Subsection C of this

1 section, unless requested by the customer, no utility shall  
2 discontinue or disconnect service to a residential customer  
3 during the heating season for nonpayment of the customer's  
4 utility bill if the customer meets the qualifications to  
5 receive assistance pursuant to the low-income home energy  
6 assistance program from the administering authority during the  
7 program's current heating season.

8 B. The utility shall make payment plan options  
9 available to the customer pursuant to rules adopted by the  
10 public regulation commission.

11 C. If the customer does not pay the past due  
12 charges from the customer's utility bill before the beginning  
13 of the next heating season, the customer shall not be eligible  
14 for protection from discontinued or disconnected utility  
15 service pursuant to this section during that next heating  
16 season until the past due charges are paid in full.

17 D. A customer who has defaulted on the customer's  
18 chosen payment plan and whose utility service has been  
19 discontinued or disconnected during the nonheating season can  
20 be reconnected and maintain the protection afforded by this  
21 section by paying reconnection charges, if any, and by paying  
22 the amount due pursuant to the payment plan by the date on  
23 which service is reconnected.

24 E. If a customer notifies the utility that the  
25 customer needs payment assistance and if the customer

1 requests, the utility shall promptly report the customer's  
2 request for assistance to the administering authority. The  
3 administering authority shall take prompt action to evaluate  
4 the customer's eligibility for the low-income home energy  
5 assistance program.

6 F. Utilities subject to this section shall make  
7 the following information available to the public regarding:

8 (1) the low-income home energy assistance  
9 program's:

10 (a) application forms;  
11 (b) requirements for qualifying for the  
12 program;

13 (c) procedures for making an  
14 application; and

15 (d) location to which an application  
16 may be submitted; and

17 (2) the protection against discontinued and  
18 disconnected service set forth in this section for customers  
19 seeking assistance paying utility bills during a heating  
20 season, including:

21 (a) payment options; and  
22 (b) circumstances under which  
23 disconnection or discontinuance of service may occur.

24 G. As used in this section:

25 (1) "administering authority" means the

1 health care authority or a tribal entity that administers its  
2 own low-income home energy assistance program;

3 (2) "current season" means the period  
4 beginning in September and continuing through August of the  
5 subsequent year;

6 (3) "heating season" means the period  
7 beginning November 15 and continuing through March 15 of the  
8 subsequent year;

9 (4) "nonheating season" means the period  
10 beginning on March 16 and continuing through November 14 of  
11 the same year; and

12 (5) "tribal entity" means the governing body  
13 or an agency of a federally recognized Indian nation, tribe or  
14 pueblo located in whole or in part in New Mexico."

15 SECTION 108. Section 27-6A-1 NMSA 1978 (being Laws  
16 1993, Chapter 206, Section 1) is amended to read:

17 "27-6A-1. SHORT TITLE.--Chapter 27, Article 6A NMSA  
18 1978 may be cited as the "Low Income Water, Sewer and Solid  
19 Waste Service Assistance Act"."

20 SECTION 109. Section 27-6A-3 NMSA 1978 (being Laws  
21 1993, Chapter 206, Section 3) is amended to read:

22 "27-6A-3. DEFINITIONS.--As used in the Low Income  
23 Water, Sewer and Solid Waste Service Assistance Act:

24 A. "authority" or "department" means the health  
25 care authority; and

1           B. "utility" means any individual, firm,  
2 partnership, company, district, including solid waste  
3 district, water and sanitation district and special district,  
4 cooperative, association, public or private corporation,  
5 lessee, trustee or receiver appointed by any court,  
6 municipality and municipal utility as defined in the Municipal  
7 Code, incorporated county or county that may or does own,  
8 operate, lease or control any plant, property or facility for:

9                   (1) the supply, storage, distribution or  
10 furnishing of water to or for the public;

11                   (2) the supply and furnishing of sanitary  
12 sewer service to or for the public; or

13                   (3) the supply and furnishing of collection,  
14 transportation, treatment or disposal of solid waste to or for  
15 the public. "Utility" does not include a public utility  
16 subject to the jurisdiction of the public regulation  
17 commission."

18           SECTION 110. Section 27-6A-5 NMSA 1978 (being Laws  
19 1993, Chapter 206, Section 5) is amended to read:

20           "27-6A-5. AUTHORITY COOPERATION.--Subject to state and  
21 federal statutes and rules governing the sharing of  
22 confidential information, the authority shall cooperate with a  
23 participating utility in identifying those persons eligible  
24 for assistance in accordance with the Low Income Water, Sewer  
25 and Solid Waste Service Assistance Act."

1 SECTION 111. Section 27-8-1 NMSA 1978 (being Laws 1983,  
2 Chapter 139, Section 1) is amended to read:

3 "27-8-1. SHORT TITLE.--Chapter 27, Article 8 NMSA 1978  
4 may be cited as the "Community Action Act"."

5 SECTION 112. Section 27-8-3 NMSA 1978 (being Laws 1983,  
6 Chapter 139, Section 3) is amended to read:

7 "27-8-3. DEFINITIONS.--As used in the Community Action  
8 Act:

9 A. "poverty level" means the official poverty  
10 level established by the federal director of the office of  
11 management and budget and revised periodically by the United  
12 States secretary of health and human services; and

13 B. "secretary" means the secretary of health care  
14 authority."

15 SECTION 113. Section 27-9-1 NMSA 1978 (being Laws 1983,  
16 Chapter 323, Section 1, as amended) is amended to read:

17 "27-9-1. PROGRAM--DEMONSTRATIONS.--The health care  
18 authority, in cooperation with the aging and long-term  
19 services department, is authorized to administer demonstration  
20 programs that provide in-home and coordinated community care  
21 services to the frail elderly and to persons with disabilities  
22 who would otherwise require institutionalization. The  
23 programs authorized by this section shall serve both those  
24 eligible and not eligible for federal medical assistance  
25 programs."

