

1 SENATE TAX, BUSINESS AND TRANSPORTATION COMMITTEE SUBSTITUTE  
2 FOR SENATE BILL 146

3 **56TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2024**

4  
5  
6  
7  
8  
9  
10 AN ACT

11 RELATING TO HOSPITALS; ENACTING A NEW SECTION OF THE HOSPITAL  
12 FUNDING ACT TO REQUIRE COUNTY HOSPITALS AND CONTRACTING  
13 HOSPITALS TO ACCEPT CERTAIN QUALIFIED HEALTH PLANS AVAILABLE  
14 THROUGH THE NEW MEXICO HEALTH INSURANCE EXCHANGE AND PROVIDE  
15 AFFORDABLE PAYMENT PLANS TO UNINSURED PATIENTS UNDER CERTAIN  
16 CIRCUMSTANCES.

17  
18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

19 SECTION 1. A new section of the Hospital Funding Act is  
20 enacted to read:

21 "[NEW MATERIAL] COUNTY HOSPITALS AND CONTRACTING  
22 HOSPITALS--ACCEPTANCE OF CERTAIN QUALIFIED HEALTH PLANS--  
23 PAYMENT PLANS FOR UNINSURED PATIENTS.--

24 A. A county hospital or contracting hospital that  
25 accepts coverage for medicaid patients from a managed care

1 organization shall either:

2 (1) contract with a health insurance carrier  
3 contracting with the health care authority department as a  
4 managed care organization and offering a qualified health plan  
5 that is offered on the New Mexico health insurance exchange; or

6 (2) accept patients enrolled in a non-  
7 contracted qualified health plan at a reimbursement rate at the  
8 sixtieth percentile of the allowed commercial reimbursement  
9 rate for a health care service performed by a provider in the  
10 same or similar specialty, in the same geographic area, as  
11 reported in a benchmarking database maintained by a nonprofit  
12 organization specified by the superintendent of insurance after  
13 consultation with health care sector stakeholders; provided  
14 that no reimbursement rate shall be paid at less than one  
15 hundred fifty percent of the medicare reimbursement rate for  
16 the health care service provided.

17 B. A county hospital or contracting hospital shall  
18 refer an uninsured patient to a person on staff who is  
19 qualified to determine whether the patient is eligible for  
20 insurance coverage. If the uninsured patient is ineligible for  
21 coverage, the county or contracting hospital shall:

22 (1) refer the patient to financial assistance  
23 or charity care programs available in the county;

24 (2) provide the patient with an affordable  
25 payment plan for any amount not covered by the financial

.228251.3

1 assistance or charity care program; and

2 (3) adhere to the medicaid or medicare fee  
3 schedule, whichever is greater when assessing charges.

4 C. As used in this section, "qualified health plan"  
5 means a health plan that has in effect a certification from the  
6 superintendent of insurance that it meets the standards set  
7 forth in applicable federal and state law and rules, as well as  
8 any additional requirements established by the board of  
9 directors of the New Mexico health insurance exchange."