

1 SENATE BILL 14

2 **56TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2024**

3 INTRODUCED BY

4 Elizabeth "Liz" Stefanics and Mimi Stewart and Michael Padilla  
5 and Peter Wirth  
6  
7  
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10 AN ACT

11 RELATING TO EXECUTIVE REORGANIZATION; AMENDING, REPEALING,  
12 ENACTING AND RECOMPILING SECTIONS OF THE NMSA 1978 TO CONFORM  
13 LAWS TO THE FUNCTIONS, POWERS AND DUTIES OF THE HEALTH CARE  
14 AUTHORITY AND OTHER STATE AGENCIES AFFECTED BY THE CREATION OF  
15 THE AUTHORITY.  
16

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

18 SECTION 1. Section 9-8-1 NMSA 1978 (being Laws 1977,  
19 Chapter 252, Section 1, as amended) is amended to read:

20 "9-8-1. SHORT TITLE.--Chapter 9, Article 8 NMSA 1978 may  
21 be cited as the "Health Care Authority [~~Department~~] Act".

22 SECTION 2. Section 9-8-2 NMSA 1978 (being Laws 1977,  
23 Chapter 252, Section 2, as amended) is amended to read:

24 "9-8-2. DEFINITIONS.--As used in the Health Care  
25 Authority [~~Department~~] Act:

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1           A. "~~department~~ authority" means the health care  
2 authority [~~department~~]; and

3           B. "secretary" means the secretary of health care  
4 authority."

5           SECTION 3. Section 9-8-3 NMSA 1978 (being Laws 1977,  
6 Chapter 252, Section 3, as amended) is amended to read:

7           "9-8-3. PURPOSE.--The purpose of the Health Care  
8 Authority [~~Department~~] Act is to establish a single, unified  
9 department to administer laws and exercise functions relating  
10 to health facility licensure and health care purchasing and  
11 regulation."

12           SECTION 4. Section 9-8-4 NMSA 1978 (being Laws 1977,  
13 Chapter 252, Section 4, as amended) is amended to read:

14           "9-8-4. [~~DEPARTMENT~~] AUTHORITY ESTABLISHED.--~~[A.]~~ The  
15 "health care authority [~~department~~]" is created in the  
16 executive branch. The [~~department~~] authority is a cabinet  
17 department and consists of:

18           ~~[(1)]~~ A. the office of the secretary of health care  
19 authority;

20           ~~[(2)]~~ B. the administrative services division;

21           ~~[(3)]~~ C. the information technology division;

22           ~~[(4)]~~ D. the behavioral health services division;

23           ~~[(5)]~~ E. the developmental disabilities division;

24           ~~[(6)]~~ F. the health improvement division;

25           ~~[(7)]~~ G. the medical assistance division;

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1           [~~(8)~~] H. the state health benefits division;  
2           [~~(9)~~] I. the child support enforcement division;  
3           and  
4           [~~(10)~~] J. the income support division.

5           ~~[B. All references in the law to the behavioral~~  
6 ~~health services division of the department of health or to the~~  
7 ~~mental health division of the department of health in Sections~~  
8 ~~29-11-1 through 29-11-7 NMSA 1978 or to the department of~~  
9 ~~health in Sections 43-2-1.1 through 43-2-23 NMSA 1978 shall be~~  
10 ~~construed as referring to the health care authority~~  
11 ~~department.]"~~

12           SECTION 5. Section 9-8-5 NMSA 1978 (being Laws 1977,  
13 Chapter 252, Section 6, as amended) is amended to read:

14           "9-8-5. SECRETARY OF HEALTH CARE AUTHORITY--  
15 APPOINTMENT.--

16           A. The administrative head of the health care  
17 authority [~~department~~] is the "secretary of health care  
18 authority", who shall be appointed by the governor with the  
19 consent of the senate and who shall serve in the executive  
20 cabinet.

21           B. An appointed secretary shall serve and have all  
22 of the duties, responsibilities and authority of that office  
23 during the period of time prior to final action by the senate  
24 confirming or rejecting the appointed secretary's appointment."

25           SECTION 6. Section 9-8-6 NMSA 1978 (being Laws 1977,

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1 Chapter 252, Section 7, as amended) is amended to read:

2 "9-8-6. SECRETARY--DUTIES AND GENERAL POWERS.--

3 A. The secretary is responsible to the governor for  
4 the operation of the [~~department~~] authority. It is the  
5 secretary's duty to manage all operations of the [~~department~~]  
6 authority and to administer and enforce the laws with which the  
7 secretary or the [~~department~~] authority is charged.

8 B. To perform duties of office, the secretary has  
9 every power expressly enumerated in the laws, whether granted  
10 to the secretary or the [~~department~~] authority or any division  
11 of the [~~department~~] authority, except where authority conferred  
12 upon any division is explicitly exempted from the secretary's  
13 authority by statute. In accordance with these provisions, the  
14 secretary shall:

15 (1) except as otherwise provided in the Health  
16 Care Authority [~~Department~~] Act, exercise general supervisory  
17 and appointing authority over all [~~department~~] authority  
18 employees, subject to any applicable personnel laws and rules;

19 (2) delegate authority to subordinates as the  
20 secretary deems necessary and appropriate, clearly delineating  
21 such delegated authority and the limitations thereto;

22 (3) organize the [~~department~~] authority into  
23 those organizational units the secretary deems will enable it  
24 to function most efficiently, subject to any provisions of law  
25 requiring or establishing specific organizational units;

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1 (4) within the limitations of available  
2 appropriations and applicable laws, employ and fix the  
3 compensation of those persons necessary to discharge the  
4 secretary's duties;

5 (5) conduct background checks on [~~department~~]  
6 authority employees and prospective [~~department~~] authority  
7 employees that have or will have access to federal tax  
8 information; provided that:

9 (a) local law enforcement agency  
10 criminal history record checks shall be conducted on all  
11 employees, prospective employees, contractors, prospective  
12 contractors, subcontractors and prospective subcontractors with  
13 access to federal tax information;

14 (b) record checks for any identified  
15 arrests shall be conducted through local law enforcement  
16 agencies in jurisdictions where the subject has lived, worked  
17 or attended school within the last five years preceding the  
18 record check;

19 (c) federal bureau of investigation  
20 fingerprinting shall be conducted on all employees, prospective  
21 employees, contractors, prospective contractors, subcontractors  
22 and prospective subcontractors with access to federal tax  
23 information;

24 (d) for the purpose of conducting a  
25 national agency background check, the [~~department~~] authority

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1 shall submit to the department of public safety and the federal  
2 bureau of investigation a fingerprint card for each of the  
3 following personnel who have or will have access to federal tax  
4 information: 1) employees; 2) prospective employees; 3)  
5 contractors; 4) prospective contractors; 5) subcontractors; and  
6 6) prospective subcontractors;

7 (e) the [~~department~~] authority shall  
8 conduct a check for eligibility to legally work as a citizen or  
9 legal resident of the United States on all employees,  
10 prospective employees, contractors, prospective contractors,  
11 subcontractors and prospective subcontractors with access to  
12 federal tax information. The [~~department~~] authority shall  
13 complete a citizenship or residency check for each new employee  
14 and any employee with expiring employment eligibility and shall  
15 document and monitor the employee's citizenship or residency  
16 status for continued compliance;

17 (f) criminal history records obtained by  
18 the [~~department~~] authority pursuant to the provisions of this  
19 paragraph and the information contained in those records are  
20 confidential, shall not be used for any purpose other than  
21 conducting background checks for the purpose of determining  
22 eligibility for employment and shall not be released or  
23 disclosed to any other person or agency except pursuant to a  
24 court order or with the written consent of the person who is  
25 the subject of the records;

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1 (g) a person who releases or discloses  
2 criminal history records or information contained in those  
3 records in violation of the provisions of this paragraph is  
4 guilty of a misdemeanor and shall be sentenced pursuant to the  
5 provisions of Section 31-19-1 NMSA 1978;

6 (h) the secretary shall adopt and  
7 promulgate rules to establish procedures to provide for  
8 background checks; provided that background checks shall not be  
9 evaluated for any purpose other than a person's [~~department-~~  
10 ~~related~~] authority-related activities, and criteria according  
11 to which background checks are evaluated, for all present and  
12 prospective personnel identified in the provisions of this  
13 paragraph;

14 (i) contractors, prospective  
15 contractors, subcontractors and prospective subcontractors  
16 shall bear any costs associated with ordering or conducting  
17 background checks pursuant to this paragraph; and

18 (j) [~~a department~~] an authority employee  
19 or prospective [~~department~~] authority employee who is denied  
20 employment or whose employment is terminated based on  
21 information obtained in a background check shall be entitled to  
22 review the information obtained pursuant to this paragraph and  
23 to appeal the decision;

24 (6) take administrative action by issuing  
25 orders and instructions, not inconsistent with the law, to

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1 assure implementation of and compliance with the provisions of  
2 law for whose administration or execution the secretary is  
3 responsible and to enforce those orders and instructions by  
4 appropriate administrative action in the courts;

5 (7) conduct research and studies that will  
6 improve the operations of the [~~department~~] authority and the  
7 provision of services to the citizens of the state;

8 (8) provide courses of instruction and  
9 practical training for employees of the [~~department~~] authority  
10 and other persons involved in the administration of programs  
11 with the objective of improving the operations and efficiency  
12 of administration;

13 (9) prepare an annual budget of the  
14 [~~department~~] authority;

15 (10) provide cooperation, at the request of  
16 heads of administratively attached agencies, in order to:

17 (a) minimize or eliminate duplication of  
18 services and jurisdictional conflicts;

19 (b) coordinate activities and resolve  
20 problems of mutual concern; and

21 (c) resolve by agreement the manner and  
22 extent to which the [~~department~~] authority shall provide  
23 budgeting, recordkeeping and related clerical assistance to  
24 administratively attached agencies; and

25 (11) appoint, with the governor's consent, a

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1 "director" for each division. These appointed positions are  
2 exempt from the provisions of the Personnel Act. Persons  
3 appointed to these positions shall serve at the pleasure of the  
4 secretary, except as provided in Section 9-8-9 NMSA 1978.

5 C. The secretary may apply for and receive, with  
6 the governor's approval, in the name of the [~~department~~]  
7 authority, any public or private funds, including United States  
8 government funds, available to the [~~department~~] authority to  
9 carry out its programs, duties or services.

10 D. Where functions of departments overlap or a  
11 function assigned to one department could better be performed  
12 by another department, the secretary may recommend appropriate  
13 legislation to the next session of the legislature for its  
14 approval.

15 E. The secretary may make and adopt such reasonable  
16 procedural rules as may be necessary to carry out the duties of  
17 the [~~department~~] authority and its divisions. No rule  
18 promulgated by the director of any division in carrying out the  
19 functions and duties of the division shall be effective until  
20 approved by the secretary unless otherwise provided by statute.  
21 Unless otherwise provided by statute, no rule affecting any  
22 person or agency outside the [~~department~~] authority shall be  
23 adopted, amended or repealed without a public hearing on the  
24 proposed action before the secretary or a hearing officer  
25 designated by the secretary. The public hearing shall be held

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1 in Santa Fe unless otherwise permitted by statute. Notice of  
2 the subject matter of the rule, the action proposed to be  
3 taken, the time and place of the hearing, the manner in which  
4 interested persons may present their views and the method by  
5 which copies of the proposed rule or proposed amendment or  
6 repeal of an existing rule may be obtained shall be published  
7 once at least thirty days prior to the hearing date in a  
8 newspaper of general circulation and mailed at least thirty  
9 days prior to the hearing date to all persons who have made a  
10 written request for advance notice of hearing.

11 F. In the event the secretary anticipates that  
12 adoption, amendment or repeal of a rule will be required by a  
13 cancellation, reduction or suspension of federal funds or order  
14 by a court of competent jurisdiction:

15 (1) if the secretary is notified by  
16 appropriate federal authorities at least sixty days prior to  
17 the effective date of such cancellation, reduction or  
18 termination of federal funds, the ~~[department]~~ authority is  
19 required to promulgate rules through the public hearing process  
20 to be effective on the date mandated by the appropriate federal  
21 authority; or

22 (2) if the secretary is notified by  
23 appropriate federal authorities or court less than sixty days  
24 prior to the effective date of such cancellation, reduction or  
25 suspension of federal funds or court order, the ~~[department]~~

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1 authority is authorized without a public hearing to promulgate  
2 interim rules effective for a period not to exceed ninety days.  
3 Interim rules shall not be promulgated without first providing  
4 a written notice twenty days in advance to providers of medical  
5 or behavioral health services and beneficiaries of [~~department~~]  
6 authority programs. At the time of the promulgation of the  
7 interim rules, the [~~department~~] authority shall give notice of  
8 the public hearing on the final rules in accordance with  
9 Subsection E of this section.

