SENATE BILL 724

45TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2001

INTRODUCED BY

Patrick H. Lyons

AN ACT

RELATING TO THE HUMAN SERVICES DEPARTMENT; ABOLISHING THE HUMAN SERVICES DEPARTMENT; TRANSFERRING ACTIVITIES TO THE LABOR DEPARTMENT, THE DEPARTMENT OF HEALTH AND THE CHILDREN, YOUTH AND FAMILIES DEPARTMENT; AMENDING AND REPEALING SECTIONS OF THE NMSA 1978.

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

Section 1. Section 6-24-22 NMSA 1978 (being Laws 1995, Chapter 155, Section 22) is amended to read:

"6-24-22. LIEN ON LOTTERY WINNINGS FOR DEBT COLLECTED BY

[HUMAN SERVICES] CHILDREN, YOUTH AND FAMILIES DEPARTMENT-
PAYMENT TO DEPARTMENT--PROCEDURE. --

A. The [human services] children, youth and families department, acting as the state's child support enforcement agency pursuant to Title IV-D of the Social . 134867.1

Security Act, shall periodically certify to the authority the names and social security numbers of persons owing a debt to or collected by the [human services] children, youth and families department.

- B. Prior to the payment of a lottery prize in excess of six hundred dollars (\$600), the lottery shall check the name of the winner against the list of names and social security numbers of persons owing a debt to or collected by the [human services] children, youth and families department.
- C. If the prize winner is on the list of persons owing a debt to or collected by the agency, the lottery shall make a good-faith attempt to notify the [human services] children, youth and families department, and the department then has a lien against the lottery prize in the amount of the debt owed to or collected by the agency. The lottery has no liability to the [human services] children, youth and families department or the person on whose behalf the department is collecting the debt if the lottery fails to match a winner's name to a name on the list or is unable to notify the department of a match. The department shall provide the lottery with written notice of a support lien promptly within five working days after the lottery notifies the department of a match.
- D. If the lottery prize is to be paid directly by the authority, the amount of the debt owed to or collected by .134867.1

the [human services] children, youth and families department shall be held by the lottery for a period of thirty days from the lottery's confirmation of the amount of the debt to allow the department to institute any necessary garnishment or wage withholding proceedings. If a garnishment or withholding proceeding is not initiated within the thirty-day period, the authority shall release the lottery prize payment to the winner.

- E. The [human services] children, youth and families department, in its discretion, may release or partially release the support lien upon written notice to the authority.
- F. A support lien under this section is in addition to any other lien created by law."

Section 2. Section 7-1-8 NMSA 1978 (being Laws 1965, Chapter 248, Section 13, as amended) is amended to read:

"7-1-8. CONFIDENTIALITY OF RETURNS AND OTHER
INFORMATION.--It is unlawful for any employee of the
department or any former employee of the department to reveal
to any individual other than another employee of the
department any information contained in the return of any
taxpayer made pursuant to any law subject to administration
and enforcement under the provisions of the Tax Administration
Act or any other information about any taxpayer acquired as a
result of his employment by the department, except:

A. to an authorized representative of another
state; provided that the receiving state has entered into a
written agreement with the department to use the information
for tax purposes only and that the receiving state has enacted
a confidentiality statute similar to this section to which the
representative is subject;

- B. to a representative of the secretary of the treasury or the secretary's delegate pursuant to the terms of a reciprocal agreement entered into with the federal government for exchange of the information;
- C. to the multistate tax commission or its authorized representative; provided that the information is used for tax purposes only and is disclosed by the multistate tax commission only to states that have met the requirements of Subsection A of this section;
- D. to a district court or an appellate court or a federal court:
- (1) in response to an order thereof in an action relating to taxes to which the state is a party and in which the information sought is about a taxpayer who is party to the action and is material to the inquiry, in which case only that information may be required to be produced in court and admitted in evidence subject to court order protecting the confidentiality of the information and no more;
 - (2) in any action in which the department is

attempting to enforce an act with which the department is charged or to collect a tax; or

- (3) in any matter in which the department is a party and the taxpayer has put his own liability for taxes at issue, in which case only that information regarding the taxpayer who is party to the action may be produced, but this shall not prevent the disclosure of department policy or interpretation of law arising from circumstances of a taxpayer who is not a party;
- E. to the taxpayer or to the taxpayer's authorized representative; provided, however, that nothing in this subsection shall be construed to require any employee to testify in a judicial proceeding except as provided in Subsection D of this section;
- F. information obtained through the administration of any law not subject to administration and enforcement under the provisions of the Tax Administration Act to the extent that release of that information is not otherwise prohibited by law;
- G. in such manner, for statistical purposes, that the information revealed is not identified as applicable to any individual taxpayer;
- H. with reference to any information concerning the tax on tobacco imposed by Sections 7-12-1 through 7-12-13, [and Sections] 7-12-15 and 7-12-17 NMSA 1978 to a committee of .134867.1

the legislature for a valid legislative purpose or to the attorney general for purposes of Section 6-4-13 NMSA 1978 and the master settlement agreement defined in Section 6-4-12 NMSA 1978;

- I. to a transferee, assignee, buyer or lessor of a liquor license, the amount and basis of any unpaid assessment of tax for which his transferor, assignor, seller or lessee is liable;
- J. to a purchaser of a business as provided in Sections 7-1-61 through 7-1-63 NMSA 1978, the amount and basis of any unpaid assessment of tax for which the purchaser's seller is liable:
- K. to a municipality of this state upon its request for any period specified by that municipality within the twelve months preceding the request for the information by that municipality:
- numbers and addresses of registered gross receipts taxpayers reporting gross receipts for that municipality under the Gross Receipts and Compensating Tax Act or a local option gross receipts tax imposed by that municipality. The department may also release the information described in this paragraph quarterly or upon such other periodic basis as the secretary and the municipality may agree; and
 - (2) information indicating whether persons

shown on any list of businesses located within that municipality furnished by the municipality have reported gross receipts to the department but have not reported gross receipts for that municipality under the Gross Receipts and Compensating Tax Act or a local option gross receipts tax imposed by that municipality.

The employees of municipalities receiving information as provided in this subsection shall be subject to the penalty contained in Section 7-1-76 NMSA 1978 if that information is revealed to individuals other than other employees of the municipality in question or the department;

L. to the commissioner of public lands for use in auditing that pertains to rentals, royalties, fees and other payments due the state under land sale, land lease or other land use contracts; the commissioner of public lands and employees of the commissioner are subject to the same provisions regarding confidentiality of information as employees of the department;

M the department shall furnish, upon request by the child support enforcement division of the [human services] children, youth and families department, the last known address with date of all names certified to the department as being absent parents of children receiving public financial assistance. The child support enforcement division personnel shall use such information only for the purpose of enforcing

the support liability of the absent parents and shall not use the information or disclose it for any other purpose; the child support enforcement division and its employees are subject to the provisions of this section with respect to any information acquired from the department;

- N. with respect to the tax on gasoline imposed by the Gasoline Tax Act, the department shall make available for public inspection at monthly intervals a report covering the amount and gallonage of gasoline and ethanol blended fuels imported, exported, sold and used, including tax-exempt sales to the federal government reported or upon which the gasoline tax was paid and covering taxes received from each distributor in the state of New Mexico;
- 0. the identity of distributors and gallonage reported on returns required under the Gasoline Tax Act, Special Fuels Supplier Tax Act or Alternative Fuel Tax Act to any distributor or supplier, but only when it is necessary to enable the department to carry out its duties under the Gasoline Tax Act, the Special Fuels Supplier Tax Act or the Alternative Fuel Tax Act;
- P. the department shall release upon request only the names and addresses of all gasoline or special fuel distributors, wholesalers and retailers to the New Mexico department of agriculture, the employees of which are thereby subject to the penalty contained in Section 7-1-76 NMSA 1978

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if that information is revealed to individuals other than employees of either the New Mexico department of agriculture or the department;

- Q. the department shall answer all inquiries concerning whether a person is or is not a registered taxpayer;
- R. upon request of a municipality or county of this state, the department shall permit officials or employees of the municipality or county to inspect the records of the department pertaining to an increase or decrease to a distribution or transfer made pursuant to Section 7-1-6.15 NMSA 1978 for the purpose of reviewing the basis for the increase or decrease. The municipal or county officials or employees receiving information provided in this subsection shall not reveal that information to any person other than another employee of the municipality or the county, the department or a district court, an appellate court or a federal court in a proceeding relating to a disputed distribution and in which both the state and the municipality Any information provided pursuant to or county are parties. provisions of this subsection that is revealed other than as provided in this subsection shall subject the person revealing the information to the penalties contained in Section 7-1-76 NMSA 1978:
- S. to a county of this state that has in effect . 134867.1

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any local option gross receipts tax imposed by the county upon its request for any period specified by that county within the twelve months preceding the request for the information by that county:

- numbers and addresses of registered gross receipts taxpayers reporting gross receipts either for that county in the case of a local option gross receipts tax imposed on a countywide basis or only for the areas of that county outside of any incorporated municipalities within that county in the case of a county local option gross receipts tax imposed only in areas of the county outside of any incorporated municipalities. The department may also release the information described in this paragraph quarterly or upon such other periodic basis as the secretary and the county may agree;
- (2) in the case of a local option gross receipts tax imposed by a county on a countywide basis, information indicating whether persons shown on any list of businesses located within the county furnished by the county have reported gross receipts to the department but have not reported gross receipts for that county under the Gross Receipts and Compensating Tax Act or a local option gross receipts tax imposed by that county on a countywide basis; and
- (3) in the case of a local option gross receipts tax imposed by a county only on persons engaging in . 134867.1

business in that area of the county outside of any incorporated municipalities, information indicating whether persons shown on any list of businesses located in the area of that county outside of any incorporated municipalities within that county furnished by the county have reported gross receipts to the department but have not reported gross receipts for the area of that county outside of any incorporated municipalities within that county under the Gross Receipts and Compensating Tax Act or any local option gross receipts tax imposed by the county only on persons engaging in business in that area of the county outside of any incorporated municipalities.

The officers and employees of counties receiving information as provided in this subsection shall be subject to the penalty contained in Section 7-1-76 NMSA 1978 if such information is revealed to individuals other than other officers or employees of the county in question or the department;

T. to authorized representatives of an Indian nation, tribe or pueblo, the territory of which is located wholly or partially within New Mexico, pursuant to the terms of a reciprocal agreement entered into with the Indian nation, tribe or pueblo for the exchange of that information for tax purposes only; provided that the Indian nation, tribe or pueblo has enacted a confidentiality statute similar to this

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- U. information with respect to the taxes or tax acts administered pursuant to Subsection B of Section 7-1-2 NMSA 1978, except that:
- (1) information for or relating to any period prior to July 1, 1985 with respect to Sections 7-25-1 through 7-25-9 and 7-26-1 through 7-26-8 NMSA 1978 may be released only to a committee of the legislature for a valid legislative purpose;
- (2) except as provided in Paragraph (3) of this subsection, contracts and other agreements between the taxpayer and other parties and the proprietary information contained in such contracts and agreements shall not be released without the consent of all parties to the contract or agreement; and
- (3) audit workpapers and the proprietary information contained in such workpapers shall not be released except to:
- (a) the minerals management service of the United States department of the interior, if production occurred on federal land;
- (b) a person having a legal interest in the property that is subject to the audit;
- (c) a purchaser of products severed from a property subject to the audit; or

(d) the authorized representative of
any of the persons in Subparagraphs (a) through (c) of this
paragraph. This paragraph does not prohibit the release of
any proprietary information contained in the workpapers that
is also available from returns or from other sources not
subject to the provisions of this section;

- V. information with respect to the taxes, surtaxes, advance payments or tax acts administered pursuant to Subsection C of Section 7-1-2 NMSA 1978;
- W. to the public regulation commission, information with respect to the Corporate Income and Franchise Tax Act required to enable the commission to carry out its duties:
- X. to the state racing commission, information with respect to the state, municipal and county gross receipts taxes paid by racetracks;
- Y. upon request of a corporation authorized to be formed under the Educational Assistance Act, the department shall furnish the last known address and the date of that address of every person certified to the department as being an absent obligor of an educational debt that is due and owed to the corporation or that the corporation has lawfully contracted to collect. The corporation and its officers and employees shall use that information only for the purpose of enforcing the educational debt obligation of such absent

obligors and shall not disclose that information or use it for any other purpose;

- Z. any decision and order made by a hearing officer pursuant to Section 7-1-24 NMSA 1978 with respect to a protest filed with the secretary on or after July 1, 1993;
- AA. information required by any provision of the Tax Administration Act to be made available to the public by the department;
- BB. upon request by the Bernalillo county
 metropolitan court, the department shall furnish the last
 known address and the date of that address for every person
 certified to the department by the court as being a person who
 owes fines, fees or costs to the court or who has failed to
 appear pursuant to a court order or a promise to appear;
- CC. upon request by a magistrate court, the department shall furnish the last known address and the date of that address for every person certified to the department by the court as being a person who owes fines, fees or costs to the court or who has failed to appear pursuant to a court order or a promise to appear; and
- DD. to the national tax administration agencies of Mexico and Canada, provided the agency receiving the information has entered into a written agreement with the department to use the information for tax purposes only and is subject to a confidentiality statute similar to this section."

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Sec	cti on	3.	Section	on 7-	2C-11	NMSA	1978	(bei ng	Laws	1985,
Chapter	106,	Sect	ion 11	, as	amend	led) i	s ame	nded to	read	l :

"7-2C-11. PRIORITY OF CLAIMS. --

A. Claims of the department take precedence over the claim of any competing claimant agency, whether the department asserts a claim or sets off an asserted debt under the provisions of the Tax Refund Intercept Program Act or under the provisions of any other law that authorizes the department to apply amounts of tax owed against any refund due an individual pursuant to the Income Tax Act.

- B. After claims of the department, claims shall take priority in the following order before claims of any competing claimant agency:
- (1) claims of the [human services] children, youth and families department resulting from child support enforcement liabilities;
- (2) claims of the [human services] department of health resulting from medical support liabilities;
- (3) claims resulting from educational loans made under the Educational Assistance Act;
- (4) claims of the $[\frac{\text{human services}}{\text{department resulting from }}]$ $[\frac{\text{cash assistance}}{\text{department}}]$ $[\frac{\text{cash assistance}}{\text{cash assistance}}]$
- (5) claims of the [human services] <u>labor</u> department resulting from food stamp liabilities;
 - (6) claims of the employment security

1	division of the labor department arising under the
2	Unemployment Compensation Law;
3	(7) claims of a district court for fines,
4	fees or costs owed to that court;
5	(8) claims of a magistrate court for fines,
6	fees or costs owed to that court;
7	(9) claims of the Bernalillo county
8	metropolitan court for fines, fees or costs owed to that
9	court; and
10	(10) claims of a municipal court for fines,
11	fees or costs owed to that court."
12	Section 4. Section 9-2A-4 NMSA 1978 (being Laws 1992,
13	Chapter 57, Section 4) is amended to read:
14	"9-2A-4. DEPARTMENT CREATEDDIVISIONS
15	A. The "children, youth and families department"
16	is created. The department is a cabinet department and
17	[consists of, but is not limited to, six divisions as
18	follows] includes the following divisions:
19	(1) the administrative services division;
20	(2) the preventive services division;
21	(3) the risk reduction services division;
22	(4) the moderate intervention services
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24	(5) the community residential services
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(7)] (6) the institutional care division, beginning July 1, 1993; and

(7) the child support enforcement division.

- B. The secretary is empowered to organize the department and the divisions specified in Subsection A of this section and may transfer or merge functions between divisions in the interest of efficiency and economy.
- C. The governor is empowered to merge divisions and to abolish or create divisions of the department by executive order in the interest of efficiency and economy."
- Section 5. Section 9-7-4 NMSA 1978 (being Laws 1991, Chapter 25, Section 16) is amended to read:

"9-7-4. DEPARTMENT ESTABLISHED. --

- A. There is created in the executive branch the "department of health". The department shall be a cabinet department and shall include, but not be limited to, the programs and functions of the public health division, the behavioral health services division and the scientific laboratory.
- B. [All references in the law to the "health services division" shall be construed to be references to the "public health division".] All references in the law to the public health division of the health and environment . 134867.1

department, the behavioral health services division of the health and environment department, the state department of public health, the public health department, the health services division or the state board of health shall be construed as referring to the department [of health].

- C. The administrative services division of the department [of health] shall provide clerical, recordkeeping and administrative support to the department [of health] and to the department of environment, including, but not limited to, the areas of personnel, budget, procurement and contracting.
- D. The medical assistance division of the department shall administer the medicaid program pursuant to Title 19 and Title 21 of the Social Security Act. The medical assistance division shall establish the medicaid eligibility criteria as provided in state and federal law and shall provide that criteria to the income support division of the labor department for eligibility determinations and related administrative functions."

Section 6. Section 9-18-4 NMSA 1978 (being Laws 1987, Chapter 342, Section 4) is amended to read:

"9-18-4. LABOR DEPARTMENT ESTABLISHED.--There is created in the executive branch the "labor department". The department [shall be] is a cabinet department and [shall consist of, but not be limited to, five program divisions

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and one administrative division, as follows] includes the following divisions:

- A. employment security division;
- B. workers' compensation division;
- C. labor and industrial division;
- D. human rights division;
- E. job training division; [and]
- F. administrative services division; and
- G. income support division."

Section 7. Section 24-14-13 NMSA 1978 (being Laws 1961, Chapter 44, Section 13, as amended) is amended to read:

"24-14-13. BIRTH REGISTRATION. --

A. A certificate of birth for each live birth [which] that occurs in this state shall be filed with the vital statistics bureau of the public health division of the department or as otherwise directed by the state registrar within ten days after the birth and shall be registered if it has been completed and filed in accordance with this section. When a birth, however, occurs on a moving conveyance, a birth certificate shall be registered in this state and the place where the child is first removed shall be considered the place of birth.

B. When a birth occurs in an institution, the person in charge of the institution or his designated

representative shall obtain the personal data, prepare the certificate <u>of birth</u>, secure the signatures required and file it as directed in this section. The physician or other person in attendance shall certify the medical information required by the certificate <u>of birth</u> within ten working days after the birth in accordance with policies established by the institution where the birth occurred. The person in charge of the institution or his designee shall complete and sign the certificate <u>of birth</u>.

- C. When a birth occurs outside an institution, the certificate of birth shall be prepared and filed by one of the following in the indicated order of priority:
- (1) the physician in attendance at or immediately after the birth;
- (2) any other person in attendance at or immediately after the birth [or in the absence of this person]; or
- (3) the father, the mother or, in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred.
- D. If the mother was married at the time of either conception or birth, the name of the husband shall be entered on the certificate of birth as the father of the child, unless paternity has been determined pursuant to Subsection F or G of this section or by a court, in which

case the name of the father as determined by the court shall be entered.

- E. If the mother was not married at the time of either conception or birth, but the father has signed an acknowledgment of paternity as provided by this section, the father's name, date of birth and social security number shall be entered on the acknowledgment of paternity. The name of the father shall not be entered on the certificate of birth without the written consent of the mother and the person to be named as the father, unless a determination of paternity has been made by a court, in which case the name of the father as determined by the court shall be entered.
- F. At or before the birth of a child to an unmarried woman, the person in charge of the institution, a designated representative, the attending physician or midwife shall:
- (1) provide an opportunity for the child's mother and natural father to complete an acknowledgement of paternity. The completed affidavit shall be filed with the vital statistics bureau of the public health division of the department. The acknowledgement shall contain or have attached to it:
- (a) a sworn statement by the mother consenting to the assertion of paternity;
 - (b) a sworn statement by the father

that	he	i s	the	natural	father	of	the	chi l	d;

(c) written information, furnished by the [human services] children, youth and families
department, explaining the implications of signing,
including legal parental rights and responsibilities; and
(d) the social security numbers of

both parents;

- (2) provide written information, furnished by the [human services] children, youth and families department, to the mother and father or putative father, regarding the benefits of having the child's paternity established and of the availability of paternity establishment services and child support enforcement services.
- G. If a married mother claims that her husband is not the father of the child, the husband agrees that he is not the father and the putative father agrees that he is the father, an acknowledgement of paternity may be signed by the respective parties and duly notarized. Upon filing this affidavit with the state registrar, the name of the nonhusband shall be entered on the certificate of birth as the father.
- H. Pursuant to an interagency agreement for proper reimbursement, the vital statistics bureau of the public health division of the department shall make

available to the [human services] children, youth and families department the birth certificate, the mother's and father's social security numbers and paternity acknowledgements. The [human services] children, youth and families department shall use these records only in conjunction with its duties as the state IV-D agency responsible for the child support program under Title IV-D of the federal Social Security Act."

