

1 SENATE BILL 453

2 **56TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2023**

3 INTRODUCED BY

4 Martin Hickey

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10 AN ACT

11 RELATING TO PUBLICLY FUNDED HEALTH CARE PROGRAMS; AMENDING THE
12 HEALTH CARE PURCHASING ACT TO UPDATE PUBLICLY FUNDED HEALTH
13 CARE AGENCY OBLIGATIONS.

14
15 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

16 SECTION 1. Section 13-7-4 NMSA 1978 (being Laws 1997,
17 Chapter 74, Section 4) is amended to read:

18 "13-7-4. MANDATORY CONSOLIDATED PURCHASING.--

19 A. The publicly funded health care agencies shall
20 enter into a cooperative consolidated purchasing effort to
21 provide plans of health care benefits for the benefit of
22 eligible participants of the respective agencies. The request
23 for [~~proposal~~] proposals shall set forth one or more plans of
24 health care benefits and shall include accommodation of fully
25 funded arrangements as well as varying degrees of self-funded

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1 pool options.

2 B. A consolidated purchasing request for proposals
3 for all health care benefits by the publicly funded health care
4 agencies shall be issued on or before July 1, 1999 and any
5 contracts for health care benefits renewed or issued on or
6 after July 1, 2000 shall be the result of consolidated
7 purchasing.

8 C. All requests for proposals issued as part of the
9 consolidated purchasing shall include at least one distinct
10 service area consisting of the Albuquerque metropolitan area.
11 Proposals on a distinct service area shall be evaluated
12 separately.

13 D. All requests for proposals issued as part of the
14 consolidated purchasing for commercial plans shall include
15 requests for self-insured and fully insured proposals for
16 health care benefits.

17 E. Any contract for the consolidated purchasing of
18 health care benefits entered into on or after July 1, 2023
19 shall be for a duration of no longer than one calendar year."

20 SECTION 2. Section 13-7-7 NMSA 1978 (being Laws 2001,
21 Chapter 351, Section 3, as amended) is amended to read:

22 "13-7-7. CONSOLIDATED ADMINISTRATIVE FUNCTIONS--
23 BENEFIT.--

24 A. The publicly funded health care agencies,
25 political subdivisions and other persons participating in the

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1 consolidated purchasing single process pursuant to the Health
2 Care Purchasing Act may enter into a joint powers agreement
3 pursuant to the Joint Powers Agreements Act with the publicly
4 funded health care agencies and political subdivisions to
5 determine assessments or provisions of resources to
6 consolidate, standardize and administer the consolidated
7 purchasing single process and subsequent activities pursuant to
8 the Health Care Purchasing Act. The publicly funded health
9 care agencies, political subdivisions and other persons
10 participating in the consolidated purchasing single process
11 pursuant to the Health Care Purchasing Act may enter into
12 contracts with nonpublic persons to provide the service of
13 determining assessments or provision of resources for
14 consolidation, standardization and administrative activities.

15 B. Each agency shall retain its responsibility to
16 determine policy direction of the benefit plans, plan
17 development, training and coordination with respect to
18 participants and its benefits staff, as well as to respond to
19 benefits eligibility inquiries and establish and enforce
20 eligibility rules.

21 C. Notwithstanding Subsection B of this section,
22 publicly funded health care agencies, political subdivisions
23 and other persons participating in the consolidated purchasing
24 single process pursuant to the Health Care Purchasing Act shall
25 provide coverage for children, from birth through three years

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1 of age, for or under the family, infant, toddler program
2 administered by the early childhood education and care
3 department, provided eligibility criteria are met, for a
4 maximum benefit of three thousand five hundred dollars (\$3,500)
5 annually for medically necessary early intervention services
6 provided as part of an individualized family service plan and
7 delivered by certified and licensed personnel who are working
8 in early intervention programs approved by the early childhood
9 education and care department. No payment under this
10 subsection shall be applied against any maximum lifetime or
11 annual limits specified in the policy, health benefits plan or
12 contract.

13 D. Each publicly funded health care agency shall
14 provide an annual open enrollment period for all plan
15 participants. During the open enrollment period, each agency
16 shall provide comparative information to each plan participant
17 about coverage, program features, benefits and costs. The
18 comparative information shall be:

19 (1) provided to plan participants in writing;
20 (2) made available on the internet; and
21 (3) made available at an in-person open
22 enrollment event that occurs at least once each open enrollment
23 period on the premises of each entity that participates in
24 consolidated purchasing pursuant to the Health Care Purchasing
25 Act.

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E. Each publicly funded health care agency shall
conduct claims recovery audits that continually audit medical
and pharmaceutical claims to ensure that claims are paid for
properly and accurately."