10 G. If the secretary certifies to the secretary of  
11 finance and administration and gives contemporaneous notice of  
12 such certification through the human services register that the  
13 [~~department~~] authority has insufficient state funds to operate  
14 any of the programs it administers and that reductions in  
15 services or benefit levels are necessary, the secretary may  
16 engage in interim rulemaking. Notwithstanding any provision to  
17 the contrary in the State Rules Act, interim rulemaking shall  
18 be conducted pursuant to Subsection E of this section, except:

19 (1) the period of notice of public hearing  
20 shall be fifteen days;

21 (2) the [~~department~~] authority shall also send  
22 individual notices of the interim rulemaking and of the public  
23 hearing to affected providers and beneficiaries;

24 (3) rules promulgated pursuant to the  
25 provisions of this subsection shall be in effect not less than

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1 five days after the public hearing;

2 (4) rules promulgated pursuant to the  
3 provisions of this subsection shall not be in effect for more  
4 than ninety days; and

5 (5) if final rules are necessary to replace  
6 the interim rules, the [~~department~~] authority shall give notice  
7 of intent to promulgate final rules at the time of notice  
8 [~~herein~~]. The final rules shall be promulgated not more than  
9 forty-five days after the public hearing and filed in  
10 accordance with the State Rules Act.

11 H. At the time of the promulgation of the interim  
12 rules, the [~~department~~] authority shall give notice of the  
13 public hearing on the final rules in accordance with Subsection  
14 E of this section.

15 I. The secretary shall ensure that any behavioral  
16 health services, including mental health and substance abuse  
17 services, provided, contracted for or approved are in  
18 compliance with the requirements of Section [~~9-7-6.4~~] 24A-3-1  
19 NMSA 1978.

20 J. All rules shall be filed in accordance with the  
21 State Rules Act."

22 **SECTION 7.** Section 9-8-7 NMSA 1978 (being Laws 1977,  
23 Chapter 252, Section 8, as amended) is amended to read:

24 "9-8-7. ORGANIZATIONAL UNITS OF [~~DEPARTMENT~~] AUTHORITY--  
25 POWERS AND DUTIES SPECIFIED BY LAW--ACCESS TO INFORMATION.--

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1 Those organizational units of the [~~department~~] authority and  
2 the officers of those units specified by law shall have all of  
3 the powers and duties enumerated in the specific laws involved.  
4 However, the carrying out of those powers and duties shall be  
5 subject to the direction and supervision of the secretary, and  
6 the secretary shall retain the final decision-making authority  
7 and responsibility for the administration of any such laws as  
8 provided in Subsection B of Section 9-8-6 NMSA 1978. The  
9 [~~department~~] authority shall have access to all records, data  
10 and information of other state departments, agencies and  
11 institutions, including its own organizational units, not  
12 specifically held confidential by law."

13 SECTION 8. Section 9-8-7.1 NMSA 1978 (being Laws 2007,  
14 Chapter 325, Section 4, as amended) is amended to read:

15 "9-8-7.1. BEHAVIORAL HEALTH SERVICES DIVISION--POWERS  
16 AND DUTIES OF THE [~~DEPARTMENT~~] AUTHORITY.--Subject to  
17 appropriation, the [~~department~~] authority shall:

18 A. contract for behavioral health treatment and  
19 support services, including mental health, alcoholism and other  
20 substance abuse services;

21 B. establish standards for the delivery of  
22 behavioral health services, including quality management and  
23 improvement, performance measures, accessibility and  
24 availability of services, utilization management, credentialing  
25 and recredentialing, rights and responsibilities of providers,

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1 preventive behavioral health services, clinical treatment and  
2 evaluation and the documentation and confidentiality of client  
3 records;

4 C. ensure that all behavioral health services,  
5 including mental health and substance abuse services, that are  
6 provided, contracted for or approved are in compliance with the  
7 requirements of Section [~~9-7-6.4~~] 24A-3-1 NMSA 1978;

8 D. assume responsibility for and implement adult  
9 mental health and substance abuse services in the state in  
10 coordination with the children, youth and families department;

11 E. create, implement and continually evaluate the  
12 effectiveness of a framework for targeted, individualized  
13 interventions for persons who are incarcerated in a county or  
14 municipal correctional facility and adult and juvenile  
15 offenders who have behavioral health diagnoses, which framework  
16 shall address those persons' behavioral health needs while they  
17 are incarcerated and connect them to resources and services  
18 immediately upon release;

19 F. establish criteria for determining individual  
20 eligibility for behavioral health services; and

21 G. maintain a management information system in  
22 accordance with standards for reporting clinical and fiscal  
23 information."

24 **SECTION 9.** Section 9-8-7.2 NMSA 1978 (being Laws 2013,  
25 Chapter 54, Section 9, as amended) is amended to read:

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1 "9-8-7.2. COOPERATION WITH THE NEW MEXICO HEALTH  
2 INSURANCE EXCHANGE.--The medical assistance division of the  
3 [department] authority shall cooperate with the New Mexico  
4 health insurance exchange to share information and facilitate  
5 transitions in enrollment between the exchange and medicaid."

6 SECTION 10. Section 9-8-8 NMSA 1978 (being Laws 1977,  
7 Chapter 252, Section 9, as amended) is amended to read:

8 "9-8-8. ADMINISTRATIVELY ATTACHED AGENCIES.--The  
9 following agencies are administratively attached to the  
10 [department] authority:

- 11 A. the commission on the status of women; and
- 12 B. the group benefits committee [~~and~~
- 13 C. ~~the New Mexico health policy commission~~]."

14 SECTION 11. Section 9-8-9 NMSA 1978 (being Laws 1977,  
15 Chapter 252, Section 10, as amended) is amended to read:

16 "9-8-9. DIRECTORS.--The secretary shall appoint with the  
17 approval of the governor "directors" of divisions established  
18 within the [department] authority and a director of  
19 communications. The positions so appointed are exempt from the  
20 Personnel Act."

21 SECTION 12. Section 9-8-10 NMSA 1978 (being Laws 1977,  
22 Chapter 252, Section 11, as amended) is amended to read:

23 "9-8-10. BUREAUS--CHIEFS.--The secretary shall establish  
24 within each division such bureaus as the secretary deems  
25 necessary to carry out the provisions of the Health Care

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1 Authority [~~Department~~] Act. The secretary shall employ a chief  
2 to be administrative head of any such bureau. The chief and  
3 all subsidiary employees of the [~~department~~] authority shall be  
4 covered by the Personnel Act unless otherwise provided by law."

5 SECTION 13. Section 9-8-11 NMSA 1978 (being Laws 1977,  
6 Chapter 252, Section 12, as amended) is amended to read:

7 "9-8-11. ADVISORY COMMITTEES.--

8 A. The governor shall appoint advisory committees  
9 to the [~~department's~~] authority's income support division and  
10 may appoint other advisory committees as needed. Creation of  
11 the advisory committees shall be in accordance with the  
12 provisions of the Executive Reorganization Act. If the  
13 existence of a committee, representational membership  
14 requirements or other matters are required or specified under  
15 any federal law, regulation [~~rule~~] or order as a condition of  
16 receiving federal funding for a particular program administered  
17 by the [~~department~~] authority, the governor shall comply with  
18 those requirements in the creation of the advisory committee.

19 B. All members of the advisory committees appointed  
20 under the authority of this section [~~shall~~] are entitled to  
21 receive as their sole remuneration for service as a member  
22 those amounts authorized under the Per Diem and Mileage Act."

23 SECTION 14. Section 9-8-12 NMSA 1978 (being Laws 1977,  
24 Chapter 252, Section 13, as amended) is amended to read:

25 "9-8-12. COOPERATION WITH THE FEDERAL GOVERNMENT--

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1 AUTHORITY OF SECRETARY--SINGLE STATE AGENCY STATUS.--

2 A. The [~~department~~] authority is authorized to  
3 cooperate with the federal government in the administration of  
4 health care and human services programs in which financial or  
5 other participation by the federal government is authorized or  
6 mandated under federal laws, regulations [~~rules~~] or orders.  
7 The secretary may enter into agreements with agencies of the  
8 federal government to implement these health care or human  
9 services programs subject to availability of appropriated state  
10 funds and any provisions of state laws applicable to such  
11 agreements or participation by the state.

12 B. The governor or the secretary may by appropriate  
13 order designate the [~~department~~] authority or any  
14 organizational unit of the [~~department~~] authority as the single  
15 state agency for the administration of any health care or human  
16 services program when such designation is a condition of  
17 federal financial or other participation in the program under  
18 applicable federal law, regulation [~~rule~~] or order. Whether or  
19 not a federal condition exists, the governor may designate the  
20 [~~department~~] authority or any organizational unit of the  
21 [~~department~~] authority as the single state agency for the  
22 administration of any health care or human services program.  
23 No designation of a single state agency under the authority  
24 granted in this section shall be made in contravention of state  
25 law."

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1           SECTION 15. Section 10-7B-2 NMSA 1978 (being Laws 1989,  
2 Chapter 231, Section 2, as amended) is amended to read:

3           "10-7B-2. DEFINITIONS.--As used in the Group Benefits  
4 Act:

5           A. "committee" means the group benefits committee;

6           B. "director" means the director of the [~~risk~~  
7 ~~management division of the general services department~~] state  
8 health benefits division of the health care authority;

9           C. "employee" means a salaried officer, employee or  
10 legislator of the state; a salaried officer or an employee of a  
11 local public body; or an elected or appointed supervisor of a  
12 soil and water conservation district;

13           D. "local public body" means any New Mexico  
14 [~~incorporated~~] municipality, county or school district;

15           E. "professional claims administrator" means any  
16 person or legal entity that has at least five years of  
17 experience handling group benefits claims, as well as such  
18 other qualifications as the director may determine from time to  
19 time with the committee's advice;

20           F. "small employer" means a person having for-  
21 profit or nonprofit status that employs an average of fifty or  
22 fewer persons over a twelve-month period; and

23           G. "state" or "state agency" means the state of New  
24 Mexico or any of its branches, agencies, departments, boards,  
25 instrumentalities or institutions."

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1           SECTION 16. Section 10-7B-6 NMSA 1978 (being Laws 1989,  
2 Chapter 231, Section 6, as amended) is amended to read:

3           "10-7B-6. STATE EMPLOYEES GROUP BENEFITS SELF-INSURANCE  
4 PLAN--AUTHORIZATION--LOCAL PUBLIC BODY PARTICIPATION.--

5           A. The [~~risk management~~] state health benefits  
6 division of the [~~general services department~~] health care  
7 authority may, with the prior advice of the committee,  
8 establish and administer a group benefits self-insurance plan,  
9 providing life, vision, health, dental and disability  
10 coverages, or any combination of such coverages, for employees  
11 of the state and of participating local public bodies. Any  
12 such group benefits self-insurance plan shall afford coverage  
13 for employees' dependents at each employee's option. Any such  
14 group benefits self-insurance plan may consist of self-  
15 insurance or a combination of self-insurance and insurance;  
16 provided that particular coverages or risks may be fully  
17 insured, fully self-insured or partially insured and partially  
18 self-insured.

19           B. The director, with the advice of the committee,  
20 shall establish by [~~regulation or letter of administration~~]  
21 rule the types, extent, nature and description of coverages,  
22 the eligibility rules for participation, the deductibles, rates  
23 and all other matters reasonably necessary to carry on or  
24 administer a group benefits self-insurance plan established  
25 pursuant to Subsection A of this section.

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1           C. The contribution of each participating state  
2 agency to the cost of any such group benefits self-insurance  
3 plan shall not exceed that percentage provided for state group  
4 benefits insurance plans as provided by law. The contribution  
5 of a participating local public body to the cost of any such  
6 group benefits self-insurance plan shall not exceed that  
7 percentage provided for local public body group benefits  
8 insurance plans as provided by law.

9           D. Except as provided in Subsection E of this  
10 section, public employees' contributions to the cost of any  
11 group benefits self-insurance plan may be deducted from their  
12 salaries and paid directly to the group self-insurance fund;  
13 provided that where risks are insured or reinsured, the  
14 director may authorize payment of the costs of such insurance  
15 or reinsurance directly to the insurer or reinsurer.

16           E. A legislator and the legislator's covered  
17 dependents and a soil and water conservation district  
18 supervisor [~~or~~] and the supervisor's covered dependents are  
19 eligible to participate in and receive benefits from the group  
20 benefits self-insurance plan if the legislator or supervisor  
21 pays monthly premiums in amounts that equal one hundred percent  
22 of the cost of the insurance. The premiums shall be paid  
23 directly to the group self-insurance fund; provided that where  
24 risks are insured or reinsured, the director may authorize  
25 payment of the premiums directly to the insurer or reinsurer.