Section 8. Section 27-1-3 NMSA 1978 (being Laws 1937, Chapter 18, Section 4, as amended) is amended to read:

"27-1-3. ACTIVITIES OF [HUMAN SERVICES] DEPARTMENT OF

HEALTH. -- The [human services] department of health shall be

charged with the administration of [all] the [welfare]

health-related activities of the state as provided in

Chapter 27 NMSA 1978, except as otherwise provided for by

law. The [human services] department shall, except as

otherwise provided by law:

A. administer old age assistance, aid to dependent children, assistance to the needy blind and otherwise handicapped and general relief;

B. administer all aid or services to crippled children, including the extension and improvement of services for crippled children, insofar as practicable under conditions in this state, provide for locating children who are crippled or who are suffering from conditions which lead

to crippling, provide corrective and any other services and care and facilities for diagnosis, hospitalization and aftercare for children who are crippled or who are suffering from conditions which lead to crippling, and supervise the administration of those services which are not administered directly by the department;

[C. administer and supervise all child welfare activities, service to children placed for adoption, service and care of homeless, dependent and neglected children, service and care for children in foster family homes or in institutions because of dependency or delinquency and care and service to any child who because of physical or mental defect may need such service;

D.] <u>C.</u> formulate detailed plans, make rules [and regulations] and take action deemed necessary or desirable to carry out the provisions of Chapter 27 NMSA 1978 and which is not inconsistent with the provisions of that chapter;

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

 $\cite{F.}$ $\cite{E.}$ assist other departments, agencies and institutions of local, state and federal governments when so .134867.1

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requested, cooperate with such agencies when expedient in performing services in conformity with the purposes of Chapter 27 NMSA 1978 and cooperate with medical, health, nursing and welfare groups, any state agency charged with the administration of laws providing for vocational rehabilitation of physically handicapped persons and organizations within the state:

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

[H. establish in counties or in districts, which
may include two or more counties, local units of
administration to serve as agents of the department;

I. at its discretion, establish local boards of public welfare for such territory as it may see fit and by rule and regulation prescribe the duties of the local board;

J. administer such other public welfare functions as may be assumed by the state after the effective date of this section;

K.] G. carry on research and compile statistics relative to the entire [public welfare] medical assistance program throughout the state [including all phases of .134867.1

dependency, defectiveness, delinquency and related problems]
and develop plans in cooperation with other public and private
agencies for the prevention as well as treatment of conditions
giving rise to public [welfare] health-related problems; and

[£.] H. inspect and require reports from all private institutions, boarding homes and agencies providing assistance, care or other direct services to children who are crippled, neglected, delinquent or dependent, the aged, blind, feeble-minded and other dependent persons.

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

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

"27-1-3.1. ACUTE CARE BED USAGE--FUNDING
AUTHORIZATION.--The [human services] medical assistance
division of the department of health is authorized to accept
and use federal grants or matching funds for the purpose of
reimbursement to certain rural hospitals for using empty acute
care beds for intermediate care and skilled nursing care, as
defined in federal statutes and regulations, subject to
federal approval and the availability of funds. The
[department] medical assistance division is authorized to use

funds from existing appropriations for matching federal funds for the purposes of this [aet] section."

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

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

A. The [human services] children, youth and families department, acting as the state's child support enforcement agency pursuant to Title IV-D of the Social Security Act, shall establish a state case registry by October 1, 1998 that contains records with respect to:

- (1) each case in which services are being provided on or after October 1, 1998 by the [state Title IV-D agency] children, youth and families department; and
- (2) each support order established or modified in the state on or after October 1, 1998, whether or not the order was obtained by the [Title IV-D agency] children, youth and families department.
- B. The records maintained by the state case registry shall use standardized data elements for parents, such as names, social security numbers and other uniform identification numbers like dates of birth and case identification numbers and contain such other information, such as [on] case status, as the <u>United States</u> secretary of [the United States department of] health and human services may require.

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- C. The [Title IV-D agency] children, youth and families department and the administrative office of the courts shall work cooperatively to ensure that the requirements of [this act] Laws 1997, Chapter 237 are implemented in an effective, efficient and timely manner. The [human services] children, youth and families department shall reimburse the administrative office of the courts for all costs incurred in furnishing the information. A cooperative agreement between the [Title IV-D agency] children, youth and families department and the administrative office of the courts shall include costs to be charged by the administrative office of the courts for all work performed to conform to The [human services] children, youth and these requirements. <u>families</u> department shall promptly provide the administrative office of the courts the data elements and formats required under Subsection B of this section as soon as they become available to the department.
- D. The state case registry shall extract information from its automated system to share and compare information with and to receive information from other databases and information comparison services in order to obtain or provide information necessary to enable the [Title IV-D agency] children, youth and families department or the United States secretary of health and human services [department secretary] or other state or federal agencies to

carry out the Title IV-D program, subject to Section 6103 of the Internal Revenue Code of 1986. Such information comparison activities shall include the following:

- of child support orders established (and update as necessary with information, including notice of expiration of orders) the minimum amount of information on child support cases recorded in the state case registry that is necessary to operate the <u>federal</u> registry, as specified by the United States <u>secretary</u> of health and human services [department secretary] in regulations;
- (2) exchanging information with the federal parent locator service for the purposes specified in the State Directory of New Hires Act;
- (3) exchanging information with [state] agencies of the state and agencies of other states administering programs of temporary assistance for needy families and medicaid and other programs designated by the United States secretary of health and human services [secretary] as necessary to perform state agency responsibilities under this [part] section and under such programs; and
- (4) exchanging information with other agencies of the state, agencies of other states and interstate information networks as necessary and appropriate to carry out . 134867.1

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or assist other states to carry out purposes of the Title IV-D program $^{\prime\prime}$

Section 11. Section 27-1-9 NMSA 1978 (being Laws 1997, Chapter 237, Section 14) is amended to read:

"27-1-9. LOCATOR INFORMATION FROM INTERSTATE NETWORKS.-The [state Title IV-D agency] children, youth and families
department is authorized to have access to any system used by
the state to locate an individual for purposes relating to
motor vehicle or law enforcement."

Section 12. Section 27-1-10 NMSA 1978 (being Laws 1997, Chapter 237, Section 15) is amended to read:

"27-1-10. COLLECTION AND USE OF SOCIAL SECURITY NUMBERS
FOR USE IN CHILD SUPPORT ENFORCEMENT. --

A. The state [must] shall have and use procedures requiring that the social security number of:

- (1) any applicant for a professional license, commercial driver's license, occupational license or marriage license be recorded on the application;
- (2) any person who is subject to a divorce decree, support order or paternity determination or acknowledgment be placed in the records relating to the matter; and
- (3) any person who has died be placed in the records relating to the death and be recorded on the death certificate.

B. The collection and use of social security numbers shall be made available to the [state Title IV-D agency] children, youth and families department for use in child support enforcement."

Section 13. Section 27-1-11 NMSA 1978 (being Laws 1997, Chapter 237, Section 16) is amended to read:

"27-1-11. EXPEDITED PROCEDURE. -- The [state Title IV-D agency] children, youth and families department shall have the authority to take the following actions relating to establishment of paternity or to establishment, modification or enforcement of support orders, without the necessity of obtaining an order from any other judicial or administrative tribunal, and to recognize and enforce the authority of state Title IV-D agencies of other states to take the following actions:

A. to order genetic testing for the purpose of paternity establishments;

B. to subpoen any financial or other information needed to establish, modify or enforce a support order and to impose penalties for failure to respond to such a subpoena. A subpoena issued by the [state Title IV-D agency] children, youth and families department under this section shall be served upon the person to be subpoenaed or [at the option of the secretary of human services or the secretary's authorized representative] by certified mail addressed to the person at

his last known address. The service of the subpoena shall be at least ten days prior to the required production of the information. If the subpoena is served by certified mail, proof of service is the affidavit of mailing. After service of a subpoena upon a person, if the person neglects or refuses to comply with the subpoena, the [state Title IV-D agency] children, youth and families department may apply to the district court of the county where the subpoena was served or the county where the subpoena was responded to for an order compelling compliance. Failure of the person to comply with the district court's order shall be punishable as contempt;

- C. to require all entities in the state, including for-profit, nonprofit and governmental employers, to provide promptly, in response to a request by the [state Title IV-D agency] children, youth and families department of that or any other state administering a program under this part, information on the employment compensation and benefits of any person employed by such entity as an employee or contractor and to sanction failure to respond to any such request;
- D. to obtain access, subject to safeguards on privacy and information security and subject to the nonliability of entities that afford such access, to information contained in the following records, including automated access in the case of records maintained in automated databases:

1	(1) records of other states and local					
2	government agencies, including:					
3	(a) vital statistics, including records					
4	of marriage, birth and divorce;					
5	(b) state and local tax and revenue					
6	records, including information on residence address, employer,					
7	income and assets;					
8	(c) records concerning real and titled					
9	personal property;					
10	(d) records of occupational and					
11	professional licenses and records concerning the ownership and					
12	control of corporations, partnerships and other business					
13	entities;					
14	(e) employment security records;					
15	(f) records of agencies administering					
16	public assistance programs;					
17	(g) records of the motor vehicle					
18	division of the taxation and revenue department; and					
19	(h) corrections records; and					
20	(2) certain records held by private entities					
21	with respect to persons who owe or are owed support, or					
22	against or with respect to whom a support obligation is					
23	sought, consisting of:					
24	(a) the names and addresses of such					
25	persons and the names and addresses of the employers of such					
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persons, as appearing in customer records of public utilities and cable television companies, pursuant to an administrative subpoena; and

- (b) information, including information on assets and liabilities, on such individuals held by financial institutions;
- E. in cases in which support is subject to an assignment in order to comply with a requirement imposed pursuant to temporary assistance for needy families or medicaid, or to a requirement to pay through the state disbursement unit established pursuant to Section 454B of the Social Security Act, upon providing notice to obligor and obligee to direct the obligor or other payor to change the payee to the appropriate government entity;
 - F. to order income withholding;
- G. in cases in which there is a support arrearage, to secure assets to satisfy the arrearage by:
- (1) intercepting or seizing periodic or lumpsum payments from:
- (a) a state or local agency, including unemployment compensation, workers' compensation and other benefits; and
- (b) judgments, settlements and lotteries:
 - (2) attaching and seizing assets of the

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- (3) attaching public and private retirement funds; and
- (4) imposing liens and, in appropriate cases, to force sale of property and distribution of proceeds;
- H. for the purpose of securing overdue support, to increase the amounts for arrearages, subject to such conditions or limitations as the [state Title IV-D agency] children, youth and families department may provide;
- I. [the] to include in the required expedited procedures, [required shall include] the following rules and authority, applicable with respect to all proceedings to establish paternity or to establish, modify or enforce support orders:
- (1) each party to any paternity or child support proceeding is required, subject to privacy safeguards, to file with the tribunal and the state case registry upon entry of an order, and to update, as appropriate, information on location and identity of the party, including social security number, residential and mailing addresses, telephone number and driver's license number, and name, address and telephone number of employer; and
- (2) in any subsequent child support enforcement action between the parties, upon sufficient showing that diligent effort has been made to ascertain the .134867.1

location of such a party, the tribunal may deem state due process requirements for notice and service of process to be met with respect to the party upon delivery of written notice to the most recent residential or employer address filed with the tribunal;

J. to establish procedures under which:

- (1) the state agency and administrative or judicial tribunal with authority to hear child support and paternity cases exerts statewide jurisdiction over the parties; and
- (2) in a state in which orders are issued by courts or administrative tribunals, a case may be transferred between local jurisdictions in the state without need for any additional filing by the petitioner, or service of process upon the respondent, to retain jurisdiction over the parties; and
- K. the authority of the [Title IV-D agency] children, youth and families department with regard to Subsections A through J of this section shall be subject to due process safeguards, including, as appropriate, requirements for notice, opportunity to contest the action and opportunity for an appeal on the record to an independent administrative or judicial tribunal. Such due process safeguards shall be developed and implemented by the [Title IV-D agency] children, youth and families department in

accordance with the administrative office of the courts and other affected agencies and individuals consistent with current policies and procedures for implementation of the [human services] department's [regulations] rules."

Section 14. Section 27-1-12 NMSA 1978 (being Laws 1997,

Section 14. Section 27-1-12 NMSA 1978 (being Laws 1997, Chapter 237, Section 22) is amended to read:

"27-1-12. WORK REQUIREMENT FOR PERSONS OWING PAST-DUE
CHILD SUPPORT.--The [state Title IV-D agency] children, youth
and families department must have and use procedures under
which the state has the authority, in any case in which an
individual owes past-due support with respect to a child
receiving assistance under a state program funded under
temporary assistance for needy families, to issue an order or
to request that a court or an administrative process
established pursuant to state law issue an order that requires
the individual to:

A. pay [such] the support in accordance with a plan approved by the court or, at the option of the state, a plan approved by the [state Title IV-D agency] children, youth and families department; or

B. if the individual is subject to such a plan and is not incapacitated, participate in such work activities as the court or, at the option of the state, the [state Title IV-D agency] children, youth and families department deems appropriate."

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Section 15. Section 27-1-13 NMSA 1978 (being Laws 1997, Chapter 237, Section 33) is amended to read:

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

- A. "Financial institution" means:
- (1) a depository institution, as defined inSection 3(c) of the Federal Deposit Insurance Act(12 U.S.C. 1813(c));
- (2) an institution-affiliated party, as defined in Section 3(u) of $[{\color{red} {\rm such}}]$ that act (12 U.S.C. 1813(u));
- (3) any federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. 1752), including an institution-affiliated party of such a credit union, as defined <u>in</u> Section 206(r) of [such] that act (12 U.S.C. 1786(r)); and
- (4) any benefit association, insurance company, safe deposit company, money-market mutual fund or similar entity authorized to do business in the state.
- B. "Account" means a demand deposit account, checking or negotiable withdrawal order account, savings account, time deposit account or money-market mutual fund account.
- C. "Past-due support" means the amount of support determined under a court order or an order of an administrative process established under state law for support . 134867.1

and maintenance of a child or of a child and the parent with whom the child is living [which] that has not been paid.

- D. The [human services] children, youth and families department, acting as the state's child support enforcement agency pursuant to Title IV-D of the Social Security Act, shall enter into agreements with financial institutions doing business in the state to develop and operate, in coordination with such financial institutions, a data match system to be operational by October 1, 2000, using automated data exchanges to the maximum extent feasible, in which each such financial institution is required to provide the information.
- E. The [human services] children, youth and families department shall establish standard procedures and formats for the financial institutions. Such procedures shall include administrative due process for child support obligors before funds or assets may be seized by the department.
- F. Each financial institution in New Mexico shall provide to the [human services] children, youth and families department for each calendar quarter the name, record address, social security number or other taxpayer identification number and other identifying information for each noncustodial parent who maintains an account at such institution and who owes past-due support, as identified by the [human services] department, by name and social security number or other

taxpayer identification number.

- G. Upon receipt of a notice of lien or levy from the [human services] children, youth and families department, financial institutions shall encumber and surrender assets held by the institution on behalf of any noncustodial parent who is subject to a child support lien.
- H. The [human services] children, youth and families department may establish and pay a reasonable fee to a financial institution for conducting the data match provided for in this [act] section, not to exceed the actual costs incurred by such financial institutions.
- I. A financial institution shall not be liable under any state law to any person for disclosing of information to the [human services] children, youth and families department under this section or for freezing or surrendering any assets held by [such] the financial institution in response to a notice of lien or seizure issued by the [human services] department or for any other action taken in good faith to comply with the requirements of this section.
- J. A state child support enforcement agency that obtains a financial record of a person from a financial institution may disclose [such] the financial record only for the purpose of, and to the extent necessary in, establishing, modifying or enforcing a child support obligation of [such]

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Section 16. Section 27-1-14 NMSA 1978 (being Laws 1997, Chapter 237, Section 34) is amended to read:

"27-1-14. ENFORCEMENT OF ORDERS FOR HEALTH CARE. -- All Title IV-D child support orders enforced shall include a provision for the health care coverage of the child [and]. the case in which a noncustodial parent provides [such] health care coverage and changes employment and the new employer provides health care coverage, the [state Title IV-D agency] children, youth and families department shall transfer notice of the provision to the employer, which notice shall operate to enroll the child in the noncustodial parent's health plan unless the noncustodial parent successfully contests the notice."

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

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

[A. "department" means the human services department;

B. "board" means the human services department;

C. "director" means the secretary of human servi ces:

 \mathbf{D} . "local office" means the county or district office of the [human services] labor department;

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1	[E. "public welfare" or] <u>B.</u> "public assistance"
2	means [any] aid or relief granted to or on behalf of an
3	eligible person under the Public Assistance Act and
4	regulations issued pursuant to that act;
5	$[F.]$ $\underline{C.}$ "applicant" means a person who has applied
6	for <u>public</u> assistance or [services] <u>medical assistance</u> under
7	the Public Assistance Act;
8	[G.] <u>D.</u> "recipient" means a person who is
9	receiving <u>public</u> assistance or [services under the Public
10	Assistance Act] medical assistance;
11	[H.] $E.$ "federal act" means the federal Social
12	Security Act, as may be amended from time to time, and
13	regulations issued pursuant to that act; and
14	[I. "secretary" means the secretary of human
15	servi ces]
16	F. "medical assistance" means services or supplies
17	provided pursuant to Title 19 or Title 21 of the federal act."
18	Section 18. Section 27-2-3 NMSA 1978 (being Laws 1973,
19	Chapter 376, Section 3, as amended) is amended to read:
20	"27-2-3. STANDARD OF NEEDINCOME DETERMINATION
21	A. Consistent with the federal act and subject to
22	the availability of federal and state funds, the [board]
23	income support division of the labor department shall adopt a

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subsistence.

standard of need, which shall establish a reasonable level of

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B. Consistent with the federal act, the [board] income support division of the labor department shall define by regulation exempt and nonexempt income and resources.

Medical expenses shall not be deducted from either income or resources in determining eligibility."

Section 19. Section 27-2-6.1 NMSA 1978 (being Laws 1978, Chapter 30, Section 1) is amended to read:

SUPPLEMENTAL POSTNATAL ASSISTANCE. -- The "27-2-6.1. [health and social services] labor department shall establish a program of supplemental postnatal assistance for those mentally retarded persons who during pregnancy received [aid to families with dependent children] temporary assistance for needy families but whose [aid] assistance was revoked upon relinquishment of the newly born child for adoption. The supplemental postnatal assistance provided for in this section shall be at the same rate as [aid to families with dependent children] temporary assistance for needy families, but [such] supplemental postnatal assistance shall not exceed a period of sixty days. The [health and social services] labor department shall promulgate rules [and regulations in order] to carry out the provisions of this section."

Section 20. Section 27-2-7 NMSA 1978 (being Laws 1973, Chapter 376, Section 10, as amended by Laws 1998, Chapter 8, Section 27 and also by Laws 1998, Chapter 9, Section 27) is amended to read:

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"27-2-7.	GENERAL	$\pmb{ASSISTANCE}$	PROGRAM	QUALI FI CATI ONS	AND
PAYMENTS					

- A. Subject to the availability of state funds, public assistance shall be provided under a general assistance program to or on behalf of eligible persons who:
- (1) are under eighteen years of age and meet all eligibility conditions for the New Mexico Works Act except the relationship to the person with whom they are living;
- (2) are over the age of eighteen and are disabled, according to rules of the <u>labor</u> department, and are not receiving cash assistance or services pursuant to the New Mexico Works Act;
- (3) meet the qualifications under other rules for the general assistance program as the <u>labor</u> department shall establish; or
- (4) are lawful resident immigrants who would otherwise be eligible for cash assistance or services pursuant to the New Mexico Works Act except that they began residing in the United States after August 22, 1996.
- B. General assistance program payments may be made directly to the recipient or to the vendor of goods or services provided to the recipient. The <u>labor</u> department may by rule limit the grants that are made to general assistance recipients.
- C. Whenever the <u>labor</u> department makes an . 134867. 1

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adjustment in the standard of need for the New Mexico Works

Act, subject to the availability of state funds, it shall make
a commensurate adjustment in the standard of need for the
general assistance program."