1 SECTION 114. Section 27-9-2 NMSA 1978 (being Laws 1983,  
2 Chapter 323, Section 2) is amended to read:

3 "27-9-2. IMPLEMENTATION.--The secretary of health care  
4 authority shall, by rule, specify the areas in which the  
5 programs shall operate, specify the services to be provided,  
6 establish eligibility criteria of persons to be served and  
7 provide for cost sharing, where possible, with persons and  
8 participating communities."

9 SECTION 115. Section 27-10-1 NMSA 1978 (being Laws  
10 1991, Chapter 212, Section 1) is amended to read:

11 "27-10-1. SHORT TITLE.--Chapter 27, Article 10 NMSA  
12 1978 may be cited as the "Statewide Health Care Act"."

13 SECTION 116. Section 27-10-3 NMSA 1978 (being Laws  
14 1991, Chapter 212, Section 3, as amended) is amended to read:

15 "27-10-3. COUNTY-SUPPORTED MEDICAID FUND CREATED--USE--  
16 APPROPRIATION BY THE LEGISLATURE.--

17 A. The "county-supported medicaid fund" is created  
18 as a nonreverting fund in the state treasury. The fund shall  
19 be invested by the state treasurer as other state funds are  
20 invested. Income earned from investment of the fund shall be  
21 credited to the county-supported medicaid fund.

22 B. Money in the county-supported medicaid fund is  
23 subject to appropriation by the legislature to support the  
24 state medicaid program and to institute or support primary  
25 care health care services pursuant to Subsections D and E of



1 Section 24-1A-3.1 NMSA 1978. Of the amount appropriated each  
2 year, nine percent shall be appropriated to the health care  
3 authority to institute or support primary care health care  
4 services pursuant to Subsections D and E of Section 24-1A-3.1  
5 NMSA 1978.

6 C. Up to three percent of the county-supported  
7 medicaid fund each year may be expended for administrative  
8 costs related to medicaid or developing new primary care  
9 health care centers or facilities.

10 D. In the event federal funds for medicaid are not  
11 received by New Mexico for any eighteen-month period, the  
12 unencumbered balance remaining in the county-supported  
13 medicaid fund and the safety net care pool fund at the end of  
14 the fiscal year following the end of any eighteen-month period  
15 shall be paid within a reasonable time to each county for  
16 deposit in the county health care assistance fund in  
17 proportion to the payments made by each county through tax  
18 revenues or transfers in the previous fiscal year as certified  
19 by the local government division of the department of finance  
20 and administration. The department will provide for budgeting  
21 and accounting of payments to the fund."

22 SECTION 117. Section 27-11-2 NMSA 1978 (being Laws  
23 1998, Chapter 30, Section 2, as amended) is amended to read:

24 "27-11-2. DEFINITIONS.--As used in the Medicaid  
25 Provider and Managed Care Act:

1           A. "claim" means a request for payment for  
2 services;

3           B. "clean claim" means a claim for reimbursement  
4 that:

5                   (1) contains substantially all the required  
6 data elements necessary for accurate adjudication of the claim  
7 without the need for additional information from the medicaid  
8 provider or subcontractor;

9                   (2) is not materially deficient or improper,  
10 including lacking substantiating documentation required by  
11 medicaid; and

12                   (3) has no particular or unusual  
13 circumstances that require special treatment or that prevent  
14 payment from being made in due course on behalf of medicaid;

15           C. "credible" means having indicia of reliability  
16 after the state has reviewed all allegations, facts and  
17 evidence carefully and acted judiciously on a case-by-case  
18 basis;

19           D. "credible allegation of fraud" means an  
20 allegation that has been verified by the state from any  
21 source, including fraud hotline complaints, claims data mining  
22 and provider audits;

23           E. "department" or "authority" means the health  
24 care authority;

25           F. "fraud" means any act that constitutes fraud

1 under state or federal law;

2 G. "managed care organization" means a person  
3 eligible to enter into risk-based prepaid capitation  
4 agreements with the authority to provide health care and  
5 related services;

6 H. "medicaid" means the medical assistance program  
7 established pursuant to Title 19 of the federal Social  
8 Security Act and regulations issued pursuant to that act;

9 I. "medicaid provider" means a person that  
10 provides medicaid-related services to recipients;

11 J. "overpayment" means an amount paid to a  
12 medicaid provider or subcontractor in excess of the medicaid  
13 allowable amount, including payment for any claim to which a  
14 medicaid provider or subcontractor is not entitled;

15 K. "person" means an individual or other legal  
16 entity;

17 L. "recipient" means a person whom the authority  
18 has determined to be eligible to receive medicaid-related  
19 services;

20 M. "secretary" means the secretary of health care  
21 authority; and

22 N. "subcontractor" means a person that contracts  
23 with a medicaid provider or a managed care organization to  
24 provide medicaid-related services to recipients."

25 SECTION 118. Section 27-14-1 NMSA 1978 (being Laws

1 2004, Chapter 49, Section 1) is amended to read:

2 "27-14-1. SHORT TITLE.--Chapter 27, Article 14 NMSA  
3 1978 may be cited as the "Medicaid False Claims Act"."

