

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

SENATE BILL 370

**50TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2011**

INTRODUCED BY

George K. Munoz

AN ACT

RELATING TO HEALTH INSURANCE; ENACTING THE NEW MEXICO HEALTH  
INSURANCE EXCHANGE ACT; CREATING THE NEW MEXICO HEALTH  
INSURANCE EXCHANGE; PROVIDING FOR THE APPOINTMENT, POWERS AND  
DUTIES OF A BOARD OF DIRECTORS FOR THE EXCHANGE; PROVIDING THE  
SUPERINTENDENT OF INSURANCE OF THE PUBLIC REGULATION COMMISSION  
WITH RULEMAKING POWERS RELATING TO THE EXCHANGE; PROVIDING FOR  
POWERS AND DUTIES OF THE EXCHANGE; PROVIDING FOR QUALIFIED  
HEALTH PLAN CERTIFICATION; PROVIDING FOR TRANSPARENCY OF  
EXCHANGE FUNDING AND OPERATIONS; AMENDING AND ENACTING SECTIONS  
OF THE NMSA 1978; RECONCILING MULTIPLE AMENDMENTS TO THE SAME  
SECTION OF LAW IN LAWS 2009; DECLARING AN EMERGENCY.

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

SECTION 1. [NEW MATERIAL] SHORT TITLE.--Sections 1  
through 9 of this act may be cited as the "New Mexico Health

.182919.3

underscoring material = new  
~~[bracketed material]~~ = delete

underscored material = new  
~~[bracketed material] = delete~~

1 Insurance Exchange Act".

2 SECTION 2. [NEW MATERIAL] DEFINITIONS.--As used in the  
3 New Mexico Health Insurance Exchange Act:

4 A. "board" means the board of directors of the  
5 exchange;

6 B. "carrier" means a person that is subject to  
7 licensure by the superintendent or subject to the provisions of  
8 the New Mexico Insurance Code and that provides one or more  
9 health benefits or insurance plans in the state;

10 C. "dependent" means "dependent" as defined in  
11 Section 152 of the federal Internal Revenue Code of 1986;

12 D. "employee" means an individual hired by another  
13 individual or entity for a wage or fixed payment in exchange  
14 for personal services and who does not provide the services as  
15 part of an independent business;

16 E. "exchange" means the New Mexico health insurance  
17 exchange;

18 F. "health care facility" means an institution that  
19 provides health care services, including a hospital or other  
20 licensed inpatient center; an ambulatory surgical or treatment  
21 center; a skilled nursing center; a residential treatment  
22 center; a home health agency; a diagnostic, laboratory or  
23 imaging center; and a rehabilitation or other organized  
24 therapeutic health setting;

25 G. "health care provider" means an individual who

.182919.3

underscoring material = new  
~~[bracketed material] = delete~~

1 is licensed, certified or otherwise authorized or permitted by  
2 law pursuant to Chapter 61 NMSA 1978 to provide health care in  
3 the ordinary course of business or practice of a profession;

4 H. "health care services finance or coverage  
5 sector" includes carriers and other health insurance issuers;  
6 health maintenance or managed care organizations; nonprofit  
7 health plans; self-insured group health plans; trade  
8 associations of carriers; producers; and health care  
9 facilities;

10 I. "member" means a person appointed to the board  
11 of directors of the exchange;

12 J. "Native American" means:

13 (1) an individual who is a member of any  
14 federally recognized Indian nation, tribe or pueblo; or

15 (2) an individual who has been deemed eligible  
16 for services and programs provided to Native Americans by the  
17 United States public health service or the bureau of Indian  
18 affairs;

19 K. "qualified employer" means a small employer that  
20 elects to make its full-time employees, and, at the option of  
21 the employer, some or all of its part-time employees, eligible  
22 for one or more qualified health plans offered in the small  
23 group market through the exchange; provided that the employer:

24 (1) has its principal place of business in the  
25 state and elects to provide coverage through the exchange to

.182919.3

1 all of its eligible employees, wherever employed; or

2 (2) elects to provide coverage through the  
3 exchange to all of its eligible employees who are principally  
4 employed in the state;

5 L. "qualified health plan" means health insurance  
6 coverage or a group health plan that the superintendent has  
7 certified as meeting the requirements in state and federal law  
8 for coverage to be offered through the exchange;

9 M. "qualified individual" means an individual who:

10 (1) seeks to enroll or who participates in a  
11 qualified health plan offered through the exchange and who  
12 meets one of the following residency requirements:

13 (a) the individual is a resident of the  
14 state and is, and continues to be, legally domiciled and  
15 physically residing on a full-time basis in a place of  
16 habitation in the state that remains the person's principal  
17 residence and from which the person is absent only for a  
18 temporary or transitory purpose;

19 (b) the individual is a full-time  
20 student attending an educational institution outside of the  
21 state but, prior to attending the educational institution, met  
22 the requirements of Subparagraph (a) of this paragraph;

23 (c) the individual is a full-time  
24 student attending an institution of higher education located in  
25 the state;

.182919.3

1 (d) the individual, whether a resident  
2 or not, is a dependent; or

3 (e) the individual, whether a resident  
4 or not, is an employee of a qualified employer;

5 (2) is not incarcerated at the time of  
6 enrollment, other than incarceration pending the disposition of  
7 charges; and

8 (3) is a citizen or national of the United  
9 States or an alien lawfully present in the United States, or  
10 who is reasonably expected to be a citizen or national of the  
11 United States or an alien lawfully present in the United States  
12 during the entire period for which enrollment in the exchange  
13 is sought;

14 N. "small employer" means a person that is actively  
15 engaged in business that employed an average of at least one  
16 but not more than fifty full-time-equivalent employees on  
17 business days during the preceding calendar year and that  
18 employs at least one employee in the first day of the plan  
19 year; provided that:

20 (1) the small employer elects to make all  
21 full-time employees eligible for one or more qualified health  
22 plans offered in the small group market through the exchange;

23 (2) persons that are affiliated persons or  
24 that are eligible to file a combined tax return for purposes of  
25 state income taxation shall be considered one small employer;

underscored material = new  
[bracketed material] = delete

1                   (3) in the case of an employer that was not in  
2 existence throughout a preceding calendar year, the  
3 determination of whether the employer is a small employer shall  
4 be based on the average number of employees that the employer  
5 is reasonably expected to employ on working days in the current  
6 calendar year; and

7                   (4) the person is not a self-insured entity;  
8 and

9                   0. "superintendent" means the superintendent of  
10 insurance of the insurance division of the public regulation  
11 commission.

12                   SECTION 3. [NEW MATERIAL] NEW MEXICO HEALTH INSURANCE  
13 EXCHANGE CREATED--BOARD CREATED.--

14                   A. The "New Mexico health insurance exchange" is  
15 created as a nonprofit public corporation to provide qualified  
16 individuals and qualified employers with increased access to  
17 health insurance in the state and shall be governed by a board  
18 of directors constituted pursuant to the provisions of the New  
19 Mexico Health Insurance Exchange Act. The exchange is a  
20 governmental entity for purposes of the Tort Claims Act, and  
21 neither the exchange nor the board shall be considered a  
22 governmental entity for any other purpose.

23                   B. The "board of directors of the New Mexico health  
24 insurance exchange" is created. The board consists of eleven  
25 voting members. One voting ex-officio member is the secretary

.182919.3

underscoring material = new  
~~[bracketed material] = delete~~

1 of human services, the secretary of the human services  
2 department's successor in interest responsible for the state's  
3 medicaid program or the secretary's designee. One nonvoting  
4 ex-officio member is the superintendent or the superintendent's  
5 designee.

6 C. While serving on the board, appointed members  
7 shall not have any affiliation with or any income derived from:

8 (1) current or active employment as, a  
9 contract with or consultation for a health care provider; or

10 (2) current or active employment in, a  
11 contract with or consultation for the health care services  
12 finance or coverage sectors.

13 D. Each board member and employee of the exchange  
14 shall have a fiduciary duty to the exchange.

15 E. The board shall be composed, as a whole, to  
16 assure representation of the state's Native American  
17 population, ethnic diversity, cultural diversity and geographic  
18 diversity. Board members shall have demonstrated knowledge or  
19 experience in at least one of the following areas:

20 (1) purchasing coverage in the individual  
21 market;

22 (2) purchasing coverage in the small employer  
23 market;

24 (3) health care finance;

25 (4) health care economics;

.182919.3

underscoring material = new  
~~[bracketed material] = delete~~

1 (5) health care policy; or

2 (6) the enrollment of underserved residents in  
3 health care coverage.