Section 21. Section 27-2-9 NMSA 1978 (being Laws 1973, Chapter 376, Section 13) is amended to read:

"27-2-9. PAYMENT FOR HOSPITAL CARE. --

Consistent with the federal act, the Α. [department] medical assistance division of the department of health shall provide necessary hospital care for recipients of public assistance other than those eligible under the general assistance program authorized by Section [10 of the Public Assistance Act] 27-2-7 NMSA 1978. The rate of payment for inpatient hospital services shall be based either on the reasonable cost or the customary cost of such services, In determining reasonable cost under this whichever is less. section, the [board] division shall adopt [regulations] rules establishing a formula consistent with the federal act. [department] division shall apply that formula to determine the amount to which each hospital is entitled as reimbursement for providing in-patient hospital services.

B. To receive reimbursement for providing in-patient hospital services, a hospital shall file annually with the [department] medical assistance division such information as the [department] division may reasonably

require to determine reasonable costs or the hospital's customary cost of in-patient hospital services.

C. Any hospital entitled to reimbursement for inpatient hospital services shall be entitled to a hearing, pursuant to [regulations] rules of the [board] medical assistance division consistent with applicable state law, if the hospital disagrees with the [department's] division's determination of the reimbursement the hospital is to receive."

Section 22. Section 27-2-9.1 NMSA 1978 (being Laws 1979, Chapter 401, Section 1, as amended) is amended to read:

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

- A. A shelter care supplement shall be provided to those individuals who are recipients of supplemental security income under Title 16 of the federal Social Security Act and who reside in shelter care homes licensed pursuant to regulations of the [health and environment] department of health.
- B. The [human services] labor department is authorized to determine eligibility, compute payment, make payments and otherwise administer the shelter care supplement program.
- C. The amount of the shelter care supplement payment shall be established by the secretary of [human services] labor subject to the availability of general funds."

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Section 23. Section 27-2-10 NMSA 1978 (being Laws 1973, Chapter 376, Section 14) is amended to read:

"27-2-10. FOOD STAMP PROGRAM -- The income support
division of the labor department is authorized to establish a
food stamp program to carry out the federal Food Stamp Act of
1977, as may be amended from time to time, and regulations
issued pursuant [thereto] to that act, subject to the
continuation of the federal food stamp program and the
availability of federal funds."

Section 24. Section 27-2-11 NMSA 1978 (being Laws 1973, Chapter 376, Section 15) is amended to read:

"27-2-11. SCOPE OF ASSISTANCE PROGRAMS.--Any public assistance program conducted [by the] under the federal act is effective in all political subdivisions if the federal act so requires."

Section 25. Section 27-2-12 NMSA 1978 (being Laws 1973, Chapter 376, Section 16, as amended) is amended to read:

"27-2-12. MEDICAL ASSISTANCE PROGRAMS.--Consistent with the federal act and subject to the appropriation and availability of federal and state funds, the medical assistance division of the [human services] department of health may by [regulation] rule provide medical assistance, including the services of licensed doctors of oriental medicine and licensed chiropractors, to persons eligible for [public] medical assistance programs under the federal act."

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Section 26. Section 27-2-12.3 NMSA 1978 (being Laws 1987, Chapter 269, Section 1, as amended) is amended to read:

"27-2-12.3. MEDICAID REIMBURSEMENT--EQUAL PAY FOR EQUAL PHYSICIANS', DENTISTS', OPTOMETRISTS', PODIATRISTS' AND PSYCHOLOGISTS' SERVICES. -- The [human services department] medical assistance division of the department of health shall establish a rate for the reimbursement of physicians, dentists, optometrists, podiatrists and psychologists for services rendered to medicaid patients that provides equal reimbursement for the same or similar services rendered without respect to the date on which such physician, dentist, optometrist, podiatrist or psychologist entered into practice in New Mexico, the date on which the physician, dentist, optometrist, podiatrist or psychologist entered into an agreement or contract to provide such services or the location in which such services are to be provided in the state; provided, however, that the requirements of this section shall not apply when the [human services department] division contracts with entities pursuant to Section 27-2-12.6 NMSA 1978 to negotiate a rate for the reimbursement for services rendered to medicaid patients in the medicaid managed care system."

Section 27. Section 27-2-12.4 NMSA 1978 (being Laws 1987, Chapter 214, Section 1) is amended to read:

"27-2-12. 4. LONG-TERM CARE FACILITIES--NONCOMPLIANCE

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WITH STANDARDS AND CONDITIONS -- SANCTIONS. --

In addition to any other actions required or permitted by federal law or regulation, the [human services department | medical assistance division of the department of health shall impose a hold on state medicaid payments to a long-term care facility thirty days after the [health and environment | department of health notifies the [human services department division in writing pursuant to an on-site visit that the long-term care facility is not in substantial compliance with the standards or conditions of participation promulgated by the federal department of health and human services pursuant to which the facility is a party to a medicaid provider agreement, unless the substantial noncompliance has been corrected within that thirty-day period or the facility's medicaid provider agreement is terminated or not renewed based in whole or in part on the noncompliance. The written notice shall cite the specific deficiencies that constitute noncompliance.

B. The [human services department] medical
assistance division shall remove the payment hold imposed
under Subsection A of this section when the [health and
environment] department of health, pursuant to an on-site
visit, certifies in writing to the [human services department]
division that the long-term care facility is in substantial
compliance with the standards or conditions of participation

pursuant to which the facility is a party to a medicaid provider agreement.

- C. The [human services department] medical
 assistance division shall not reimburse any long-term care
 facility during the payment hold period imposed pursuant to
 Subsection A of this section for any medicaid [recipientpatients] recipients who are new admissions and who are
 admitted on or after the day the hold is imposed and prior to
 the day the hold is removed.
- D. If a long-term care facility is certified in writing to be in noncompliance pursuant to Subsection A of this section for the second time in any twelve-month period, the [human services department] medical assistance division shall cancel or refuse to execute the long-term care facility's medicaid provider agreement for a two-month period, unless it can be demonstrated that harm to the [patients] medicaid recipients would result from this action or that good cause exists to allow the facility to continue to participate in the medicaid program. The provisions of this subsection are subject to appeal procedures set forth in federal regulations for nonrenewal or termination of a medicaid provider agreement.
- E. A long-term care facility shall not charge medicald [recipient-patients] recipients, their families or their responsible parties to recoup any payments not received . 134867.1

because	of a	a hold	on	medi cai d	payments	i mposed	pursuant	to
this sec	cti o	n.						

- F. This section shall not be construed to affect any other provisions for medicaid provider agreement termination, nonrenewal, due process and appeal pursuant to federal law or regulation.
 - G. As used in this section:
- (1) "day" means a twenty-four hour period beginning at midnight and ending one second before midnight;
- (2) "long-term care facility" means any intermediate care facility or skilled nursing facility [which] that is licensed by the [health and environment] department of health and [which] that is medicaid certified;
- (3) "new admissions" means medicaid recipients who have never been in the long-term care facility or, if previously admitted, had been discharged or had voluntarily left the facility. [The term] "New admissions" does not include:
- (a) [individuals] persons who were in the long-term care facility before the effective date of the hold on medicaid payments and became eligible for medicaid after that date; and
- (b) [individuals] persons who, after a temporary absence from the facility, are readmitted to beds reserved for them in accordance with federal regulations; and

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1	(4) "substantial compliance" means the
2	condition of having no cited deficiencies or having only those
3	cited deficiencies [which] that:
4	(a) are not inconsistent with any
5	federal statutory requirement;
6	(b) do not interfere with adequate
7	patient care;
8	(c) do not represent a hazard to the
9	patients' health or safety;
10	(d) are capable of correction within a
11	reasonable period of time; and
12	(e) are ones [which] that the long-term
13	care facility is making reasonable plans to correct."
14	Section 28. Section 27-2-12.5 NMSA 1978 (being Laws
15	1989, Chapter 83, Section 1, as amended) is amended to read:
16	"27-2-12.5. MEDICAID-CERTIFIED NURSING FACILITIES
17	RETROACTIVE ELIGIBILITYREFUNDSPENALTY
18	A. Medicaid payment for a medicaid-eligible
19	patient shall be accepted by a medicaid-certified nursing
20	facility from the first month of medicaid eligibility,
21	regardless of whether the eligibility is retroactive. The
22	nursing facility shall refund to the [patient] medicaid
23	recipient or responsible party all out-of-pocket money except
24	for required medical-care credits paid to the nursing facility

for that $[\frac{patient's}{}]$ $\underline{medicaid\ recipient's}$ care on and after

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the [human services department] medical assistance division of 4 the department of health of the patient's medicaid 5 eligibility, the nursing facility shall make any necessary refund to the [patient] medicaid recipient or responsible 6 7 party required under this section. In any cause of action brought against a 8 9 nursing facility because of its failure to make a refund to 10 the [patient] medicaid recipient or responsible party as 11 required under Subsection A of this section, the [patient] 12 medicaid recipient or responsible party may be awarded triple 13 the amount of the money not refunded or three hundred dollars 14 (\$300), whichever is greater, and reasonable [attorneys']

attorney fees and court costs."

medicaid program.

Section 27-2-12.6 NMSA 1978 (being Laws Section 29. 1994, Chapter 62, Section 22) is amended to read:

the date of medicaid eligibility for services covered by the

Within thirty days after notification by

"27-2-12.6. MEDICAID PAYMENTS -- MANAGED CARE. --

The department of health shall provide for a statewide, managed care system to provide cost-efficient, preventive, primary and acute care for medicaid recipients [by July 1, 1995].

- The managed care system shall ensure: В.
- access to medically necessary services, particularly for medicaid recipients with chronic health . 134867. 1

proble	ems;
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- (2) to the extent practicable, maintenance of the rural primary care delivery infrastructure;
- (3) that the [department's] department of health's approach is consistent with national and state health care reform principles; and
- (4) to the maximum extent possible, that [medicaid-eligible individuals] medicaid recipients are not identified as such except as necessary for billing purposes.
- C. The department of health may exclude nursing homes, intermediate care facilities for the mentally retarded, medicaid in-home and community-based waiver services and residential and community-based mental health services for children with serious emotional disorders from the provisions of this section."

Section 30. Section 27-2-12.7 NMSA 1978 (being Laws 1980, Chapter 86, Section 1) is amended to read:

"27-2-12.7. MEDICAID--[HUMAN SERVICES] DEPARTMENT OF
HEALTH EMPLOYEES--STANDARDS OF CONDUCT--ENFORCEMENT.--

A. As used in this section:

- (1) "business" means a corporation,
 partnership, sole proprietorship, firm, organization or
 [individual] person carrying on a business;
- (2) "department" means the [human services] department of health;

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or

(3) "employee"	means [any] <u>a</u>	<u>a</u> person w	ho has
been appointed to	or hired for	[any departme r	it] <u>an</u> off	ice <u>of</u>
the department, t	<u>he labor depar</u>	tment or the c	chi l dren,	<u>youth</u>
and families depa	rtment, connec	ted with the a	admi ni stra	tion of
medicaid funds an	d who receives	compensation	in the fo	rm of
sal ary;				

- **(4)** "employee with responsibility" means an employee who is directly involved in or has a significant part in the medicaid decision-making, regulatory, procurement or contracting process; and
- "financial interest" means an interest (5)held by [an individual] a person, his spouse or minor child [which] that is:
 - (a) an ownership interest in business;
- (b) [any] an employment or prospective employment for which negotiations have already begun.
- No employee with responsibility shall, for twenty-four months following the date on which he ceases to be an employee, act as agent or attorney for [any other] another person or business in connection with a judicial or administrative proceeding, application, ruling, contract, claim or other matter relating to the medicaid program with respect to which the employee made an investigation, rendered [any] a ruling or was otherwise substantially and directly

involved during the last year he was an employee and which was actually pending under his responsibility within that period.

- C. No [department] secretary [income support] or division director [or medical assistance bureau chief or their deputies] under the department of health, labor department or children, youth and families department shall, for twelve months following the date on which he ceases to be an employee, participate [in any manner] with respect to a judicial or administrative proceeding, application, ruling, contract, claim or other matter relating to the medicaid program and pending before the respective [department] departments.
- D. No employee with responsibility shall participate [in any manner] with respect to a judicial or administrative proceeding, application, ruling, contract, claim or other matter relating to the medicaid program and involving his spouse, minor child or [any] a business in which he has a financial interest unless prior to [such] the participation:
- (1) full disclosure of his relationship or financial interest is made in writing to the secretary of [the department] health; and
- (2) a written determination is made by the secretary of health that the disclosed relationship or financial interest is too remote or inconsequential to affect . 134867.1

the integrity of the services of the employee.

E. Violation of any of the provisions of this section by an employee is grounds for dismissal, demotion or suspension. A former employee who violates [any of the provisions] a provision of this section [shall be] is subject to assessment by the department of a civil money penalty of two hundred fifty dollars (\$250) for each violation. The department shall promulgate [regulations] rules to provide for an administrative appeal of any assessment imposed."

Section 31. Section 27-2-14 NMSA 1978 (being Laws 1973, Chapter 376, Section 18) is amended to read:

"27-2-14. CONTINUING EFFECT OF REGULATIONS AND STANDARDS.--Regulations and standards of [the board and] a state agency or department adopted prior to the effective date of the Public Assistance Act are continued in full force and effect. unless modified or revoked."

Section 32. Section 27-2-15 NMSA 1978 (being Laws 1937, Chapter 18, Section 9) is amended to read:

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

[A. The state department is hereby designated as the state agency to cooperate with the federal government in the administration of the provisions of Title 1, Title 4, part 2 and 3 of Title 5 and Title 10 of the federal Social Security Act. The State Board is hereby authorized and directed to cooperate with the proper departments of the federal

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government and with all other departments of the state and local governments in the enforcement and administration of such provisions of the federal Social Security Act and any amendments thereto and the rules and regulations issued thereunder and in compliance therewith in the manner prescribed in this Act or as otherwise provided by law. The department shall also make reports in such form and containing such information as any agency or instrumentality of the United States with which it is cooperating may from time to time require and shall comply with such provisions as any such agency or instrumentality may from time to time find necessary to assure the correctness and verification of such reports.] The department of health, the labor department and the children, youth and families department are authorized to cooperate with the federal government in the administration of federal programs for public assistance and medical assistance. The departments shall cooperate with the proper federal government departments and with state and local governments in the enforcement and administration of the federal programs and with applicable federal laws, rules, regulations and amendments."

Section 33. Section 27-2-16 NMSA 1978 (being Laws 1974, Chapter 31, Section 1, as amended) is amended to read:

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

A. Subject to the availability of state funds, the . 134867.1

[human services department] medical assistance division of the department of health may provide assistance to aged, blind or disabled [individuals] persons in the amounts consistent with federal law to enable the state to be eligible for medicaid funding. [Individuals] A person shall be determined to be aged, blind or disabled according to [regulations] rules of the [human services department] division.

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

Section 34. Section 27-2-17 NMSA 1978 (being Laws 1937, Chapter 18, Section 10) is amended to read:

"27-2-17. CUSTODIAN OF FUNDS.--The [State] department of health is [hereby] designated as the custodian [subject to the provisions of Section 21 of this Act] of [any and] all [monies which may be] money received by the state [of New Mexico, which] that the [State Board of Public Welfare] department is authorized to administer, from any appropriations made by the congress of the United States for the purpose of cooperating with the several states in the enforcement and administration of the provisions of the federal [Social Security] act [referred to in Section 9] and all [monies] money received

from any other source for the purposes set forth in [this Act]

Chapter 27 NMSA 1978. The [State] department of health is

[hereby] authorized to receive such [monies] money, provide

for [the] its proper custody [thereof] and [to] make

disbursements [therefrom] of it under such rules [and

regulations] as the [State Board] department may prescribe."

Section 35. Section 27-2-23 NMSA 1978 (being Laws 1969, Chapter 232, Section 1) is amended to read:

"27-2-23. [THIRD PARTY] THIRD-PARTY LIABILITY. --

A. The [health and social services department] medical assistance division of the department of health shall make reasonable efforts to ascertain any legal liability of third parties who are or may be liable to pay all or part of the medical cost of injury, disease or disability of an applicant for or recipient of medical assistance pursuant to the provisions of Chapter 27 NMSA 1978.

B. When the [department] medical assistance division makes medical assistance payments [in] on behalf of a recipient, the [department] division is subrogated to any right of the recipient against a third party for recovery of medical expenses to the extent that the [department] division has made payment."

Section 36. Section 27-2-23.1 NMSA 1978 (being Laws 1989, Chapter 184, Section 1) is amended to read:

"27-2-23. 1. EMPLOYEE RETIREMENT INCOME SECURITY ACT
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EMPLOYEE HEALTH BENEFIT PLANS--CLAUSES TO EXCLUDE MEDICAID

COVERAGE PROHIBITED. -- No employee health benefit plan

established under the Employee Retirement Income Security Act

of 1974, 29 U.S.C. 1144, that provides payments for health

care on behalf of individuals residing in the state shall

contain any provisions excluding or limiting coverage or

payment for any health care for an individual who would

otherwise be covered or entitled to benefits or services under

the terms of the employee health benefit plan because that

individual is provided or is eligible for benefits under the

medicaid program of this state pursuant to Title [XIX] 19 or

Title 21 of the federal [Social Security Act, 42 U.S.C. 1396,

et seq.] act."

Section 37. Section 27-2-25 NMSA 1978 (being Laws 1937, Chapter 18, Section 11j, as amended) is amended to read:

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

A. On the death of:

- (1) a recipient of financial assistance under Section [13-17-9 or Section 13-17-10 NMSA 1953] <u>27-2-6 or 27-2-7 NMSA 1978</u> or under the federal supplemental security income program; or
- (2) an individual living in a nursing home or an intermediate care facility, the payment for whose care is made in whole or in part pursuant to Title 19 of the federal act; funeral expenses up to two hundred dollars (\$200) shall

be paid by the [health and social services department] medical assistance division of the department of health if the deceased's available resources, as defined by [regulation] rules of the [board] division, are insufficient to pay the funeral expenses, the persons legally responsible for the support of the deceased are unable to pay the funeral expenses and no other person will undertake to pay [said] those expenses.

B. No payment shall be made by the [department] medical assistance division when resources available from all sources to pay the funeral expenses total six hundred dollars (\$600) or more. When the resources are less than six hundred dollars (\$600), the [department] division shall pay the difference between six hundred dollars (\$600) and the resources, or two hundred dollars (\$200), whichever is less."

Section 38. Section 27-2-26 NMSA 1978 (being Laws 1975, Chapter 220, Section 2) is amended to read:

"27-2-26. MONEY RECEIVED FROM OTHER SOURCES--DUTY AND LIABILITY OF FUNERAL DIRECTOR. --Should any funeral director accept payment from sources other than the medical assistance [department] division of the department of health for burial of a deceased person for whom a claim for burial expenses has been made to the [department] division, he shall immediately notify the [department] division of [said] the payment. The [department will] division shall consider [said] the payment

in determining the amount of any funeral expense payment it makes. If the [department] division has already made payment, the funeral director shall refund to the [department] division any excess over the amount [which] that the [department] division would have paid had it known of the payment from other sources. If any funeral director [shall fail] fails to notify the [department] division of any such payment from other sources, he shall be liable to the [department] division in an amount double the amount paid or to be paid by the [department] division."

Section 39. Section 27-2-27 NMSA 1978 (being Laws 1981, Chapter 90, Section 1, as amended) is amended to read:

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

A. The <u>children</u>, <u>youth and families</u> department is designated as the single state agency for the enforcement of child and spousal support obligations pursuant to Title IV-D of the federal act with the following duties and powers:

[A.] (1) establish the paternity of a child in the case of the child born out of wedlock with respect to whom an assignment of support rights has been executed in favor of the department;

[B.] (2) establish an order of support for children receiving [aid to families with dependent children] temporary assistance for needy families and, at the option of the department, for the spouse or former spouse with whom such . 134867.1

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

[C.] (3) enforce as the real party in interest any existing order for the support of children who are receiving [aid to families with dependent children] temporary assistance for needy families or of the spouse or former spouse with whom such children are living; and

[D.] (4) provide services to [non-aid]

families with dependent children] those not receiving

temporary assistance for needy families in the establishment

and enforcement of paternity and child support obligations,

including locating the absent parent. For these services, the

department is authorized to establish and collect fees, costs

and charges permitted or required by federal law or by

regulations adopted pursuant to that federal law.