4 SECTION 119. Section 27-14-3 NMSA 1978 (being Laws  
5 2004, Chapter 49, Section 3) is amended to read:

6 "27-14-3. DEFINITIONS.--As used in the Medicaid False  
7 Claims Act:

8 A. "claim" means a written or electronically  
9 submitted request for payment of health care services pursuant  
10 to the medicaid program;

11 B. "department" or "authority" means the health  
12 care authority;

13 C. "medicaid" means the federal-state program  
14 administered by the health care authority pursuant to Title 19  
15 or Title 21 of the federal Social Security Act;

16 D. "medicaid recipient" means a person on whose  
17 behalf a person claims or receives a payment from the medicaid  
18 program, regardless of whether the person was eligible for the  
19 medicaid program; and

20 E. "qui tam" means an action brought under a  
21 statute that allows a private person to sue for a recovery,  
22 part of which the state will receive."

23 SECTION 120. Section 28-16-15.2 NMSA 1978 (being Laws  
24 1993, Chapter 84, Section 2, as amended) is amended to read:

25 "28-16-15.2. DEVELOPMENTAL DISABILITIES COUNCIL--

1 ADDITIONAL DUTIES.--The developmental disabilities council  
2 shall cooperate with the health care authority to:

3 A. provide data to support an amendment to the  
4 developmental disabilities medicaid waiver program to increase  
5 the number of eligible persons served;

6 B. develop a contingency plan to describe the role  
7 and control the growth of intermediate care facilities for  
8 persons with developmental or intellectual disabilities; and

9 C. develop flexibility in the system of  
10 prioritization for admission to allow persons to move within  
11 the service system to an appropriate level of service,  
12 including movement of residents of intermediate care  
13 facilities for persons with developmental or intellectual  
14 disabilities to the developmental disabilities medicaid waiver  
15 program."

16 SECTION 121. Section 28-16A-2 NMSA 1978 (being Laws  
17 1993, Chapter 50, Section 2, as amended) is amended to read:

18 "28-16A-2. LEGISLATIVE AUTHORIZATION.--The  
19 Developmental Disabilities Act authorizes the authority to  
20 plan, provide and coordinate support and services to persons  
21 with developmental disabilities."

22 SECTION 122. Section 28-16A-3 NMSA 1978 (being Laws  
23 1993, Chapter 50, Section 3, as amended) is amended to read:

24 "28-16A-3. DEFINITIONS.--As used in the Developmental  
25 Disabilities Act:

1           A. "assessment" means a process for measuring and  
2 determining a person's strengths, needs and preferences to  
3 determine eligibility for support and services and to develop  
4 or modify an individual support and service plan;

5           B. "case management" means a process that:

6                 (1) assists a person with a developmental  
7 disability to know and understand the person's choices and  
8 rights and to obtain support and services that the person is  
9 eligible to receive and that are reflected in the individual  
10 support and service plan; and

11                 (2) monitors the provision of support and  
12 services received by a person with a developmental disability;

13           C. "council" means the developmental disabilities  
14 council;

15           D. "department" or "authority" means the health  
16 care authority;

17           E. "diagnostic evaluation" means an empirical  
18 process that determines if, and to what degree, a person has a  
19 developmental deficiency and the type of intervention and  
20 services that are needed for the person and that person's  
21 family;

22           F. "direct support professional" means a  
23 non-administrative employee or subcontractor of a direct  
24 support provider agency who spends the majority of the  
25 employee's or subcontractor's work hours providing supportive

1 services to individuals with developmental disabilities living  
2 and working in the community;

3 G. "direct support provider agency" means an  
4 entity that:

5 (1) has entered into a medicaid provider  
6 participation agreement with the medical assistance division  
7 of the authority and a provider agreement with the  
8 developmental disabilities division of the authority;

9 (2) is reimbursed for services provided to  
10 persons through a developmental disabilities medicaid waiver  
11 program; and

12 (3) employs or subcontracts with direct  
13 support professionals to provide services to persons with  
14 developmental disabilities;

15 H. "inclusive" means using the same community  
16 resources that are used by and available to all citizens and  
17 developing relationships with nonpaid caregivers or recipients  
18 of support and services for persons with developmental  
19 disabilities;

20 I. "individual support and service plan" means a  
21 plan developed by an interdisciplinary team and agreed to by a  
22 person with a developmental disability, or by a parent of a  
23 minor or a legal guardian, as appropriate, that describes the  
24 combination and sequence of special, interdisciplinary or  
25 generic care, treatment or other support and services that are

1 needed and desired by a person with a developmental  
2 disability;

3 J. "interdisciplinary team" means a group of  
4 persons drawn from or representing professions that are  
5 relevant to identifying the needs of a person with a  
6 developmental disability and designing a program to meet that  
7 person's needs. The team shall include the person with a  
8 developmental disability, the parent of a minor child or a  
9 legal guardian, as appropriate;

10 K. "self-determination" means having:

11 (1) the ability and opportunity to:

12 (a) communicate and make personal  
13 decisions;

14 (b) communicate choices and exercise  
15 control over the type and intensity of services, supports and  
16 other assistance that a person receives; and

17 (c) participate in, and contribute to,  
18 an individual's community;

19 (2) the authority to control resources to  
20 obtain needed services, supports and other assistance; and

21 (3) support, including financial support, to  
22 advocate for oneself and others, develop leadership skills  
23 through training in self-advocacy, participate in coalitions,  
24 educate policymakers and play a role in the development of  
25 public policies that affect persons with developmental



1 disabilities; and

2 L. "service provider" means a nonprofit  
3 corporation, tribal government or tribal organization, unit of  
4 local government or other organization that has entered into a  
5 contract or provider agreement with the developmental  
6 disabilities division of the authority for the purpose of  
7 providing developmental disabilities support and services."