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1           F. Local public bodies and state agencies that are  
2 not participating in the state group benefits insurance plan or  
3 self-insurance plan may elect to participate in any group  
4 benefits self-insurance plan established pursuant to Subsection  
5 A of this section by giving written notice to the director on a  
6 date set by the director, which date shall not be later than  
7 ninety days prior to the date participation is to begin. The  
8 director shall determine an initial rate for the electing  
9 entity in accordance with a letter of administration setting  
10 forth written guidelines established by the director with the  
11 committee's advice. The initial rate shall be based on the  
12 claims experience of the electing entity's group for the three  
13 immediately preceding continuous years. If three years of  
14 continuous experience [~~is~~] are not available, a rate fixed for  
15 the entity by the director with the committee's advice shall  
16 apply, and the electing entity's group shall be rerated on the  
17 first premium anniversary following the date one full year of  
18 experience for the group becomes available. Any such election  
19 may be terminated effective not earlier than June 30 of the  
20 third calendar year succeeding the year in which the election  
21 became effective or on any June 30 thereafter. Notice of  
22 termination shall be made in writing to the director not later  
23 than April 1 immediately preceding the June 30 on which  
24 participation will terminate. A reelection to participate in  
25 the plan following a termination [~~may~~] shall not be made

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1 effective for at least three full years following the effective  
2 date of termination.

3 G. As soon as practicable, the director with the  
4 committee's advice shall establish an experience rating plan  
5 for state agencies and local public bodies participating in any  
6 group benefits self-insurance plan created pursuant to  
7 Subsection A of this section. Rates applicable to state  
8 agencies and participating local public bodies shall be based  
9 on such experience rating plan. Any such experience rating  
10 plan may provide separate rates for individual state agencies  
11 and individual local public bodies or for such other experience  
12 centers as the director may determine."

13 SECTION 17. Section 10-7B-7 NMSA 1978 (being Laws 1989,  
14 Chapter 231, Section 7) is amended to read:

15 "10-7B-7. GROUP SELF-INSURANCE FUND CREATED.--

16 A. The "group self-insurance fund" is created. The  
17 fund and any income produced by the fund shall be held in trust  
18 for the benefit of participating state agencies and their  
19 employees and local public bodies and their employees,  
20 deposited in a segregated account and invested by the director  
21 with the advice of the committee. Money in the fund shall be  
22 used solely for the purposes of the fund and shall not be used  
23 to pay any general or special obligation or debt of the state,  
24 other than as authorized by this section. Balances in the fund  
25 in excess of amounts needed for the purposes of the fund shall

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1 not be used to pay dividends or refunds, however described, to  
2 individual public employees or their dependents, but may be  
3 used, in the director's discretion, to reduce future  
4 contributions, to provide additional benefits or as a reserve  
5 to stabilize premiums.

6 B. The fund shall consist of money appropriated to  
7 the fund, income from investment of the fund, employers'  
8 contributions, employees' contributions, insurance or  
9 reinsurance proceeds and other funds received by gift, grant,  
10 bequest or otherwise for deposit in the fund, including but not  
11 limited to refunds of amounts from prior state group life,  
12 vision, dental, health and disability insurance plans, all of  
13 which are hereby appropriated to and for the purposes of the  
14 fund.

15 C. Disbursements from the fund shall be made by  
16 warrant signed by the secretary of finance and administration  
17 upon vouchers signed by the director. Lump sum disbursements  
18 from the fund may be advanced, in the manner described in this  
19 subsection, to a professional claims administrator to be used  
20 to pay benefits. Such lump sum disbursements may be made not  
21 more than weekly in advance. The professional claims  
22 administrator shall keep any such lump sum advance in a  
23 segregated account and shall hold the advance in trust for the  
24 benefit of participating employees. On or before the last day  
25 of each month, the professional claims administrator shall

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1 prepare a request for replenishment of the lump sum  
2 disbursement in the amount actually paid out for benefits  
3 during the month. Not more than thirty days after the last day  
4 of each month, the professional claims administrator shall make  
5 and submit to the director a detailed report of expenditures of  
6 any such lump sum advance during the month.

7 D. Money in the fund may be used by and is [~~hereby~~]  
8 appropriated to the [~~risk management division of the general~~  
9 ~~services department~~] state health benefits division of the  
10 health care authority:

11 (1) to purchase life, vision, health, dental  
12 and disability insurance, or any combination of these, for  
13 state and local public body employees participating in the  
14 group self-insurance plan and their covered dependents, from an  
15 insurance company determined to be the best responsible bidder,  
16 as defined in the Procurement Code, after:

17 (a) requesting sealed proposals from  
18 three or more insurance agents licensed in New Mexico; or

19 (b) requesting sealed proposals in  
20 accordance with the provisions of the Procurement Code;

21 (2) to contract with and pay one or more  
22 professional claims administrators;

23 (3) to contract with and pay private attorneys  
24 or law firms for advice and for defense of contested claims  
25 determinations;

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1 (4) to contract with and pay qualified  
2 independent actuaries, financial auditors and claims management  
3 and procedures auditors;

4 (5) to contract with and pay consultants,  
5 financial advisors and investment advisors for independent  
6 consulting and advice;

7 (6) to pay reasonable investment commissions  
8 and expenses;

9 (7) to make lump sum advances to any person or  
10 firm acting as a professional claims administrator, such  
11 advances to be used exclusively to pay benefits to  
12 participating employees;

13 (8) to pay benefits to or for participating  
14 employees and their dependents;

15 (9) to pay any other costs and expenses  
16 incurred in carrying out this section; and

17 (10) as otherwise provided by law.

18 E. The fund shall be maintained in actuarially  
19 sound condition as evidenced by the annual written  
20 certification of an actuary qualified for such work that as of  
21 June 30 of the current year the fund was actuarially sound.

22 F. Annually on or before January 15, the director  
23 shall submit to the legislature a report on any group self-  
24 insurance plan created pursuant to Subsection A of Section [5  
25 ~~of the Group Benefits Act~~] 10-7B-6 NMSA 1978, a financial audit

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1 of the fund and a claims management and procedures audit by a  
2 qualified claims auditor for the one-year period ending on June  
3 30 immediately preceding the report. With respect to claims  
4 files, the claims audit may, in the director's discretion, be  
5 limited to a random sampling."

6 SECTION 18. Section 10-7C-6 NMSA 1978 (being Laws 1990,  
7 Chapter 6, Section 6, as amended) is amended to read:

8 "10-7C-6. BOARD CREATED--MEMBERSHIP--AUTHORITY.--

9 A. [~~There is created~~] The "board of the retiree  
10 health care authority" is created. The board shall be composed  
11 of not more than [~~twelve~~] thirteen members.

12 B. The board shall include:

13 (1) one member who is not employed by or on  
14 behalf of or contracting with an employer participating in or  
15 eligible to participate in the Retiree Health Care Act and who  
16 shall be appointed by the governor to serve at the pleasure of  
17 the governor;

18 (2) the educational retirement director or the  
19 educational retirement director's designee;

20 (3) one member to be selected by the [~~public~~  
21 ~~school superintendents' association of~~] New Mexico coalition of  
22 school administrators;

23 (4) one member who is a teacher who is  
24 certified and teaching in elementary or secondary education to  
25 be selected by a committee composed of one person designated by

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1 the New Mexico association of classroom teachers, one person  
2 designated by the national education association of New Mexico  
3 and one person designated by the [~~New Mexico~~] American  
4 federation of teachers New Mexico;

5 (5) one member who is an eligible retiree of a  
6 public school and who is selected by the New Mexico association  
7 of [~~retired educators~~] educational retirees;

8 (6) the executive secretary of the public  
9 employees retirement association or the executive secretary's  
10 designee;

11 (7) one member who is an eligible retiree  
12 receiving a benefit from the public employees retirement  
13 association and who is selected by the retired public employees  
14 of New Mexico;

15 (8) one member who is an elected official or  
16 employee of a municipality participating in the Retiree Health  
17 Care Act and who is selected by the New Mexico municipal  
18 league;

19 (9) the state treasurer or the state  
20 treasurer's designee; [~~and~~]

21 (10) one member who is a classified state  
22 employee selected by the personnel board; and

23 (11) the director of the state benefits  
24 division of the health care authority.

25 C. The board, in accordance with the provisions of

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1 Paragraph (3) of Subsection D of Section 10-7C-9 NMSA 1978,  
2 shall include, if they qualify:

3 (1) one member who is an eligible retiree of  
4 an institution of higher education participating in the Retiree  
5 Health Care Act and who is selected by the New Mexico  
6 association of [~~retired educators~~] educational retirees; and

7 (2) one member who is an elected official or  
8 employee of a county participating in the Retiree Health Care  
9 Act and who is selected by the New Mexico association of  
10 counties.

11 D. Every member of the board shall serve at the  
12 pleasure of the party that selected that member.

13 E. The members of the board shall begin serving  
14 their positions on the board on the effective date of the  
15 Retiree Health Care Act or upon their selection, whichever  
16 occurs last, unless that member's corresponding position on the  
17 board has been eliminated pursuant to Subsection D of Section  
18 10-7C-9 NMSA 1978.

19 F. The board shall elect from its membership a  
20 president, vice president and secretary.

21 G. The board may appoint such officers and advisory  
22 committees as it deems necessary. The board may enter into  
23 contracts or arrangements with consultants, professional  
24 persons or firms as may be necessary to carry out the  
25 provisions of the Retiree Health Care Act.

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1           H. The members of the board and its advisory  
2 committees shall receive per diem and mileage as provided in  
3 the Per Diem and Mileage Act but shall receive no other  
4 compensation, perquisite or allowance."

5           **SECTION 19.** Section 13-7-3 NMSA 1978 (being Laws 1997,  
6 Chapter 74, Section 3) is amended to read:

7           "13-7-3. DEFINITIONS.--As used in the Health Care  
8 Purchasing Act:

9           A. "consolidated purchasing" means a single process  
10 for the procurement of and contracting for all health care  
11 benefits by the publicly funded insurance agencies in  
12 compliance with the Procurement Code and includes associated  
13 activities related to the procurement such as actuarial, cost  
14 containment, benefits consultation and analysis; and

15           B. "publicly funded health care agency" means the:

16                   (1) [~~risk management~~] state health benefits  
17 division and the group benefits committee of the [~~general~~  
18 ~~services department~~] health care authority;

19                   (2) retiree health care authority;

20                   (3) public school insurance authority; and

21                   (4) publicly funded health care program of any  
22 public school district with a student enrollment in excess of  
23 sixty thousand students."

24           **SECTION 20.** Section 24-1-2 NMSA 1978 (being Laws 1973,  
25 Chapter 359, Section 2, as amended) is amended to read:

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1 "24-1-2. DEFINITIONS.--As used in the Public Health Act:

2 A. "condition of public health importance" means an  
3 infection, a disease, a syndrome, a symptom, an injury or other  
4 threat that is identifiable on an individual or community level  
5 and can reasonably be expected to lead to adverse health  
6 effects in the community;

7 B. "crisis triage center" means a health facility  
8 that:

9 (1) is licensed by the ~~[department of health]~~  
10 health care authority; and

11 (2) provides stabilization of behavioral  
12 health crises and may include residential and nonresidential  
13 stabilization;

14 C. "department" means:

15 (1) the department of health; ~~[or]~~

16 (2) the children, youth and families  
17 department as to residential treatment centers ~~[that serve~~  
18 ~~persons up to twenty-one years of age]~~, community mental health  
19 centers ~~[that serve only persons up to twenty-one years of~~  
20 ~~age]~~, day treatment centers ~~[that serve persons up to twenty-~~  
21 ~~one years of age]~~, shelter care homes and ~~[those]~~ outpatient  
22 facilities that are also community-based behavioral health  
23 facilities ~~[serving]~~ that serve only persons up to twenty-one  
24 years of age; or

25 (3) the early childhood education and care

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1 department for child care facilities;

2 D. "director" means the secretary;

3 E. "health care provider" means a person licensed  
4 to provide health care in the ordinary course of business,  
5 except as otherwise defined in the Public Health Act;

6 F. "health facility" means a public hospital;  
7 profit or nonprofit private hospital; general or special  
8 hospital; outpatient facility; crisis triage center;  
9 freestanding birth center; adult daycare facility; nursing  
10 home; intermediate care facility; assisted living facility;  
11 boarding home not under the control of an institution of higher  
12 learning; child care facility; shelter care home; diagnostic  
13 and treatment center; rehabilitation center; infirmary;  
14 community mental health center that serves both children and  
15 adults or adults only; residential treatment center [~~that~~  
16 ~~serves persons up to twenty-one years of age~~], community mental  
17 health center, [~~that serves only persons up to twenty-one years~~  
18 ~~of age and~~] day treatment center [~~that serves persons up to~~  
19 ~~twenty-one years of age~~], shelter care home and outpatient  
20 facilities that are also community-based behavioral health  
21 facilities that serve only persons up to twenty-one years of  
22 age; or a health service organization operating as a  
23 freestanding hospice or a home health agency. The designation  
24 of [~~these entities~~] freestanding hospices and home health  
25 agencies as health facilities is only for the purposes of

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1 definition in the Public Health Act and does not imply that a  
2 freestanding hospice or a home health agency is considered a  
3 health facility for the purposes of other provisions of state  
4 or federal laws. "Health facility" also includes those  
5 facilities that, by federal regulation, must be licensed by the  
6 state to obtain or maintain full or partial, permanent or  
7 temporary federal funding. It does not include the offices and  
8 treatment rooms of licensed private practitioners;

9 G. "screening" means a preliminary procedure,  
10 including a test or examination, that:

- 11 (1) may require further investigation; and  
12 (2) can identify [~~individuals~~] persons with  
13 unrecognized health risk factors or asymptomatic disease  
14 conditions in populations;

15 H. "secretary" means:

- 16 (1) the secretary of health;  
17 (2) the secretary of children, youth and  
18 families as to residential treatment centers [~~that serve~~  
19 ~~persons up to twenty-one years of age~~], community mental health  
20 centers [~~that serve only persons up to twenty-one years of~~  
21 ~~age~~], day treatment centers [~~that serve persons up to twenty-~~  
22 ~~one years of age~~], shelter care homes and those outpatient  
23 facilities that are also community-based behavioral health  
24 facilities [~~servicing~~] that serve only persons up to twenty-one  
25 years of age; or

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1 (3) the secretary of early childhood education  
2 and care for child care facilities; and

3 I. "test" means any diagnostic or investigative  
4 analysis or medical procedure that determines the presence of,  
5 absence of or exposure to a condition of public health  
6 importance or its precursor in an individual."

