51st legislature - STATE OF NEW MEXICO - second session, 2014 INTRODUCED BY

AN ACT

SENATE BILL 268

Nancy Rodriguez

RELATING TO COUNTY HOSPITALS; AMENDING AND REPEALING SECTIONS
OF THE NMSA 1978 TO COMPLY WITH CHANGES IN FEDERAL REGULATIONS
REGARDING THE REPLACEMENT OF SOLE COMMUNITY PROVIDERS WITH
QUALIFYING HOSPITALS; DECLARING AN EMERGENCY.

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

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SECTION 1. Section 7-1-6.13 NMSA 1978 (being Laws 1983, Chapter 211, Section 18, as amended) is amended to read:

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"7-1-6.13. TRANSFER--REVENUES FROM COUNTY LOCAL OPTION

[and 6] of this section, a transfer pursuant to Section 7-1-6.1

NMSA 1978 shall be made to each county for which the department

is collecting a local option gross receipts tax imposed by that

county in an amount, subject to any increase or decrease made

Except as provided in [Subsections] Subsection B

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GROSS RECEIPTS TAXES.--

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pursuant to Section 7-1-6.15 NMSA 1978, equal to the net receipts attributable to the local option gross receipts tax imposed by that county, less any deduction for administrative cost determined and made by the department pursuant to the provisions of the act authorizing imposition by that county of the local option gross receipts tax and any additional administrative fee withheld pursuant to Subsection C of Section 7-1-6.41 NMSA 1978.

B. A transfer pursuant to this section may be adjusted for a distribution made to a tax increment development district with respect to a portion of a gross receipts tax increment dedicated by a county pursuant to the Tax Increment for Development Act.

[G. Through June 30, 2009, a distribution pursuant to Section 7-1-6.1 NMSA 1978 shall be made to the sole community provider fund from revenue attributable to the county gross receipts tax imposed by a county pursuant to Section 7-20E-9 NMSA 1978, subject to the approval of the board of county commissioners of that county. The distribution shall be in an amount equal to one-twelfth of the county's annual approved contribution for support of sole community provider payments. Revenue in excess of the amount required for the contribution shall be transferred to the county pursuant to the provisions of Subsection A of this section.]"

SECTION 2. Section 7-20E-7 NMSA 1978 (being Laws 1993, .195982.4

Chapter 354, Section 7, as amended) is amended to read:

"7-20E-7. COLLECTION BY DEPARTMENT--TRANSFER OF

PROCEEDS--DEDUCTIONS.--

A. The department shall collect each tax imposed pursuant to the provisions of the County Local Option Gross Receipts Taxes Act in the same manner and at the same time it collects the state gross receipts tax.

B. The department shall withhold an administrative fee pursuant to Section 7-1-6.41 NMSA 1978. [Except as provided in Subsection C of this section] The department shall transfer to each county for which it is collecting a tax pursuant to the provisions of the County Local Option Gross Receipts Taxes Act the amount of each tax collected for that county, less the administrative fee withheld and less any disbursements for tax credits, refunds and the payment of interest applicable to the tax. The transfer to the county shall be made within the month following the month in which the tax is collected.

[C. Through June 30, 2009, with respect to revenue attributable to imposition by a county of the county gross receipts tax pursuant to Section 7-20E-9 NMSA 1978, the department shall, subject to the approval of the board of county commissioners of that county, distribute monthly to the sole community provider fund an amount equal to one-twelfth of the county's approved annual contribution for support of sole

community provider payments. Revenue in excess of the amount required for the contribution shall be transferred to the county pursuant to the provisions of Subsection B of this section.]"

SECTION 3. Section 7-20E-9 NMSA 1978 (being Laws 1983, Chapter 213, Section 30, as amended) is amended to read:

"7-20E-9. COUNTY GROSS RECEIPTS TAX--AUTHORITY TO IMPOSE

RATE--[INDIGENT] COUNTY HEALTH CARE ASSISTANCE FUND

REQUIREMENTS--SAFETY NET CARE POOL FUND.--

A. A majority of the members of the governing body of a county may enact an ordinance imposing an excise tax not to exceed a rate of seven-sixteenths percent of the gross receipts of any person engaging in business in the county for the privilege of engaging in business in the county. An ordinance imposing an excise tax pursuant to this section shall impose the tax in three independent increments of one-eighth percent and one independent increment of one-sixteenth percent, which shall be separately denominated as "the first one-eighth increment", "the second one-eighth increment", "the third one-eighth increment" and "the one-sixteenth increment", respectively, not to exceed an aggregate amount of seven-sixteenths percent.