8 SECTION 123. Section 28-16A-4 NMSA 1978 (being Laws  
9 1993, Chapter 50, Section 4, as amended) is amended to read:

10 "28-16A-4. DEVELOPMENTAL DISABILITIES COUNCIL--  
11 CREATION--MEMBERSHIP--TERMS.--

12 A. The "developmental disabilities council" is  
13 created in accordance with the federal Developmental  
14 Disabilities Assistance and Bill of Rights Act. The council  
15 shall be an adjunct agency as provided in the Executive  
16 Reorganization Act.

17 B. The council shall consist of no fewer than  
18 twenty-six members, at least sixty percent of whom shall be:

19 (1) persons with developmental disabilities;  
20 (2) parents or legal guardians of children  
21 with developmental disabilities; or

22 (3) immediate relatives or guardians of  
23 adults with mentally impairing developmental disabilities who  
24 cannot advocate for themselves.

25 C. Of the sixty percent of members described in

1 Subsection B of this section, one-third shall be persons with  
2 developmental disabilities, one-third shall be members  
3 described in Paragraphs (2) and (3) of Subsection B of this  
4 section and one-third shall be a combination of members  
5 described in Subsection B of this section. At least one  
6 member described in Subsection B of this section shall be an  
7 immediate relative or guardian of a person who resides or  
8 previously resided in an institution or shall be a person with  
9 a developmental disability who resides or previously resided  
10 in an institution. No member of the council shall be an  
11 employee, or someone who manages employees, of a state agency  
12 that receives funds to provide developmental disabilities  
13 supports and services.

14 D. The council shall also include:

15 (1) the secretary of health care authority,  
16 or the secretary's designee;

17 (2) the secretary of children, youth and  
18 families, or the secretary's designee;

19 (3) the secretary of early childhood  
20 education and care, or the secretary's designee;

21 (4) the secretary of aging and long-term  
22 services, or the secretary's designee;

23 (5) the secretary of public education, or  
24 the secretary's designee;

25 (6) the director of the vocational

1 rehabilitation division of the public education department, or  
2 the director's designee;

3 (7) the director of the state protection and  
4 advocacy system established pursuant to the federal  
5 Developmental Disabilities Assistance and Bill of Rights Act  
6 of 1990, or the director's designee;

7 (8) the director of an entity within a state  
8 institution of higher education designated as a university  
9 center for excellence in developmental disabilities education,  
10 research and service; and

11 (9) at all times, representatives of local  
12 and nongovernmental agencies and private nonprofit groups  
13 concerned with services for persons with developmental  
14 disabilities in New Mexico.

15 E. The governor shall select the members of the  
16 council for appointment pursuant to Subsection B and  
17 Paragraphs (8) and (9) of Subsection D of this section after  
18 soliciting recommendations from organizations representing a  
19 broad range of persons with developmental disabilities and  
20 other persons interested in persons with developmental  
21 disabilities. The council may, at the initiative of the  
22 council or at the request of the governor, coordinate council  
23 and public input to the governor regarding all  
24 recommendations.

25 F. The membership of the council shall be

1 geographically representative of the state and reflect the  
2 diversity of the state with respect to race and ethnicity.

3 G. Members, except for ex-officio members, shall  
4 be appointed by the governor for terms of three years.

5 H. The governor shall provide for rotation of the  
6 membership of the council. These provisions shall allow  
7 members to continue to serve on the council until those  
8 members' successors are appointed and qualified.

9 I. The council shall notify the governor regarding  
10 membership requirements of the council and shall notify the  
11 governor when vacancies on the council remain unfilled for a  
12 significant period of time.

13 J. Council members shall recuse themselves from  
14 any discussion of grants or contracts for which such members'  
15 departments, agencies or programs are grantees, contractors or  
16 applicants. The council shall ensure that no council member  
17 casts a vote on any matter that would provide direct financial  
18 benefit to the member or otherwise give the appearance of a  
19 conflict of interest."

20 SECTION 124. Section 43-1-3 NMSA 1978 (being Laws 1977,  
21 Chapter 279, Section 2, as amended by Laws 2023, Chapter 113,  
22 Section 12 and by Laws 2023, Chapter 117, Section 2) is  
23 amended to read:

24 "43-1-3. DEFINITIONS.--As used in the Mental Health and  
25 Developmental Disabilities Code:

1           A. "aversive stimuli" means anything that, because  
2 it is believed to be unreasonably unpleasant, uncomfortable or  
3 distasteful to the client, is administered or done to the  
4 client for the purpose of reducing the frequency of a  
5 behavior, but does not include verbal therapies, physical  
6 restrictions to prevent imminent harm to self or others or  
7 psychotropic medications that are not used for purposes of  
8 punishment;

9           B. "client" means a patient who is requesting or  
10 receiving mental health services or any person requesting or  
11 receiving developmental disabilities services or who is  
12 present in a mental health or developmental disabilities  
13 facility for the purpose of receiving such services or who has  
14 been placed in a mental health or developmental disabilities  
15 facility by the person's parent or guardian or by any court  
16 order;

17           C. "code" means the Mental Health and  
18 Developmental Disabilities Code;

19           D. "consistent with the least drastic means  
20 principle" means that the habilitation or treatment and the  
21 conditions of habilitation or treatment for the client,  
22 separately and in combination:

23                 (1) are no more harsh, hazardous or  
24 intrusive than necessary to achieve acceptable treatment  
25 objectives for the client;

1                   (2) involve no restrictions on physical  
2 movement and no requirement for residential care except as  
3 reasonably necessary for the administration of treatment or  
4 for the protection of the client or others from physical  
5 injury; and

