SENATE BILL 684

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

INTRODUCED BY

John Arthur Smith

AN ACT

RELATING TO TAXATION; PROVIDING FOR A DEDUCTION FROM GROSS
RECEIPTS FOR CERTAIN SERVICES PROVIDED BY CERTAIN ACCREDITED
CLINICAL LABORATORIES; AMENDING A SECTION OF THE NMSA 1978.

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

Section 1. Section 7-9-93 NMSA 1978 (being Laws 2004, Chapter 116, Section 6, as amended) is amended to read:

"7-9-93. DEDUCTION--GROSS RECEIPTS--CERTAIN RECEIPTS FOR SERVICES PROVIDED BY HEALTH CARE PRACTITIONER.--

A. Receipts from payments by a managed health care provider or health care insurer for commercial contract services or medicare part C services provided by a health care practitioner that are not otherwise deductible pursuant to another provision of the Gross Receipts and Compensating Tax Act may be deducted from gross receipts, provided that the .165795.1

services are within the scope of practice of the person providing the service. Receipts from fee-for-service payments by a health care insurer may not be deducted from gross receipts. The deduction provided by this section shall be separately stated by the taxpayer.

- B. For the purposes of this section:
- (1) "commercial contract services" means health care services performed by a health care practitioner pursuant to a contract with a managed health care provider or health care insurer other than those health care services provided for medicare patients pursuant to Title 18 of the federal Social Security Act or for medicaid patients pursuant to Title 19 or Title 21 of the federal Social Security Act;
 - (2) "health care insurer" means a person that:
- (a) has a valid certificate of authority in good standing pursuant to the New Mexico Insurance Code to act as an insurer, health maintenance organization or nonprofit health care plan or prepaid dental plan; and
- (b) contracts to reimburse licensed health care practitioners for providing basic health services to enrollees at negotiated fee rates;
 - (3) "health care practitioner" means:
- (a) a chiropractic physician licensed pursuant to the provisions of the Chiropractic Physician Practice Act;

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1	(b) a dentist or dental hygienist
2	licensed pursuant to the Dental Health Care Act;
3	(c) a doctor of oriental medicine
4	licensed pursuant to the provisions of the Acupuncture and
5	Oriental Medicine Practice Act;
6	(d) an optometrist licensed pursuant to
7	the provisions of the Optometry Act;
8	(e) an osteopathic physician licensed
9	pursuant to the provisions of Chapter 61, Article 10 NMSA 1978
10	or an osteopathic physician's assistant licensed pursuant to
11	the provisions of the Osteopathic Physicians' Assistants Act;
12	(f) a physical therapist licensed
13	pursuant to the provisions of the Physical Therapy Act;
14	(g) a physician or physician assistant
15	licensed pursuant to the provisions of Chapter 61, Article 6
16	NMSA 1978;
17	(h) a podiatrist licensed pursuant to
18	the provisions of the Podiatry Act;
19	(i) a psychologist licensed pursuant to
20	the provisions of the Professional Psychologist Act;
21	(j) a registered lay midwife registered
22	by the department of health;
23	(k) a registered nurse or licensed
24	practical nurse licensed pursuant to the provisions of the
25	Nursing Practice Act;
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1	(1) a registered occupational therapist
2	licensed pursuant to the provisions of the Occupational Therapy
3	Act;
4	(m) a respiratory care practitioner
5	licensed pursuant to the provisions of the Respiratory Care
6	Act;
7	(n) a speech-language pathologist or
8	audiologist licensed pursuant to the Speech-Language Pathology,
9	Audiology and Hearing Aid Dispensing Practices Act;
10	(o) a professional clinical mental
11	health counselor, marriage and family therapist or professional
12	art therapist licensed pursuant to the provisions of the
13	Counseling and Therapy Practice Act who has obtained a master's
14	degree or a doctorate; [and]
15	(p) an independent social worker
16	licensed pursuant to the provisions of the Social Work Practice
17	Act; and
18	(q) a clinical laboratory that is
19	accredited pursuant to 42 U.S.C. Section 263a but that is not a
20	laboratory in a physician's office or in a hospital defined
21	pursuant to 42 U.S.C. Section 1395x;
22	(4) "managed health care provider" means a
23	person that provides for the delivery of comprehensive basic
24	health care services and medically necessary services to
25	individuals enrolled in a plan through its own employed health

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care providers or by contracting with selected or participating
health care providers. "Managed health care provider" includes
only those persons that provide comprehensive basic health care
services to enrollees on a contract basis, including the
following:
(a) health maintenance organizations.

- (a) health maintenance organizations;
- preferred provider organizations; (b)
- (c) individual practice associations;
- (d) competitive medical plans;
- (e) exclusive provider organizations;
- (f) integrated delivery systems;
- independent physician-provider (g)

organizations;

(h) physician hospital-provider

organizations; and

(i) managed care services organizations;

and

"medicare part C services" means services (5) performed pursuant to a contract with a managed health care provider for medicare patients pursuant to Title 18 of the federal Social Security Act."

EFFECTIVE DATE. -- The effective date of the Section 2. provisions of this act is July 1, 2007.

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