B. The tax authorized in Subsection A of this section is to be referred to as the "county gross receipts tax".

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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 enacting the second one-eighth increment of county gross receipts tax shall provide, each year that the tax is in effect, not less than one million dollars (\$1,000,000) in funds, and that amount shall be dedicated to the support of indigent patients who are residents of that county. Funds for indigent care shall be made available each month of each year the tax is in effect in an amount not less than eighty-three thousand three hundred thirty-three dollars thirty-three cents (\$83,333.33). The interest from the investment of county funds for indigent care may be used for other assistance to indigent persons, not to exceed twenty thousand dollars (\$20,000) for all other assistance in any year.

D. 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, imposing the second one-eighth increment of county gross receipts tax shall be required to dedicate the entire amount of revenue produced by the imposition of the second one-eighth increment for the support of indigent patients who are residents of that county. The revenue produced by the imposition of the third one-eighth increment and the one-sixteenth increment may be used for

general purposes. Any county that has imposed the second oneeighth increment or the third one-eighth increment, or both, on
January 1, 1996 for support of indigent patients in the county
or after January 1, 1996 imposes the second one-eighth
increment or imposes the third one-eighth increment and
dedicates one-half of that increment for county indigent
patient purposes shall deposit the revenue dedicated for county
indigent purposes that is transferred to the county after the
distribution pursuant to Subsection C of Section 7-1-6.13 and
Subsection C of Section 7-20E-7 NMSA 1978 in the county
[indigent hospital claims] health care assistance fund and such
revenues shall be expended pursuant to the Indigent Hospital
and County Health Care Act.

E. 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, imposing the first one-eighth increment, second one-eighth increment, third one-eighth increment or one-sixteenth increment shall dedicate the equivalent of a one-sixteenth increment of county gross receipts tax for transfer of such public funds to the safety net care pool fund pursuant to Section 27-5-6.1 NMSA 1978."

SECTION 4. Section 27-5-2 NMSA 1978 (being Laws 1965, Chapter 234, Section 2, as amended) is amended to read:

"27-5-2. PURPOSE OF INDIGENT HOSPITAL AND COUNTY HEALTH

CARE ACT.--The purpose of the Indigent Hospital and County lHealth Care Act is:

A. to recognize that [the] each individual county of this state is the responsible agency for ambulance transportation, [or the] hospital care or the provision of health care to indigent patients domiciled in that county [for at least three months or for such period of time, not in excess of three months], as determined by resolution of the board of county commissioners, [and to provide a means whereby each county can discharge this responsibility through a system of payments to ambulance providers, hospitals or health care providers for the care and treatment of, or the provision of health care services to, indigent patients] in addition to providing support for the state's medicaid program;

- B. to recognize that the counties of the state are [also] responsible for supporting indigent patients by providing local revenues to match federal funds for the state medicaid program [including the provision of matching funds for payments to sole community provider hospitals] pursuant to Section 7-20E-9 NMSA 1978 and the transfer of funds to the county-supported medicaid fund pursuant to the Statewide Health Care Act; and
- C. to recognize that the counties of the state can improve the provision of health care to indigent patients by providing local revenues for countywide or multicounty health .195982.4

planning."

SECTION 5. 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 fund under the Indigent Hospital and County Health Care Act for costs of an indigent patient for services that have been determined by the department to be eligible for medicaid reimbursement.

However, nothing in the Indigent Hospital and County Health Care Act shall be construed to prevent [the board] a county from transferring money from the fund to the [sole community provider] safety net care pool 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 6. 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:

[A. "alcohol rehabilitation center" means an agency
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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
denartment of health:

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] county. 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;

[C. "board" means a county indigent hospital and county health care board;

 $\overline{\text{D.}}$ B. "commission" means the New Mexico health policy commission or the commission's successor agency;

[E.] C. "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 be based on medicaid fee-for-service reimbursement rates for hospitals, licensed medical doctors and osteopathic physicians;