4 F. Selection of the ten appointed voting members  
5 shall be as follows:

6 (1) the governor shall appoint three members  
7 selected from the New Mexico health insurance alliance board of  
8 directors who represent qualified employers. If the New Mexico  
9 health insurance alliance ceases to exist, members appointed by  
10 the governor shall be chosen from officers, general partners or  
11 proprietors of qualified employers;

12 (2) the superintendent shall appoint three  
13 members selected from the New Mexico medical insurance pool  
14 board of directors, who shall represent individual consumers in  
15 the health insurance market. If the New Mexico medical  
16 insurance pool ceases to exist, members appointed by the  
17 superintendent shall be chosen from among the following, each  
18 of whom shall be a resident of the state:

19 (a) individuals who are not  
20 professionally affiliated with a carrier; and

21 (b) individuals who have purchased  
22 coverage in the exchange; and

23 (3) the New Mexico legislative council shall  
24 appoint four members.

25 G. The members selected from the New Mexico health

.182919.3



underscoring material = new  
~~[bracketed material] = delete~~

1 insurance alliance board and the New Mexico medical insurance  
2 pool board shall have terms that coincide with terms of  
3 membership on their respective originating boards. The members  
4 selected by the New Mexico legislative council shall have  
5 initial terms chosen by lot as follows: two shall serve  
6 four-year terms and two shall serve three-year terms.

7 Thereafter, members shall serve three-year terms.

8 H. A member shall serve until the member's  
9 successor is appointed by the respective appointing authority.

10 I. The board shall operate consistent with  
11 provisions of the Governmental Conduct Act, the Inspection of  
12 Public Records Act, the Financial Disclosure Act and the Open  
13 Meetings Act and shall not be subject to the Procurement Code  
14 or the Personnel Act.

15 J. A majority of members constitutes a quorum. The  
16 board may allow members to attend meetings by telephone or  
17 other electronic media. A decision by the board requires a  
18 quorum and a majority of members in attendance voting in favor  
19 of the decision.

20 K. Within sixty days of the effective date of the  
21 New Mexico Health Insurance Exchange Act, the superintendent  
22 shall convene the organizational meeting of the board, during  
23 which the board shall elect a chair and vice chair from among  
24 its members. Thereafter, every three years the board shall  
25 elect in open meeting a chair and vice chair from among its

.182919.3

underscored material = new  
~~[bracketed material] = delete~~

1 members. The chair and vice chair shall serve no more than two  
2 consecutive three-year terms as chair and vice chair.

3 L. A vacancy on the board shall be filled by  
4 appointment by the original appointing authority for the  
5 remainder of the member's unexpired term.

6 M. A member may be removed from the board by a  
7 majority vote of the members. The board shall set standards  
8 for attendance and may remove a member for lack of attendance,  
9 neglect of duty or malfeasance in office. A member shall not  
10 be removed without proceedings consisting of at least one  
11 ten-day notice of hearing and an opportunity to be heard.  
12 Removal proceedings shall be before the board and in accordance  
13 with procedures adopted by the board.

14 N. Appointed members may receive per diem and  
15 mileage in accordance with the Per Diem and Mileage Act,  
16 subject to the travel policy set by the board. Appointed  
17 members shall receive no other compensation, perquisite or  
18 allowance.

19 O. The board shall meet at the call of the chair  
20 and no less often than once per calendar quarter. There shall  
21 be at least seven days' notice given to members prior to any  
22 meeting. There shall be sufficient notice provided to the  
23 public prior to meetings consistent with the Open Meetings Act.

24 P. The board shall create, make appointments to and  
25 duly consider recommendations of an advisory committee or

.182919.3

underscoring material = new  
~~[bracketed material] = delete~~

1 committees made up of stakeholders, including carriers, health  
2 care consumers, health care providers, health care  
3 practitioners, brokers, qualified employer representatives and  
4 advocates for low-income or underserved residents.

5 Q. The board shall create an advisory committee  
6 made up of Native Americans to guide the implementation of the  
7 Native-American-specific provisions of the federal Patient  
8 Protection and Affordable Care Act and the federal Indian  
9 Health Care Improvement Act.