7 SECTION 21. Section 24-1-3 NMSA 1978 (being Laws 1973,  
8 Chapter 359, Section 3, as amended) is amended to read:

9 "24-1-3. POWERS AND AUTHORITY OF DEPARTMENT.--The  
10 department has authority to:

11 A. receive such grants, subsidies, donations,  
12 allotments or bequests as may be offered to the state by the  
13 federal government or any department [~~thereof~~] of the federal  
14 government or by any public or private foundation or  
15 [~~individuals~~] other persons;

16 B. supervise the health and hygiene of the people  
17 of the state and identify ways to evaluate and address  
18 community health problems;

19 C. investigate, control and abate the causes of  
20 disease, especially epidemics, sources of mortality and other  
21 conditions of public health;

22 D. establish, maintain and enforce isolation and  
23 quarantine;

24 E. close any public place and forbid gatherings of  
25 people when necessary for the protection of the public health;

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1 F. respond to public health emergencies and assist  
2 communities in recovery;

3 G. establish programs and adopt rules to prevent  
4 infant mortality, birth defects and morbidity;

5 H. prescribe the duties of public health nurses and  
6 school nurses;

7 I. provide educational programs and disseminate  
8 information on public health;

9 ~~[J. maintain and enforce rules for the licensure of~~  
10 ~~health facilities;~~

11 ~~K. ensure the quality and accessibility of health~~  
12 ~~care services and the provision of health care when health care~~  
13 ~~is otherwise unavailable;~~

14 ~~H.]~~ J. ensure a competent public health workforce;

15 ~~[M.]~~ K. bring action in court for the enforcement  
16 of public health laws and rules and orders issued by the  
17 department;

18 ~~[N.]~~ L. enter into agreements with other states to  
19 carry out the powers and duties of the department;

20 ~~[O.]~~ M. cooperate and enter into contracts or  
21 agreements with the federal government or any other person to  
22 carry out the powers and duties of the department;

23 ~~[P.]~~ N. cooperate and enter into contracts or  
24 agreements with Native American nations, tribes and pueblos and  
25 off-reservation groups to coordinate the provision of essential

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1 public health services and functions;

2           ~~[Q.]~~ O. maintain and enforce rules for the control  
3 of conditions of public health importance;

4           ~~[R.]~~ P. maintain and enforce rules for immunization  
5 against conditions of public health importance;

6           ~~[S.]~~ Q. maintain and enforce such rules as may be  
7 necessary to carry out the provisions of the Public Health Act  
8 and to publish the rules;

9           ~~[T.]~~ R. supervise state public health activities,  
10 operate a dental public health program and operate state  
11 laboratories for the investigation of public health matters;

12           ~~[U.]~~ S. sue and, with the consent of the  
13 legislature, be sued;

14           ~~[V.]~~ T. regulate the practice of midwifery;

15           ~~[W.]~~ U. administer legislation enacted pursuant to  
16 Title 6 of the Public Health Service Act, as amended and  
17 supplemented;

18           ~~[X.]~~ V. inspect such premises or vehicles as  
19 necessary to ascertain the existence or nonexistence of  
20 conditions dangerous to public health or safety;

21           ~~[Y.]~~ W. request and inspect, while maintaining  
22 federal and state confidentiality requirements, copies of:

23                   (1) medical and clinical records reasonably  
24 required for the department's quality assurance and quality  
25 improvement activities; and

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1 (2) all medical and clinical records  
2 pertaining to the [~~individual~~] person whose death is the  
3 subject of inquiry by the department's mortality review  
4 activities; and

5 [~~Z.~~] X. do all other things necessary to carry out  
6 its duties."

7 SECTION 22. Section 24-1-20 NMSA 1978 (being Laws 1973,  
8 Chapter 359, Section 20, as amended) is amended to read:

9 "24-1-20. RECORDS CONFIDENTIAL.--

10 A. The files and records of the department giving  
11 identifying information about [~~individuals~~] persons who have  
12 received or are receiving [~~from the department~~] treatment,  
13 diagnostic services or preventive care for diseases,  
14 disabilities or physical injuries from the department are  
15 confidential and are not open to inspection except:

16 (1) where permitted by rule of the department;

17 (2) as provided in Subsection [~~E~~] D of this  
18 section; and

19 (3) to the secretary of health [~~and~~  
20 ~~environment~~] or to an employee of the [~~health and environment~~]  
21 department authorized by the secretary to obtain such  
22 information, but the information shall only be revealed for use  
23 in connection with a governmental function of the secretary or  
24 the authorized employee.

25 B. Both the secretary and the employees are subject

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1 to the penalty contained in Subsection [F] G of this section if  
2 they release or use the information in violation of this  
3 section.

4 [B.] C. All information voluntarily provided to the  
5 [~~director or his~~] secretary or the secretary's agent in  
6 connection with studies approved and designated by [~~him~~] the  
7 secretary as medical research [~~and approved by the secretary of~~  
8 ~~health and environment~~], either conducted by or under the  
9 authority of the [~~director~~] secretary for the purpose of  
10 reducing the morbidity or mortality from any cause or condition  
11 of health, is confidential and shall be used only for the  
12 purposes of medical research. The information shall not be  
13 admissible as evidence in any action of any kind in any court  
14 or before any administrative proceeding or other action.

15 [G.] D. The [~~human services department~~] health care  
16 authority and the office of the state long-term care  
17 [~~ombudsman~~] ombud shall have prompt access to all files and  
18 records in the possession of the [~~licensing and certification~~  
19 ~~bureau of the~~] department that are related to any health  
20 facility investigation. Officers and employees of those  
21 agencies with such access are subject to the penalty in  
22 Subsection [F] G of this section if they release or use the  
23 information in violation of this section.

24 [D.] E. The files and records of the department are  
25 subject to subpoena for use in any pending cause in any

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1 administrative proceeding or in any of the courts of the state,  
2 unless otherwise provided by law.

3 ~~[F.]~~ F. No person supplying information to the  
4 department for use in a research project or any cooperating  
5 person in a research project shall be subject to any action for  
6 damages or other relief as a result of that activity.

7 ~~[F.]~~ G. Any person who discloses confidential  
8 information in violation of this section is guilty of a petty  
9 misdemeanor."

10 **SECTION 23.** Section 24-14A-2 NMSA 1978 (being Laws 1989,  
11 Chapter 29, Section 2, as amended) is amended to read:

12 "24-14A-2. DEFINITIONS.--As used in the Health  
13 Information System Act:

14 A. "aggregate data" means data that are obtained by  
15 combining like data elements in a manner that precludes  
16 specific identification of a single client;

17 B. "data source" or "data provider" means a person  
18 that possesses health information, including the health care  
19 authority, any public or private sector licensed health care  
20 practitioner, primary care clinic, ambulatory surgery center,  
21 ambulatory urgent care center, ambulatory dialysis unit, home  
22 health agency, long-term care facility, hospital, pharmacy,  
23 third-party payer and any public entity that has health  
24 information;

25 C. "department" means the department of health;

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1           D. "health information" or "health data" means any  
2 data relating to health care; health status, including  
3 environmental, social and economic factors; the health system;  
4 or health costs and financing;

5           E. "hospital" means any general or special hospital  
6 licensed by the [~~department~~] health care authority, whether  
7 publicly or privately owned;

8           F. "long-term care facility" means any skilled  
9 nursing facility or nursing facility licensed by the  
10 [~~department~~] health care authority, whether publicly or  
11 privately owned;

12           G. "record-level data" means a medical record that  
13 contains unique and nonaggregated data elements that relate to  
14 a single identifiable individual; and

15           H. "third-party payer" means any public or private  
16 payer of health care services and includes health maintenance  
17 organizations and health insurers."

18           **SECTION 24.** Section 24-14A-6 NMSA 1978 (being Laws 1989,  
19 Chapter 29, Section 6, as amended) is amended to read:

20           "24-14A-6. HEALTH INFORMATION SYSTEM--ACCESS.--

21           A. Access to data in the health information system  
22 shall be provided in accordance with [~~regulations~~] rules  
23 adopted by the department pursuant to the Health Information  
24 System Act.

25           B. A data provider may obtain data it has submitted

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1 to the system, as well as aggregate data, but, except as  
2 provided in Subsection D of this section, it shall not have  
3 access to data submitted by another provider that ~~[is]~~ are  
4 limited only to that provider unless ~~[that]~~ those data ~~[is]~~ are  
5 aggregated data and publicly disseminated by the department.

6 Except as provided in Subsection D of this section, in no event  
7 may a data provider obtain data regarding an individual patient  
8 except in instances where the data were originally submitted by  
9 the requesting provider. Prior to the release of any data, in  
10 any form, data sources shall be permitted the opportunity to  
11 verify the accuracy of the data pertaining to that data source.  
12 Data identified in writing as inaccurate shall be corrected  
13 prior to the data's release. Time limits shall be set for the  
14 submission and review of data by data sources, and penalties  
15 shall be established for failure to submit and review the data  
16 within the established time.

17 C. Any person may obtain any aggregate data  
18 publicly disseminated by the department.

19 D. Through a secure delivery or transmission  
20 process, the department may share record-level data with the  
21 health care authority or a federal agency that is authorized to  
22 collect, analyze or disseminate health information. The  
23 department shall remove identifiable individual or provider  
24 information from the record-level data prior to its disclosure  
25 to the federal agency. In providing hospital information under

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1 an agreement or arrangement with a federal agency, the  
2 department shall ensure that any identifiable hospital  
3 information disclosed is necessary for the agency's authorized  
4 use and that its disclosure meets with state and federal  
5 privacy and confidentiality laws, rules and regulations."

6 SECTION 25. A new Section 24A-1-1 NMSA 1978 is enacted  
7 to read:

8 "24A-1-1. [NEW MATERIAL] SHORT TITLE.--Chapter 24A NMSA  
9 1978 may be cited as the "Health Care Code".

10 SECTION 26. A new Section 24A-1-2 NMSA 1978 is enacted  
11 to read:

12 "24A-1-2. [NEW MATERIAL] DEFINITIONS.--As used in the  
13 Health Care Code:

14 A. "authority" means the health care authority;

15 B. "crisis triage center" means a health facility  
16 that:

17 (1) is licensed by the authority; and

18 (2) provides stabilization of behavioral  
19 health crises and may include residential and nonresidential  
20 stabilization;

21 C. "health care provider" means a person licensed  
22 to provide health care in the ordinary course of business,  
23 except as otherwise defined in the Health Care Code;

24 D. "health facility" means a public hospital;  
25 profit or nonprofit private hospital; general or special

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1 hospital; outpatient facility; crisis triage center;  
2 freestanding birth center; adult daycare facility; nursing  
3 home; intermediate care facility; assisted living facility;  
4 boarding home not under the control of an institution of higher  
5 learning; shelter care home; diagnostic and treatment center;  
6 rehabilitation center; infirmary; community mental health  
7 center that serves both children and adults or adults only; or  
8 a health service organization operating as a freestanding  
9 hospice or a home health agency. The designation of  
10 freestanding hospices or home health agencies as health  
11 facilities is only for the purposes of definition in the Health  
12 Care Code and does not imply that a freestanding hospice or a  
13 home health agency is considered a health facility for the  
14 purposes of other provisions of state or federal laws. "Health  
15 facility" includes those facilities that by federal regulation  
16 must be licensed by the state to obtain or maintain full or  
17 partial, permanent or temporary federal funding. "Health  
18 facility" does not include the offices and treatment rooms of  
19 licensed private practitioners; and

20 E. "secretary" means the secretary of health care  
21 authority."

22 SECTION 27. A new Section 24A-1-3 NMSA 1978 is enacted  
23 to read:

24 "24A-1-3. [NEW MATERIAL] POWERS AND DUTIES.--

25 A. The authority may:

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1 (1) bring action in court for the enforcement  
2 of laws and rules pertaining to the authority's powers and  
3 duties;

4 (2) enter into joint powers agreements to  
5 carry out the powers and duties of the authority;

6 (3) cooperate and enter into contracts or  
7 agreements with the federal government or any other person to  
8 carry out the powers and duties of the authority;

9 (4) cooperate and enter into contracts or  
10 agreements with Native American nations, tribes and pueblos and  
11 off-reservation groups to coordinate the provision of essential  
12 physical, mental and behavioral health services and functions;

13 (5) adopt, promulgate and enforce such rules  
14 as may be necessary to carry out the provisions of the Health  
15 Care Code;

16 (6) sue and, with the consent of the  
17 legislature, be sued;

18 (7) request and inspect, while maintaining  
19 federal and state confidentiality requirements, copies of:

20 (a) medical and clinical records  
21 reasonably required for the authority's quality assurance and  
22 quality improvement activities; and

23 (b) medical and clinical records  
24 pertaining to a person whose death is the subject of inquiry by  
25 the department of health's mortality review activities; and

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1 (8) do all other things necessary to carry out  
2 its duties as defined by law and rules promulgated in  
3 accordance with law.