1	$[F_{ullet}]$ <u>D.</u> "county" means a county except a class A
2	county with a county hospital operated and maintained pursuant
3	to a lease with a state educational institution named in
4	Article 12, Section 11 of the constitution of New Mexico;
5	[G.] $E.$ "department" means the human services
6	department;
7	[H. "drug rehabilitation center" means an agency of
8	local government, a state agency, a private nonprofit entity or
9	combination thereof that operates drug abuse rehabilitation
10	programs that meet the standards and requirements set by the
11	department of health;
12	1.] F. "fund" means a county [indigent hospital
13	claims] health care assistance fund;
14	[J. "health care provider" means:
15	(1) a nursing home;
16	(2) an in-state home health agency;
17	(3) an in-state licensed hospice;
18	(4) a community-based health program operated
19	by a political subdivision of the state or other nonprofit
20	health organization that provides prenatal care delivered by
21	New Mexico licensed, certified or registered health care
22	practitioners;
23	(5) a community-based health program operated
24	by a political subdivision of the state or other nonprofit
25	health care organization that provides primary care delivered
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- (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 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;

K.] G. "health care services" means treatment and services designed to promote improved health in the county indigent population, including primary care, prenatal care, dental care, behavioral health care, alcohol or drug detoxification and rehabilitation, provision of prescription drugs, preventive care or health outreach services, to the extent determined by resolution of the [board] county;

[L. "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

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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 in-state hospital;

M.] H. "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 the person's self and the person's dependents on present income and liquid assets available to the person but, taking into consideration the person's income, assets and requirements for other necessities of life for the person and the person's dependents, is unable to pay the cost of the ambulance transportation or medical care administered or both; provided that if [the] a definition of "indigent patient" is adopted by a [board] county in a resolution, the definition shall not include any person whose annual income together with that person's 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.

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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] "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;

[N.] I. "medicaid eligible" means a person who is eligible for medical assistance from the department;

[O. "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;

P.] J. "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;

[Q.] K. "public entity" means a state, local or tribal government or other political subdivision or agency of that government; and

[R. "sole community provider] L. "qualifying hospital" means

-	((1) a hospital that is a sole community
2	provider hospital under the provisions of the federal medicare
3	guidelines; or
4	(2) an acute care general hospital licensed by
5	the department of health that is qualified [pursuant to rules
6	adopted by the state agency primarily responsible for the
7	medicaid program, to receive distributions from the sole
8	community provider fund; and
9	S. "tribal" means of or pertaining to a federally
10	recognized Indian nation, tribe or pueblo] to receive payments
11	from the safety net care pool fund pursuant to an agreement
12	with the federal centers for medicare and medicaid services
13	that provides approval of the state's medicaid program."
14	SECTION 7. Section 27-5-6 NMSA 1978 (being Laws 1965,
15	Chapter 234, Section 6, as amended) is amended to read:
16	"27-5-6. POWERS AND DUTIES OF [THE BOARD] COUNTIES
17	RELATING TO INDIGENT CARE [The board] A county:
18	[A. shall administer claims pursuant to the
19	provisions of the Indigent Hospital and County Health Care Act;
20	B. shall prepare and submit a budget to the board
21	of county commissioners for the amount needed to defray claims
22	made upon the fund and to pay costs of administration of the
23	Indigent Hospital and County Health Care Act and]
24	A. may budget for expenditure on ambulance
25	services, burial expenses, hospital or medical expenses for
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indigent residents of that county and for costs of development of a countywide or multicounty health plan. The combined costs of administration and planning shall not exceed the following percentages of revenues based on the previous fiscal year revenues for a fund that has existed for at least one fiscal year or based on projected revenues for the year being budgeted for a fund that has existed for less than one fiscal year. The percentage of the revenues in the fund that may be used for such combined administrative and planning costs is equal to the sum of the following:

- (1) ten percent of the amount of the revenues in the fund not over five hundred thousand dollars (\$500,000);
- (2) eight percent of the amount of the revenues in the fund over five hundred thousand dollars (\$500,000) but not over one million dollars (\$1,000,000); and
- (3) four and one-half percent of the amount of the revenues in the fund over one million dollars (\$1,000,000);

[C. shall make rules necessary to carry out the provisions of the Indigent Hospital and County Health Care Act; provided that the standards for eligibility and allowable costs for county indigent patients shall be no more restrictive than the standards for eligibility and allowable costs prior to December 31, 1992;

D. shall set criteria and cost limitations for medical care furnished by licensed out-of-state hospitals, .195982.4

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E. shall cooperate with appropriate state agencies to use available funds efficiently and to make health care more available;

F. shall cooperate with the department in making an investigation to determine the validity of claims made upon the fund for an indigent patient;

 G_{\bullet}] B_{\bullet} may accept contributions or other county revenues, which shall be deposited in the fund;

