SENATE BILL 224

56TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2023

INTRODUCED BY

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AN ACT

RELATING TO PARENTAL SUPPORT; AMENDING PORTIONS OF THE MANDATORY MEDICAL SUPPORT ACT; ALLOWING PARENTS TO SATISFY THEIR OBLIGATION OF PROVIDING MEDICAL SUPPORT TO THEIR CHILDREN BY ENROLLING THEIR CHILDREN IN MEDICAID.

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

SECTION 1. Section 40-4C-3 NMSA 1978 (being Laws 1990, Chapter 78, Section 3, as amended) is amended to read:

"40-4C-3. DEFINITIONS.--As used in the Mandatory Medical Support Act:

A. "carrier" means an entity that offers, delivers or administers an employment-related or other group health care coverage plan, a health maintenance organization, a nonprofit health care plan or other type of health care coverage plan under which medical or dental services are provided, regardless .223958.1

of service delivery mechanism;

- B. "cash medical support" means an amount ordered to be paid toward the cost of health care coverage provided by [a public entity or by] another parent through employment or otherwise, or for other medical costs not covered by health care coverage;
- C. "court" means any district court ordering
 support by a medical support obligor;
- D. "department" means the human services department;
- E. "employer" means an individual, organization, agency, business or corporation hiring a medical support obligor for pay;
- F. "gross income" means income from any source and includes income from salaries, wages, tips, commissions, bonuses, dividends, severance pay, pensions, interest, trust income, annuities, capital gains, social security benefits, workers' compensation benefits, unemployment insurance benefits, disability insurance benefits, significant in-kind benefits that reduce personal living expenses, prizes and alimony or maintenance received; provided that:
- (1) "gross income" does not include benefits
 received from:
- (a) means-tested public assistance programs, including temporary assistance for needy families, .223958.1

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supplemental security income and general assistance;

- (b) the earnings or public assistance benefits of a child who is the subject of a child support award; or
- (c) child support received by a parent for the support of other children;
- for income from self-employment, rent, (2) royalties, proprietorship of a business or joint ownership of a partnership or closely held corporation, "gross income" means gross receipts minus ordinary and necessary expenses required to produce such income, but ordinary and necessary expenses do not include expenses determined by the court to be inappropriate for purposes of calculating child support;
- "gross income" does not include the amount (3) of alimony payments actually paid in compliance with a court order:
- "gross income" does not include the amount (4) of child support actually paid by a parent in compliance with a court order for the support of prior children; and
- "gross income" does not include a (5) reasonable amount for a parent's obligation to support prior children who are in that parent's custody. A duty to support subsequent children is not ordinarily a basis for reducing support owed to children of the parties but may be a defense to a child support increase for the children of the parties. .223958.1

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raising such a defense, a party may use Table A as set forth in Subsection M of Section 40-4-11.1 NMSA 1978 to calculate the support for the subsequent children;

- "health care coverage" means fee-for-service, health maintenance organization, preferred provider organization and other types of private health insurance and public health care coverage under which medical services may be provided to minor children;
- "medical support obligee" means a person to whom Η. a duty of medical support is owed or a person [including the department] who has commenced a proceeding for enforcement of a duty to provide health support for each minor child or for registration of a support order that includes a provision for such support for each minor child;
- "medical support obligor" means a person owing a duty to provide [health] medical support or against whom a proceeding for the enforcement of such a duty of support is commenced or for registration of a support order that includes provisions for such support for each minor child;
- J. "minor child" means a child younger than eighteen years of age who has not been emancipated; and
- "national medical support notice" means a notice Κ. to an employer that an employee's child must be covered by the employment-related group health and dental care coverage plan pursuant to a court order."