6                   (3) are conducted at the suitable available  
7 facility close to the client's place of residence;

8                   E. "convulsive treatment" means any form of mental  
9 health treatment that depends upon creation of a convulsion by  
10 any means, including electroconvulsive treatment and insulin  
11 coma treatment;

12                   F. "court" means a district court of New Mexico;

13                   G. "crisis triage center" means a health facility  
14 that:

15                   (1) is licensed by the health care  
16 authority; and

17                   (2) provides stabilization of behavioral  
18 health crises and may include residential and nonresidential  
19 stabilization;

20                   H. "department" or "division" means the behavioral  
21 health services division of the health care authority;

22                   I. "developmental or intellectual disability"  
23 means a severe chronic disability attributable to  
24 significantly subaverage general intellectual functioning  
25 existing concurrently with deficits in adaptive behavior,

1 cerebral palsy, autism or neurological dysfunction that  
2 requires similar treatment or habilitation;

3 J. "evaluation facility" means a community mental  
4 health or developmental disability program, a crisis triage  
5 center or a medical facility that has psychiatric or  
6 developmental or intellectual disability services available,  
7 including the New Mexico behavioral health institute at Las  
8 Vegas, or, if none of those is reasonably available or  
9 appropriate, the office of a physician or a certified  
10 psychologist that is capable of performing a mental status  
11 examination adequate to determine the need for involuntary  
12 treatment;

13 K. "experimental treatment" means any mental  
14 health or developmental disabilities treatment that presents  
15 significant risk of physical harm, but does not include  
16 accepted treatment used in competent practice of medicine and  
17 psychology and supported by scientifically acceptable studies;

18 L. "grave passive neglect" means failure to  
19 provide for basic personal or medical needs or for one's own  
20 safety to such an extent that it is more likely than not that  
21 serious bodily harm will result in the near future;

22 M. "habilitation" means the process by which  
23 professional persons and their staff assist a client with a  
24 developmental or an intellectual disability in acquiring and  
25 maintaining those skills and behaviors that enable the person

1 to cope more effectively with the demands of the person's self  
2 and environment and to raise the level of the person's  
3 physical, mental and social efficiency. "Habilitation"  
4 includes but is not limited to programs of formal, structured  
5 education and treatment;

6 N. "likelihood of serious harm to oneself" means  
7 that it is more likely than not that in the near future the  
8 person will attempt to commit suicide or will cause serious  
9 bodily harm to the person's self by violent or other  
10 self-destructive means, including grave passive neglect;

11 O. "likelihood of serious harm to others" means  
12 that it is more likely than not that in the near future a  
13 person will inflict serious, unjustified bodily harm on  
14 another person or commit a criminal sexual offense, as  
15 evidenced by behavior causing, attempting or threatening such  
16 harm, which behavior gives rise to a reasonable fear of such  
17 harm from the person;

18 P. "mental disorder" means substantial disorder of  
19 a person's emotional processes, thought or cognition that  
20 grossly impairs judgment, behavior or capacity to recognize  
21 reality, but does not mean developmental or intellectual  
22 disability;

23 Q. "mental health or developmental or intellectual  
24 disabilities professional" means a physician or other  
25 professional who by training or experience is qualified to



1 work with persons with a mental disorder or a developmental or  
2 intellectual disability;

3 R. "physician" or "certified psychologist", when  
4 used for the purpose of hospital admittance or discharge,  
5 means a physician or certified psychologist who has been  
6 granted admitting privileges at a hospital licensed by the  
7 health care authority, if such privileges are required;

8 S. "protected health information" means  
9 individually identifiable health information transmitted by or  
10 maintained in an electronic form or any other form or media  
11 that relates to the:

12 (1) past, present or future physical or  
13 mental health or condition of a person;

14 (2) provision of health care to a person; or

15 (3) payment for the provision of health care  
16 to 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;

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  
12 New 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 health care authority or  
13 the secretary's designee, a health insurance issuer and a  
14 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

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  
7 conflict-of-interest provisions of Subsection E of this  
8 section, except 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 health care authority,  
14 or the secretary's designee, shall not be considered to have a  
15 conflict of interest with respect to the secretary's  
16 performance of the secretary's duties as secretary of health  
17 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

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 health care  
6 authority, the non-health insurance issuer directors appointed  
7 by the governor shall be appointed for initial terms of three  
8 years or less, staggered so that the term of at least one  
9 director expires on June 30 of each year. The non-health  
10 insurance insurer directors appointed by the legislature shall  
11 be appointed for initial terms of three years or less,  
12 staggered so that the term of at least one director expires on  
13 June 30 of each year. The health insurance issuers appointed  
14 to the board shall, upon appointment, select one of them by  
15 lot to have an initial term ending on June 30 following one  
16 year of service and one to have an initial term ending on June  
17 30 following two years of service. Following the initial  
18 terms, health insurance issuer directors shall be appointed  
19 for terms of two years. A director whose term has expired  
20 shall continue to serve until a successor is appointed by the  
21 respective appointing authority. Health insurance issuer  
22 directors shall not serve two consecutive terms.

23 L. The exchange, members of the board and  
24 employees of the exchange shall operate consistent with  
25 provisions of the Governmental Conduct Act, the Inspection of

1 Public Records Act, the Financial Disclosure Act, the Gift  
2 Act, the Whistleblower Protection Act, the Open Meetings Act  
3 and the Procurement Code and shall not be subject to the  
4 Personnel Act.

5 M. The board and the exchange shall implement  
6 performance-based budgeting and submit annual budgets for the  
7 exchange to the secretary of finance and administration and  
8 the legislative finance committee.