[E.] B. In all cases handled by the <u>children</u>, <u>youth and families</u> department pursuant to the provisions of this section, the child support enforcement division of the department and any attorney employed by the division represent the department in establishing, modifying and enforcing

support obligations."

Section 40. Section 27-2-28 NMSA 1978 (being Laws 1981, Chapter 90, Section 2, as amended) is amended to read:

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

A. A noncustodial parent is liable to the [human services] children, youth and families department in the amount of the public assistance lawfully and properly furnished to the children, and the spouse or former spouse with whom such children are living, to whom the noncustodial parent owes a duty of support; except that if a support order has been entered, liability for the time period covered by the support order shall not exceed the amount of support provided for in the order.

- B. Amounts of support due and owing for periods prior to the granting of public assistance shall be paid to and retained by the [human services] children, youth and families department to the extent that the amount of assistance granted exceeds the amount of the monthly support obligation.
- C. Amounts of support collected that are in excess of the amounts specified in Subsections A and B of this section shall be paid by the [human services] children, youth and families department to the custodian of the child.
- D. No agreement between any custodian of a child . 134867.1

and a parent of that child, either relieving the parent of any duty of child or spousal support or responsibility or purporting to settle past, present or future support obligations, either as a settlement or prepayment, shall act to reduce or terminate any rights of the [human services] children, youth and families department to recover from that parent for support provided, unless the [human services] department has consented to the agreement in writing.

- E. The noncustodial parent shall be given credit for any support actually provided, including housing, clothing, food or funds paid prior to the entry of any order for support. The noncustodial parent has the burden on the issue of any payment.
- F. An application for public assistance by any person constitutes an assignment by operation of law of any support rights the person is entitled to from any other person, whether the support rights are owed to the applicant or to any family member for whom the applicant is applying for or receiving assistance. The assignment includes all support rights that have accrued at the time of application for public assistance and continues as an assignment of all support rights the applicant is entitled to for as long as the applicant receives public assistance.
- G. By operation of law, an assignment to the [human services] children, youth and families department of .134867.1

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any and all rights of an applicant for or recipient of medical assistance under the medicaid program in New Mexico or supplemental security income through the social security administration:

- (1) is deemed to be made of:
- (a) any payment for medical care from any person, firm or corporation, including an insurance carrier; and
- (b) any recovery for personal injury, whether by judgment or contract for compromise or settlement;
- (2) shall be effective to the extent of the amount of medical assistance actually paid by the department of health under the medicaid program; and
- (3) shall be effective as to the rights of any other individuals who are eligible for medical assistance and whose rights can legally be assigned by the applicant or recipient.

An applicant or recipient is required to cooperate fully with the [human services] children, youth and families department in its efforts to secure the assignment and to execute and deliver any instruments and papers deemed necessary to complete the assignment by that department."

Section 41. Section 27-2-31 NMSA 1978 (being Laws 1965, Chapter 66, Section 4) is amended to read:

"27-2-31. JUDGMENTS AND PROCEEDS.--Upon final hearing,
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department shall include all sums expended during the pendency of the action. When the [department of public welfare] division recovers judgments under [this act] Chapter 27.

Article 2 NMSA 1978, it may enforce, compromise or settle the judgments in any way considered by the [board of public welfare] division to be in the public interest. Any proceeds of judgments or settlements shall be retained by the [department] division for its authorized activities and required reimbursements to the federal government."

Section 42. Section 27-2-32 NMSA 1978 (being Laws 1969, Chapter 182, Section 3, as amended) is amended to read:

"27-2-32. DUTY OF AGENCIES TO COOPERATE.--All state, county and municipal agencies, departments, bureaus and divisions shall cooperate in the location of absent parents who are not fulfilling their obligation to support their children and shall on request supply the children, youth and families department with all information on hand relative to the location, social security number, income and property of such absent parents, notwithstanding any other provision of law making the information confidential. The children, youth and families department shall use such information only for the purpose of enforcing the support liability of such absent parents and shall not use the information or disclose it for any other purpose."

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Section 43. Section 27-2-43 NMSA 1978 (being Laws 1990, Chapter 93, Section 3) is amended to read:

"27-2-43. DEFINITIONS.--As used in the Indigent Catastrophic Illness Hospital Funding Act:

- A. "department" means the [human services] department of health;
- B. "fund" means the indigent catastrophic illness hospital fund;
- C. "hospital" means any general or special hospital that is licensed by the [health and environment] department and that has annual gross charges for medicare, medicaid and indigent patients greater than ten percent of the hospital's total annual gross charges; and
- D. "medically indigent patient" means an individual who is a New Mexico resident who incurs hospital charges, who is not eligible for medicaid or medicare and whose family or household income does not exceed two hundred fifty percent of the federal poverty level."

Section 44. Section 27-2A-2 NMSA 1978 (being Laws 1994, Chapter 87, Section 2) is amended to read:

"27-2A-2. PURPOSE OF ACT.--The purpose of the Medicaid Estate Recovery Act is to authorize and require the department to seek recovery of medical assistance payments made by the department for certain individuals, under certain circumstances, as provided in Title [XIX] 19 or Title 21 of .134867.1

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the Social Security Act."

Section 45. Section 27-2A-3 NMSA 1978 (being Laws 1994, Chapter 87, Section 3) is amended to read:

"27-2A-3. DEFINITIONS.--As used in the Medicaid Estate Recovery Act:

- A. "department" means the [human services] department of health;
- B. "estate" means real and personal property and other assets of the [individual] person subject to probate or administration pursuant to the provisions of the Uniform Probate Code; and
- C. "medical assistance" means amounts paid by the department as medical assistance pursuant to Title [XIX] 19 or Title 21 of the Social Security Act."

Section 46. Section 27-2A-6 NMSA 1978 (being Laws 1994, Chapter 87, Section 6) is amended to read:

"27-2A-6. HARDSHIP WAIVER.--The department shall waive the application of the provisions of the Medicaid Estate Recovery Act if application of the provisions would work an undue hardship as determined pursuant to regulations adopted and promulgated by the secretary of [human services] health. The regulations shall include a provision for special consideration when an asset subject to recovery is the sole income-producing asset or is a homestead of modest value."

Section 47. Section 27-2B-3 NMSA 1978 (being Laws 1998,

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Chapter 8	, Section	3 and	Laws	1998,	Chapter	9,	Section	3,	as
amended)	is amended	l to re	ad:						

- "27-2B-3. DEFINITIONS.--As used in the New Mexico Works
 Act:
- A. "benefit group" means a group of people that includes at least one dependent child living with his parent, legal guardian or relative within the fifth degree of consanguinity; or a pregnant woman;
- B. "cash assistance" means cash payments funded by the temporary assistance for needy families block grant pursuant to the federal act and by state funds;
- C. "department" means the [human services] labor department;
- D. "dependent child" means a natural or adopted child or ward who is seventeen years of age or younger or a household group member who is eighteen years of age and is enrolled in high school;
- E. "director" means the director of the income support division of the department;
- F. "earned income" [includes] means cash or payment in kind that is received as wages from employment or payment in lieu of wages; earnings from self-employment or earnings acquired from the direct provision of services, goods or property, production of goods, management of property or supervision of services; and all other income not classified

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- G. "federal act" means the federal Social Security
 Act and rules promulgated pursuant to the Social Security Act;
- H. "federal poverty guidelines" means the level of income defining poverty by family size published annually in the federal register by the United States department of health and human services;
- I. "household group" means a group of people that consists of a benefit group and any other person who resides in a household, regardless of whether they are related or have a legal support responsibility for a member of the benefit group, but does not include:
 - (1) landlords:
 - (2) tenants; or
- (3) members of a registered nonprofit organization or church who provide shelter to a benefit group through a program sponsored by the nonprofit organization or church;
- J. "immigrant" means alien as defined in the federal act:
- K. "landlord" means the owner of an estate in land or a rental property who has leased it to another person called the tenant;
- L. "parent" means natural parent, adoptive parent, stepparent or legal guardian;

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- M "participant" means a recipient of cash assistance or services or a member of a benefit group who has reached the age of majority;
 - N. "person" means an individual;
- 0. "secretary" means the secretary of [the department] labor;
- P. "services" includes child-care assistance; payment for employment-related transportation costs; job search assistance; employment counseling; employment, education and job training placement; one-time payment for necessary employment-related costs; case management; or other activities whose purpose is to assist transition into employment;
- Q. "tenant" means a person who pays rent for the use and occupancy of real property owned by a landlord; and
- R. "unearned income" includes old age, survivors and disability insurance; railroad retirement benefits; veterans administration compensation or pension; military retirement; pensions, annuities and retirement benefits; lodge or fraternal benefits; shared shelter payments; settlement payments; individual Indian money; and similar kinds of income."

Section 48. Section 27-3-3 NMSA 1978 (being Laws 1973, Chapter 256, Section 3, as amended) is amended to read:

"27-3-3. FAIR HEARING. --

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A. The labor department, the department of health and the children, youth and families department shall provide a fair hearing process for the respective assistance programs they administer.

[A.] B. An applicant for or recipient of assistance or services under any provisions of the Public Assistance Act, [Social Security Act or] Special Medical Needs Act or federal Social Security Act or [regulations of the board] rules adopted pursuant to those acts may request a hearing in accordance with [regulations of the board] the respective department's rules if:

- (1) an application is not acted upon within a reasonable time after the filing of the application;
- (2) an application is denied in whole or in part; or
- (3) the assistance or services are modified, terminated or not provided.

The <u>respective</u> department shall notify the recipient or applicant of his rights under this section.

[B.] C. The [board] respective department shall by [regulation] rule establish procedures for the filing of a request for a hearing and the time limits within which a request may be filed; provided, however, that the department may grant reasonable extensions of the time limits. If the request is not filed within the specified time for appeal or

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within whatever extension the department may grant, the department action shall be final. Upon receipt of a timely request, the department shall give the applicant or recipient reasonable notice of an opportunity for a fair hearing in accordance with the [regulations of the board] rules.

[C.] D. The hearing shall be conducted by a hearing officer designated by the [director] respective department's secretary. The powers of the hearing officer shall include administering oaths or affirmations to witnesses called to testify, taking testimony, examining witnesses, admitting or excluding evidence and reopening any hearing to receive additional evidence. The technical rules of evidence and the rules of civil procedure shall not apply. The hearing shall be conducted so that the contentions or defenses of each party to the hearing are amply and fairly presented. party may be represented by counsel or other representative of his designation, and he or his representative may conduct Any oral or documentary evidence may be cross-exami nati on. received, but the hearing officer may exclude irrelevant, immaterial or unduly repetitious evidence.

[D.] E. The [director] respective department's secretary shall review the record of the proceedings and shall make a decision thereon. The applicant or recipient or his representative shall be notified in writing of the director's decision and the reasons for the decision. The written notice

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shall inform the applicant or recipient of his right to
judicial review. The <u>respective</u> department shall be
responsible for assuring that the decision is enforced."

Section 49. Section 27-3-4 NMSA 1978 (being Laws 1973, Chapter 256, Section 4, as amended) is amended to read:

"27-3-4. APPEAL.--Within thirty days after receiving written notice of [the] a fair hearing decision [of the director] pursuant to Section 27-3-3 NMSA 1978, an applicant or recipient may file a notice of appeal with the district court pursuant to the provisions of Section 39-3-1.1 NMSA 1978."

Section 50. Section 27-4-2 NMSA 1978 (being Laws 1973, Chapter 311, Section 2, as amended) is amended to read:

"27-4-2. DEFINITIONS.--As used in the Special Medical Needs Act:

A. "department" means the [income support division of the human services] department of health;

[B. "board" means the income support division of the human services department;

C.] B. "aged person" means one who has attained the age of sixty-five years and does not have a spouse financially able, according to [regulations of the board] the department's rules, to furnish support;

 $[rac{D.}{C.}]$ "disabled person" means one who has attained the age of eighteen years and is determined to be .134867.1

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permanently and totally disabled, according to [regulations]
rules of the [board] department; and

[E.] <u>D.</u> "blind person" means one who is determined to be blind according to [regulations] <u>rules</u> of the [board] <u>department</u>."

Section 51. Section 27-4-3 NMSA 1978 (being Laws 1973, Chapter 311, Section 3) is amended to read:

"27-4-3. PERSONS WITH SPECIAL NEEDS. --

A. The [board] department shall by [regulation] rule establish a program to provide essential medical care for aged, blind or disabled persons not eligible for public assistance under the Public Assistance Act and who have a serious medical condition [which] that will as a reasonable medical probability lead to death in the near future.

B. Such medical condition [will] shall be certified by an individual licensed under state law to practice medicine or osteopathy. The medical care shall be reviewed and approved according to [regulations] the rules of the [board] department."

Section 52. Section 27-4-4 NMSA 1978 (being Laws 1973, Chapter 311, Section 4, as amended) is amended to read:

"27-4-4. STANDARD OF NEED--INCOME DETERMINATION.--

A. Standard of need for purposes of the Special Medical Needs Act shall be determined in accordance with [regulations] rules adopted by the [board] department.

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B. The [board] department shall define by [regulation] rule exempt and nonexempt income and resources.

Medical expenses shall not be deducted from either income or resources in determining eligibility."

Section 53. Section 27-4-5 NMSA 1978 (being Laws 1973, Chapter 311, Section 5, as amended) is amended to read:

"27-4-5. ELIGIBILITY REQUIREMENTS.--A person is eligible for medical care under the Special Medical Needs Act if:

A. pursuant to Section [13-15-4 NMSA 1953] <u>27-4-4</u> NMSA 1978, the total amount of his nonexempt income is less than the applicable standard of need; [and]

- B. nonexempt specific and total resources are less than the level of maximum permissible resources established by the [board; and] department;
- C. he meets all qualifications for persons with special needs, pursuant to Section [13-15-3 NMSA 1953; and] 27-4-3 NMSA 1978;
- D. within two years immediately prior to the filing of an application for assistance, he has not made an assignment or transfer of real property unless he has received a reasonable return for the real property or, if he has not received [such] a reasonable return, he is willing to attempt to obtain such return and, if [such] that attempt proves futile, he is willing to attempt to regain title to the property; [and]

E	. he	is n	ot an	inmate	of	any	publ i c	nonmedi cal	L
institution	at th	e tin	ne of	recei vi ı	ng a	assis	stance;	and	

F. he is a resident of New Mexico."

Section 54. Section 27-5-3 NMSA 1978 (being Laws 1965, Chapter 234, Section 3, as amended) is amended to read:

"27-5-3. PUBLIC ASSISTANCE PROVISIONS. --

A. A hospital shall not be paid from the [county indigent hospital claims] fund under the Indigent Hospital and County Health Care Act for any costs of an indigent patient for services that have been determined by the [human services department] medical assistance division of the department of health to be eligible for medicaid reimbursement [from that department]. However, nothing in the Indigent Hospital and County Health Care Act shall be construed to prevent the board from transferring money from the [county indigent hospital claims] fund to the sole community provider fund or the county-supported medicaid fund for support of the state medicaid program.

B. No action for collection of claims under the Indigent Hospital and County Health Care Act shall be allowed against an indigent patient who is medicaid eligible for medicaid-covered services, nor shall action be allowed against the person who is legally responsible for the care of the indigent patient during the time that person is medicaid eligible."

Section 55. Section 27-5-4 NMSA 1978 (being Laws 1965, Chapter 234, Section 4, as amended by Laws 1999, Chapter 37, Section 1 and also by Laws 1999, Chapter 270, Section 4) is amended to read:

"27-5-4. DEFINITIONS.--As used in the Indigent Hospital and County Health Care Act:

A. "ambulance provider" or "ambulance service" means a specialized carrier based within the state authorized under provisions and subject to limitations as provided in individual carrier certificates issued by the public regulation commission to transport persons alive, dead or dying en route by means of ambulance service. The rates and charges established by public regulation commission tariff shall govern as to allowable cost. Also included are air ambulance services approved by the board. The air ambulance service charges shall be filed and approved pursuant to Subsection D of Section 27-5-6 NMSA 1978 and Section 27-5-11 NMSA 1978;

- B. "board" means a county indigent hospital and county health care board;
- C. "indigent patient" means a person to whom an ambulance service, a hospital or a health care provider has provided medical care, ambulance transportation or health care services and who can normally support himself and his dependents on present income and liquid assets available to

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him but, taking into consideration this income and those assets and his requirement for other necessities of life for himself and his dependents, is unable to pay the cost of the ambulance transportation or medical care administered or both. If provided by resolution of a board, it shall not include any person whose annual income together with his spouse's annual income totals an amount that is fifty percent greater than the per capita personal income for New Mexico as shown for the most recent year available in the survey of current business published by the United States department of commerce. board that has a balance remaining in the fund at the end of a given fiscal year shall consider and may adopt at the first meeting of the succeeding fiscal year a resolution increasing the standard for indigency. The term "indigent patient" includes a minor who has received ambulance transportation or medical care or both and whose parent or the person having custody of that minor would qualify as an indigent patient if transported by ambulance or admitted to a hospital for care or treated by a health care provider or all three;

D. "hospital" means [any] a general or limited hospital licensed by the department of health, whether nonprofit or owned by a political subdivision, and may include by resolution of a board the following health facilities if licensed or, in the case of out-of-state hospitals, approved, by the department [of health]:

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- (1) for-profit hospitals;
- **(2)** state-owned hospitals; or
- **(3)** licensed out-of-state hospitals where treatment provided is necessary for the proper care of an indigent patient when that care is not available in an instate hospital;
- "cost" means all allowable ambulance transportation costs, medical care costs or costs of providing health care services, to the extent determined by resolution of a board, for an indigent patient. Allowable costs shall be determined in accordance with a uniform system of accounting and cost analysis as determined by regulation of a board, which includes cost of ancillary services but shall not include the cost of servicing long-term indebtedness of a hospital, health care provider or ambulance service;
- F. "fund" means a county indigent hospital claims fund:
- G. "medicaid eligible" means a person who is eligible for medical assistance from the department;
- "county" means any county except a class A H. county with a county hospital operated and maintained pursuant to a lease with a state educational institution named in Article 12, Section 11 of the constitution of New Mexico;
- "department" means the [human services] department of health;

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J. "sole community provider hospital" means a
hospital that is a sole community provider hospital under the
provisions of the federal medicare guidelines established in
42 C.F.R. 412.92 pursuant to Title 18 of the federal Social
Security Act:

- K. "drug rehabilitation center" means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates drug abuse rehabilitation programs that meet the standards and requirements set by the department [of health];
- L. "alcohol rehabilitation center" means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates alcohol abuse rehabilitation programs that meet the standards set by the department [of health];
- M "mental health center" means a not-for-profit center that provides outpatient mental health services that meet the standards set by the department [of health];
 - N. "health care provider" means:
 - (1) a nursing home;
 - (2) an in-state home health agency;
 - (3) an in-state licensed hospice;
- (4) a community-based health program operated by a political subdivision of the state or other nonprofit health organization that provides prenatal care delivered by

New Mexico licensed,	certified or	regi stered	heal th	care
practitioners;				

- (5) a community-based health program operated by a political subdivision of the state or other nonprofit health care organization that provides primary care delivered by New Mexico licensed, certified or registered health care practitioners;
 - (6) a drug rehabilitation center;
 - (7) an alcohol rehabilitation center; [or]
 - (8) a mental health center; or
- outpatient setting by a licensed medical doctor, osteopathic physician, dentist, optometrist or expanded practice nurse that are necessary for such conditions that endanger the life of or threaten permanent disability to an indigent patient;
- 0. "health care services" means all treatment and services designed to promote improved health in the county indigent population, including primary care, prenatal care, dental care, provision of prescription drugs, preventive care or health outreach services, to the extent determined by resolution of the board; [and]
- P. "planning" means the development of a countywide or multicounty health plan to improve and fund health services in the county based on the county's needs assessment and inventory of existing services and resources

and [which] that demonstrates coordination between the county and state and local health planning efforts; and

Q. "commission" means the New Mexico health policy commission."

Section 56. Section 27-5-6.1 NMSA 1978 (being Laws 1993, Chapter 321, Section 18) is amended to read:

"27-5-6.1. SOLE COMMUNITY PROVIDER FUND CREATED. --

A. The "sole community provider fund" is created in the state treasury. The <u>sole community provider</u> fund, which shall be administered by the [human services] department of health, shall consist of funds provided by counties to match federal funds for medicaid sole community provider hospital payments. Money in the fund shall be invested by the state treasurer as other state funds are invested. Any unexpended or unencumbered balance remaining in the fund at the end of any fiscal year shall not revert.