= new	= delete
underscored material	[bracketed material]

SECTION 2. Section 40-4C-4 NMSA 1978 (being Laws 1990, Chapter 78, Section 4, as amended) is amended to read:

"40-4C-4. MEDICAL SUPPORT--ORDER.--

- A. The court shall determine a parent or both parents to be a medical support obligor based on the following:
- (1) the availability of health care coverage that meets or exceeds the minimum standards required under the Mandatory Medical Support Act; [and]
- (2) the availability of health care coverage through an employment-related or other group health and dental care coverage plan; and
- (3) the availability of health care coverage through a public entity when either parent meets eligibility requirements.
- B. When a medical support obligor is ordered to provide health care coverage, the medical support obligor shall properly name each minor child on behalf of whom medical support is owed as an eligible dependent enrolled in health care coverage.
- C. The court may consider the impact of the cost of health care coverage on the payment of the base child support amounts in determining whether the coverage shall be ordered; provided that:
- (1) the health care coverage for the minor child shall be available to the parent responsible for .223958.1

providing medical support at a reasonable cost;

- (2) cash medical support or the cost of health care coverage for the minor child is considered reasonable in cost if the cost to the parent responsible for providing medical support does not exceed five percent of the parent's gross income; and
- (3) the court shall allocate the cost of coverage between the minor child's parents by including the costs in the child support worksheet as set forth in Section 40-4-11.1 NMSA 1978.
- D. The court may order the medical support obligor to obtain health care coverage for each minor child to whom medical support is owed if the court finds that health care coverage for each minor child is not available to the medical support obligor through an employment-related or other group health care coverage plan.
- E. The court shall require the medical support obligor to pay cash medical support in specific dollar amounts when:

[(1) a public entity provides health care coverage;

(2)] (1) the court finds that health care coverage is not available at the time an order is entered or modified and until such time that health care coverage becomes available; or

$[\frac{(3)}{(2)}]$ the court finds that the health care
coverage required to be obtained by a medical support obligor
does not pay all the medical or dental expenses of each minor
child.
F. The court shall require the medical support
obligor to be liable to the custodial parent [or the

G. The court shall require the medical support obligor to provide health care coverage or dental care coverage for the benefit of the medical support obligee if it is available at no additional cost to the medical support obligor.

department | for all or a portion of the uninsured or uncovered

medical and dental expenses of each minor child.

- H. The court in any proceeding for the establishment, enforcement or modification of a child support obligation may modify an existing order of support or establish child support, as applicable, for each minor child to incorporate the provisions for medical and dental support ordered pursuant to the Mandatory Medical Support Act.
- I. The court shall consider health care coverage provided by a public entity as meeting the standards required under the Mandatory Medical Support Act."
- SECTION 3. Section 40-4C-6 NMSA 1978 (being Laws 1990, Chapter 78, Section 6, as amended) is amended to read:
- "40-4C-6. OBLIGATIONS--EMPLOYERS, UNIONS AND CARRIERS--PLAN.--

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- Upon receipt of a national medical support notice or the court order for health care coverage pursuant to Section 40-4C-5 NMSA 1978 or upon application of the medical support obligor pursuant to the court order, the employer or union shall enroll the minor child as an eligible dependent in the health care coverage plan and withhold any required premium from the medical support obligor's income or wages. If more than one health care coverage plan and dental care coverage plan is offered by the employer, union or carrier, the minor child shall be enrolled in the plan in which the medical support obligor is enrolled. If the medical support obligor is not enrolled in a plan, the child shall be enrolled in a plan that meets the minimum coverage criteria required pursuant to the Mandatory Medical Support Act. If the medical support obligor is not enrolled in a plan, the premiums charged for the child or children of the medical support obligor shall be those charged for the enrollment of the medical support obligor only.
- B. In any instance in which the medical support obligor is required by a court order to provide health care coverage for each minor child and the medical support obligor is eligible for health care coverage through an employment-related or other group health care coverage plan, the employer, union or carrier shall do the following:
- (1) permit the medical support obligor to enroll for health care coverage each minor child who is .223958.1

otherwise	eligible	for	coverage	without	regard	to	any
enrollment	season 1	resti	rictions;				

- (2) enroll each minor child for health care coverage if the medical support obligor fails to enroll each minor child upon application by the medical support obligee or the department;
- (3) not disenroll or eliminate coverage of any minor child so enrolled unless:
- (a) the employer is provided with satisfactory written evidence that the court order is no longer in effect;
- (b) the minor child is or will be enrolled in comparable health care coverage that meets the health care coverage criteria required pursuant to the Mandatory Medical Support Act and that will take effect not later than the effective date of the disenrollment;
- (c) the medical support obligor has terminated employment; or
- (d) the employer has eliminated health care coverage for all of its employees; and
- (4) withhold from the medical support obligor's compensation the medical support obligor's share, if any, of premiums for health care coverage and to pay the share of premiums to the carrier, unless otherwise provided in law or regulation.