9 N. The exchange shall cover its directors and  
10 employees under a surety bond, in an amount that the director  
11 of the risk management division of the general services  
12 department shall prescribe.

13 O. A majority of directors constitutes a quorum.  
14 The board may allow members to attend meetings by telephone or  
15 other electronic media. A decision by the board requires a  
16 quorum and a majority of directors in attendance voting in  
17 favor of the decision.

18 P. Within thirty days of the effective date of the  
19 New Mexico Health Insurance Exchange Act, the board shall be  
20 fully appointed and the superintendent shall convene an  
21 organizational meeting of the board, during which the board  
22 shall elect a chair and vice chair from among the directors.  
23 Thereafter, every three years, the board shall elect in open  
24 meeting a chair and vice chair from among the directors. The  
25 chair and vice chair shall serve no more than two consecutive



1 three-year terms as chair and vice chair.

2 Q. A vacancy on the board shall be filled by  
3 appointment by the original appointing authority for the  
4 remainder of the director's unexpired term.

5 R. A director may be removed from the board by a  
6 two-thirds' majority vote of the directors. The board shall  
7 set standards for attendance and may remove a director for  
8 lack of attendance, neglect of duty or malfeasance in office.  
9 A director shall not be removed without proceedings consisting  
10 of at least one ten-day notice of hearing and an opportunity  
11 to be heard. Removal proceedings shall be before the board  
12 and in accordance with procedures adopted by the board.

13 S. Appointed directors may receive per diem and  
14 mileage in accordance with the Per Diem and Mileage Act,  
15 subject to the travel policy set by the board. Appointed  
16 directors shall receive no other compensation, perquisite or  
17 allowance.

18 T. The board shall:

19 (1) meet at the call of the chair and no  
20 less often than once per calendar quarter. There shall be at  
21 least seven days' notice given to directors prior to any  
22 meeting. There shall be sufficient notice provided to the  
23 public prior to meetings pursuant to the Open Meetings Act;

24 (2) create, make appointments to and duly  
25 consider recommendations of an advisory committee or

1 committees made up of stakeholders, including health insurance  
2 issuers, health care consumers, health care providers, health  
3 care practitioners, insurance producers, qualified employer  
4 representatives and advocates for low-income or underserved  
5 residents;

6 (3) create an advisory committee made up of  
7 members insured through the New Mexico medical insurance pool  
8 to make recommendations to the board regarding the transition  
9 of each organization's insured members into the exchange. The  
10 advisory committee shall only exist until a transition plan  
11 has been adopted by the board;

12 (4) create an advisory committee made up of  
13 Native Americans, some of whom live on a reservation and some  
14 of whom do not live on a reservation, to guide the  
15 implementation of the Native American-specific provisions of  
16 the federal Patient Protection and Affordable Care Act and the  
17 federal Indian Health Care Improvement Act;

18 (5) designate a Native American liaison, who  
19 shall assist the board in developing and ensuring  
20 implementation of communication and collaboration between the  
21 exchange and Native Americans in the state. The Native  
22 American liaison shall serve as a contact person between the  
23 exchange and New Mexico Indian nations, tribes and pueblos and  
24 shall ensure that training is provided to the staff of the  
25 exchange, which may include training in:

- 1 (a) cultural competency;
- 2 (b) state and federal law relating to
- 3 Indian health; and
- 4 (c) other matters relating to the
- 5 functions of the exchange with respect to Native Americans in
- 6 the state; and
- 7 (6) establish at least one walk-in customer
- 8 service center where persons may, if eligible, enroll in
- 9 qualified health plans or public coverage programs."

10 SECTION 126. Section 59A-23F-11 NMSA 1978 (being Laws

11 2021, Chapter 136, Section 4) is amended to read:

12 "59A-23F-11. HEALTH CARE AFFORDABILITY FUND.--

13 A. The "health care affordability fund" is created

14 in the state treasury. The fund consists of distributions,

15 appropriations, gifts, grants and donations. Money in the

16 fund at the end of a fiscal year shall not revert to any other

17 fund. The health care authority shall administer the fund,

18 and money in the fund is subject to appropriation by the

19 legislature for purposes provided by this section.

20 Disbursements from the fund shall be made by warrant of the

21 secretary of finance and administration pursuant to vouchers

22 signed by the secretary of health care authority or the

23 secretary's authorized representative.

24 B. The purpose of the fund is to:

- 25 (1) reduce health care premiums and cost

1 sharing for New Mexico residents who purchase health care  
2 coverage on the New Mexico health insurance exchange;

3 (2) reduce premiums for small businesses and  
4 their employees purchasing health care coverage in the fully  
5 insured small group market;

6 (3) provide resources for planning, design  
7 and implementation of health care coverage initiatives for  
8 uninsured New Mexico residents; and

9 (4) provide resources for administration of  
10 state health care coverage initiatives for uninsured  
11 New Mexico residents.

12 C. If the federal Patient Protection and  
13 Affordable Care Act is repealed in full or in part by an act  
14 of congress or invalidated by the United States supreme court  
15 and eliminates or reduces comprehensive health care coverage  
16 for New Mexico residents through medicaid or the New Mexico  
17 health insurance exchange, the fund may be used to maintain  
18 coverage through the New Mexico health insurance exchange or  
19 through medical assistance programs administered by the health  
20 care authority; provided that coverage is prioritized for  
21 New Mexico residents with incomes below two hundred percent of  
22 the federal poverty level.

23 D. Prior to July 1, 2025, the staff of the  
24 legislative finance committee shall conduct a program  
25 evaluation to measure the impact of changes to the health

1 insurance premium surtax and the creation of the health care  
2 affordability fund as it relates to the purpose of the fund.