B. Money in the sole community provider fund is appropriated to the [human services] department of health to make sole community provider hospital payments pursuant to the state medicaid program. No sole community provider hospital payments or money in the sole community provider fund shall be used to supplant any general fund support for the state medicaid program.

C. Money in the sole community provider fund shall be remitted back to the individual counties from which it came . 134867.1

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if federal medicaid matching funds are not received for medicaid sole community provider hospital payments."

Section 57. Section 27-5-7.1 NMSA 1978 (being Laws 1993, Chapter 321, Section 16) is amended to read:

"27-5-7.1. COUNTY INDIGENT HOSPITAL CLAIMS FUND--AUTHORIZED USES OF THE FUND.--

A. The fund shall be used:

- (1) to meet the county's contribution for support of sole community provider payments as calculated by the [department] medical assistance division of the department of health for that county; and
- (2) to pay all claims that have been approved by the board that are not matched with federal funds under the state medicaid program.
- B. The fund may be used to meet the county's obligation under Section 27-10-4 NMSA 1978.
- C. Until June 30, 1996, the cash reserves from the fund may be used to meet the county's obligation under Section 27-10-4 NMSA 1978."

Section 58. Section 27-5-12.2 NMSA 1978 (being Laws 1993, Chapter 321, Section 15) is amended to read:

"27-5-12.2. DUTIES OF THE COUNTY--SOLE COMMUNITY
PROVIDER HOSPITAL PAYMENTS.--Every county in New Mexico that
authorizes payment for services to a sole community provider
hospital shall:

A. determine eligibility for benefits and
determine an amount payable on each claim for services to
indigent patients from sole community provider hospitals;

- B. notify the sole community provider hospital of its decision on each request for payment while not actually reimbursing the hospital for the services that are reimbursed with federal funds under the state medicaid program;
- C. confirm the amount of the sole community provider hospital payments authorized for each hospital for the past fiscal year by September 30 of the current fiscal year;
- D. negotiate agreements with each sole community provider hospital providing services for county residents on the anticipated amount of the payments for the following fiscal year; and
- E. provide the [human services] department of health by January 15 of each year with the budgeted amount of sole community provider hospital payments, by hospital, for the following fiscal year."

Section 59. Section 27-5-16 NMSA 1978 (being Laws 1965, Chapter 234, Section 16, as amended) is amended to read:

"27-5-16. [DEPARTMENT] PAYMENTS--COOPERATION. --

A. The [department] medical assistance division of the department of health shall not decrease the amount of any medical assistance payments made to the hospitals or health . 134867.1

care providers of this state pursuant to law because of any financial reimbursement made to ambulance services, hospitals or health care providers for indigent or [medicaid eligible] medicaid-eligible patients as provided in the Indigent Hospital and County Health Care Act.

- B. The [department] medical assistance division shall cooperate with each board in furnishing information or assisting in the investigation of any person to determine whether he meets the qualifications of an indigent patient as defined in the Indigent Hospital and County Health Care Act.
- Shall ensure that the sole community provider payment and the reimbursement to hospitals made under the state medicaid program do not exceed what would have been paid for under medicare payment principles. In the event the sole community provider payment and medicaid reimbursement to hospitals would exceed medicare payment principles, the [department] division shall reduce the sole community provider payment prior to making any reduction in reimbursement to hospitals made under the state medicaid program."

Section 60. Section 27-6A-3 NMSA 1978 (being Laws 1993, Chapter 206, Section 3) is amended to read:

"27-6A-3. DEFINITIONS.--As used in the Low Income Water,
Sewer and Solid Waste Service Assistance Act:

A. "department" means the [human services] labor
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department; and

B. "utility" means any individual, firm, partnership, company, district, including but not limited to solid waste district, water and sanitation district and special district, cooperative, association, public or private corporation, lessee, trustee or receiver appointed by any court, municipality and municipal utility as defined in the Municipal Code, incorporated county or county that may or does own, operate, lease or control any plant, property or facility for:

- (1) the supply, storage, distribution or furnishing of water to or for the public;
- (2) the supply and furnishing of sanitary sewer service to or for the public; or
- (3) the supply and furnishing of collection, transportation, treatment or disposal of solid waste to or for the public. "Utility" does not include a public utility subject to the jurisdiction of the [New Mexico] public [service] regulation commission."

Section 61. Section 27-8-3 NMSA 1978 (being Laws 1983, Chapter 139, Section 3) is amended to read:

"27-8-3. DEFINITIONS.--As used in the Community Action Act:

A. "poverty level" means the official poverty level established by the federal director of the office of .134867.1

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"secretary" means the secretary of [human В. services children, youth and families."

Section 62. Section 27-8-9 NMSA 1978 (being Laws 1983, Chapter 139, Section 9) is amended to read:

"27-8-9. FINANCIAL ASSISTANCE -- LIMITATIONS. -- The secretary, consistent with federal law, shall make grants of not less than ninety percent of the annual allocation of funds available under the community services block grant to community action agencies defined in Subsection A of Section [5 of the Community Action Act] 27-8-5 NMSA 1978. The [human services] children, youth and families department is authorized to implement, by regulation or contract, a limitation on the amount of community services block grant funds allocated to administrative costs."

Section 27-9-1 NMSA 1978 (being Laws 1983, Section 63. Chapter 323, Section 1) is amended to read:

"27-9-1. PROGRAM - DEMONSTRATIONS. - - The [human services] department [in cooperation with the health and environment department of health is authorized to administer demonstration programs [which] that provide in-home and coordinated community care services to the frail elderly and to disabled individuals who would otherwise require institutionalization. The programs authorized by this section

shall serve both those eligible and not eligible for federal medical assistance programs."

Section 64. Section 27-9-2 NMSA 1978 (being Laws 1983, Chapter 323, Section 2) is amended to read:

"27-9-2. IMPLEMENTATION.--The secretary of [human services] health shall, by regulation, specify the areas in which the programs shall operate, specify the services to be provided, establish eligibility criteria of persons to be served and provide for cost sharing, where possible, with individuals and participating communities."

Section 65. Section 27-10-3 NMSA 1978 (being Laws 1991, Chapter 212, Section 3, as amended) is amended to read:

"27-10-3. COUNTY-SUPPORTED MEDICAID FUND CREATED--USE--APPROPRIATION BY THE LEGISLATURE. --

A. There is created in the state treasury the "county-supported medicaid fund". The fund shall be invested by the state treasurer as other state funds are invested.

Income earned from investment of the fund shall be credited to the county-supported medicaid fund. The fund shall not revert in any fiscal year.

B. Money in the county-supported medicaid fund is subject to appropriation by the legislature to support the state medicaid program and to institute or support primary care health care services pursuant to Subsections D and E of Section 24-1A-3.1 NMSA 1978. Of the amount appropriated each .134867.1

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year, nine percent shall be appropriated to the department of health to institute or support primary care health care services pursuant to Subsections D and E of Section 24-1A-3.1 NMSA 1978.

- Up to three percent of the county-supported medicaid fund each year may be expended for administrative costs related to medicaid or developing new primary care health care centers or facilities.
- In the event federal funds for medicaid are not received by New Mexico for any eighteen-month period, the unencumbered balance remaining in the county-supported medicaid fund and the sole community provider fund at the end of the fiscal year following the end of any eighteen-month period shall be paid within a reasonable time to each county for deposit in the county indigent hospital claims fund in proportion to the payments made by each county through tax revenues or transfers in the previous fiscal year as certified by the local government division of the department of finance and administration. The department [will] of health shall provide for budgeting and accounting of payments to the fund."

Section 66. Section 27-11-2 NMSA 1978 (being Laws 1998, Chapter 30, Section 2) is amended to read:

"27-11-2. DEFINITIONS. -- As used in the Medicaid Provider Act:

> "department" means the [human services] A.

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department	of	heal	th:

- B. "managed care organization" means a person eligible to enter into risk-based prepaid capitation agreements with the department to provide health care and related services:
- C. "medicaid" means the medical assistance program established pursuant to Title 19 of the federal Social Security Act and regulations issued pursuant to that act;
- D. "medicaid provider" means a person, including a managed care organization, operating under contract with the department to provide medicaid-related services to recipients;
- E. "person" means an individual or other legal entity;
- F. "recipient" means a person whom the department has determined to be eligible to receive medicaid-related services;
- G. "secretary" means the secretary of [human services] health; and
- H. "subcontractor" means a person who contracts with a medicaid provider to provide medicaid-related services to recipients."

Section 67. Section 27-11-3 NMSA 1978 (being Laws 1998, Chapter 30, Section 3, as amended) is amended to read:

"27-11-3. REVIEW OF MEDICAID PROVIDERS--CONTRACT
REMEDIES--PENALTIES.--

A. Consistent with the terms of any contract
between the department and a medicaid provider, the secretary
shall have the right to be afforded access to such of the
medicaid provider's records and personnel, as well as its
subcontracts and that subcontractor's records and personnel,
as may be necessary to ensure that the medicaid provider is
complying with the terms of its contract with the department.

- B. Upon not less than two days' written notice to a medicaid provider the secretary may, consistent with the provisions of the Medicaid Provider Act and rules issued pursuant to that act, carry out an administrative investigation or conduct administrative proceedings to determine whether a medicaid provider has:
- (1) materially breached its obligation to furnish medicaid-related services to recipients, or any other duty specified in its contract with the department;
- (2) violated any provision of the Public Assistance Act or the Medicaid Provider Act or any rules issued pursuant to those acts;
- (3) intentionally or with reckless disregard made any false statement with respect to any report or statement required by the Public Assistance Act or the Medicaid Provider Act, rules issued pursuant to either of those acts or a contract with the department;
- (4) intentionally or with reckless disregard . 134867.1

advertised or marketed, or attempted to advertise or market, its services to recipients in a manner as to misrepresent its services or capacity for services, or engaged in any deceptive, misleading or unfair practice with respect to advertising or marketing;

- (5) hindered or prevented the secretary from performing any duty imposed by the Public Assistance Act, [the Human Services Department Act] the Department of Health Act or the Medicaid Provider Act or any rules issued pursuant to those acts; or
- (6) fraudulently procured or attempted to procure any benefit from medicaid.
- C. Subject to the provisions of Subsection D of this section, after affording a medical provider written notice of hearing not less than ten days before the hearing date and an opportunity to be heard, and upon making appropriate administrative findings, the secretary may take any or any combination of the following actions against the provider:
- (1) impose an administrative penalty of not more than five thousand dollars (\$5,000) for engaging in any practice described in Paragraphs (1) through (6) of Subsection B of this section; provided that each separate occurrence of such practice shall constitute a separate offense;
 - (2) issue an administrative order requiring

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the	provi	der	to:

- (a) cease or modify any specified conduct or practices engaged in by it or its employees, subcontractors or agents;
- (b) fulfill its contractual obligations in the manner specified in the order;
- (c) provide any service that has been denied:
- (d) take steps to provide or arrange for any service that it has agreed or is otherwise obligated to make available; or
- (e) enter into and abide by the terms of a binding or nonbinding arbitration proceeding, if agreed to by any opposing party, including the secretary; or
- (3) suspend or revoke the contract between the provider and the department pursuant to the terms of that contract.
- D. If a contract between the department and a medical provider explicitly specifies a dispute resolution mechanism for use in resolving disputes over performance of that contract, the dispute resolution mechanism specified in the contract shall be used to resolve such disputes in lieu of the mechanism set forth in Subsection C of this section.
- E. If a medicaid provider's contract so specifies, the medicaid provider shall have the right to seek de novo . 134867.1

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review in district court of any decision by the secretary regarding a contractual dispute."

Section 68. Section 27-12-3 NMSA 1978 (being Laws 1998, Chapter 52, Section 3) is amended to read:

"27-12-3. DEFINITIONS. -- As used in the Child Health Act:

A. "child" means a natural person who has not reached his nineteenth birthday;

- B. "department" means the [human services] department of health;
- C. "low-income children and their families" means a family with a dependent child with income at or below the level specified in Section [6 of the Child Health Act] 27-12-6 NMSA 1978; and
- D. "secretary" means the secretary of [human services] health."

Section 69. Section 27-12-4 NMSA 1978 (being Laws 1998, Chapter 52, Section 4) is amended to read:

"27-12-4. PROGRAM CREATED. -- After consultation with the secretary of [health] labor and the secretary of children, youth and families, the secretary is directed to design and implement a program to provide health services to low-income children and their families in accordance with the provisions of the Child Health Act. The program shall meet the requirements for obtaining allotted federal funds pursuant to the provisions of Title 21 of the federal Social Security Act.

In accordance with those requirements and the requirements of the Child Health Act, the secretary shall prepare and submit a child health plan to the federal secretary of health and human services. The department is the designated state agency to administer the program and cooperate with the federal government in its administration."

Section 70. Section 30-40-1 NMSA 1978 (being Laws 1979,

Section 70. Section 30-40-1 NMSA 1978 (being Laws 1979, Chapter 170, Section 1, as amended) is amended to read:

"30-40-1. FAILING TO DISCLOSE FACTS OR CHANGE OF CIRCUMSTANCES TO OBTAIN PUBLIC ASSISTANCE OR MEDICAL ASSISTANCE. --

A. Failing to disclose facts or change of circumstances to obtain public assistance or medical assistance consists of any person knowingly failing to disclose any material facts known to be necessary to determine eligibility for public assistance or medical assistance or knowingly failing to disclose a change in circumstances for the purpose of obtaining or continuing to receive public assistance or medical assistance to which he is not entitled or in amounts greater than that to which he is entitled.

B. Whoever commits failing to disclose facts or change of circumstances to obtain public assistance or medical assistance when the value of the assistance wrongfully received is one hundred dollars (\$100) or less in any twelve consecutive months is guilty of a petty misdemeanor.

- C. Whoever commits failing to disclose facts or change of circumstances to obtain public assistance or medical assistance when the value of the assistance wrongfully received is more than one hundred dollars (\$100) but not more than two hundred fifty dollars (\$250) in any twelve consecutive months is guilty of a misdemeanor.
- D. Whoever commits failing to disclose facts or change of circumstances to obtain public assistance or medical assistance when the value of the assistance wrongfully received is more than two hundred fifty dollars (\$250) but not more than two thousand five hundred dollars (\$2,500) in any twelve consecutive months is guilty of a fourth degree felony.
- E. Whoever commits failing to disclose facts or change of circumstances to obtain public assistance or medical assistance when the value of the assistance wrongfully received is more than two thousand five hundred dollars (\$2,500) but not more than twenty thousand dollars (\$20,000) is guilty of a third degree felony.
- F. Whoever commits failing to disclose facts or change of circumstances to obtain public assistance or medical assistance when the value of the assistance wrongfully received exceeds twenty thousand dollars (\$20,000) is guilty of a second degree felony."

Section 71. Section 30-40-2 NMSA 1978 (being Laws 1979, Chapter 170, Section 2, as amended) is amended to read:

"30-40-2. UNLAWFUL USE OF FOOD STAMP IDENTIFICATION CARD OR MEDICAL IDENTIFICATION CARD. --

- A. Unlawful use of food stamp identification card or medical identification card consists of the use of a food stamp or medical identification card by any person to whom it has not been issued, or who is not an authorized representative of such a person, for a food stamp allotment.
- B. Whoever commits unlawful use of food stamp identification card or medical identification card when the value of the food stamps or medical [services] assistance wrongfully received is one hundred dollars (\$100) or less is guilty of a petty misdemeanor.
- C. Whoever commits unlawful use of food stamp identification card or medical identification card when the value of the food stamps or medical [services] assistance wrongfully received is more than one hundred dollars (\$100) but not more than two hundred fifty dollars (\$250) is guilty of a misdemeanor.
- D. Whoever commits unlawful use of food stamp identification card or medical identification card when the value of the food stamps or medical [services] assistance wrongfully received is more than two hundred fifty dollars (\$250) but not more than two thousand five hundred dollars (\$2,500) is guilty of a fourth degree felony.
- E. Whoever commits unlawful use of food stamp
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identification card or medical identification card when the value of the food stamps or medical [services] assistance wrongfully received is more than two thousand five hundred dollars (\$2,500) but not more than twenty thousand dollars (\$20,000) is guilty of a third degree felony.

- F. Whoever commits unlawful use of food stamp identification card or medical identification card when the value of the food stamps or medical [services] assistance wrongfully received exceeds twenty thousand dollars (\$20,000) is guilty of a second degree felony.
- G. For the purpose of this section, the value of the medical assistance received is the amount paid by the [human services] department of health for medical [services] assistance received through use of the card."

Section 72. Section 30-40-3 NMSA 1978 (being Laws 1979, Chapter 170, Section 3, as amended) is amended to read:

"30-40-3. MI SAPPROPRIATING PUBLIC ASSISTANCE OR MEDICAL
ASSISTANCE. --

A. Misappropriating public assistance <u>or medical</u> <u>assistance</u> consists of any public officer or public employee fraudulently misappropriating, attempting to misappropriate or aiding and abetting in the misappropriation of food stamp coupons, WIC checks pertaining to the special supplemental food program for women, infants and children administered by the <u>department of</u> health [and environment department] or the

<u>labor department</u> food stamp or medical identification cards, public assistance benefits, <u>medical assistance benefits</u> or funds received in exchange for food stamp coupons.

- B. Whoever commits misappropriating public assistance or medical assistance when the value of the thing misappropriated is one hundred dollars (\$100) or less is guilty of a petty misdemeanor.
- C. Whoever commits misappropriating public assistance or medical assistance when the value of the thing misappropriated is more than one hundred dollars (\$100) but not more than two hundred fifty dollars (\$250) is guilty of a misdemeanor.
- D. Whoever commits misappropriating public assistance or medical assistance when the value of the thing misappropriated is more than two hundred fifty dollars (\$250) but not more than two thousand five hundred dollars (\$2,500) is guilty of a fourth degree felony.
- E. Whoever commits misappropriating public assistance or medical assistance when the value of the thing misappropriated is more than two thousand five hundred dollars (\$2,500) but not more than twenty thousand dollars (\$20,000) is guilty of a third degree felony.
- F. Whoever commits misappropriating public assistance or medical assistance when the value of the thing misappropriated exceeds twenty thousand dollars (\$20,000) is

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guilty of a second degree felony.

G. Whoever commits misappropriating public assistance or medical assistance when the item misappropriated is a food stamp or medical identification card is guilty of a fourth degree felony."

Section 73. Section 30-40-4 NMSA 1978 (being Laws 1979, Chapter 170, Section 4) is amended to read:

"30-40-4. MAKING OR PERMITTING A FALSE CLAIM FOR
REIMBURSEMENT FOR PUBLIC ASSISTANCE OR MEDICAL ASSISTANCE
SERVICES. --

A. Making or permitting a false claim for reimbursement of public assistance or medical assistance services consists of knowingly making, causing to be made or permitting to be made a claim for reimbursement for services provided to a recipient of public assistance or medical assistance for services not rendered or making a false material statement or forged signature upon any claim for services, with intent that the claim shall be relied upon for the expenditure of public money.

B. Whoever commits making or permitting a false claim for reimbursement for public assistance or medical assistance services is guilty of a fourth degree felony."

Section 74. Section 30-40-5 NMSA 1978 (being Laws 1979, Chapter 170, Section 5) is amended to read:

"30-40-5. UNLAWFUL SEEKING <u>OF</u> PAYMENT FROM PUBLIC
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ASSISTANCE OR MEDICAL ASSISTANCE RECIPIENTS. --

A. Unlawful seeking of payment from public assistance or medical assistance recipients consists of knowingly seeking payment from recipients or their families for any unpaid portion of a bill for which reimbursement has been or will be received from the [human services] labor department or the medical assistance division of the department of health or for claims or services denied by the [human services] labor department or the medical assistance division because of [provider] the provider's administrative error.

В. Whoever commits unlawful seeking of payment from a public assistance or medical assistance recipient is guilty of a misdemeanor."