10 SECTION 4. [NEW MATERIAL] BOARD OF DIRECTORS--

11 POWERS.--The board may:

12 A. seek and receive grant funding from federal,  
13 state or local governments or private philanthropic  
14 organizations to defray the costs of operating the exchange;

15 B. generate funding, including but not limited to,  
16 charging assessments or fees, to support its operations in  
17 accordance with provisions of the New Mexico Health Insurance  
18 Exchange Act;

19 C. create ad hoc advisory councils;

20 D. request assistance from other boards,  
21 commissions, departments, agencies and organizations as  
22 necessary to provide appropriate expertise to accomplish the  
23 exchange's duties;

24 E. enter into contracts with persons or other  
25 organizations as necessary or proper to carry out the

.182919.3

underscored material = new  
[bracketed material] = delete

1 provisions and purposes of the New Mexico Health Insurance  
2 Exchange Act, including the authority to contract or employ  
3 staff for the performance of administrative, legal, actuarial,  
4 accounting and other functions;

5 F. enter into contracts with similar exchanges of  
6 other states for the joint performance of common administrative  
7 functions; provided that no contractor shall be a carrier;

8 G. enter into information-sharing agreements with  
9 federal and state agencies and other state exchanges to carry  
10 out its responsibilities; provided that these agreements  
11 include adequate protections of the confidentiality of the  
12 information to be shared and comply with all state and federal  
13 laws and regulations;

14 H. sue or be sued or otherwise take any necessary  
15 or proper legal action in the execution of its duties and  
16 powers;

17 I. appoint board committees, which may include  
18 non-board members, to provide technical assistance in the  
19 operation of the exchange and any other function within the  
20 authority of the exchange; and

21 J. conduct periodic audits to assure the general  
22 accuracy of the financial data submitted to the exchange.

23 SECTION 5. [NEW MATERIAL] PLAN OF OPERATION.--

24 A. The board shall submit a plan of operation, and  
25 any necessary amendments to the plan, to the superintendent

.182919.3

underscoring material = new  
~~[bracketed material] = delete~~

1 with any provisions to ensure the fair, reasonable and  
2 equitable administration of the exchange.

3 B. The superintendent shall, after notice and  
4 hearing, approve the plan of operation, provided it is  
5 determined to ensure fair, reasonable and equitable  
6 administration of the exchange. The plan of operation shall  
7 become effective upon the superintendent's written approval.  
8 If the board fails to submit a plan of operation within one  
9 hundred eighty days after the appointment of the board, or at  
10 any time thereafter fails to submit amendments to the plan of  
11 operation that the superintendent deems necessary, the  
12 superintendent shall, after notice and hearing, adopt and  
13 promulgate rules the superintendent deems necessary or  
14 advisable to effectuate the provisions of the New Mexico Health  
15 Insurance Exchange Act. Rules promulgated by the  
16 superintendent shall continue in force until modified by the  
17 superintendent or superseded by a subsequent plan of operation  
18 submitted by the board and approved by the superintendent.

19 C. The plan of operation shall:

20 (1) establish procedures to implement the  
21 provisions of the New Mexico Health Insurance Exchange Act,  
22 consistent with state and federal law, including determination  
23 of which qualified health plans will be offered through the  
24 exchange;

25 (2) establish procedures for handling and

.182919.3

underscored material = new  
[bracketed material] = delete

1 accounting for the exchange's assets and money;

2 (3) establish regular times and meeting places  
3 for meetings of the board;

4 (4) establish a program to publicize the  
5 existence of the exchange, the qualified health plans, the  
6 eligibility requirements and procedures for enrollment in an  
7 approved health plan and to maintain public awareness of the  
8 exchange;

9 (5) establish consumer complaint and grievance  
10 procedures for issues raised with the exchange;

11 (6) establish procedures for alternative  
12 dispute resolution between the exchange and contractors or  
13 carriers;

14 (7) establish conflict of interest policies  
15 and procedures; and

16 (8) contain additional provisions necessary  
17 and proper for the execution of the powers and duties of the  
18 board.

19 SECTION 6. [NEW MATERIAL] BOARD DUTIES--REPORTING.--The  
20 board shall:

21 A. between July 1, 2011 and January 1, 2014 provide  
22 quarterly reports to the legislature, the governor and the  
23 superintendent on the implementation of the exchange and report  
24 annually and upon request thereafter;

25 B. by July 1, 2013 provide recommendations to the

.182919.3

underscored material = new  
~~[bracketed material] = delete~~

1 legislative finance committee and other appropriate interim  
2 legislative committees on mechanisms for funding the operations  
3 of the exchange and a plan for achieving self-sufficiency,  
4 including the use of any assessments or fees;