 $[H extbf{-}]$ $\underline{\text{C.}}$ may hire personnel to carry out the provisions of the Indigent Hospital and County Health Care Act;

hospital, ambulance service or health care provider to determine compliance with the rules adopted by the board or with the provisions of the Indigent Hospital and County Health Care Act; determine whether the patient for whom the claim is made is an indigent patient; and determine the allowable medical, ambulance service or health care services costs; provided that the burden of proof of any claim shall be upon the hospital, ambulance service or health care provider;

J. shall state in writing the reason for rejecting or disapproving any claim and shall notify the submitting hospital, ambulance service or health care provider of the decision within sixty days after eligibility for claim payment has been determined;

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K. shall pay all claims that are not matched with
federal funds under the state medicaid program and that have
been approved by the board from the fund and shall make paymen
within thirty days after approval of a claim by the board;

L. shall determine by county ordinance the types of health care providers that will be eligible to submit claims under the Indigent Hospital and County Health Care Act;

M. shall review, verify and approve all medicaid sole community provider hospital payment requests in accordance with rules adopted by the board prior to their submittal by the hospital to the department for payment but no later than January 1 of each year;

 \mathbb{N} .] \mathbb{D} . shall transfer to the state by the last day of March, June, September and December of each year an amount equal to one-fourth of the county's payment [for support of sole community provider payments as calculated by the department for that county for the current fiscal year] pursuant to Subsection E of Section 7-20E-9 NMSA 1978. money shall be deposited in the [sole community provider] safety net care pool fund;

[0.] E. shall, in carrying out the provisions of the Indigent Hospital and County Health Care Act, comply with the standards of the federal Health Insurance Portability and Accountability Act of 1996;

 $[P_{\bullet}]$ \underline{F}_{\bullet} may provide for the transfer of money from .195982.4

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the fund to the county-supported medicaid fund to meet the requirements of the Statewide Health Care Act; and

 $[\Theta_{\bullet}]$ G. may contract with ambulance providers, hospitals or health care providers for the provision of [health care | services for indigent patients domiciled within the county."

SECTION 8. Section 27-5-6.1 NMSA 1978 (being Laws 1993, Chapter 321, Section 18, as amended) is amended to read:

"27-5-6.1. [SOLE COMMUNITY PROVIDER] SAFETY NET CARE POOL FUND CREATED . --

The "[sole community provider] safety net care pool fund" is created in the state treasury. The [sole community provider] safety net care pool fund, which shall be administered by the department, shall consist of funds [provided by counties through intergovernmental transfers from counties, other public entities or other public funds or expenditures determined by the department and the federal government as allowable to match federal funds for medicaid sole community provider hospital payments] transferred from counties pursuant to Subsection E of Section 7-20E-9 NMSA 1978. 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.

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<pre>net care pool fund is appropriated to the department to make</pre>
[sole community provider hospital] payments [pursuant to the
state medicaid program] to qualifying hospitals. No [sole
community provider hospital] safety net care pool fund payments
or money in the [sole community provider] safety net care pool
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 if federal medicaid matching funds are not received for medicaid sole community provider hospital payments.]"

SECTION 9. Section 27-5-7.1 NMSA 1978 (being Laws 1993, Chapter 321, Section 16, as amended) is amended to read:

"27-5-7.1. COUNTY [INDIGENT HOSPITAL CLAIMS] HEALTH CARE
ASSISTANCE FUND--AUTHORIZED USES OF THE FUND.--

A. The fund [shall] may be used

[(1) to meet the county's contribution for support of sole community provider payments as calculated by the department for that county;

(2)] to pay for:

(1) expenses of burial or cremation of an
indigent person;

[(3) to pay all claims that have been approved by the board that are not matched with federal funds under the state medicaid program]

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1	(2) ambulance transportation, hospital care
2	and health care for indigent patients;
3	(3) all or a portion of the monthly premiums
4	of health insurance policies for indigent patients;
5	(4) all or a portion of the out-of-pocket
6	costs, including copayments and deductibles, incurred by
7	indigent patient insureds pursuant to the terms of a health
8	insurance policy; or
9	(5) county administrative expense associated
10	with fund expenditures authorized in Paragraphs (1) through (4)
11	of this subsection.
12	B. The fund may be used to meet [the] a county's
13	obligation under Section 27-10-4 NMSA 1978."
14	SECTION 10. Section 27-5-9 NMSA 1978 (being Laws 1965,
15	Chapter 234, Section 9, as amended) is amended to read:
16	"27-5-9. TAX LEVIES AUTHORIZED
17	A. Subject to the provisions of Subsection B of
18	this section, the board of county commissioners, upon the
19	certification of the $[\frac{board}{}]$ county as to the amount needed $[\frac{in}{}]$
20	the fund] to provide health care to indigent residents of the
21	county or to support the state's medicaid program, shall impose
22	a levy against the net taxable value, as that term is defined
23	in the Property Tax Code, of the property in the county
24	sufficient to raise the amount certified by the [board] county.