3 E. Prior to July 1 of each year, the health care  
4 authority shall provide actuarial data from the health care  
5 affordability fund to the legislative finance committee.

6 F. Prior to July 1 of each year, the secretary of  
7 health care authority, in consultation with the  
8 superintendent, the secretary of taxation and revenue and the  
9 chief executive officer of the New Mexico health insurance  
10 exchange, shall work with the legislative finance committee  
11 and the department of finance and administration to develop  
12 and report on performance measures relating to the health care  
13 affordability fund and any programs or initiatives funded by  
14 the fund."

15 SECTION 127. Section 59A-23F-12 NMSA 1978 (being Laws  
16 2021, Chapter 136, Section 5) is amended to read:

17 "59A-23F-12. HEALTH CARE AFFORDABILITY PLAN--  
18 RULEMAKING--REPORTING REQUIREMENTS.--

19 A. After the effective date of this 2024 act,  
20 rules covering the following provisions may be amended as the  
21 health care authority determines:

22 (1) providing enhanced premium and  
23 cost-sharing assistance to individuals and families for the  
24 purchase of qualified health plans on the New Mexico health  
25 insurance exchange. In providing this assistance, the health

1 care authority shall develop health care affordability  
2 criteria designed to reduce the amount that individuals pay in  
3 premiums and out-of-pocket medical expenses for qualified  
4 health plans offered on the New Mexico health insurance  
5 exchange; and

6 (2) establishing income eligibility  
7 parameters for the health care affordability criteria for plan  
8 year 2023 and each subsequent calendar year based on available  
9 funds. New Mexico residents who qualify shall have an income  
10 that is eligible for advanced premium tax credits under the  
11 federal Patient Protection and Affordable Care Act.

12 B. After the effective date of this 2024 act, the  
13 health care authority, in consultation with the  
14 superintendent, the New Mexico medical insurance pool, the  
15 department of health and stakeholder groups, including health  
16 care providers that serve uninsured residents, health  
17 insurance carriers and consumer advocacy groups, may update  
18 the plan for extending health care coverage access to  
19 uninsured New Mexico residents who do not qualify for federal  
20 premium assistance or, except by reason of incarceration,  
21 qualified health plans, through the New Mexico health  
22 insurance exchange. The plan shall include:

23 (1) details about health care benefits;  
24 (2) health care affordability criteria  
25 designed to reduce the amount that individuals pay in premiums

1 and out-of-pocket medical expenses under the plan and that  
2 result in, to the greatest extent possible, health care costs  
3 comparable to costs for New Mexico residents for whom  
4 assistance is provided under Subsection A of this section; and

5 (3) income eligibility parameters that  
6 prioritize eligibility for New Mexico residents with incomes  
7 under two hundred percent of the federal poverty level.

8 C. On or before October 31, 2024 and each October  
9 31 thereafter, the health care authority shall submit a report  
10 to the legislative finance committee and the legislative  
11 health and human services committee, which includes:

12 (1) a summary of the affordability criteria  
13 implemented pursuant to Subsections A and B of this section;

14 (2) the estimated number of uninsured  
15 New Mexico residents who enrolled in coverage following  
16 implementation of the affordability criteria pursuant to  
17 Subsections A and B of this section; and

18 (3) the amount in reduced costs and coverage  
19 assistance the initiatives provided in the current and  
20 previous calendar years by income level, county and coverage  
21 source."

22 SECTION 128. Section 59A-23H-1 NMSA 1978 (being Laws  
23 2022, Chapter 33, Section 1) is amended to read:

24 "59A-23H-1. SHORT TITLE.--Chapter 59A, Article 23H NMSA  
25 1978 may be cited as the "Easy Enrollment Act"."

1 SECTION 129. Section 59A-23H-2 NMSA 1978 (being Laws  
2 2022, Chapter 33, Section 2) is amended to read:

3 "59A-23H-2. DEFINITIONS.--As used in the Easy  
4 Enrollment Act:

5 A. "authority" or "department" means the health  
6 care authority;

7 B. "exchange" means the New Mexico health  
8 insurance exchange;

9 C. "health coverage program" means medicaid,  
10 health care coverage available through the federal children's  
11 health insurance program, a qualified health plan available  
12 through the exchange pursuant to the New Mexico Health  
13 Insurance Exchange Act or a health plan available through the  
14 New Mexico medical insurance pool pursuant to the Medical  
15 Insurance Pool Act;

16 D. "insurance-relevant information" means  
17 information pertaining to the insurance enrollment status of a  
18 taxpayer or members of a taxpayer's household and that is  
19 derived or obtained from the taxpayer's state income tax  
20 return; provided that information is limited to that  
21 information necessary to assess the eligibility of the  
22 taxpayer or members of the taxpayer's household for health  
23 coverage programs and includes:

24 (1) adjusted gross income and other types of  
25 reported income used to assess eligibility for health coverage



1 programs;

2 (2) household size;

3 (3) claimed dependents; and

4 (4) contact information and identifying  
5 information necessary to assess health coverage program  
6 eligibility and used to match against relevant third-party  
7 data sources;

8 E. "medicaid" means the joint federal-state health  
9 coverage program pursuant to Title 19 or Title 21 of the  
10 federal Social Security Act, as amended, and the rules  
11 promulgated pursuant to that act;

12 F. "qualified health plan" means a health plan  
13 that has in effect a certification from the superintendent of  
14 insurance that meets the standards set forth in applicable  
15 federal and state law and rules as well as any additional  
16 requirements established by the board of directors of the  
17 exchange pursuant to the New Mexico Health Insurance Exchange  
18 Act; and