Section 75. Section 30-40-6 NMSA 1978 (being Laws 1979, Chapter 170, Section 6, as amended) is amended to read:

FAILURE TO REIMBURSE THE DEPARTMENT UPON "30-40-6. RECEIPT OF THIRD-PARTY PAYMENT. --

Failure to reimburse the [human services department | medical assistance division of the department of health upon receipt of third-party payment consists of [knowingly] knowing failure by a medicaid provider to reimburse the [human services department or the department's fiscal agent medical assistance division the amount of payment received from the [department] division for services

when the provider receives payment for the same services from any third party.

- B. A medical d provider who commits failure to reimburse the [department] medical assistance division upon receipt of third-party payment when the value of the payment made by the [department] division is one hundred dollars (\$100) or less is guilty of a petty misdemeanor.
- C. A medical deprovider who commits failure to reimburse the [department] medical assistance division upon receipt of third-party payment when the value of the payment made by the [department] division is more than one hundred dollars (\$100) but not more than two hundred fifty dollars (\$250) is guilty of a misdemeanor.
- D. A medical d provider who commits failure to reimburse the [department] medical assistance division upon receipt of third-party payment when the value of the payment made by the [department] division is more than two hundred fifty dollars (\$250) but not more than two thousand five hundred dollars (\$2,500) is guilty of a fourth degree felony.
- E. A medical deprovider who commits failure to reimburse the [department] medical assistance division upon receipt of third-party payment when the value of the payment made by the [department] division is more than two thousand five hundred dollars (\$2,500) but not more than twenty thousand dollars (\$20,000) is guilty of a third degree felony.

F. A medical d provider who commits failure to reimburse the [department] medical assistance division upon receipt of third-party payment when the value of the payment made by the [department] division exceeds twenty thousand dollars (\$20,000) is guilty of a second degree felony."

Section 76. Section 30-40-7 NMSA 1978 (being Laws 1979, Chapter 170, Section 7) is amended to read:

"30-40-7. FAILURE TO NOTIFY THE LABOR DEPARTMENT OR THE DEPARTMENT OF HEALTH OF RECEIPT OF ANYTHING OF VALUE FROM PUBLIC ASSISTANCE OR MEDICAL ASSISTANCE RECIPIENT. -- Any employee of the [human services] labor department or the department of health who knowingly receives anything of value, other than as provided by law, from either a recipient of public assistance or medical assistance or from the family of a public assistance or medical assistance recipient shall notify the labor department or the department of health within ten days after such receipt on a form provided by the respective department. Whoever fails to so notify the respective department within ten days is guilty of a petty misdemeanor."

Section 77. Section 30-44-2 NMSA 1978 (being Laws 1989, Chapter 286, Section 2, as amended) is amended to read:

"30-44-2. DEFINITIONS.--As used in the Medicaid Fraud Act:

A. "benefit" means money, treatment, services, . 134867.1

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goods or anything of value authorized under the program;

- B. "claim" means any communication, whether oral, written, electronic or magnetic, that identifies a treatment, good or service as reimbursable under the program;
- C. "cost document" means [any] a cost report or similar document that states income or expenses and is used to determine a cost reimbursement-based rate of payment for a provider under the program;
- D. "covered person" means an individual who is entitled to receive health care benefits from a managed health care plan;
- E. "department" means the [human services] department of health;
- F. "entity" means a person other than an individual and includes corporations, partnerships, associations, joint-stock companies, unions, trusts, pension funds, unincorporated organizations, governments and their political subdivisions [thereof] and nonprofit organizations;
- G. "great physical harm" means physical harm of a type that causes physical loss of a bodily member or organ or functional loss of a bodily member or organ for a prolonged period of time;
- H. "great psychological harm" means psychological harm that causes mental or emotional incapacitation for a prolonged period of time or that causes extreme behavioral

change or severe physical symptoms or that requires psychological or psychiatric care;

- I. "health care official" means:
- (1) an administrator, officer, trustee, fiduciary, custodian, counsel, agent or employee of a managed [eare] health care plan;
- (2) an officer, counsel, agent or employee of an organization that provides, proposes to or contracts to provide services to a managed health care plan; or
- (3) an official, employee or agent of a state or federal agency with regulatory or administrative authority over a managed health care plan;
- J. "managed health care plan" means a government-sponsored health benefit plan that requires a covered person to use, or creates incentives, including financial incentives, for a covered person to use, health care providers managed, owned, under contract with or employed by a health care insurer or provider service network. A "managed health care plan" includes the health care services offered by a health maintenance organization, preferred provider organization, health care insurer, provider service network, entity or person that contracts to provide or provides goods or services that are reimbursed by or are a required benefit of a state or federally funded health benefit program, or [any] a person or entity who contracts to provide goods or services to the

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program;

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- K. "person" includes individuals, corporations, partnerships and other associations;
- L. "physical harm" means an injury to the body that causes pain or incapacitation;
- M "program" means the medical assistance program authorized under Title [XIX] 19 or Title 21 of the federal Social Security Act [42 U.S.C. 1396, et seq. and implemented under Section 27-2-12 NMSA 1978];
- N. "provider" means [any] <u>a</u> person who has applied to participate or who participates in the program as a supplier of treatment, services or goods;
- 0. "psychological harm" means emotional or psychological damage of such a nature as to cause fear, humiliation or distress or to impair a person's ability to enjoy the normal process of his life;
- P. "recipient" means [any] an individual who receives or requests benefits under the program;
- Q. "records" means [any] medical or business documentation, however recorded, relating to the treatment or care of [any] a recipient, to services or goods provided to [any] a recipient or to reimbursement for treatment, services or goods, including [any] documentation required to be retained by regulations of the program; and
- $\,$ R. "unit" means the medicald fraud control unit or .134867.1

any other agency with power to investigate or prosecute fraud and abuse of the program."

Section 78. Section 40-4-11.5 NMSA 1978 (being Laws 1990, Chapter 58, Section 2, as amended) is amended to read:

"40-4-11.5. MODIFICATION OF CHILD SUPPORT ORDERS IN CASES ENFORCED BY THE STATE TITLE IV-D AGENCY.--

A. For child support cases being enforced by the [human services] children, youth and families department acting as the state's Title IV-D child support enforcement agency as provided in Section 27-2-27 NMSA 1978, the department shall implement a process for the periodic review of child support orders that shall include:

- (1) a review of support orders every three years upon the request of either the obligor or obligee or, if there is an assignment of support rights pursuant to the Public Assistance Act, upon the request of the department or of either the obligor or obligee;
- (2) notification by the department of its review to the obligor and obligee; and
- (3) authorization to require financial information from the obligor and the obligee to determine whether the support obligation should be presented to the court for modification.
- B. In carrying out [its] duties under this section, the secretary of [human services] children, youth and .134867.1

<u>families</u> or the secretary's authorized representative has the power to issue subpoenas <u>to compel</u>:

- (1) [to compel] the attendance of the obligor or the obligee at a hearing on the child support order;
- (2) [to compel] production by the obligor or the obligee of financial or wage information, including federal or state tax returns;
- (3) [to compel] the obligor or the obligee to disclose the location of employment of the payor party; and
- (4) [to compel] the employer of the obligor or the obligee to disclose information relating to the employee's wages.
- C. A subpoena issued by the [human services] children, youth and families department under this section shall state with reasonable certainty the nature of the information required, the time and place where the information shall be produced, whether the subpoena requires the attendance of the person subpoenaed or only the production of information and records and the consequences of failure to obey the subpoena.
- D. A subpoena issued by the [human services] children, youth and families department under this section shall be served upon the person to be subpoenaed or, at the option of the secretary of children, youth and families or the secretary's authorized representative, by certified mail

addressed to the person at his last known address. The service of the subpoena shall be at least ten days prior to the required production of the information or the required appearance. If the subpoena is served by certified mail, proof of service is the affidavit of mailing. After service of a subpoena upon a person, if the person neglects or refuses to comply with the subpoena, the department may apply to the district court of the county where the subpoena was served or the county where the subpoena was responded to for an order compelling compliance. Failure of the person to comply with the district court's order shall be punishable as contempt.

E. If a review by the [human services] children, youth and families department results in a finding that a child support order should be modified in accordance with the guidelines, it should be presented to the court for modification and the obligor and the obligee shall be notified of their respective rights and shall have thirty days to respond to the department's finding. The right to seek modification shall rest with the department in the case of obligations being enforced as a result of a public assistance recipient's assignment of support rights to the state as provided in the Social Security Act, 42 U.S.C. 602(a)(26).

F. At the request of the obligor or the obligee or upon the filing of a motion to modify child support, the [human services] children, youth and families department shall furnish

any information it has obtained in its review process regarding wages or other information pertaining to the obligor or the obligee.

G. Nothing in this section shall be construed to restrict the right of either party to petition the court to modify a child support obligation. The [human services] children, youth and families department shall not be required to conduct a review of any party's obligation more than once every three years."

Section 79. Section 40-4A-2 NMSA 1978 (being Laws 1985, Chapter 105, Section 2, as amended) is amended to read:

"40-4A-2. DEFINITIONS.--As used in the Support Enforcement Act:

- A. "authorized quasi-judicial officer" means a person appointed by the court pursuant to Rule 53(a) of the Rules of Civil Procedure for the District Courts;
- B. "consumer reporting agency" means any person who, for monetary fees, dues or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to third parties and who uses any means or facility of interstate commerce for the purpose of preparing or furnishing consumer reports;
- C. "delinquency" means any payment under an order . 134867.1

for support [which] that has become due and is unpaid;

- D. "department" means the [human services] children, youth and families department;
- E. "income" means any form of periodic payment to an obligor, regardless of source, including [but not limited to] wages, salary, commission, compensation as an independent contractor, workers' compensation benefits, disability benefits, annuity and retirement benefits or other benefits, bonuses, interest or any other payments made by any person, but does not include:
- (1) any amounts required by law to be withheld, other than creditor claims, including [but not limited to] federal, state and local taxes, social security and other retirement and disability contributions;
 - (2) uni on dues;
 - (3) any amounts exempted by federal law; or
 - (4) public assistance payments;
- F. "notice of delinquency" means the notice of delinquency as provided for in Section 40-4A-4 NMSA 1978;
- G. "notice to withhold income" means a notice that requires the payor to withhold from the obligor money necessary to meet the obligor's duty under an order for support and, in the event of a delinquency, requires the payor to withhold an additional amount to be applied towards the reduction of the delinquency;

1	H. "obligor" means the person who owes a duty to
2	make payments under an order for support;
3	I. "obligee" means any person who is entitled to
4	receive support under an order for support or that person's
5	legal representative;
6	J. "order for support" means any order [which] that
7	has been issued by any judicial, quasi-judicial or
8	administrative entity of competent jurisdiction of any state and
9	which order provides for:
10	(1) periodic payment of funds for the support
11	of a child or a spouse;
12	(2) modification or resumption of payment of
13	support;
14	(3) payment of delinquency; or
15	(4) reimbursement of support;
16	K. "payor" means any person or entity who provides
17	income to an obligor;
18	L. "person" means an individual, corporation,
19	partnership, governmental agency, public office or other entity;
20	and
21	M "public office" means the state disbursement unit
22	of the department as defined in Section 454B of the Social
23	Security Act."
24	Section 80. Section 40-4B-3 NMSA 1978 (being Laws 1988,
25	Chapter 127, Section 3) is amended to read:
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"40-4B-3.	DEFINITIONS As	used in	ı the	Chi l d	Support
Hearing Officer	Act:				

- A. "department" means the [child support enforcement bureau of the human services] children, youth and families department; and
- B. "secretary" means the secretary of [human services] children, youth and families."

Section 81. Section 40-4B-4 NMSA 1978 (being Laws 1988, Chapter 127, Section 4, as amended) is amended to read:

"40-4B-4. CHILD SUPPORT HEARING OFFICERS--APPOINTMENT--TERMS--QUALIFICATIONS--COMPENSATION.--

A. Child support hearing officers shall be appointed by and serve at the pleasure of the judges of the judicial districts determined pursuant to Subsection D of this section. Each hearing officer shall be selected by a majority of the district court judges in the judicial district to which he is assigned. The child support hearing officers shall be paid pursuant to a cooperative agreement between the [human services] children, youth and families department and the judicial districts.

B. Child support hearing officers shall be lawyers who are licensed to practice law in this state and who have a minimum of five years experience in the practice of law, with at least twenty percent of that practice having been in family law or domestic relations matters. Child support hearing officers

shall devote full time to their duties under the Child Support Hearing Officer Act and shall not engage in the private practice of law or in any employment, occupation or business interfering with or inconsistent with the discharge of their duties as [a] full-time child support hearing [officers] officers.

- C. A child support hearing officer is required to conform to [Ganons] Rules 21-100 through 21-500 and 21-700 of the Code of Judicial Conduct as adopted by the supreme court. Violation of any such [canon] rule shall be grounds for dismissal of any child support hearing officer. Child support hearing officers shall be employees of the judicial branch of government and shall not be subject to the Personnel Act. Their compensation shall be set by the judges who appoint them, but such compensation shall not exceed eighty percent of the current salary for district court judges.
- D. Child support hearing officers shall serve in such judicial districts as the secretary deems appropriate considering the case loads and case needs of the state's Title IV-D program."

Section 82. Section 40-4C-3 NMSA 1978 (being Laws 1990, Chapter 78, Section 3, as amended) is amended to read:

- "40-4C-3. DEFINITIONS.--As used in the Mandatory Medical Support Act:
- A. "court" means any district court ordering child support of an obligor;

B. "dental insurance coverage" means those coverages
generally associated with a dental plan of benefits, not
including medicaid coverage authorized by Title [XIX] 19 or
Title 21 of the Social Security Act and administered by the
[human services] department;

- C. "department" means the [human services] children, youth and families department;
- D. "employer" means any individual, organization, agency, business or corporation hiring an obligor for pay;
- E. "health insurance coverage" means those coverages generally associated with a medical plan of benefits, not including medicaid coverage authorized by Title [XIX] 19 or Title 21 of the Social Security Act and administered by the department;
- F. "insurer" includes a group health plan as defined in 29 U.S.C. 1167, a health maintenance organization as defined in Section 59A-46-2 NMSA 1978 and a nonprofit health care plan organized pursuant to the provisions of Section 59A-47-4 NMSA 1978;
- G. "minor child" means a child younger than eighteen years of age who has not been emancipated;
- II. "obligee" means a person to whom a duty of support is owed or a person, including the department, who has commenced a proceeding for enforcement of an alleged duty of support or for registration of a support order, regardless of

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whether the person to whom a duty of support is owed is a recipient of public assistance; and

I. "obligor" means a person owing a duty of support or against whom a proceeding for the enforcement of a duty of support or registration of a support order is commenced."

Section 83. Section 40-5A-3 NMSA 1978 (being Laws 1995, Chapter 25, Section 3, as amended) is amended to read:

"40-5A-3. DEFINITIONS.--As used in the Parental Responsibility Act:

A. "applicant" means an obligor who is applying for issuance of a license;

B. "board" means:

- (1) the construction industries commission, the construction industries division and the electrical bureau, mechanical bureau and general construction bureau of the construction industries division of the regulation and licensing department;
- (2) the manufactured housing committee and manufactured housing division of the regulation and licensing department;
- (3) a board, commission or agency that administers a profession or occupation licensed pursuant to Chapter 61 NMSA 1978;
- (4) any other state agency to which the Uniform Licensing Act is applied by law;

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1	(5) a licensing board or other authority that
2	issues a license, certificate, registration or permit to engage
3	in a profession or occupation regulated in New Mexico;
4	(6) the department of game and fish;
5	(7) the motor vehicle division of the taxation
6	and revenue department; or
7	(8) the alcohol and gaming division of the
8	regulation and licensing department;
9	C. "certified list" means a verified list that
10	includes the names, social security numbers and last known
11	addresses of obligors not in compliance;
12	D. "compliance" means that:
13	(1) an obligor is no more than thirty days in
14	arrears in payment of amounts required to be paid pursuant to an
15	outstanding judgment and order for support; and
16	(2) an obligor has, after receiving appropriate
17	notice, complied with subpoenas or warrants relating to
18	paternity or child support proceedings;
19	E. "department" means the [human services] children,
20	<u>youth and families</u> department;
21	F. "judgment and order for support" means the
22	judgment entered against an obligor by the district court or a
23	tribal court in a case brought by the department pursuant to
24	Title IV-D of the Social Security Act;
25	G. "license" means a liquor license or other

license, certificate, registration or permit issued by a board
that a person is required to have to engage in a profession or
occupation in New Mexico; "license" includes a commercial
driver's license, driver's license and recreational licenses,
including hunting, fishing or trapping licenses;
H. "licensee" means an obligor to whom a license has
been issued; and
I. "obligor" means the person who has been ordered

to pay child or spousal support pursuant to a judgment and order for support."

Section 84. Section 40-6A-310 NMSA 1978 (being Laws 1994, Chapter 107, Section 310) is amended to read:

"40-6A-310. DUTIES OF STATE INFORMATION AGENCY. --

- (a) The [human services] children, youth and families department is the state information agency under the Uniform Interstate Family Support Act.
 - (b) The state information agency shall:
- (1) compile and maintain a current list, including addresses, of the tribunals in this state which have jurisdiction under the Uniform Interstate Family Support Act and any support enforcement agencies in this state and transmit a copy to the state information agency of every other state;
- (2) maintain a register of tribunals and support enforcement agencies received from other states;
- (3) forward to the appropriate tribunal in the .134867.1

place in this state in which the individual obligee or the obligor resides, or in which the obligor's property is believed to be located, all documents concerning a proceeding under the Uniform Interstate Family Support Act received from an initiating tribunal or the state information agency of the initiating state; and

(4) obtain information concerning the location of the obligor and the obligor's property within this state not exempt from execution, by such means as postal verification and federal or state locator services, examination of telephone directories, requests for the obligor's address from employers and examination of governmental records, including, to the extent not prohibited by other law, those relating to real property, vital statistics, law enforcement, taxation, motor vehicles, driver's licenses and social security."

Section 85. Section 40-7A-3 NMSA 1978 (being Laws 1981, Chapter 171, Section 3) is amended to read:

"40-7A-3. DEFINITIONS.--As used in the Child Placement Agency Licensing Act:

A. "child" means an individual under the age of eighteen years;

B. "child placement agency" means any individual, partnership, unincorporated association or corporation undertaking to place a child in a home in this or any other state for the purpose of foster care or adoption of the child;

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- C. "department" means the [human services] children, youth and families department;
- D. "division" means the [social services division of the] department;
- E. "foster home" means a home maintained by an individual having the care and control, for periods exceeding twenty-four hours, of a child who is abused, neglected, dependent or homeless and who is not placed for adoption;
- F. "person" means any individual, partnership, unincorporated association or corporation; and
- G. "secretary" means the secretary of [human services] children, youth and families."

Section 86. Section 40-7B-2 NMSA 1978 (being Laws 1985, Chapter 133, Section 2) is amended to read:

"40-7B-2. [HUMAN SERVICES] CHILDREN, YOUTH AND FAMILIES
DEPARTMENT TO ADMINISTER COMPACT--RULES AND REGULATIONS.--The
[New Mexico human services] children, youth and families
department, hereinafter called "the department", or its
successor agency is the compact administrator of the Interstate
Compact on Adoption and Medical Assistance, hereinafter called
"the compact". The department shall promulgate rules and
regulations to carry out more effectively the terms of the
compact. Where appropriate, the department shall act jointly
with the officers of other party states in promulgating such
rules and regulations. The department may cooperate with all

other departments and agencies of this state and its political subdivisions in facilitating the proper administration of the compact and any amendments or supplementary agreements thereunder entered into by this state."