All taxes levied pursuant to this provision prior to January 1,

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2014 shall remain in effect unless the tax expires or is terminated.

- B. The question of imposing an indigent hospital levy for the purpose of the Indigent Hospital and County Health Care Act shall be submitted to the electors and voted upon as a separate question at the next subsequent general election or any special election called prior thereto for such purpose.
- Upon finding by the board of county commissioners that an election will be necessary, the board of county commissioners shall meet and order an election to be held at a designated time in the county upon the question of imposing an indigent hospital levy for the purpose of the Indigent Hospital and County Health Care Act in the county. Ιf the question is to be voted upon at a special election, the election shall be held not less than thirty nor more than fifty days after the finding, but in no event shall the election be held within five days preceding or succeeding any general election held in the county. The order for the election shall be made a part of the official minutes of the board of county commissioners. A copy of the order shall be published in a newspaper of general circulation in the county at least fifteen days before the date set for the election, and an affidavit of publication shall be obtained. At least five days prior to the date for holding the election, the board of county commissioners shall publish in a newspaper of general

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1 circulation in the county and post in five conspicuous places 2 in the county a notice of election, which shall be in 3 substantially the following form: "NOTICE OF ELECTION ON SPECIAL INDIGENT HOSPITAL LEVY 4 Notice is given on the day of 5 _____, [$\frac{19}{20}$ ____, there will be held in 6 7 county of New Mexico an election on the question of imposing an indigent hospital levy [for the 8 9 purposes of the Indigent Hospital and County Health Care Act] to provide health care to indigent residents of the county or 10 to support the state's medicaid program, such levy to be made 11 12 annually against the taxable value of the property in the county and limited to an amount sufficient to provide funds 13 14 necessary to [pay claims pursuant to such act] support the state's medicaid program and to provide health care to indigent 15 residents of the county who do not qualify for medicaid. 16 17 Official Title of the Authority". 18 19 The election shall be held on the date specified in the notice 20 and shall be, if a special election, conducted and canvassed in substantially the same manner as general elections are 21 conducted and canvassed in the county; provided that the ballot 22

shall be in substantially the following form:

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used in any election shall be a special and separate ballot and

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On the question of imposing an indigent	hospital
levy for the purposes of the Indigent Hospital and	County
Health Care Act, such levy to be made annually again	inst the
taxable value of the property in	county of
New Mexico, and limited to an amount sufficient to	provide
funds budgeted and certified as necessary [to pay o	elaims
pursuant to such act] for health care for indigent	residents of
the county in addition to those services provided by	by the state
or to support the state's medicaid program:	

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- If the electors vote in favor of an indigent hospital levy, the levy shall become effective in the same manner prescribed by law for all levies upon property within that county, and a levy for those purposes in such an amount as will provide sufficient money for the fund shall be made for each year thereafter.
- Any board of county commissioners that has, prior to the effective date of this section, made a valid imposition of a property tax for the purpose of the Indigent Hospital and County Health Care Act shall not be required to hold an election on the existing tax, and that tax may be imposed and continue to be imposed in accordance with the provisions of law existing at the time of its imposition. However, if any such tax is not imposed in a given property tax

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year or if the authorization for its imposition terminates or
expires, the election requirements of Subsections B and C of
this section shall apply to any subsequent proposed imposition
of a property tax for [the purpose of the Indigent Hospital and
County Health Care Act] indigent health care for county
residents or to support the state's medicaid program."

SECTION 11. Section 27-5-11 NMSA 1978 (being Laws 1965, Chapter 234, Section 12, as amended) is amended to read:

"27-5-11. [HOSPITALS AND AMBULANCE SERVICES--HEALTH CARE
PROVIDERS--REQUIRED TO FILE DATA--SOLE COMMUNITY PROVIDER]
QUALIFYING HOSPITAL DUTIES AND REPORTING.--

[A. An ambulance service, hospital or health care provider in New Mexico or licensed out-of-state hospital, prior to the filing of a claim with the board, shall have placed on file with the board:

(1) current data, statistics, schedules and information deemed necessary by the board to determine the cost for all patients in that hospital or cared for by that health care provider or tariff rates or charges of an ambulance service;

(2) proof that the hospital, ambulance service or health care provider is licensed under the laws of this state or the state in which the hospital operates; and

(3) other information or data deemed necessary by the board.