4 B. The authority shall:

5 (1) promulgate and enforce rules for the  
6 licensure of health facilities under its jurisdiction;

7 (2) license and inspect health facility  
8 premises to ensure compliance with laws, rules and public  
9 safety; and

10 (3) carry out such other duties as provided by  
11 law.

12 C. The authority and the office of the state long-  
13 term care ombud shall have prompt access to all files and  
14 records in the possession of the department of health that are  
15 related to any health facility investigation; provided that a  
16 person who discloses confidential information protected by  
17 federal or state law is guilty of a petty misdemeanor."

18 SECTION 28. A new Section 24A-1-4 NMSA 1978 is enacted  
19 to read:

20 "24A-1-4. [NEW MATERIAL] RECORDS CONFIDENTIAL.--

21 A. The files and records of the authority giving  
22 identifying information about persons who have received or are  
23 receiving from the authority treatment, diagnostic services or  
24 preventive care for diseases, disabilities or physical injuries  
25 are confidential and are not open to inspection except:

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1 (1) where permitted by rule of the authority;

2 (2) as provided in Subsection B of this

3 section; and

4 (3) to the secretary or to an employee of the  
5 authority authorized by the secretary to obtain such  
6 information, but the information shall only be revealed for use  
7 in connection with a governmental function of the secretary or  
8 the authorized employee.

9 B. The files and records of the authority are  
10 subject to subpoena for use in a pending cause in an  
11 administrative proceeding or in any of the courts of the state,  
12 unless otherwise provided by law.

13 C. A person who discloses confidential information  
14 in violation of this section is guilty of a petty misdemeanor."

15 SECTION 29. Section 24-1-5 NMSA 1978 (being Laws 1973,  
16 Chapter 359, Section 5, as amended) is recompiled as Section  
17 24A-1-5 NMSA 1978 and is amended to read:

18 "24A-1-5. LICENSURE OF HEALTH FACILITIES--HEARINGS--  
19 APPEALS.--

20 A. A health facility shall not be operated without  
21 a license issued by the [~~department~~] authority. If a health  
22 facility is found to be operating without a license, in order  
23 to protect human health or safety, the secretary may issue a  
24 cease-and-desist order. The health facility may request a  
25 hearing that shall be held in the manner provided in this

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1 section. The [~~department~~] authority may also proceed pursuant  
2 to the Health Facility Receivership Act.

3 B. The [~~department~~] authority is authorized to make  
4 inspections and investigations and to prescribe rules it deems  
5 necessary or desirable to promote the health, safety and  
6 welfare of persons using health facilities.

7 C. Except as provided in Subsection F of this  
8 section, upon receipt of an application for a license to  
9 operate a health facility, the [~~department~~] authority shall  
10 promptly inspect the health facility to determine if it is in  
11 compliance with all rules of the [~~department~~] authority.  
12 Applications for hospital licenses shall include evidence that  
13 the bylaws or rules of the hospital apply equally to  
14 osteopathic and medical physicians. The [~~department~~] authority  
15 shall consolidate the applications and inspections for a  
16 hospital that also operates as a hospital-based primary care  
17 clinic.

18 D. Upon inspection of a health facility, if the  
19 [~~department~~] authority finds a violation of its rules, the  
20 [~~department~~] authority may deny the application for a license,  
21 whether initial or renewal, or it may issue a temporary  
22 license. A temporary license shall not be issued for a period  
23 exceeding one hundred twenty days, nor shall more than two  
24 consecutive temporary licenses be issued.

25 E. A one-year nontransferable license shall be

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1 issued to any health facility complying with all rules of the  
2 [department] authority. The license shall be renewable for  
3 successive one-year periods, upon filing of a renewal  
4 application, if the [department] authority is satisfied that  
5 the health facility is in compliance with all rules of the  
6 department or, if not in compliance with a rule, has been  
7 granted a waiver or variance of that rule by the [department]  
8 authority pursuant to procedures, conditions and guidelines  
9 adopted by rule of the [department] authority. Licenses shall  
10 be posted in a conspicuous place on the licensed premises  
11 ~~[except that child care centers that receive no state or~~  
12 ~~federal funds may apply for and receive from the department a~~  
13 ~~waiver from the requirement that a license be posted or kept on~~  
14 ~~the licensed premises].~~

15 F. A health facility that has been inspected and  
16 licensed by the [department] authority, that has received  
17 certification for participation in federal reimbursement  
18 programs and that has been fully accredited by a national  
19 accrediting organization approved by the federal centers for  
20 medicare and medicaid services or the [department] authority  
21 shall be granted a license renewal based on that accreditation.  
22 A freestanding birth center that has been inspected and  
23 licensed by the [department] authority and is accredited by the  
24 commission for accreditation of birth centers or its successor  
25 accreditation body shall be granted a license renewal based on

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1 that accreditation. Health facilities receiving less than full  
2 accreditation by an approved accrediting body may be granted a  
3 license renewal based on that accreditation. License renewals  
4 shall be issued upon application submitted by the health  
5 facility upon forms prescribed by the ~~[department]~~ authority.  
6 This subsection does not limit in any way the ~~[department's]~~  
7 authority's various duties and responsibilities under other  
8 provisions of ~~[the Public Health Act or under any other~~  
9 ~~subsection of this section]~~ law, including any of the  
10 ~~[department's]~~ authority's responsibilities for the health and  
11 safety of the public.

12 G. The ~~[department]~~ authority may charge a  
13 reasonable fee not to exceed twelve dollars (\$12.00) per bed  
14 for an inpatient health facility or three hundred dollars  
15 (\$300) for any other health facility for each license  
16 application, whether initial or renewal, of an annual license  
17 or the second consecutive issuance of a temporary license.  
18 Fees collected shall not be refundable. All fees collected  
19 pursuant to licensure applications shall be deposited with the  
20 state treasurer for credit in a designated ~~[department]~~  
21 authority recurring account for use in health facility  
22 licensure and certification operations.

23 H. The ~~[department]~~ authority may revoke or suspend  
24 the license of a health facility or may impose on a health  
25 facility an intermediate sanction and a civil monetary penalty

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1 provided in Section [~~24-1-5.2~~] 24A-1-6 NMSA 1978 after notice  
2 and an opportunity for a hearing before a hearing officer  
3 designated by the [~~department~~] authority to hear the matter  
4 and, except for child care centers and facilities, may proceed  
5 pursuant to the Health Facility Receivership Act upon a  
6 determination that the health facility is not in compliance  
7 with any rule of the [~~department~~] authority. If immediate  
8 action is required to protect human health and safety, the  
9 secretary may suspend a license or impose an intermediate  
10 sanction pending a hearing, provided the hearing is held within  
11 five working days of the suspension or imposition of the  
12 sanction, unless waived by the licensee, and, except for child  
13 care centers and facilities, may proceed ex parte pursuant to  
14 the Health Facility Receivership Act.

15 I. The [~~department~~] authority shall schedule a  
16 hearing pursuant to Subsection H of this section if the  
17 [~~department~~] authority receives a request for a hearing from a  
18 licensee:

19 (1) within ten working days after receipt by  
20 the licensee of notice of suspension, revocation, imposition of  
21 an intermediate sanction or civil monetary penalty or denial of  
22 an initial or renewal application;

23 (2) within four working days after receipt by  
24 the licensee of an emergency suspension order or emergency  
25 intermediate sanction imposition and notice of hearing if the

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1 licensee wishes to waive the early hearing scheduled and  
2 request a hearing at a later date; or

3 (3) within five working days after receipt of  
4 a cease-and-desist order.

5 J. The [~~department~~] authority shall also provide  
6 timely notice to the licensee of the date, time and place of  
7 the hearing, identity of the hearing officer, subject matter of  
8 the hearing and alleged violations.

9 [~~J.~~] K. A hearing held pursuant to provisions of  
10 this section shall be conducted in accordance with adjudicatory  
11 hearing rules and procedures adopted by rule of the  
12 [~~department~~] authority. The licensee has the right to be  
13 represented by counsel, to present all relevant evidence by  
14 means of witnesses and books, papers, documents, records, files  
15 and other evidence and to examine all opposing witnesses who  
16 appear on any matter relevant to the issues. The hearing  
17 officer has the power to administer oaths on request of any  
18 party and issue subpoenas and subpoenas duces tecum prior to or  
19 after the commencement of the hearing to compel discovery and  
20 the attendance of witnesses and the production of relevant  
21 books, papers, documents, records, files and other evidence.  
22 Documents or records pertaining to abuse, neglect or  
23 exploitation of a resident, client or patient of a health  
24 facility or other documents, records or files in the custody of  
25 the [~~human services department~~] authority or the office of the

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1 state long-term care [~~ombudsman~~] ombud at the aging and long-  
2 term services department that are relevant to the alleged  
3 violations are discoverable and admissible as evidence in any  
4 hearing.

5 [~~K.~~] L. Any party may appeal the final decision of  
6 the [~~department~~] authority pursuant to the provisions of  
7 Section 39-3-1.1 NMSA 1978.

8 [~~L.~~] M. A complaint about a health facility  
9 received by the [~~department~~] authority pursuant to this section  
10 shall be promptly investigated and appropriate action shall be  
11 taken if substantiated. The [~~department~~] authority shall  
12 develop a health facilities protocol in conjunction with [~~the~~  
13 ~~human services department~~] the protective services division of  
14 the children, youth and families department, the office of the  
15 state long-term care [~~ombudsman~~] ombud and other appropriate  
16 agencies to ensure the health, safety and rights of  
17 [~~individuals~~] persons in health facilities. The health  
18 facilities protocol shall require:

19 (1) cross-reference among agencies pursuant to  
20 this subsection of an allegation of abuse, neglect or  
21 exploitation;

22 (2) an investigation, within the strict  
23 priority time frames established by each protocol member's  
24 rules, of an allegation or referral of abuse, neglect or  
25 exploitation after the [~~department~~] authority has made a good

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1 cause determination that abuse, neglect or exploitation  
2 occurred;

3 (3) an agency to share its investigative  
4 information and findings with other agencies, unless otherwise  
5 prohibited by law; and

6 (4) require the receiving agency to accept the  
7 information provided pursuant to Paragraph (3) of this  
8 subsection as potential evidence to initiate and conduct  
9 investigations.

10 [M.] N. A complaint received by the [department]  
11 authority pursuant to this section shall not be disclosed  
12 publicly in a manner as to identify any individuals or health  
13 facilities if upon investigation the complaint is  
14 unsubstantiated.

15 [N.] O. The name and information regarding the  
16 person making a complaint pursuant to this section shall not be  
17 disclosed absent the consent of the informant or a court order.