Section 87. Section 41-4-3 NMSA 1978 (being Laws 1976, Chapter 58, Section 3, as amended) is amended to read:

- "41-4-3. DEFINITIONS. -- As used in the Tort Claims Act:
 - A. "board" means the risk management advisory board;
- B. "governmental entity" means the state or any local public body as defined in Subsections C and H of this section:
- C. "local public body" means all political subdivisions of the state and their agencies, instrumentalities and institutions and all water and natural gas associations organized pursuant to Chapter 3, Article 28 NMSA 1978;
- D. "law enforcement officer" means any full-time salaried public employee of a governmental entity whose principal duties under law are to hold in custody any person accused of a criminal offense, to maintain public order or to make arrests for crimes, or members of the national guard when called to active duty by the governor;
 - E. "maintenance" does not include:
- (1) conduct involved in the issuance of a permit, driver's license or other official authorization to use the roads or highways of the state in a particular manner; or .134867.1

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- (2) an activity or event relating to a public building or public housing project that was not foreseeable;
- F. "public employee" means any officer, employee or servant of a governmental entity, excluding independent contractors except for individuals defined in Paragraphs (7), (8), (10) and (14) of this subsection, or of a corporation organized pursuant to the Educational Assistance Act or the Mortgage Finance Authority Act and including:
 - (1) elected or appointed officials;
 - (2) law enforcement officers:
- (3) persons acting on behalf or in service of a governmental entity in any official capacity, whether with or without compensation;
- (4) licensed foster parents providing care for children in the custody of the [human services] children, youth and families department, corrections department or department of health, but not including foster parents certified by a licensed child placement agency;
- (5) members of state or local selection panels established pursuant to the Adult Community Corrections Act;
- (6) members of state or local selection panels established pursuant to the Juvenile Community Corrections Act;
- (7) licensed medical, psychological or dental arts practitioners providing services to the corrections department pursuant to contract;

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Z	New Mexico comprehensive health insurance pool;
3	(9) individuals who are members of medical
4	review boards, committees or panels established by the
5	educational retirement board or the retirement board of the
6	public employees retirement association;
7	(10) licensed medical, psychological or dental
8	arts practitioners providing services to the children, youth and
9	families department pursuant to contract;
10	(11) members of the board of directors of the
11	New Mexico educational assistance foundation;
12	(12) members of the board of directors of the
13	New Mexico student loan corporation;
14	(13) members of the New Mexico mortgage finance
15	authority; and
16	(14) volunteers, employees and board members of
17	court-appointed special advocate programs;
18	G. "scope of duties" means performing any duties
19	that a public employee is requested, required or authorized to
20	perform by the governmental entity, regardless of the time and
21	place of performance; and
22	H. "state" or "state agency" means the state of New
23	Mexico or any of its branches, agencies, departments,
24	boards, instrumentalities or institutions."
25	Section 88. Section 41-13-2 NMSA 1978 (being Laws 1999,

members of the board of directors of the

1	Chapter 268, Section 3) is amended to read:
2	"41-13-2. DEFINITIONSAs used in the Governmental
3	Immunity Act:
4	A. "employment" includes services provided by an
5	immune contractor;
6	B. "governmental entity" means the state or a local
7	public body;
8	C. "immune contractor" means a person that:
9	(1) is an independent contractor; and
10	(2) contracts with a governmental entity to
11	provi de:
12	(a) care for children in the custody of
13	the [human services] children, youth and families department,
14	corrections department or department of health, as a licensed
15	foster parent, excluding foster parents certified by a licensed
16	child placement agency; or
17	(b) services to the children, youth and
18	families department or the corrections department as a licensed
19	medical, psychological or dental arts practitioner;
20	(3) is a member of:
21	(a) a state or local selection panel
22	established pursuant to the Juvenile Community Corrections Act;
23	(b) a state or local selection panel
24	established pursuant to the Adult Community Corrections Act;
25	(c) the board of directors of the New
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2	(d) a medical review board, a committee
3	or panel established by the educational retirement board or the
4	retirement board of the public employees retirement association;
5	(e) the board of directors of the New
6	Mexico educational assistance foundation; or
7	(f) the board of directors of the New
8	Mexico student loan corporation; or
9	(4) is a volunteer, employee or board member of
10	a court-created special advocate program;
11	D. "local public body" means a political subdivision
12	of the state and its agencies, instrumentalities and
13	institutions and a water and natural gas association organized
14	pursuant to Chapter 3, Article 28 NMSA 1978;
15	E. "public employee" means a natural person that is
16	an officer or employee of a governmental entity; and
17	F. "state" means the state of New Mexico or any of
18	its branches, agencies, departments, boards, instrumentalities
19	or institutions."
20	Section 89. Section 50-13-3 NMSA 1978 (being Laws 1997,
21	Chapter 237, Section 4) is amended to read:
22	"50-13-3. STATE DIRECTORY OF NEW HIRES
23	A. The [human services] children, youth and families
24	department, acting as the state's child support enforcement
25	agency pursuant to Title IV-D of the Social Security Act, shall,

Mexico comprehensive health insurance pool;

not later than October 1, 1997, establish an automated directory to be known as the state directory of new hires, which shall contain information supplied by employers on each newly hired or rehired employee.

- B. The state directory of new hires shall use the information received to locate individuals for purposes of establishing paternity and establishing, modifying and enforcing child support obligations and may disclose such information to any agent of the state Title IV-D agency that is under contract with the agency to carry out such purposes.
- C. All employers and labor organizations doing business in the state shall furnish to the state directory of new hires a report that contains the name, address and the social security number of each newly hired or rehired employee and the name and address of and identifying number assigned under Section 6109 of the Internal Revenue Code of 1986 to the employer.
- D. An employer in the state who also employs persons in another state and who transmits reports magnetically or electronically must designate one state in which the employer has employees to which the employer will transmit the report. Any employer who transmits reports pursuant to this [paragraph] subsection shall notify the state directory of new hires in writing as to which state such employer designates for the purpose of sending reports.

- E. Any department, agency or instrumentality of the United States government shall comply with the provisions of this section by transmitting the report described in Subsection C of this section to the national directory of new hires.
- F. Each employer and labor organization [as defined above] shall report to the state directory of new hires not later than twenty days after the date the employer hires the employee; or in the case of an employer transmitting reports magnetically or electronically, by two monthly transmissions if necessary not less than twelve days nor more than sixteen days apart.
- G. Each report shall be made on a W-4 form or, at the option of the employer, an equivalent form and may be transmitted by first class mail, magnetically or electronically.
- H. The labor department shall furnish to the state directory of new hires wage and claim information as defined in Section 303(h)(3) of the Social Security Act.
- I. The <u>children</u>, <u>youth and families</u> department shall reimburse the labor department for all costs incurred in furnishing the information. The state directory of new hires shall make available to state public assistance agencies responsible for administering a program specified in Section 1137(b) of the Social Security Act information reported by employers for purposes of verifying eligibility for the program or investigating fraud.

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J. The state directory of new hires shall make available to the state agencies operating employment security and workers' compensation programs access to information reported by employers for the purposes of administering such programs or investigating fraud."

Section 90. Section 50-13-4 NMSA 1978 (being Laws 1997, Chapter 237, Section 5) is amended to read:

PENALTIES. -- The [state Title IV-D agency] "50-13-4. children, youth and families department shall impose a civil money penalty of twenty dollars (\$20.00) on employers for each instance of failure to comply with the provisions of this section, unless the failure is the result of a conspiracy between the employer and the employee to not supply the required report or to supply a false or incomplete report, in which case the penalty shall be five hundred dollars (\$500) on the employer The [human services] children, youth and for each instance. <u>families</u> department shall establish an appeals process for employers penalized under this section."

Section 91. Section 51-1-37.1 NMSA 1978 (being Laws 1982, Chapter 41, Section 4, as amended) is amended to read:

"51-1-37.1. CHILD SUPPORT OBLIGATIONS. --

The division shall notify the [human services] children, youth and families department of the name of any individual who files a new claim for unemployment compensation and who is determined to be eligible for benefits.

- B. The division shall deduct and withhold from any unemployment compensation otherwise payable to an individual who owes child support obligations:
- (1) the amount specified by the individual to be deducted and withheld, if an amount is not specified under Paragraph (2) or (3) of this subsection;
- (2) the amount specified in an agreement between the individual and the [child support enforcement bureau of the human services] children, youth and families department, pursuant to Section 454(20)(B)(i) of the Social Security Act, a copy of which has been provided to the division by the [child support enforcement bureau] children, youth and families department; or
- (3) any amount otherwise required to be so deducted and withheld from such unemployment compensation pursuant to a writ of garnishment or other legal process for enforcement of judgments issued by any court or administrative agency of competent jurisdiction in any state, territory or possession of the United States or any foreign country with which the United States has an agreement to honor such process directed to the [human services] children, youth and families department for the purpose of enforcing an individual's obligation to provide child support.
- C. Any amount withheld from the unemployment compensation benefits due a claimant shall be considered as . 134867.1

payment of unemployment compensation benefits to the claimant and paid by the individual in satisfaction of his child support obligations.

- D. The amount of child support obligations withheld by the division pursuant to this section shall be paid to the [human services] children, youth and families department.
- E. As used in this section, "unemployment compensation benefits" means benefits payable under the Unemployment Compensation Law and amounts payable by or through the division pursuant to an agreement under any federal law providing for compensation, assistance or allowance with respect to unemployment.
- F. As used in this section, "child support obligations" includes only obligations that are being enforced pursuant to a plan described in Section 454 of the Social Security Act that has been approved by the United States secretary of health and human services under Part D of Title 4 of the Social Security Act.
- department shall reimburse the division for the administrative costs incurred by it that are attributable to the child support obligations being enforced by the [human services] children, youth and families department. If the [human services] children, youth and families department and the division fail to agree on the amount of such administrative costs, the state

budget division of the department of finance and administration shall prescribe the amount of administrative costs to be reimbursed."

Section 92. Section 51-1-37.2 NMSA 1978 (being Laws 1998, Chapter 91, Section 8) is amended to read:

"51-1-37.2. FOOD STAMP OVERISSUANCES. --

A. The division shall notify the [human services] labor department of the name and social security number of any individual who files a new claim for unemployment compensation and who is determined to be eligible for benefits. This information provided by the division shall be used by the [human services] labor department to determine whether any eligible individual owes an uncollected overissuance of food stamp coupons, as defined in Section 13(c)(1) of the federal Food Stamp Act of 1977.

- B. The division shall deduct and withhold from any unemployment compensation benefits payable to an individual who owes an uncollected overissuance:
- (1) the amount specified by the individual to the division to be deducted and withheld under this subsection;
- (2) the amount, if any, determined pursuant to an agreement submitted to the [human services] <u>labor</u> department pursuant to Section 13(c)(3)(A) of the federal Food Stamp Act of 1977; or
 - (3) any amount otherwise required to be

deducted and withheld from unemployment compensation pursuant to Section 13(c)(3)(B) of the federal Food Stamp Act of 1977.

- C. Any amount deducted and withheld pursuant to this section shall be paid by the division to the [human services] labor department.
- D. Any amount deducted and withheld pursuant to Subsection B of this section shall for all purposes be treated as if it were paid to the individual as unemployment compensation and paid by such individual to the [human services] labor department as repayment of the individual's uncollected overissuance.
- E. As used in this section, "unemployment compensation benefits" means any benefits payable pursuant to the Unemployment Compensation Law and amounts payable pursuant to an agreement pursuant to any federal law providing for compensation, assistance or allowances with respect to unemployment.
- F. This section applies only if arrangements have been made for reimbursement by the [human services] labor department for the administrative costs incurred by the division pursuant to this section that are attributable to the repayment of uncollected overissuances to the [human services] labor department."

Section 93. Section 52-1-60 NMSA 1978 (being Laws 1937, Chapter 92, Section 16, as amended) is amended to read:

"52-1-60. NOTICE TO DIRECTOR OF DATE OF PAYMENT. --

- A. Every employer's workers' compensation insurance carrier shall notify the director of the date on which the initial payment of any claim for benefits has been made within ten days of such payment.
- B. The director shall provide on a quarterly basis to the child support enforcement division of the [human services] children, youth and families department the name, social security number, home address and employer of all injured workers reported.
- C. A court order filed by the child support enforcement division of the [human services] children, youth and families department in the claim of the workers' compensation administration stating that the claimant owes past due or ongoing support shall constitute a notice that lump sum and partial-lump sum payment of benefits to a claimant are barred contingent on satisfaction of the child support arrearage. No order approving a lump sum or partial-lump sum payment to a claimant pursuant to Section 52-5-12 NMSA 1978 shall be executed or entered until:
 - (1) the arrearage has been satisfied;
- (2) provision has been made in the order for lump sum or partial-lump sum settlement for direct payment of sufficient funds to the child support enforcement division to satisfy the arrearage; or

(3) the workers' compensation judge makes a specific written finding of extreme hardship to the worker excusing the satisfaction of the arrearages from those funds."

Section 94. Section 52-3-52 NMSA 1978 (being Laws 1945, Chapter 135, Section 39, as amended) is amended to read:

"52-3-52. NOTI CE TO DIRECTOR. --

A. Every employer of labor within this state subject to the provisions of the New Mexico Occupational Disease Disablement Law or his insurer shall notify the director of the date on which the initial payment of any claim for benefits under the New Mexico Occupational Disease Disablement Law has been made, within ten days after [such] the payment.

B. The director shall provide on a quarterly basis to the child support enforcement [bureau] division of the [human services] children, youth and families department the name, social security number, home address and employer of all disabled workers reported."

Section 95. Section 52-5-3 NMSA 1978 (being Laws 1986, Chapter 22, Section 29, as amended) is amended to read:

"52-5-3. REPORTS--DATA GATHERING. --

A. The intent of this section is to allow the director to gather data and conduct studies to evaluate the workers' compensation and occupational disease disablement system in New Mexico. This includes evaluating the benefits structure and the costs incurred under each version of the

Workers' Compensation Act and the New Mexico Occupational
Disease Disablement Law. To this end, the director shall
establish baseline data against which to assess the changes in
the law.

- B. The director shall independently evaluate insurance industry data pertaining to workers' compensation and occupational disease disablement claims and payments, as well as other information the director believes to be necessary and relevant to a thorough evaluation of the system's effectiveness. In addition to data generated by insurance industry representatives and organizations, the director shall collect data from employers, claimants and other relevant parties.
- C. Unless otherwise provided by law, the director shall have access to insurance industry information that contains workers' compensation and occupational disease disablement claim data as the director determines is necessary to carry out the provisions of this section.
- D. The director shall have access to files and records of:
 - (1) the labor department that pertain to:
- (a) the name and number of employees reported by employers;
 - (b) employers' mailing addresses;
 - (c) federal identification numbers; and
 - (d) general wage information;

1	(2) the insurance [department] <u>division of the</u>
2	public regulation commission that pertain to:
3	(a) historical insurance classification
4	rates and total premiums paid during given periods of time;
5	(b) insurers licensed to underwrite
6	casualty insurance; and

- (c) records of group self-insurers;
- (3) the [human services] labor department that include names, addresses and other identifying information of recipients of benefits and services pertaining to income support; and
- (4) the taxation and revenue department that identify employers paying workers' compensation assessments in accordance with Section 52-5-19 NMSA 1978.
- E. Information that is confidential under state law shall be accessible to the director and shall remain confidential.
- F. The director shall prepare an annual report. He shall publish in that report and in other reports as he deems appropriate such statistical and informational reports and analyses based on reports and records available as, in his opinion, will be useful in increasing public understanding of the purposes, effectiveness, costs, coverage and administrative procedures of workers' compensation and in providing basic information regarding the occurrence and sources of work

injuries or disablements to public and private agencies engaged in industrial injury prevention activities. The reports shall include information concerning the nature and frequency of injuries and occupational diseases sustained and the resulting benefits, costs and other factors that are important to furthering the intent of this section."

Section 96. Section 56-3-3 NMSA 1978 (being Laws 1969, Chapter 259, Section 3, as amended) is amended to read:

"56-3-3. INFORMATION TO NON CREDIT-GRANTING GOVERNMENTAL
AGENCIES. --

- A. A credit bureau may supply identifying information such as names, addresses, former addresses, places of employment and former employment to non credit-granting governmental agencies.
- B. No other information may be supplied to such governmental agencies, other than as provided in Subsection A of this section, by a credit bureau, except in response to legal process, unless the investigation is for security purposes.
- C. The limitations contained in Subsections A and B of this section shall not apply to the child support enforcement division of the [human services] children, youth and families department which shall, unless otherwise prohibited by law, have the right to full access to credit bureau reports for the purpose of assisting it in carrying out its duties to locate child support obligars and enforce child support obligations

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pursuant to the department's child support program responsibilities set forth in Section 27-2-27 NMSA 1978. The child support enforcement division shall limit its use of consumer credit reports to those purposes permissible under the federal Fair Credit Reporting Act, 15 U.S.C. 1681. The division shall furnish to the credit bureau the judgment or case number for the child support obligation for which a report is requested, and the credit bureau furnishing reports to the division shall audit the division's requests on a monthly basis to assure the division's compliance with this subsection. employee of the division having access to credit bureau reports shall limit strictly the use of information contained in the reports to purposes connected with the employee's responsibilities for enforcing child support obligations pursuant to the state's child support enforcement program."

Section 97. Section 58-18-5.5 NMSA 1978 (being Laws 1998, Chapter 63, Section 6) is amended to read:

"58-18-5.5. ADDITIONAL POWERS OF AUTHORITY--AUTHORITY DESIGNATED AS SINGLE STATE HOUSING AUTHORITY--APPLICATION FOR AND RECEIPT OF FEDERAL FUNDS--ADMINISTRATION OF HOUSING PROGRAMS.--In addition to the powers granted the authority pursuant to Sections 58-18-5 and 58-18-5.3 NMSA 1978, the authority:

A. is designated as the state housing authority for all purposes;

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- B. shall make application for federal housing funds and programs;
- C. shall administer federal and state housing programs and federal tax credit provisions associated with those programs;
- D. shall receive and expend funds pursuant to applicable federal housing laws, federal housing regulations, the provisions of the Mortgage Finance Authority Act and regulations adopted pursuant to that act;
- E. shall administer the following housing programs that were previously transferred to it by executive order, the provisions of which are ratified:
 - (1) the federal HOME program;
- (2) the federal low-income housing tax credit program;
- (3) the federal emergency shelter grant programs;
 - (4) the state homeless program;
- (5) the federal and state weatherization programs and that part of the low-income home energy assistance program authorized for weatherization; and
 - (6) the state safe water program;
- F. shall assist with technical consultation in connection with housing components of the community service block grant and community development block grant programs that .134867.1

are administered by the [human services] children, youth and families department and the department of finance and administration, respectively; and

G. shall not receive direct appropriations of state funds from the legislature, and, if a program for which the authority is granted the power and has the duty to administer involves the appropriation or expenditure of state funds, the authority is granted specific power to enter into a joint powers agreement with the department of finance and administration pursuant to the Joint Powers Agreements Act."

Section 98. Section 59A-18-31 NMSA 1978 (being Laws 1989, Chapter 183, Section 1, as amended) is amended to read:

"59A-18-31. ACCIDENT AND HEALTH POLICY OR CERTIFICATE

PROVISIONS RELATING TO INDIVIDUALS WHO ARE ELIGIBLE FOR MEDICAL

BENEFITS UNDER THE MEDICAID PROGRAM --

A. Each individual or group policy or certificate of accident or health insurance that is delivered, issued for delivery or renewed in this state shall include provisions that require benefits paid on behalf of a child or other insured person under the policy or certificate to be paid to the [human services department] medical assistance division of the department of health when:

(1) the [human services department] medical
assistance division has paid or is paying benefits on behalf of
the child or other insured person under the state's medicaid
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program pursuant to Title [XIX] 19 or Title 21 of the federal Social Security Act [42 U.S.C. 1396, et seq.];

- (2) payment for the services in question has been made by the [human services department] medical assistance division to the medical deprovider; and
- (3) the insurer is notified that the insured individual receives benefits under the medicaid program and that benefits [must] shall be paid directly to the [human services department] medical assistance division.
- B. The notice required under Paragraph (3) of Subsection A of this section may be accomplished through an attachment to the claim by the [human services department] medical assistance division for insurance benefits when the claim is first submitted by the [human services department] division to the insurer.
- C. Notwithstanding any other provisions of law, checks in payment for claims pursuant to any individual or group policy or certificate of accident or health insurance for health care services provided to insured individuals who are also eligible for benefits under the medicaid program and provided by medical providers qualified to participate under the policy or certificate shall be made payable to the provider. The insurer may be notified that the insured individual is eligible for medicaid benefits through an attachment to the claim by the provider for insurance benefits when the claim is first

submitted by the provider to the insurer.

- D. No individual or group accident or health policy or certificate delivered, issued for delivery or renewed in this state on or after [the effective date of this section] June 16, 1989 shall contain any provision denying or limiting insurance benefits because services are rendered to an insured who is eligible for or who has received medical assistance under the medicaid program of this state.
- E. To the extent that payment for covered expenses has been made pursuant to the state medicaid program for health care items or services furnished to an individual, in any case where an insurer has a legal liability to make payments, the state is considered to have acquired the rights of the individual to payment by the insurer for those health care items or services."