B. A [sole community provider] qualifying
hospital [requesting or receiving medicald sole community
provider hospital payments] shall [(l)] accept <u>every</u> indigent
[patients and request reimbursement for those patients through
the appropriate county indigent fund. The responsible county
shall approve requests meeting its eligibility standards and
notify the hospital of such approval:

(2) confirm the amount of payment authorized by each county for indigent patients, to that county for the previous fiscal year, by September 30 of each calendar year;

(3) negotiate with each county the amount of indigent hospital payments anticipated for the following fiscal year by December 31 of each year; and

(4) provide to the department prior to January

15 of each year the amount of the authorized indigent hospital

payments anticipated for the following fiscal year after an

agreement has been reached on the amount with each responsible

county and such other related information as the department may

request] patient who seeks health care services from the

qualifying hospital.

B. Beginning on the quarter next following the effective date of this section, each qualifying hospital shall file a quarterly report on all indigent health care funding with the department and the commission. The report shall contain:

	<u>(1)</u>	the c	riteria c	<u>r basi</u>	s upon wh	<u>ich the</u>	
qualifying	hospital	determi	nes whet	her an	indigent	patient	is
eligible f	or health	care se	rvices;				

- (2) the total cost of health care services provided by the qualifying hospital to indigent patients;
- (3) a breakdown of health care services, with corresponding aggregate cost, provided by the qualifying hospital to indigent patients;
- (4) restrictions on health care services provided by the qualifying hospital to indigent patients; and
- (5) a list of all revenue sources, with corresponding amounts, used by the qualifying hospital to provide health care services to indigent patients."
- SECTION 12. 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--REPORTING.--

- A. The department shall not decrease the amount of any assistance payments made to the hospitals or health 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 patients as provided in the Indigent Hospital and County Health Care Act.
- B. The department shall cooperate with each [board]

 county in furnishing information or assisting in the
 .195982.4

investigation of any person to determine whether the person meets the qualifications of an indigent patient as defined in the Indigent Hospital and County Health Care Act.

C. The department shall ensure that the [sole community provider payment and the reimbursement to hospitals made under the state medicaid program] payments to a qualifying hospital 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 shall reduce the sole community provider payment prior to making any reduction in reimbursement to hospitals made under the state medicaid program; provided, however, that additional payments may be made pursuant to waiver agreement, rule, law or state plan amendment providing for supplemental medicaid payments to hospitals] the amounts allowable pursuant to the state's medicaid plan, as approved by the federal centers for medicare and medicaid services.

D. The department shall file a detailed quarterly report on the previous quarter's safety net care pool fund receipts and on the disposition of safety net care pool funds during the previous quarter with the commission and the legislative finance committee. The report for the previous quarter shall be submitted by the last day of the succeeding quarter.

E. The department shall also file a detailed
annual report on the previous calendar year's safety net care
pool fund receipts and disposition of safety net care pool
funds with the commission and the legislative finance
committee. The annual report for the previous calendar year
shall be submitted by July 1 of the succeeding year."

SECTION 13. 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 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.

C. 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.

D. 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] safety net care pool 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] health care assistance 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 provide for budgeting and accounting of payments to the fund."

SECTION 14. TEMPORARY PROVISION--TRANSFER OF REFERENCES OF LAW.--On and after July 1, 2014, references in law to a sole community provider hospital shall be deemed to be references to a qualifying hospital pursuant to the Indigent Hospital and County Health Care Act.

SECTION 15. REPEAL.--Sections 27-5-8, 27-5-10, 27-5-12, 27-5-12.1, 27-5-12.2, 27-5-13, 27-5-14, 27-5-15 and 27-5-18 NMSA 1978 (being Laws 1965, Chapter 234, Sections 8, 11 and .195982.4

13, Laws 1979, Chapter 146, Section 3, Laws 1993, Chapter	
321, Section 15, Laws 1965, Chapter 234, Sections 14 and 15	5,
Laws 1971, Chapter 72, Section 2 and Laws 1965, Chapter 234	,
Section 20, as amended) are repealed.	

SECTION 16. DELAYED REPEAL.--Subsection E of Section 7-20E-9 NMSA 1978 (being Laws 1983, Chapter 213, Section 30, as amended) is repealed effective July 1, 2015.

SECTION 17. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.

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