18 [~~O.~~ ~~Notwithstanding any other provision of this~~  
19 ~~section, when there are reasonable grounds to believe that a~~  
20 ~~child is in imminent danger of abuse or neglect while in the~~  
21 ~~care of a child care facility, whether or not licensed, or upon~~  
22 ~~the receipt of a report pursuant to Section 32A-4-3 NMSA 1978,~~  
23 ~~the department shall consult with the owner or operator of the~~  
24 ~~child care facility. Upon a finding of probable cause, the~~  
25 ~~department shall give the owner or operator notice of its~~

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1 ~~intent to suspend operation of the child care facility and~~  
2 ~~provide an opportunity for a hearing to be held within three~~  
3 ~~working days, unless waived by the owner or operator. Within~~  
4 ~~seven working days from the day of notice, the secretary shall~~  
5 ~~make a decision, and, if it is determined that any child is in~~  
6 ~~imminent danger of abuse or neglect in the child care facility,~~  
7 ~~the secretary may suspend operation of the child care facility~~  
8 ~~for a period not in excess of fifteen days. Prior to the date~~  
9 ~~of the hearing, the department shall make a reasonable effort~~  
10 ~~to notify the parents of children in the child care facility of~~  
11 ~~the notice and opportunity for hearing given to the owner or~~  
12 ~~operator.~~

13 ~~P. Nothing contained in this section or in the~~  
14 ~~Public Health Act shall authorize either the secretary or the~~  
15 ~~department to make any inspection or investigation or to~~  
16 ~~prescribe any rules concerning group homes as defined in~~  
17 ~~Section 9-8-13 NMSA 1978 except as are reasonably necessary or~~  
18 ~~desirable to promote the health and safety of persons using~~  
19 ~~group homes.]"~~

20 SECTION 30. Section 24-1-5.2 NMSA 1978 (being Laws 1990,  
21 Chapter 105, Section 2, as amended) is recompiled as Section  
22 24A-1-6 NMSA 1978 and is amended to read:

23 "24A-1-6. HEALTH FACILITIES--INTERMEDIATE SANCTIONS--  
24 CIVIL PENALTY.--

25 A. Upon a determination that a health facility is

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1 not in compliance with any licensing requirement of the  
2 [~~department~~] authority, the [~~department~~] authority, subject to  
3 the provisions of this section and Section [~~24-1-5~~] 24A-1-5  
4 NMSA 1978, may:

5 (1) impose any intermediate sanction  
6 established by rule, including [~~but not limited to~~]:

7 (a) a directed plan of correction;  
8 (b) facility monitors;  
9 (c) denial of payment for new medicaid  
10 admissions to the facility;

11 (d) temporary management or  
12 receivership; and

13 (e) restricted admissions;

14 (2) assess a civil monetary penalty [~~with~~  
15 ~~interest~~] for each day the facility is or was out of  
16 compliance. Civil monetary penalties shall not exceed a total  
17 of five thousand dollars (\$5,000) per day. Penalties [~~and~~  
18 ~~interest amounts~~] assessed [~~under~~] pursuant to this paragraph  
19 and recovered on behalf of the state shall be remitted to the  
20 [~~department in a recurring account in the state treasury for~~  
21 ~~the sole purpose of funding the nonreimbursed cost of facility~~  
22 ~~monitors, temporary management and health facility~~  
23 ~~receiverships~~] current school fund as provided in Article 12,  
24 Section 4 of the constitution of New Mexico. The civil  
25 monetary penalties contained in this paragraph are cumulative

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1 and may be imposed in addition to any other fines or penalties  
2 provided by law; and

3 (3) with respect to health facilities other  
4 than [~~childcare~~] child care centers or facilities, proceed  
5 pursuant to the Health Facility Receivership Act.

6 B. The secretary shall adopt and promulgate rules  
7 specifying the criteria for imposition of any intermediate  
8 sanction and civil monetary penalty. The criteria shall  
9 provide for more severe sanctions for a violation that results  
10 in any abuse, neglect or exploitation of residents, clients or  
11 patients as defined in the rules or that places one or more  
12 residents, clients or patients of a health facility at  
13 substantial risk of serious physical or mental harm.

14 C. The provisions of this section for intermediate  
15 sanctions and civil monetary penalties shall apply to certified  
16 nursing facilities except when a federal agency has imposed the  
17 same remedies, sanctions or penalties for the same or similar  
18 violations.

19 D. Rules adopted by the [~~department~~] authority  
20 shall permit sanctions pursuant to Paragraphs (1) and (2) of  
21 Subsection A of this section for a specific violation in a  
22 certified nursing facility if:

23 (1) the state statute or rule is not  
24 duplicated by a federal certification rule; or

25 (2) the [~~department~~] authority determines

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1 intermediate sanctions are necessary if sanctions permitted  
2 pursuant to Paragraphs (1) and (2) of Subsection A of this  
3 section do not duplicate a sanction imposed under the authority  
4 of 42 U.S.C. 1395 or 1396 for a particular deficiency.

5 E. A health facility is liable for the reasonable  
6 costs of a directed plan of correction, facility monitors,  
7 temporary management or receivership imposed pursuant to this  
8 section and Section [~~24-1-5~~] 24A-1-5 NMSA 1978. The  
9 [~~department~~] authority may take all necessary and appropriate  
10 legal action to recover these costs from a health facility.  
11 All money recovered from a health facility pursuant to this  
12 subsection shall be paid into the general fund."

13 SECTION 31. Section 24-1-5.8 NMSA 1978 (being Laws 2003,  
14 Chapter 426, Section 1) is recompiled as Section 24A-1-7 NMSA  
15 1978 and is amended to read:

16 "24A-1-7. LEGISLATIVE FINDINGS--DEFINITIONS--LICENSING  
17 REQUIREMENTS FOR CERTAIN HOSPITALS.--

18 A. The legislature finds that:

19 (1) acute care general hospitals throughout  
20 New Mexico operate emergency departments and provide vital  
21 emergency medical services to patients requiring immediate  
22 medical care; and

23 (2) federal and state laws require hospitals  
24 that operate an emergency department to provide certain  
25 emergency services and care to any person, regardless of that

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1 person's ability to pay. Accordingly, these hospitals  
2 encounter significant financial losses when treating uninsured  
3 or underinsured patients.

4 B. As used in this section:

5 (1) "limited service hospital" means a  
6 hospital that limits admissions according to medical or  
7 surgical specialty, type of disease or medical condition, or a  
8 hospital that limits its inpatient hospital services to  
9 surgical services or invasive diagnostic and treatment  
10 procedures; provided, however, that a "limited service  
11 hospital" does not include:

12 (a) a hospital licensed by the  
13 [~~department~~] authority as a special hospital;

14 (b) an eleemosynary hospital that does  
15 not bill patients for services provided; or

16 (c) a hospital that has been granted a  
17 license prior to January 1, 2003; and

18 [~~(2) "department" means the department of~~  
19 ~~health; and~~

20 ~~(3)] (2) "low-income patient" means a patient  
21 whose family or household income does not exceed two hundred  
22 percent of the federal poverty level.~~

23 C. The [~~department~~] authority shall issue a license  
24 to an acute-care or general hospital or a limited services  
25 hospital that agrees to:

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1 (1) continuously maintain and operate an  
2 emergency department that provides emergency medical services  
3 as determined by the ~~[department]~~ authority;

4 (2) participate in the medicaid, medicare and  
5 county indigent care programs;

6 (3) require a physician owner to disclose a  
7 financial interest in the hospital before referring a patient  
8 to the hospital;

9 (4) comply with the same quality standards  
10 applied to other hospitals;

11 (5) provide emergency services and general  
12 health care to nonpaying patients and low-income reimbursed  
13 patients in the same proportion as the patients are treated in  
14 acute-care general hospitals in the local community, as  
15 determined by the ~~[department]~~ authority in consultation with a  
16 statewide hospital organization, the government of the county  
17 in which the facilities are located and the affected hospitals;  
18 provided that:

19 (a) a hospital may appeal the  
20 determination of the ~~[department pursuant to]~~ authority as a  
21 final agency decision as provided in Section 39-3-1.1 NMSA  
22 1978; and

23 (b) the annual cost of the care required  
24 to be provided pursuant to this paragraph shall not exceed an  
25 amount equal to five percent of the hospital's annual revenue;

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1 and

2 (6) require a health care provider to disclose  
3 a financial interest before referring a patient to the  
4 hospital."

5 SECTION 32. Section 24-1-5.9 NMSA 1978 (being Laws 2004,  
6 Chapter 44, Section 2 and Laws 2004, Chapter 50, Section 2) is  
7 recompiled as Section 24A-1-8 NMSA 1978 and is amended to read:

8 "24A-1-8. REPORTING REQUIREMENTS.--

9 A. A hospital, a long-term care facility or a  
10 primary care clinic shall provide information sufficient for  
11 the [~~secretary~~] authority to make a reasonable assessment based  
12 on clear and convincing evidence of its financial viability,  
13 sustainability and potential impact on health care access.  
14 Information provided to the [~~secretary~~] authority pursuant to  
15 this section shall remain confidential, is exempt from the  
16 Inspection of Public Records Act, unless disclosure or use is  
17 mandated by the state or federal law, and shall not be used as  
18 a basis for suspension, revocation or issuance of a license.  
19 The hospital, long-term care facility or primary care clinic  
20 shall provide this information to the [~~secretary~~] authority at  
21 least sixty days before the anticipated effective date of a  
22 proposed licensure, closure, disposition or acquisition of the  
23 hospital, the long-term care facility or the primary care  
24 clinic or its essential services.

25 B. The secretary shall issue a notice of finding to

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1 the facility within sixty days of receiving information from  
2 the facility.

3 C. For the purposes of this section:

4 (1) "hospital" means a facility providing  
5 emergency or urgent care, inpatient medical care and nursing  
6 care for acute illness, injury, surgery or obstetrics.

7 "Hospital" includes a facility licensed by the [~~department~~]  
8 authority as a critical access hospital, general hospital,  
9 long-term acute care hospital, psychiatric hospital,  
10 rehabilitation hospital, limited services hospital and special  
11 hospital;

12 (2) "long-term care facility" means a nursing  
13 home licensed by the [~~department~~] authority to provide  
14 intermediate or skilled nursing care; and

15 (3) "primary care clinic" means a community-  
16 based clinic that provides the first level of basic or general  
17 health care for [~~an individual's~~] a person's health needs,  
18 including diagnostic and treatment services and, if integrated  
19 into the clinic's service array, mental health services."

20 SECTION 33. Section 24-1-5.10 NMSA 1978 (being Laws  
21 2004, Chapter 47, Section 1) is recompiled as Section 24A-1-9  
22 NMSA 1978 and is amended to read:

23 "24A-1-9. FEDERAL PARTICIPATION REQUIRED--EXCEPTION.--

24 A. Except as provided in Subsection B of this  
25 section, all programs, clinics, hospitals and other health-

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1 related centers and entities, including those identified by the  
2 [~~human services department~~] authority pursuant to Paragraph (3)  
3 of Subsection A of Section 27-2-12.13 NMSA 1978, that are  
4 eligible under Section 340B of the federal Public Health  
5 Service Act, including hospitals and clinics licensed under the  
6 state [~~Public Health Act~~] Health Care Code, shall participate  
7 in that Section 340B federal prescription drug price discount  
8 program.

9 B. If an entity described in Subsection A of this  
10 section can demonstrate to the satisfaction of the [~~department~~  
11 ~~of health~~] authority that the prescription drug price discount  
12 it receives other than through the Section 340B program results  
13 in greater savings to the state, the entity may be granted an  
14 exception to the requirements of this section."

15 SECTION 34. Section 24-1-5.12 NMSA 1978 (being Laws  
16 2023, Chapter 109, Section 1) is recompiled as Section 24A-1-10  
17 NMSA 1978 and is amended to read:

18 "24A-1-10. RURAL EMERGENCY HOSPITAL LICENSURE--LICENSING  
19 REQUIREMENTS.--

20 A. The [~~department~~] authority shall promulgate  
21 rules to establish a rural emergency hospital license that  
22 enables certain hospitals to apply to receive federal health  
23 care reimbursement as rural emergency hospitals.

24 B. The [~~department~~] authority shall only issue a  
25 rural emergency hospital license to a health facility that:

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1 (1) on December 27, 2020, was:

2 (a) designated as a critical access  
3 hospital by the centers for medicare and medicaid services; or

4 (b) licensed as a hospital with less  
5 than fifty licensed beds and located in a county in a rural  
6 area as defined in Section 1886(d)(2)(D) or Section  
7 1886(d)(8)(E) of the federal Social Security Act;

8 (2) provides rural emergency hospital services  
9 in the facility twenty-four hours per day and is staffed  
10 twenty-four hours per day, seven days per week with a  
11 physician, nurse practitioner, clinical nurse specialist or  
12 physician assistant;

13 (3) has a transfer agreement in effect with a  
14 level [I] 1 or level [II] 2 trauma center;

15 (4) does not have an annual average patient  
16 length of stay over twenty-four hours; and

17 (5) meets any other requirements that the  
18 [~~department~~] authority finds necessary to implement state  
19 licensure and satisfy centers for medicare and medicaid  
20 services requirements for reimbursement as a rural emergency  
21 hospital.

22 C. A health facility that applies to the  
23 [~~department~~] authority for licensure as a rural emergency  
24 hospital shall include with the licensure application:

25 (1) an action plan for initiating rural

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1 emergency hospital services, including a detailed transition  
2 plan that lists the specific services that the facility will  
3 retain, modify, add and discontinue;

4 (2) a description of services that the  
5 facility intends to provide on an outpatient basis; and

6 (3) any other information required by rules of  
7 the ~~[department]~~ authority.