19 G. "taxpayer" means an individual subject to the  
20 tax imposed pursuant to the Income Tax Act."

21 SECTION 130. Section 59A-23H-5 NMSA 1978 (being Laws  
22 2022, Chapter 33, Section 5) is amended to read:

23 "59A-23H-5. HEALTH CARE AUTHORITY DUTIES.--

24 A. Upon receipt of a taxpayer's insurance-relevant  
25 information from the taxation and revenue department, the

1 authority shall assess the taxpayer's eligibility or the  
2 eligibility of members of the taxpayer's household for health  
3 coverage programs. If the required insurance-relevant  
4 information is insufficient to assess the eligibility of the  
5 taxpayer or of the members of the taxpayer's household for  
6 those health coverage programs, the authority may request  
7 additional information from the taxpayer.

8 B. If the authority assesses that a taxpayer or a  
9 member of the taxpayer's household is eligible for medicaid,  
10 the authority shall contact the taxpayer and provide the  
11 taxpayer with information on:

12 (1) health coverage programs available to  
13 the taxpayer or member of the taxpayer's household; and

14 (2) specific enrollment instructions and  
15 information on enrollment assistance.

16 C. If the information transferred to the authority  
17 is sufficient to complete an eligibility determination and the  
18 taxpayer has consented to being enrolled in medicaid, the  
19 authority may enroll the taxpayer in medicaid.

20 D. The authority shall refer taxpayers or members  
21 of the taxpayer's household to the exchange if the authority  
22 assesses that a taxpayer or a member of the taxpayer's  
23 household may be eligible for a qualified health plan  
24 available through the exchange pursuant to the New Mexico  
25 Health Insurance Exchange Act. The authority may share

1 insurance-relevant information provided by the taxation and  
2 revenue department with the exchange for the purpose of  
3 assisting a taxpayer with enrollment in a qualified health  
4 plan."

5 SECTION 131. TEMPORARY PROVISION--TRANSFERS OF  
6 FUNCTIONS, EMPLOYEES, MONEY, APPROPRIATIONS, PROPERTY,  
7 CONTRACTUAL OBLIGATIONS AND STATUTORY REFERENCES.--

8 A. On July 1, 2024:

9 (1) functions, employees, money,  
10 appropriations, records, equipment and other property of the  
11 department of health pertaining to the developmental  
12 disabilities supports division, health improvement division  
13 and health facility licensing and certification bureau are  
14 transferred from the department of health to the health care  
15 authority;

16 (2) all contractual obligations pertaining  
17 to the developmental disabilities supports division, health  
18 improvement division and health facility licensing and  
19 certification bureau shall be deemed to be contractual  
20 obligations of the health care authority; and

21 (3) statutory references to the  
22 developmental disabilities supports division, health  
23 improvement division and health facility licensing and  
24 certification bureau or other functions transferred from the  
25 department of health to the health care authority shall be

1 deemed to be references to the health care authority.

2 B. On July 1, 2024, functions, employees, money,  
3 appropriations, records, equipment and other property of the  
4 office of the superintendent of insurance pertaining to the  
5 administration of the health care affordability fund are  
6 transferred to the health care authority. Contractual  
7 obligations of the office of the superintendent of insurance  
8 pertaining to the health care affordability fund shall be  
9 deemed to be contractual obligations of the health care  
10 authority.

11 SECTION 132. TEMPORARY PROVISION--RECOMPILATION.--

12 A. Sections 24-1-23, 24-1-39 and 24-1-42 NMSA 1978  
13 (being Laws 1987, Chapter 157, Section 1, Laws 2019,  
14 Chapter 4, Section 1 and Laws 2021, Chapter 127, Section 1)  
15 are recompiled as Sections 24A-1-18 through 24A-1-20 NMSA  
16 1978.

17 B. Sections 24-1E-4 through 24-1E-7 NMSA 1978  
18 (being Laws 1996, Chapter 35, Section 7 through 9 and Laws  
19 2001, Chapter 225, Section 5, as amended) are recompiled as  
20 Sections 24A-2-5 through 24A-2-8 NMSA 1978.

21 C. Sections 24-1I-1 through 24-1I-5 NMSA 1978  
22 (being Laws 2015, Chapter 96, Sections 1 through 5, as  
23 amended) are recompiled in Chapter 24A, Article 4 NMSA 1978.

24 D. Section 24-17A-2, 24-17A-4 and 24-17A-5 NMSA  
25 1978 (being Laws 1998, Chapter 82, Section 2, Laws 1998,

1 Chapter 82, Section 4 and Laws 1998, Chapter 82, Section 5)  
2 are recompiled as Sections 24A-5-2, 24A-5-4 and 24A-5-5  
3 NMSA 1978.

4 SECTION 133. REPEAL.--

5 A. Section 9-8-7.4 NMSA 1978 (being Laws 2019,  
6 Chapter 211, Section 2, as amended) is repealed.

7 B. Section 24-1A-5 NMSA 1978 (being Laws 2023,  
8 Chapter 204, Section 1) is repealed.

9 C. Sections 24-1G-1 and 24-1G-2 NMSA 1978 (being  
10 Laws 2005, Chapter 55, Sections 1 and 2, as amended) are  
11 repealed.

12 D. Sections 24-1K-1 and 24-1K-2 NMSA 1978 (being  
13 Laws 2021, Chapter 87, Sections 1 and 2) are repealed.

14 SECTION 134. EFFECTIVE DATE.--The effective date of the  
15 provisions of this act is July 1, 2024. \_\_\_\_\_

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