SENATE BILL 386

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

INTRODUCED BY

Linda M. Lopez

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AN ACT

RELATING TO HEALTH CARE REFORM; REQUIRING THE LEGISLATIVE FINANCE COMMITTEE TO PERFORM A FISCAL IMPACT ANALYSIS AND REPORT COMPARING THE COSTS AND COVERAGE OPPORTUNITIES UNDER EACH OF THREE PLAN DESIGNS INVOLVING EITHER A NEW MEXICO HEALTH BENEFITS EXCHANGE OR A SINGLE STATEWIDE, SELF-INSURED HEALTH PLAN; PROVIDING FOR THE USE OF FEDERAL APPROPRIATIONS TO FUND ANALYSIS AND REPORTING; REQUIRING THAT AGENCIES THAT RECEIVE FEDERAL FUNDS FOR HEALTH BENEFITS EXCHANGE PLANNING AND IMPLEMENTATION PROVIDE FUNDS FOR FISCAL ANALYSIS AND REPORTING; MAKING AN APPROPRIATION.

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

SECTION 1. TEMPORARY PROVISION--LEGISLATIVE FINANCE COMMITTEE--FISCAL IMPACT ANALYSIS AND REPORT--A NEW MEXICO HEALTH BENEFITS EXCHANGE AND SINGLE, STATEWIDE, SELF-INSURED

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HEALTH PLAN DESIGNS. --

A. The legislative finance committee, in collaboration with the office of the governor, the human services department, the department of health, the insurance division of the public regulation commission, the legislative council service and other experts as it deems appropriate, shall perform a fiscal impact analysis of the following health care finance and administration plan designs:

- (1) a New Mexico health benefits exchange that negotiates with carriers and sells health plans for purchase to individuals and small businesses in the state;
- (2) a New Mexico health benefits exchange that acts as an insurance market clearinghouse for individuals and small businesses in the state to learn about and compare health plans according to level of coverage, but that does not negotiate with carriers or sell health plans; and
- (3) a single, statewide, self-insured health plan that provides comprehensive coverage for most individuals, households, employees and their dependents and self-employed individuals. This plan design could include individuals currently eligible for medicaid; individuals over sixty-five; and individuals covered by medicare.
- B. The fiscal impact analysis performed pursuant to Subsection A of this section shall include:
 - (1) the costs of establishing and initially

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operating a New Mexico health benefits exchange or a single, statewide, self-insured health plan for each of the plan designs listed in Paragraphs (1) through (3) of Subsection A of this section;

- the costs of operating a New Mexico health benefits exchange or a single, statewide, self-insured health plan over a five-year period for each of the plan designs listed in Paragraphs (1) through (3) of Subsection A of this section:
- an identification of revenue sources to (3) fund the operation of a New Mexico health benefits exchange or a single, statewide, self-insured health plan for each of the plan designs listed in Paragraphs (1) through (3) of Subsection A of this section;
- during an initial five-year period, the number of people estimated to be covered by any source of public or private coverage, including the number covered in each of the plan designs listed in Paragraphs (1) through (3) of Subsection A of this section:
- the impact over an initial five-year period of a New Mexico health benefits exchange or a single, statewide, self-insured health plan on the state's general fund for each of the plan designs listed in Paragraphs (1) through (3) of Subsection A of this section;
- the impact over an initial five-year (6) .183270.5

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period of a New Mexico health benefits exchange or a single, statewide, self-insured health plan on the rate of growth of health care expenditures in New Mexico for each of the plan designs listed in Paragraphs (1) through (3) of Subsection A of this section; and

- the impact over an initial five-year period of a New Mexico health benefits exchange or a single, statewide, self-insured health plan on large and small businesses; individuals, including self-employed individuals; households; and employees and their dependents for each of the plan designs listed in Paragraphs (1) through (3) of Subsection A of this section.
- The results of the fiscal impact analysis shall be compiled into a report, which legislative finance committee staff shall provide, through oral testimony and in written form, to the legislative finance committee and the legislative health and human services committee by November 1, 2011.
- D. Legislative finance committee staff performing the fiscal impact analysis pursuant to this section shall:
- seek outside partnerships to provide independent expertise and analysis;
- (2) use federal funds appropriated for the planning or implementation of health benefits exchanges and any other available federal funds; and
- seek and coordinate the use of other (3) .183270.5

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state, federal and local government funding and grants from private foundations.

- E. For the purposes of this section:
- (1) "coverage" means health care services equivalent to those available to enrollees pursuant to the Health Care Purchasing Act;
- (2) "medicaid" means the joint federal-state health coverage program pursuant to Title 19 or Title 21 of the federal Social Security Act;
- (3) "medicare" means the medical insurance benefits program for the aged and disabled program established pursuant to Title 18 of the federal Social Security Act; and
- (4) "New Mexico health benefits exchange" means a nonprofit entity or government agency that facilitates the purchase of qualified health plans for individuals and businesses pursuant to the federal Patient Protection and Affordable Care Act.

SECTION 2. TEMPORARY PROVISION--FEDERAL FUNDING FOR ANALYSIS AND REPORTING.--An agency that receives funding from the federal government for the planning or establishment of a health benefits exchange pursuant to the federal Patient Protection and Affordable Care Act shall provide funding to assist the legislative finance committee in carrying out the provisions of this 2011 act.

SECTION 3. APPROPRIATION.--One hundred thousand dollars .183270.5

(\$100,000) is appropriated from the general fund to the legislative finance committee for expenditure in fiscal year 2012 to fund fiscal impact analysis and reporting that compares health coverage plan designs. Any unexpended or unencumbered balance remaining at the end of fiscal year 2012 shall revert to the general fund.

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