8 D. A rural emergency hospital shall not have  
9 inpatient beds, but a rural emergency hospital may have a unit  
10 that is a distinct part of the hospital that is licensed as a  
11 skilled nursing facility and provides post-hospital extended  
12 care services.

13 E. For the purposes of this section,

14 ~~[(1) "department" means the department of  
15 health; and~~

16 ~~(2)] "rural emergency hospital" means a health  
17 facility that provides emergency and observational care and  
18 meets the licensure requirements outlined in Subsection B of  
19 this section."~~

20 SECTION 35. Section 24-1-37 NMSA 1978 (being Laws 2015,  
21 Chapter 155, Section 1) is recompiled as Section 24A-1-11 NMSA  
22 1978 and is amended to read:

23 "24A-1-11. LAY CAREGIVER--AFTERCARE--DESIGNATION.--

24 A. A hospital shall provide each patient or the  
25 patient's legal guardian with an opportunity to designate one

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1 lay caregiver following the patient's admission into a hospital  
2 and before the patient's discharge to the patient's residence.

3 B. As soon as practicable, a hospital shall attempt  
4 to consult with a designated lay caregiver to prepare the lay  
5 caregiver to provide aftercare. The hospital shall provide the  
6 lay caregiver with a discharge plan for the patient that  
7 describes the patient's aftercare needs. This discharge plan:

8 (1) may include, but is not limited to:

9 (a) culturally competent training on how  
10 to provide care and tasks;

11 (b) medication management guidelines;

12 (c) aftercare guidelines; and

13 (d) an identification of tasks that the  
14 discharging health care provider specifies;

15 (2) shall reflect the active engagement of a  
16 patient or lay caregiver in the discharge planning process and  
17 incorporate a patient's goals and preferences as much as  
18 possible; and

19 (3) shall educate a lay caregiver in a manner  
20 that is consistent with current accepted practices and is based  
21 on an assessment of the lay caregiver's learning needs.

22 C. A hospital shall allow a patient to change the  
23 patient's designation of a lay caregiver in the event that the  
24 originally designated lay caregiver becomes unavailable,  
25 unwilling or unable to care for the patient.

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1           D. Designation of an individual as a lay caregiver  
2 pursuant to this section does not obligate that [~~individual~~  
3 person] to accept the role of lay caregiver for the patient.

4           E. The provisions of this section shall not be  
5 construed to require a patient to designate a lay caregiver.

6           F. In the event that a patient or a patient's legal  
7 guardian declines to designate a lay caregiver pursuant to this  
8 section, a hospital shall promptly document this refusal to  
9 designate a lay caregiver in the patient's medical record.

10          G. A hospital shall not allow the process of  
11 appointing or refusal or failure to appoint a lay caregiver for  
12 a patient to interfere with, delay or otherwise affect the  
13 services that the hospital provides to a patient.

14          H. In the event that a hospital is unable to  
15 contact a designated lay caregiver, this lack of contact shall  
16 not interfere with or otherwise affect an appropriate discharge  
17 of the patient.

18          I. The provisions of this section shall not be  
19 construed to:

20               (1) create a private right of action against a  
21 hospital, hospital employee, contractor having a contractual  
22 relationship with a hospital or duly authorized agent of a  
23 hospital; or

24               (2) remove the obligation of a third-party  
25 payer to cover any health care item or service that the third-

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1 party payer is obligated to provide to a patient pursuant to  
2 the terms of a valid agreement, insurance policy, plan or  
3 certificate of coverage or health maintenance organization  
4 contract.

5 J. A hospital, hospital employee, contractor having  
6 a contractual relationship with a hospital or duly authorized  
7 agent of a hospital shall not be held liable in any way for an  
8 act or omission of a lay caregiver.

9 K. As used in this section:

10 (1) "aftercare" means assistance provided in a  
11 private home by a designated lay caregiver to a patient after  
12 the patient's discharge from a hospital. "Aftercare" includes  
13 exclusively those tasks related to a patient's condition at the  
14 time of discharge that do not require the lay caregiver  
15 performing the tasks to be a licensed, certified or otherwise  
16 authorized health care provider;

17 (2) "discharge" means a patient's exit or  
18 release from a hospital to that patient's residence following  
19 an inpatient stay;

20 (3) "hospital" means a health facility  
21 licensed as a general acute hospital by the [~~department of~~  
22 ~~health~~] authority;

23 (4) "lay caregiver" means [~~an individual~~] a  
24 person who is eighteen years of age or older, who has been  
25 designated as a lay caregiver pursuant to this section and who

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1 provides aftercare to a patient in the patient's residence; and

2 (5) "residence" means a dwelling considered by  
3 a patient to be the patient's home, not including a hospital,  
4 nursing home or group home or assisted living facility."

5 SECTION 36. Section 24-1-5.7 NMSA 1978 (being Laws 2003,  
6 Chapter 190, Section 1, as amended) is recompiled as Section  
7 24A-1-12 NMSA 1978 and is amended to read:

8 "24A-1-12. METHADONE CLINICS--REGULATION BY THE [~~HUMAN~~  
9 ~~SERVICES DEPARTMENT~~] AUTHORITY.--

10 A. The federal government requires the state to  
11 approve the establishment of all new methadone clinics. In an  
12 effort to maintain compliance with the federal requirement, the  
13 [~~human services department~~] authority shall regulate the  
14 establishment and continuance of methadone clinics in New  
15 Mexico in accordance with its powers and duties.

16 B. In regulating methadone clinics, the [~~human~~  
17 ~~services department~~] authority shall perform an assessment of  
18 the need for clinics and develop clinical and administrative  
19 standards as required by federal law. The [~~human services~~  
20 ~~department~~] authority may consider other factors it deems  
21 necessary to ensure the provision of drug abuse treatment  
22 services and the protection of the health and safety of New  
23 Mexico residents.

24 C. For the purposes of this section, "methadone  
25 clinic" means a public or private facility that dispenses

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1 methadone for the detoxification treatment or maintenance  
2 treatment of narcotic addicts."

3 SECTION 37. Section 24-1-41 NMSA 1978 (being Laws 2019,  
4 Chapter 129, Section 1) is recompiled as Section 24A-1-13 NMSA  
5 1978 and is amended to read:

6 "24A-1-13. HEALTH FACILITIES--CERTIFIED NURSE  
7 PRACTITIONERS--CERTIFIED NURSE-MIDWIVES--PRIVILEGES--PARITY  
8 WITH PHYSICIANS.--

9 A. Unless required by federal law, a health  
10 facility shall establish the same criteria for granting patient  
11 admitting or discharge privileges or in authorizing continuing  
12 patient care for certified nurse practitioners, certified  
13 nurse-midwives and clinical nurse specialists as the health  
14 facility has established for physicians.

15 B. A health facility shall ensure that certified  
16 nurse practitioners, certified nurse-midwives and clinical  
17 nurse specialists acting in accordance with these  
18 professionals' respective scopes of practice under New Mexico  
19 law are:

20 (1) eligible to serve on the health facility's  
21 medical staff;

22 (2) credentialed under the same procedures as  
23 the health facility has established for physicians; and

24 (3) authorized to conduct peer review of their  
25 professional colleagues.

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1 C. As used in this section:

2 (1) "certified nurse-midwife" means [~~an~~  
3 ~~individual~~] a person licensed as a registered nurse pursuant to  
4 the Nursing Practice Act and licensed by the department of  
5 health as a certified nurse-midwife;

6 (2) "certified nurse practitioner" means a  
7 registered nurse who is licensed by the board of nursing for  
8 advanced practice as a certified nurse practitioner pursuant to  
9 the Nursing Practice Act;

10 (3) "clinical nurse specialist" means a  
11 registered nurse who is licensed by the board of nursing for  
12 advanced practice as a clinical nurse specialist and whose name  
13 and pertinent information are entered on the list of clinical  
14 nurse specialists maintained by the board of nursing;

15 (4) "health facility" means a health facility  
16 licensed by the [~~department of health pursuant to the Public~~  
17 ~~Health Act~~] authority; and

18 (5) "physician" means [~~an individual~~] a person  
19 licensed to practice as a medical doctor or an osteopathic  
20 physician."

21 SECTION 38. Section 24-1K-3 NMSA 1978 (being Laws 2021,  
22 Chapter 87, Section 3) is recompiled as Section 24A-1-14 NMSA  
23 1978 and is amended to read:

24 "24A-1-14. PRIMARY CARE COUNCIL CREATED--DUTIES.--

25 A. The secretary shall create the "primary care

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1 council" to:

2 (1) develop a shared description of primary  
3 care practitioners and services;

4 (2) analyze annually the proportion of health  
5 care delivery expenditures allocated to primary care statewide;

6 (3) review national and state models of  
7 optimal primary care investment with the objectives of  
8 increasing access to primary care, improving the quality of  
9 primary care services and lowering the cost of primary care  
10 delivery statewide;

11 (4) review New Mexico state and county data  
12 and information about barriers to accessing primary care  
13 services faced by New Mexico residents;

14 (5) recommend policies, [~~regulations~~] rules  
15 and legislation to increase access to primary care, improve the  
16 quality of primary care services and lower the cost of primary  
17 care delivery while reducing overall health care costs;

18 (6) coordinate efforts with the graduate  
19 medical education expansion review board and other primary care  
20 workforce development initiatives to devise a plan that  
21 addresses primary care workforce shortages within the state;

22 (7) report annually to the interim legislative  
23 health and human services committee and the legislative finance  
24 committee on ways that primary care investment could increase  
25 access to primary care, improve the quality of primary care

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1 services, lower the cost of primary care delivery, address the  
2 shortage of primary care providers and reduce overall health  
3 care costs; and

4 (8) develop and present to the secretary a  
5 five-year plan to determine how primary care investment could  
6 increase access to primary care, improve the quality of primary  
7 care services, lower the cost of primary care delivery, address  
8 the shortage of primary care providers and reduce overall  
9 health care costs.

10 B. The primary care council shall include nine  
11 voting members and thirteen advisory members, appointed by the  
12 secretary, and shall consist of:

13 (1) one member from the [~~department~~]  
14 authority;

15 (2) one member from the department of health;

16 (3) one member from the office of  
17 superintendent of insurance;

18 (4) one member from a statewide organization  
19 representing federally qualified health centers in New Mexico;

20 (5) five members from statewide organizations  
21 representing primary care providers or statewide health  
22 professional societies or associations; and

23 (6) thirteen nonvoting members representing  
24 health care and other stakeholders, in an advisory capacity.

25 C. The chair of the primary care council shall be

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1 elected by the voting members of the council.

2 D. The council shall meet at the call of the chair.

3 E. Members of the council shall not be paid per  
4 diem and mileage or other compensation for their services.

5 F. The [~~secretary~~] authority shall provide staff  
6 support for the council in the performance of its duties.

7 G. A simple majority of the voting members of the  
8 council constitutes a quorum.

9 H. The council shall hold its first meeting no  
10 later than October 1, 2021."

11 SECTION 39. Section 24-1-34 NMSA 1978 (being Laws 2012,  
12 Chapter 4, Section 1, as amended) is recompiled as Section  
13 24A-1-15 NMSA 1978 and is amended to read:

14 "24A-1-15. PRIMARY STROKE CENTERS--COMPREHENSIVE STROKE  
15 CENTERS--ACUTE STROKE CAPABLE CENTERS--[~~DEPARTMENT~~] AUTHORITY  
16 CERTIFICATION--RULEMAKING.--

17 A. In accordance with [~~department~~] authority rules,  
18 the [~~department~~] authority shall certify any acute care  
19 hospital as a primary stroke center, comprehensive stroke  
20 center or acute stroke capable center if that hospital has been  
21 accredited by the joint commission or any other nationally  
22 recognized accrediting body as a primary stroke center,  
23 comprehensive stroke center or acute stroke capable center.  
24 The [~~department~~] authority shall post information regarding  
25 certification on the [~~department's web site~~] authority's

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1 website. If a hospital loses accreditation as a primary stroke  
2 center, comprehensive stroke center or acute stroke capable  
3 center, the secretary shall also remove that hospital's  
4 certification.

5 B. In accordance with [~~department~~] authority rules,  
6 the emergency medical systems bureau of the department of  
7 health shall work in coordination with all local and regional  
8 emergency medical services authorities statewide on the  
9 development of pre-hospitalization protocols related to the  
10 assessment, treatment and transport of stroke patients by  
11 licensed emergency medical services providers. These protocols  
12 shall include, at a minimum, plans for the triage and transport  
13 of stroke patients to the closest comprehensive or primary  
14 stroke center or, when appropriate, to an acute stroke capable  
15 center.

16 C. The secretary may adopt rules to assist and  
17 encourage primary stroke centers to enter into coordinated  
18 stroke care agreements with other health care facilities  
19 throughout the state to provide appropriate access to care for  
20 acute stroke patients."