5 C. keep an accurate accounting of all of the  
6 activities, receipts and expenditures of the exchange and  
7 submit this information annually to the superintendent and as  
8 required by federal law to the federal secretary of health and  
9 human services;

10 D. beginning with the first year of operation in  
11 which access to health insurance coverage is provided, obtain  
12 an annual audit of the exchange's operations from an  
13 independent certified public accountant;

14 E. cooperate with the medical assistance division  
15 of the human services department, or its successor in interest,  
16 to share information and facilitate transitions in enrollment  
17 between the exchange and medicaid, the state children's health  
18 insurance program or any other state public health coverage  
19 program;

20 F. publish the administrative costs of the exchange  
21 as required by state or federal law; and

22 G. discharge those duties required to implement and  
23 operate the exchange in accordance with the provisions of the  
24 New Mexico Health Insurance Exchange Act consistent with state  
25 and federal law.

.182919.3

underscoring material = new  
[bracketed material] = delete

1           SECTION 7.   ~~[NEW MATERIAL]~~ RULES.--The superintendent  
2 shall:

3                   A.   adopt rules that implement the provisions of the  
4 New Mexico Health Insurance Exchange Act; and

5                   B.   adopt any other rules the superintendent deems  
6 necessary in order to carry out the provisions of the New  
7 Mexico Health Insurance Exchange Act.

8           SECTION 8.   ~~[NEW MATERIAL]~~ EXEMPTION.--The exchange is  
9 exempt from payment of all fees and all taxes levied by this  
10 state or any of its political subdivisions.

11           SECTION 9.   ~~[NEW MATERIAL]~~ FUNDING.--The exchange shall be  
12 the designated entity for the state to receive any federal  
13 funds allocated, appropriated or granted to the state for  
14 purposes of funding the planning, implementation or operation  
15 of a health insurance exchange.

16           SECTION 10.   ~~[NEW MATERIAL]~~ COOPERATION WITH THE NEW  
17 MEXICO HEALTH INSURANCE EXCHANGE.--The medical assistance  
18 division of the human services department, or its successor in  
19 interest, shall cooperate with the New Mexico health insurance  
20 exchange to share information and facilitate transitions in  
21 enrollment between the exchange and medicaid, the state  
22 children's health insurance program or any other state public  
23 health coverage program.

24           SECTION 11.   Section 41-4-3 NMSA 1978 (being Laws 1976,  
25 Chapter 58, Section 3, as amended by Laws 2009, Chapter 8,

.182919.3



1 Section 2 and by Laws 2009, Chapter 129, Section 2 and also by  
2 Laws 2009, Chapter 249, Section 2) is amended to read:

3 "41-4-3. DEFINITIONS.--As used in the Tort Claims Act:

4 A. "board" means the risk management advisory  
5 board;

6 B. "governmental entity" means the state or any  
7 local public body as defined in Subsections C and H of this  
8 section;

9 C. "local public body" means all political  
10 subdivisions of the state and their agencies, instrumentalities  
11 and institutions and all water and natural gas associations  
12 organized pursuant to Chapter 3, Article 28 NMSA 1978;

13 D. "law enforcement officer" means a full-time  
14 salaried public employee of a governmental entity, or a  
15 certified part-time salaried police officer employed by a  
16 governmental entity, whose principal duties under law are to  
17 hold in custody any person accused of a criminal offense, to  
18 maintain public order or to make arrests for crimes, or members  
19 of the national guard when called to active duty by the  
20 governor;

21 E. "maintenance" does not include:

22 (1) conduct involved in the issuance of a  
23 permit, driver's license or other official authorization to use  
24 the roads or highways of the state in a particular manner; or

25 (2) an activity or event relating to a public

underscoring material = new  
~~[bracketed material] = delete~~

1 building or public housing project that was not foreseeable;

2 F. "public employee" means an officer, employee or  
3 servant of a governmental entity, excluding independent  
4 contractors except for individuals defined in Paragraphs (7),  
5 (8), (10), (14) and (17) of this subsection, or of a  
6 corporation organized pursuant to the Educational Assistance  
7 Act, the Small Business Investment Act or the Mortgage Finance  
8 Authority Act or a licensed health care provider, who has no  
9 medical liability insurance, providing voluntary services as  
10 defined in Paragraph (16) of this subsection and including:

11 (1) elected or appointed officials;

12 (2) law enforcement officers;

13 (3) persons acting on behalf or in service of  
14 a governmental entity in any official capacity, whether with or  
15 without compensation;

