## HOUSE BILL 1253

## 48TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2007

## INTRODUCED BY

Luciano "Lucky" Varela

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AN ACT

RELATING TO COUNTY-SUPPORTED HEALTH CARE FINANCING; REVISING **DEFINITIONS.** 

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

Section 1. Section 27-5-4 NMSA 1978 (being Laws 1965, Chapter 234, Section 4, as amended) is amended to read:

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

"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

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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;

- "board" means a county indigent hospital and county health care board;
- "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] the person's self and [his] the person's dependents on present income and liquid assets available to [him] the person but, taking into consideration this income and those assets and [his] the person's requirement for other necessities of life for [himself] the person and [his] the person's 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. Every 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 .167797.1

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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, admitted to a hospital for care or treated by a health care provider;

- "hospital" means 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:
  - for-profit hospitals; (1)
  - state-owned hospitals; or (2)
- licensed out-of-state hospitals where (3) treatment provided is necessary for the proper care of an indigent patient when that care is not available in an in-state hospital;
- "cost" means all allowable costs of providing health care services, to the extent determined by resolution of a board, for an indigent patient. Allowable costs [shall] may be based on medicaid fee-for-service reimbursement rates for hospitals, licensed medical doctors and osteopathic physicians;
- "fund" means a county indigent hospital claims .167797.1

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fund;

- G. "medicaid eligible" means a person who is eligible for medical assistance from the department;
- H. "county" means a county except a class A 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;
- I. "department" means the human services
  department;
  - J. "sole community provider hospital" means:
- (1) a hospital that is a sole community provider hospital under the provisions of the federal medicare guidelines; or
- (2) an acute care general hospital licensed by the department of health that is qualified, pursuant to rules adopted by the state agency primarily responsible for the medicaid program, to receive distributions from the sole community provider fund;
- 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 .167797.1

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 registered health 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;
  - (8) a mental health center;
- (9) a licensed medical doctor, osteopathic physician, dentist, optometrist or expanded practice nurse when .167797.1

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providing emergency services, as determined by the board, in a hospital to an indigent patient; or

- (10) a licensed medical doctor or osteopathic physician, dentist, optometrist or expanded practice nurse when providing services in an outpatient setting, as determined by the board, to an indigent patient with a life-threatening illness or disability;
- "health care services" means treatment and 0. 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;
- Ρ. "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 that demonstrates coordination between the county and state and local health planning efforts; and
- "commission" means the New Mexico health policy commission."