Section 99. Section 59A-22-38 NMSA 1978 (being Laws 1989, Chapter 183, Section 2, as amended) is amended to read:

"59A-22-38. INDIVIDUAL HEALTH INSURANCE--POLICY PROVISIONS
RELATING TO INDIVIDUALS WHO ARE ELIGIBLE FOR MEDICAL BENEFITS
UNDER THE MEDICAID PROGRAM --

A. Each individual health insurance policy that is delivered, issued for delivery or renewed in this state shall include provisions that require benefits paid on behalf of a child or other insured person under the policy to be paid to the [human services department] medical assistance division of the

department of health when:

- (1) the [human services department] medical assistance division has paid or is paying benefits on behalf of the child or other insured person under the state's medicaid program pursuant to Title [XIX] 19 or Title 21 of the federal Social Security Act [42 U.S.C. 1396, et seq.];
- (2) payment for the services in question has been made by the [human services department] medical assistance division to the medical provider; and
- (3) the insurer is notified that the insured individual receives benefits under the medical program and that benefits [must] shall be paid directly to the [human services department] medical assistance division.
- B. The notice required under Paragraph (3) of Subsection A of this section may be accomplished through an attachment to the claim by the [human services department] medical assistance division for insurance benefits when the claim is first submitted by the [human services department] medical assistance division to the insurer.
- C. Notwithstanding any other provisions of law, checks in payment for claims pursuant to any individual health insurance policy for health care services provided to persons who are also eligible for benefits under the medicaid program and provided by medical providers qualified to participate under the policy shall be made payable to the provider. The insurer

may be notified that the insured individual is eligible for medical benefits through an attachment to the claim by the provider for insurance benefits when the claim is first submitted by the provider to the insurer.

- D. No individual health insurance policy delivered, issued for delivery or renewed in this state on or after [the effective date of this section] June 16, 1989 shall contain any provision denying or limiting insurance benefits because services are rendered to an insured who is eligible for or who has received medical assistance under the medicaid program of this state.
- E. To the extent that payment for covered expenses has been made pursuant to the state medicaid program for health care items or services furnished to an individual, in any case where an insurer has a legal liability to make payments, the state is considered to have acquired the rights of the individual to payment by the insurer for those health care items or services."

Section 100. Section 59A-23-7 NMSA 1978 (being Laws 1989, Chapter 183, Section 3, as amended) is amended to read:

"59A-23-7. BLANKET OR GROUP HEALTH POLICY OR

CERTIFICATE--PROVISIONS RELATING TO INDIVIDUALS WHO ARE ELIGIBLE

FOR MEDICAL BENEFITS UNDER THE MEDICAID PROGRAM. --

A. Each blanket or group health policy or certificate of insurance that is delivered, issued for delivery . 134867.1

or renewed in this state shall include provisions that require benefits paid on behalf of a child or other insured person under the policy or certificate to be paid to the [human services department] medical assistance division of the department of health when:

- assistance division has paid or is paying benefits on behalf of the child or other insured person under the state's medicaid program pursuant to Title [XIX] 19 or Title 21 of the federal Social Security Act [42 U.S.C. 1396, et seq.];
- (2) payment for the services in question has been made by the [human services department] medical assistance division to the medical provider; and
- (3) the insurer is notified that the insured individual receives benefits under the medicaid program and that benefits [must] shall be paid directly to the [human services department] medical assistance division.
- B. The notice required under Paragraph (3) of Subsection A of this section may be accomplished through an attachment to the claim by the [human services department] division for insurance benefits when the claim is first submitted by the [human services department] medical assistance division to the insurer.
- C. Notwithstanding any other provisions of law, checks in payment for claims pursuant to any blanket or group . 134867.1

health insurance policy or certificate for health care services provided to persons who are also eligible for benefits under the medicaid program and provided by medical providers qualified to participate under the policy or certificate shall be made payable to the provider. The insurer may be notified that the insured individual is eligible for medicaid benefits through an attachment to the claim by the provider for insurance benefits when the claim is first submitted by the provider to the insurer.

- D. No blanket or group health insurance policy or certificate delivered, issued for delivery or renewed in this state on or after [the effective date of this section] June 16, 1989 shall contain any provision denying or limiting insurance benefits because services are rendered to an insured who is eligible for or who has received medical assistance under the medicaid program of this state.
- E. To the extent that payment for covered expenses has been made pursuant to the state medicaid program for health care items or services furnished to an individual, in any case where the insurer has a legal liability to make payments, the state is considered to have acquired the rights of the individual to payment by an insurer for those health care items or services."

Section 101. Section 59A-24A-15 NMSA 1978 (being Laws 1989, Chapter 183, Section 4, as amended) is amended to read: .134867.1

	"59	A- 2	4A- 15	5.	MEDI	CARE	SUP	PLEME	ENT P	OLIC	YPROVI	SIONS	
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- A. Each medicare supplement policy that is delivered, issued for delivery or renewed in this state shall include provisions that require benefits paid on behalf of a child or other insured person under the policy to be paid to the [human services department] medical assistance division of the department of health when:
- (1) the [human services department] medical assistance division has paid or is paying benefits on behalf of the child or other insured person under the state's medicaid program pursuant to Title [XIX] 19 or Title 21 of the federal Social Security Act [42 U.S.C. 1396, et seq.];
- (2) payment for the services in question has been made by the [human services department] medical assistance division to the medical provider; and
- (3) the issuer is notified that the insured individual receives benefits under the medical disprogram and that benefits must be paid directly to the [human services department] medical assistance division.
- B. The notice required under Paragraph (3) of Subsection A of this section may be accomplished through an attachment to the claim by the [human services department] medical assistance division for insurance benefits when the

claim is first submitted by the [human services department] division to the issuer.

- C. Notwithstanding any other provisions of law, checks in payment for claims pursuant to any medicare supplement policy for health care services provided to persons who are also eligible for benefits under the medicaid program and provided by medical providers qualified to participate under the policy shall be made payable to the provider. The issuer may be notified that the insured individual is eligible for medicaid benefits through an attachment to the claim by the provider for insurance benefits when the claim is first submitted by the provider to the issuer.
- D. No medicare supplement policy delivered, issued for delivery or renewed in this state on or after [the effective date of this section] June 16, 1989 shall contain any provision denying or limiting insurance benefits because services are rendered to an insured who is eligible for or who has received medical assistance under the medicaid program of this state, unless:
- (1) the medicare supplement policy or certificate has been suspended at the request of a policy or certificate holder for a period not to exceed twenty-four months; and
- (2) during the period of suspension, the policy or certificate holder is entitled to medical assistance pursuant . 134867.1

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to Title [XIX] 19 or Title 21 of the federal Social Security Act [42 U.S.C. 1396, et seq.]."

Section 102. Section 59A-44-46 NMSA 1978 (being Laws 1989, Chapter 183, Section 5) is amended to read:

"59A-44-46. FRATERNAL BENEFIT SOCIETIES--CERTIFICATE

PROVISIONS RELATING TO INDIVIDUALS WHO ARE ELIGIBLE FOR MEDICAL

BENEFITS UNDER THE MEDICAID PROGRAM --

A. Each individual or group policy or certificate of accident or health insurance issued by a society that is delivered, issued for delivery or renewed in this state shall include provisions that require benefits paid on behalf of a child or other insured person under the policy or certificate to be paid to the [human services department] medical assistance division of the department of health when:

- (1) the [human services department] medical assistance division has paid or is paying benefits on behalf of the child or other insured person under the state's medicaid program pursuant to Title [XIX] 19 or Title 21 of the federal Social Security Act [42 U.S.C. 1396, et seq.];
- (2) payment for the services in question has been made by the [human services department] medical assistance division to the medical provider; and
- (3) the society is notified that the insured individual receives benefits under the medicaid program and that benefits must be paid directly to the [human services

department] medical assistance division.

- B. The notice required under Paragraph (3) of Subsection A of this section may be accomplished through an attachment to the claim by the [human services department] division for insurance benefits when the claim is first submitted by the [human services department] medical assistance division to the society.
- C. Notwithstanding any other provisions of law, checks in payment for claims pursuant to any individual or group policy or certificate of accident or health insurance for health care services provided to persons who are also eligible for benefits under the medicaid program and provided by medical providers qualified to participate under the policy or certificate shall be made payable to the provider. The society may be notified that the insured individual is eligible for medicaid benefits through an attachment to the claim by the provider for insurance benefits when the claim is first submitted by the provider to the society.
- D. No individual or group policy or certificate of accident or health insurance issued by a society that is delivered, issued for delivery or renewed in this state on or after the effective date of this section shall contain any provision denying or limiting insurance benefits because services are rendered to an insured who is eligible for or who has received medical assistance under the medicaid program of

this state."

Section 103. Section 59A-46-29 NMSA 1978 (being Laws 1989, Chapter 183, Section 6, as amended) is amended to read:

"59A-46-29. HEALTH MAINTENANCE ORGANIZATIONS--CONTRACT OR
CERTIFICATE PROVISIONS RELATING TO INDIVIDUALS WHO ARE ELIGIBLE
FOR MEDICAL BENEFITS UNDER THE MEDICALD PROGRAM --

A. Each individual or group contract or certificate that is delivered, issued for delivery or renewed in this state shall include provisions that require any indemnity benefits payable by a health maintenance organization on behalf of an enrollee under the contract or certificate to be paid to the [human services department] medical assistance division of the department of health when:

- assistance division has paid or is paying benefits on behalf of the enrollee under the state's medicaid program pursuant to Title [XIX] 19 or Title 21 of the federal Social Security Act [42 U.S.C. 1396, et seq.];
- (2) payment for the services in question has been made by the [human services department] medical assistance division to the medical provider; and
- (3) the health maintenance organization is notified that the enrollee receives benefits under the medicaid program and that any indemnity benefits payable by the health maintenance organization must be paid directly to the [human]

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services department] medical assistance division.

- В. The notice required under Paragraph (3) of Subsection A of this section may be accomplished through an attachment to the claim by the [human services department] medical assistance division for any indemnity benefits payable by the health maintenance organization when the claim is first submitted by the [human services department] division to the health maintenance organization.
- C. Notwithstanding any other provisions of law, checks in payment for claims for any indemnity benefits payable by a health maintenance organization pursuant to any individual or group contract or certificate for health care services provided to persons who are also eligible for benefits under the medicaid program and provided by medical providers not contracting with the health maintenance organization shall be made payable to the provider. The health maintenance organization may be notified that the enrollee is eligible for medicaid benefits through an attachment to the claim by the provider for health maintenance organization benefits when the claim is first submitted by the provider to the health maintenance organization.
- No health maintenance organization group or individual contract or certificate delivered, issued for delivery or renewed in this state on or after [the effective date of this section] June 16, 1989 shall contain any provision

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denying or limiting health maintenance organization benefits because services are rendered to an enrollee who is eligible for or who has received medical assistance under the medicaid program of this state.

Ε. To the extent that payment for covered expenses has been made pursuant to the state medicaid program for health care items or services furnished to an individual, in any case where a health maintenance organization has a legal liability to make payments, the state is considered to have acquired the rights of the individual to payment by the health maintenance organization for those health care items or services."

Section 59A-47-36 NMSA 1978 (being Laws 1989, Section 104. Chapter 183, Section 7, as amended) is amended to read:

NONPROFIT HEALTH CARE PLANS--CONTRACT OR "59A-47-36. CERTIFICATE PROVISIONS RELATING TO INDIVIDUALS WHO ARE ELIGIBLE FOR MEDICAL BENEFITS UNDER THE MEDICAID PROGRAM --

Each individual or group contract for health care expense payments or certificate therefor that is delivered, issued for delivery or renewed in this state by a health care plan shall include provisions that require benefits paid on behalf of a subscriber under the contract or certificate to be paid to the [human services department] medical assistance division of the department health when:

the [human services department] medical assistance division has paid or is paying health care expenses . 134867. 1

on behalf of the subscriber under the state's medical program pursuant to Title [XIX] 19 or Title 21 of the federal Social Security Act [42 U.S.C. 1396, et seq.];

- (2) payment for the expenses in question has been made by the [human services department] medical assistance division to the medical provider; and
- (3) the health care plan is notified that the subscriber receives benefits under the medicaid program and that benefits must be paid directly to the [human services department] medical assistance division.
- B. The notice required under Paragraph (3) of Subsection A of this section may be accomplished through an attachment to the claim by the [human services department] division for health care expense payments when the claim is first submitted by the [human services department] medical assistance division to the health care plan.
- C. Notwithstanding any other provisions of law, checks in payment for claims pursuant to any individual or group contract for health care expense payments or certificate therefor for health care services provided to subscribers who are also eligible for benefits under the medicaid program and provided by medical providers qualified to participate under the contract or certificate shall be made payable to the provider. The health care plan may be notified that the subscriber is eligible for medicaid benefits through an attachment to the

claim by the provider for health care expense payments when the claim is first submitted by the provider to the health care plan.

- D. No individual or group contract for health care expense payments or certificate therefor delivered, issued for delivery or renewed in this state on or after [the effective date of this section] June 16, 1989 shall contain any provision denying or limiting contract benefits because services are rendered to a subscriber who is eligible for or who has received medical assistance under the medical d program of this state.
- E. To the extent that payment for covered expenses has been made pursuant to the state medicaid program for health care items or services furnished to an individual, in any case where a health care plan has a legal liability to make payments, the state is considered to have acquired the rights of the individual to payment by the health care plan for those health care items or services."

Section 105. Section 59A-57-7 NMSA 1978 (being Laws 1998, Chapter 107, Section 7) is amended to read:

"59A-57-7. POINT-OF-SERVICE OPTION PLAN. --

A. Except as otherwise provided in this section, the department may require a plan that offers a point-of-service plan or open plan to include in any managed health care plan it offers an option for a point-of-service plan or open plan to the extent that the department determines that the open plan option

is financially sound.

B. No health care insurer may be required to offer a point-of-service plan or open plan as an option under a medicaid-funded managed health care plan unless the [human services department] medical assistance division of the department of health has established such a requirement as part of a procurement for managed health care under the medicaid program."

Section 106. Section 59A-57-10 NMSA 1978 (being Laws 1998, Chapter 107, Section 10) is amended to read:

"59A-57-10. APPLICATION OF ACT TO MEDICAID PROGRAM --

- A. Except as otherwise provided in this section, the provisions of the Patient Protection Act apply to the medicaid program operation in the state. A managed health care plan offered through the medicaid program shall grant enrollees and providers the same rights and protections as are granted to enrollees and providers in any other managed health care plan subject to the provisions of the Patient Protection Act.
- B. Nothing in the Patient Protection Act shall be construed to limit the authority of the [human services department] medical assistance division of the department of health to administer the medicaid program, as required by law. Consistent with applicable state and federal law, the [human services department] medical assistance division shall have sole authority to determine, establish and enforce medicaid

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eligibility criteria, the scope, definitions and limitations of medicaid benefits and the minimum qualifications or standards for medicaid service providers.

C. Medicaid recipients and applicants retain their right to appeal decisions adversely affecting their medicaid benefits to the [human services department] medical assistance division pursuant to the [Public] Medical Assistance Appeals Act. Notwithstanding other provisions of the Patient Protection Act, a medicaid recipient or applicant who files an appeal to the [human services department] division pursuant to the [Public] Medical Assistance Appeals Act may not file an appeal on the same issue to the superintendent pursuant to the Patient Protection Act, unless the [human services department] medical assistance division refuses to hear the appeal. superintendent may refer to the [human services department] medical assistance division any appeal filed with the superintendent pursuant to the Patient Protection Act if the complainant is a medicaid beneficiary and the matter in dispute is subject to the provisions of the [Public] Medical Assistance Appeals Act.

D. Any managed health care plan participating in the medical d managed care program as of [the effective date of the Patient Protection Act] July 1, 1998 and that is in compliance with contractual and regulatory requirements applicable to that program shall be deemed to comply with any requirements

established in accordance with [that] the Patient Protection Act until July 1, 1999; provided that, from [the effective date of that act] July 1, 1998, any rights established under that act beyond those under requirements of the [human services department] medical assistance division shall apply to enrollees in medicaid managed health care plans."

Section 107. Section 60-2E-61 NMSA 1978 (being Laws 1997, Chapter 190, Section 63) is amended to read:

"60-2E-61. LIEN ON WINNINGS FOR DEBT COLLECTED BY [HUMAN SERVICES] CHILDREN, YOUTH AND FAMILIES DEPARTMENT--PAYMENT TO DEPARTMENT--PROCEDURE. --

- A. The [human services] children, youth and families department, acting as the state's child support enforcement agency pursuant to Title IV-D of the Social Security Act, shall periodically certify to the board the names and social security numbers of persons owing a debt to or collected by the [human services] children, youth and families department.
- B. Prior to the payment of a gaming machine amount in excess of six hundred dollars (\$600), the board shall check the name of the winner against the list of names and social security numbers of persons owing a debt to or collected by the [human services] children, youth and families department.
- C. If the winner is on the list of persons owing a debt to or collected by the agency, the board shall make a goodfaith attempt to notify the [human services] children, youth and .134867.1

families department, and the department then has a lien against the winnings in the amount of the debt owed to or collected by the agency. The board has no liability to the [human services] children, youth and families department or the person on whose behalf the department is collecting the debt if the board fails to match a winner's name to a name on the list or is unable to notify the department of a match. The department shall provide the board with written notice of a support lien promptly within five working days after the board notifies the department of a match.

- D. If the amount won is to be paid directly by the board, the amount of the debt owed to or collected by the [human services] children, youth and families department shall be held by the board for a period of thirty days from the board's confirmation of the amount of the debt to allow the department to institute any necessary garnishment or wage withholding proceedings. If a garnishment or withholding proceeding is not initiated within the thirty-day period, the board shall release the amount won to the winner.
- E. The [human services] children, youth and families department, in its discretion, may release or partially release the support lien upon written notice to the board.
- F. A support lien under this section is in addition to any other lien created by law."

Section 108. TEMPORARY PROVISION--TRANSFER OF PERSONNEL,
. 134867. 1

PROPERTY, CONTRACTS AND REFERENCES IN LAW. -- On the effective date of this act:

- A. all personnel, appropriations, money, records, equipment, supplies and other property relating to the operations of the income support division of the human services department shall be transferred to the labor department;
- B. all personnel, appropriations, money, records, equipment, supplies and other property relating to the operations of the medical assistance division of the human services department shall be transferred to the department of health:
- C. all personnel, appropriations, money, records, equipment, supplies and other property relating to the operations of the child support enforcement division of the human services department shall be transferred to the children, youth and families department;
- D. all contracts relating to the operations of the income support division shall be binding and effective on the labor department;
- E. all contracts relating to the operations of the medical assistance division shall be binding and effective on the department of health;
- F. all contracts relating to the operations of the child support division shall be binding and effective on the children, youth and families department;

	G. all refe	erences in	law to the	income sup	port
di vi si on, f	food stamps,	temporary	assi stance	for needy	families
and other p	orograms admi	inistered b	y the incom	me support	di vi si on
shall be de	eemed to be i	references	to the labo	or departme	ent;

- H. all references in law to the medical assistance division, medicaid or Title 19 or Title 21 of the Social Security Act shall be deemed to be references to the department of health; and
- I. all references in law to the child support division or child support enforcement or activities shall be deemed to be references to the children, youth and families department.

Section 109. REPEAL. --

- A. Sections 9-8-1 through 9-8-14 NMSA 1978 (being Laws 1977, Chapter 252, Section 1, Laws 1977, Chapter 252, Section 2, Laws 1977, Chapter 252, Section 3, Laws 1977, Chapter 252, Section 4, Laws 1977, Chapter 252, Section 6, Laws 1977, Chapter 252, Section 7, Laws 1977, Chapter 252, Section 8, Laws 1977, Chapter 252, Section 9, Laws 1977, Chapter 252, Section 10, Laws 1977, Chapter 252, Section 11, Laws 1977, Chapter 252, Section 12, Laws 1977, Chapter 252, Section 13, Laws 1977, Chapter 252, Section 15 and Laws 1987, Chapter 31, Section 4, as amended) are repealed.
- B. Sections 27-1-1 and 27-1-2 NMSA 1978 (being Laws 1977, Chapter 252, Section 16 and Laws 1937, Chapter 18, Section . 134867.1

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C. Section 27-3-2 NMSA 1978 (being Laws 1973,Chapter 256, Section 2, as amended) is repealed.

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