16 (4) licensed foster parents providing care for  
17 children in the custody of the human services department,  
18 corrections department or department of health, but not  
19 including foster parents certified by a licensed child  
20 placement agency;

21 (5) members of state or local selection panels  
22 established pursuant to the Adult Community Corrections Act;

23 (6) members of state or local selection panels  
24 established pursuant to the Juvenile Community Corrections Act;

25 (7) licensed medical, psychological or dental

.182919.3

underscored material = new  
[bracketed material] = delete

1 arts practitioners providing services to the corrections  
2 department pursuant to contract;

3 (8) members of the board of directors of the  
4 New Mexico medical insurance pool;

5 (9) individuals who are members of medical  
6 review boards, committees or panels established by the  
7 educational retirement board or the retirement board of the  
8 public employees retirement association;

9 (10) licensed medical, psychological or dental  
10 arts practitioners providing services to the children, youth  
11 and families department pursuant to contract;

12 (11) members of the board of directors of the  
13 New Mexico educational assistance foundation;

14 (12) members of the board of directors of the  
15 New Mexico student loan guarantee corporation;

16 (13) members of the New Mexico mortgage  
17 finance authority;

18 (14) volunteers, employees and board members  
19 of court-appointed special advocate programs;

20 (15) members of the board of directors of the  
21 New Mexico small business investment corporation;

22 (16) health care providers licensed in New  
23 Mexico who render voluntary health care services without  
24 compensation in accordance with rules promulgated by the  
25 secretary of health. The rules shall include requirements for

.182919.3

underscored material = new  
[bracketed material] = delete

1 the types of locations at which the services are rendered, the  
2 allowed scope of practice and measures to ensure quality of  
3 care; ~~and~~

4 (17) an individual while participating in the  
5 state's adaptive driving program and only while using a  
6 special-use state vehicle for evaluation and training purposes  
7 in that program; and

8 (18) the staff and members of the board of  
9 directors of the New Mexico health insurance exchange;

10 G. "scope of duty" means performing any duties that  
11 a public employee is requested, required or authorized to  
12 perform by the governmental entity, regardless of the time and  
13 place of performance; and

14 H. "state" or "state agency" means the state of New  
15 Mexico or any of its branches, agencies, departments, boards,  
16 instrumentalities or institutions."

17 SECTION 12. TEMPORARY PROVISION--NEW MEXICO HEALTH  
18 INSURANCE EXCHANGE--NEW MEXICO MEDICAL INSURANCE POOL--NEW  
19 MEXICO HEALTH INSURANCE ALLIANCE.--

20 A. Until the date is reached upon which federal law  
21 requires it to be self-sustaining, resources for the New Mexico  
22 health insurance exchange may be provided to the New Mexico  
23 health insurance exchange by the New Mexico health insurance  
24 alliance or the New Mexico medical insurance pool through a  
25 cooperative agreement between the New Mexico health insurance

.182919.3

underscored material = new  
~~[bracketed material] = delete~~

1 exchange and the respective board. The New Mexico health  
2 insurance alliance and the New Mexico medical insurance pool  
3 may fund reasonably required staff and other operating expenses  
4 for the New Mexico health insurance exchange through their  
5 respective existing funding mechanisms. To the extent federal  
6 funding is available to the New Mexico health insurance  
7 exchange, the New Mexico health insurance exchange shall  
8 reimburse the New Mexico health insurance alliance and the New  
9 Mexico medical insurance pool, respectively, for such resources  
10 as each may provide.

11 B. The board of directors of the New Mexico health  
12 insurance exchange shall meet with the boards of directors of  
13 the New Mexico health insurance alliance and the New Mexico  
14 medical insurance pool to:

15 (1) develop a plan to provide portability of  
16 coverage for individuals covered through the New Mexico health  
17 insurance alliance and the New Mexico medical insurance pool to  
18 the extent possible through the New Mexico health insurance  
19 exchange; and

20 (2) prepare a report to the first session of  
21 the fifty-first legislature on recommendations for transition  
22 of functions of the New Mexico health insurance alliance and  
23 New Mexico medical insurance pool to the New Mexico health  
24 insurance exchange and on any recommendations for continued and  
25 expanded health coverage of the state's residents.

.182919.3

underscoring material = new  
~~[bracketed material] = delete~~

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

SECTION 13. EMERGENCY.--It is necessary for the public  
peace, health and safety that this act take effect immediately.