- C. In those instances in which the medical support obligor fails or refuses to execute any document necessary to enroll a minor child in a health care coverage plan ordered by the court, the required information and authorization may be provided by the department or the custodial parent or guardian of the minor child.
- D. Information and authorization provided by the department or the custodial parent or guardian of a minor child shall be valid for the purpose of meeting enrollment requirements of the health care coverage plan and shall not affect the obligation of the employer or union and the carrier to enroll the minor child in the health care coverage plan for which other eligibility, enrollment, underwriting terms and other requirements are met. In instances in which a minor child is covered through the medical support obligor, the carrier shall provide all information to the medical support obligee that may be helpful or necessary for the minor child to obtain benefits.
- E. A minor child that a medical support obligor is required to cover as an eligible dependent pursuant to the Mandatory Medical Support Act shall be considered for health care coverage purposes as a dependent of the medical support obligor until the child is emancipated or until further order of the court.
- F. In instances in which a minor child is provided .223958.1

health care coverage through a medical support obligor, unless prohibited by federal law, the carrier is prohibited from denying health care coverage of the minor child on the grounds that:

- (1) the minor child was born out of wedlock;
- (2) the minor child is not claimed as a dependent on the medical support obligor's federal income tax return; or
- (3) the minor child does not reside with the medical support obligor or reside in the carrier's service area.
- G. In instances in which a minor child is provided health care coverage through a medical support obligor, the carrier is prohibited from imposing requirements on the department that are different from requirements applicable to an agent or assignee of any other individual covered by the health care coverage plan.
- H. In instances in which a minor child is provided health care coverage through a medical support obligor who is a noncustodial parent, the carrier shall permit the custodial parent or health care provider, with the approval of the custodial parent, to submit claims for covered services without the approval of the medical support obligor. The carrier shall make payments on submitted claims directly to the custodial parent or the health care provider.

I. In instances in which a minor child is covered
through a public entity, the medical support obligor is
required to maintain the recertification of the health care
coverage as long as the medical support obligor meets
eligibility requirements.

 $[\frac{J.}{J.}]$ If the medical support obligor is terminated, the employer shall notify the department of the termination."

SECTION 4. Section 40-4C-12 NMSA 1978 (being Laws 1990, Chapter 78, Section 12, as amended) is amended to read:

"40-4C-12. MEDICAL SUPPORT OBLIGOR LIABILITY.--

A. A medical support obligor who fails to maintain the health care coverage for the benefit of a minor child as ordered pursuant to the Mandatory Medical Support Act shall be liable to [the department or] the other parent for any medical and dental expenses incurred from the date of the court order.

B. A medical support obligor who receives payment from a third party for the costs of medical or dental services provided to a minor child and who fails to use the payment to reimburse the department is liable to the department to the extent of the department's payment for the services. The department is authorized to intercept the obligor's tax refund, if the medical support obligor is a noncustodial parent, or use other means of enforcement available to the department to recoup amounts paid. Claims for current or past due child .223958.1

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support take priority over any claims made pursuant to this
subsection. Failure to maintain health care coverage as
ordered constitutes a showing of increased need and provides a
basis for modification of the medical support obligor's child
support order.

- A medical support obligor is required to provide the department with the following information concerning health care coverage:
- (1) medical support obligor's name and tax identification number;
 - type of coverage (single or family);
- name, address and identifying number of health care coverage;
- (4) name and tax identification number of other individuals who are provided health care coverage by the medical support obligor;
 - effective period of coverage; and (5)
- name, address and the tax identification number of the employer."
- **SECTION 5.** Section 40-4C-13 NMSA 1978 (being Laws 1990, Chapter 78, Section 13, as amended) is amended to read:

"40-4C-13. DEPARTMENT--DUTIES.--The department shall pursue the establishment and enforcement of an order for health care coverage [when] of a minor child [receives public assistance or medicaid or] upon application of a custodial or .223958.1

noncustodial parent to the department and payment by the custodial or noncustodial parent of fees required by the department."

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