21 SECTION 40. Section 24-1-35 NMSA 1978 (being Laws 2013,  
22 Chapter 114, Section 1) is recompiled as Section 24A-1-16 NMSA  
23 1978 and is amended to read:

24 "24A-1-16. ASSISTED LIVING FACILITIES CONTRACTS--LIMIT  
25 ON CHARGES AFTER RESIDENT DEATH.--

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1           A. The contract for each resident of an assisted  
2 living facility shall include a refund policy to be implemented  
3 at the time of a resident's death. The refund policy shall  
4 provide that the resident's estate or responsible party is  
5 entitled to a prorated refund based on the calculated daily  
6 rate for any unused portion of payment beyond the termination  
7 date after all charges have been paid to the licensee. For the  
8 purpose of this section, the termination date shall be the date  
9 the unit is vacated by the resident due to the resident's death  
10 and cleared of all personal belongings.

11           B. If a resident's belongings are not removed  
12 within one week of the resident's death and the amount of  
13 belongings does not preclude renting the unit, the facility may  
14 clear the unit and charge the resident's estate for moving and  
15 storing the items at a rate equal to the actual cost to the  
16 facility, not to exceed ten percent of the regular rate for the  
17 unit; provided that the responsible party for the resident is  
18 given notice at least one week before the resident's belongings  
19 are removed. If the resident's belongings are not claimed  
20 within forty-five days after notification, the facility may  
21 dispose of them.

22           C. For the purposes of this section, "assisted  
23 living facility" means a facility required to be licensed as an  
24 assisted living facility for adults by the [~~department of~~  
25 ~~health~~] authority."

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1           SECTION 41. Section 24-1E-1 NMSA 1978 (being Laws 1996,  
2 Chapter 35, Section 4, as amended) is recompiled as Section  
3 24A-2-1 NMSA 1978 and is amended to read:

4           "24A-2-1. SHORT TITLE.--Chapter [~~24~~] 24A, Article [~~1E~~] 2  
5 NMSA 1978 may be cited as the "Health Facility Receivership  
6 Act"."

7           SECTION 42. Section 24-1E-2 NMSA 1978 (being Laws 1996,  
8 Chapter 35, Section 5, as amended) is recompiled as Section  
9 24A-2-2 NMSA 1978 and is amended to read:

10           "24A-2-2. DEFINITIONS.--As used in the Health Facility  
11 Receivership Act:

12           ~~[A. "department" means the department of health;~~  
13           ~~B.]~~ A. "health facility" [~~means:~~

14                   ~~(1) a health facility as defined in Subsection~~  
15 ~~D of Section 24-1-2 NMSA 1978 other than a child-care center or~~  
16 ~~facility, whether or not licensed by the state of New Mexico;~~  
17 ~~or~~

18                   ~~(2)~~ a] includes community-based [~~program]~~  
19 programs providing services funded, directly or indirectly, in  
20 whole or in part, by the home and community-based medicaid  
21 waiver program or by developmental disabilities, traumatic  
22 brain injury or other medical disabilities programs; and

23           ~~[C. "person" includes a natural person and any~~  
24 ~~other form of entity recognized by law;~~

25           ~~D.]~~ B. "receiver" means the secretary, upon

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1 appointment pursuant to the Health Facility Receivership Act  
2 [~~and~~

3 E. ~~"secretary" means the secretary of health]."~~

4 SECTION 43. Section 24-1E-3 NMSA 1978 (being Laws 1996,  
5 Chapter 35, Section 6) is recompiled as Section 24A-2-3 NMSA  
6 1978 and is amended to read:

7 "24A-2-3. HEALTH FACILITY RECEIVERSHIPS AUTHORIZED--  
8 VENUE.--

9 A. The secretary may file a verified petition in  
10 the district court seeking appointment as receiver of a health  
11 facility if the facility:

12 (1) is being operated without a valid license  
13 from the [~~division~~] authority;

14 (2) will be closed within sixty days and  
15 adequate arrangements to relocate its residents have not been  
16 submitted to and approved by the secretary;

17 (3) has been abandoned, its residents have  
18 been abandoned or such abandonment is imminent; or

19 (4) presents a situation, physical condition,  
20 practice or method of operation that the secretary finds  
21 presents an imminent danger of death or significant mental or  
22 physical harm to its residents or other persons.

23 B. The proceedings shall be governed by, and the  
24 receiver's powers and duties shall be as specified in, the  
25 Receivership Act, supplemented as provided in the Health

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1 Facility Receivership Act.

2 C. Venue shall be laid in the district court for  
3 Santa Fe county or any other county in which the health  
4 facility or any of its satellite facilities is located.

5 D. Service of process shall be made in any manner  
6 provided by the Rules of Civil Procedure for the District  
7 Courts. If personal service cannot practicably or promptly be  
8 made as so provided, service may be made by delivery of the  
9 summons with the petition attached to any person in charge of  
10 the health facility at the time service is made.

11 E. The health facility shall file a responsive  
12 pleading within ten days after the date service is made or  
13 within such time as directed by the district court."

14 SECTION 44. Section 24-1E-3.1 NMSA 1978 (being Laws  
15 2001, Chapter 225, Section 4) is recompiled as Section 24A-2-4  
16 NMSA 1978 and is amended to read:

17 "24A-2-4. RULEMAKING.--~~[No later than December 31, 2001]~~  
18 The secretary shall promulgate rules to implement the  
19 provisions of the Health Facility Receivership Act. As a  
20 minimum, the rules shall establish:

21 A. conditions under which a petition for a health  
22 facility receivership may be filed;

23 B. the duties, authority and responsibilities of  
24 the deputy receiver and the health facility;

25 C. the specific authority of the deputy receiver to

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1 impose financial conditions and requirements on the health  
2 facility;

3 D. minimum qualifications for deputy receivers; and

4 E. provisions that will be requested for inclusion  
5 in district court orders entered pursuant to the Health  
6 Facility Receivership Act."

7 SECTION 45. Section 9-7-6.4 NMSA 1978 (being Laws 2004,  
8 Chapter 46, Section 8, as amended) is recompiled as Section  
9 24A-3-1 NMSA 1978 and is amended to read:

10 "24A-3-1. INTERAGENCY BEHAVIORAL HEALTH PURCHASING  
11 COLLABORATIVE.--

12 A. The "interagency behavioral health purchasing  
13 collaborative" is created, consisting of the secretaries of  
14 health care authority, aging and long-term services, Indian  
15 affairs, [~~human services~~] health, corrections, children, youth  
16 and families, early childhood education and care, finance and  
17 administration, workforce solutions, public education and  
18 transportation or their designees; the directors of the  
19 administrative office of the courts, the [~~New Mexico mortgage~~  
20 ~~finance~~] retiree health care authority, the governor's  
21 commission on disability, the developmental disabilities  
22 council, the instructional support and vocational education  
23 division of the public education department and the New Mexico  
24 health policy commission or their designees; and the governor's  
25 health policy coordinator [~~or their designees~~]. The

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1 collaborative shall be chaired by the secretary of [~~human~~  
2 ~~services~~] health care authority with the respective secretaries  
3 of health and children, youth and families alternating annually  
4 as co-chairs.

5 B. The collaborative shall meet regularly and at  
6 the call of either co-chair and shall:

7 (1) identify behavioral health needs  
8 statewide, with an emphasis on that hiatus between needs and  
9 services set forth in the [~~department of health's~~] authority's  
10 gap analysis and in ongoing needs assessments, and develop a  
11 master plan for statewide delivery of services;

12 (2) give special attention to regional  
13 differences, including cultural, rural, frontier, urban and  
14 border issues;

15 (3) inventory all expenditures for behavioral  
16 health, including mental health and substance abuse;

17 (4) plan, design and direct a statewide  
18 behavioral health system, ensuring both availability of  
19 services and efficient use of all behavioral health funding,  
20 taking into consideration funding appropriated to specific  
21 affected departments; and

22 (5) contract for operation of one or more  
23 behavioral health entities to ensure availability of services  
24 throughout the state.

25 C. The plan for delivery of behavioral health

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1 services shall include specific service plans to address the  
2 needs of infants, children, adolescents, adults and seniors, as  
3 well as to address workforce development and retention and  
4 quality improvement issues. The plan shall be revised every  
5 two years and shall be adopted by the [~~department of health~~]  
6 authority as part of the statewide health plan.

7 D. The plan shall take the following principles  
8 into consideration, to the extent practicable and within  
9 available resources:

10 (1) services should be individually centered  
11 and family-focused based on principles of individual capacity  
12 for recovery and resiliency;

13 (2) services should be delivered in a  
14 culturally responsive manner in a home- or community-based  
15 setting, where possible;

16 (3) services should be delivered in the least  
17 restrictive and most appropriate manner;

18 (4) individualized service planning and case  
19 management should take into consideration individual and family  
20 circumstances, abilities and strengths and be accomplished in  
21 consultation with appropriate family, caregivers and other  
22 persons critical to the individual's life and well-being;

23 (5) services should be coordinated,  
24 accessible, accountable and of high quality;

25 (6) services should be directed by the

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1 individual or family served to the extent possible;

2 (7) services may be consumer- or family-  
3 provided, as defined by the collaborative;

4 (8) services should include behavioral health  
5 promotion, prevention, early intervention, treatment and  
6 community support; and

7 (9) services should consider regional  
8 differences, including cultural, rural, frontier, urban and  
9 border issues.

10 E. The collaborative shall seek and consider  
11 suggestions of Native American representatives from Indian  
12 nations, tribes and pueblos and the urban Indian population,  
13 located wholly or partially within New Mexico, in the  
14 development of the plan for delivery of behavioral health  
15 services.

16 F. Pursuant to the State Rules Act, the  
17 collaborative shall adopt rules through the [~~human services~~  
18 ~~department~~] authority for:

19 (1) standards of delivery for behavioral  
20 health services provided through contracted behavioral health  
21 entities, including:

22 (a) quality management and improvement;

23 (b) performance measures;

24 (c) accessibility and availability of

25 services;

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- 1 (d) utilization management;
- 2 (e) credentialing of providers;
- 3 (f) rights and responsibilities of
- 4 consumers and providers;
- 5 (g) clinical evaluation and treatment
- 6 and supporting documentation; and
- 7 (h) confidentiality of consumer records;
- 8 and

9 (2) approval of contracts and contract  
10 amendments by the collaborative, including public notice of the  
11 proposed final contract.

12 G. The collaborative shall, through the [~~human~~  
13 ~~services department~~] authority, submit a separately  
14 identifiable consolidated behavioral health budget request.  
15 The consolidated behavioral health budget request shall account  
16 for requested funding for the behavioral health services  
17 program at the [~~human services department~~] authority and any  
18 other requested funding for behavioral health services from  
19 agencies identified in Subsection A of this section that will  
20 be used pursuant to Paragraph (5) of Subsection B of this  
21 section. Any contract proposed, negotiated or entered into by  
22 the collaborative is subject to the provisions of the  
23 Procurement Code.

24 H. The collaborative shall, with the consent of the  
25 governor, appoint a "director of the collaborative". The

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1 director is responsible for the coordination of day-to-day  
2 activities of the collaborative, including the coordination of  
3 staff from the collaborative member agencies.

4 I. The collaborative shall provide a quarterly  
5 report to the legislative finance committee on performance  
6 outcome measures. The collaborative shall submit an annual  
7 report to the legislative finance committee and the interim  
8 legislative health and human services committee that provides  
9 information on:

10 (1) the collaborative's progress toward  
11 achieving its strategic plans and goals;

12 (2) the collaborative's performance  
13 information, including contractors and providers; and

14 (3) the number of people receiving services,  
15 the most frequently treated diagnoses, expenditures by type of  
16 service and other aggregate claims data relating to services  
17 rendered and program operations."

18 SECTION 46. Section 24-1-28 NMSA 1978 (being Laws 2004,  
19 Chapter 46, Section 2, as amended) is recompiled as Section  
20 24A-3-2 NMSA 1978 and is amended to read:

21 "24A-3-2. BEHAVIORAL HEALTH PLANNING COUNCIL CREATED--  
22 POWERS AND DUTIES--MEMBERSHIP.--[~~There is created~~]

23 A. The "behavioral health planning council" [~~A.~~] is  
24 created. The council [~~shall consist~~] consists of the following  
25 members, all of whom shall be appointed by and serve at the

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1 pleasure of the governor:

2 (1) consumers of behavioral health services  
3 and consumers of substance abuse services, as follows:

4 (a) adults with serious mental illness;

5 (b) seniors;

6 (c) family members of adults with  
7 serious mental illness and of children with serious emotional  
8 or neurobiological disorders; and

9 (d) persons with co-occurring disorders;

10 (2) Native American representatives from a  
11 pueblo, an Apache tribe, the Navajo Nation and an urban Native  
12 American population;

13 (3) providers;

14 (4) state agency representation from agencies  
15 responsible for:

16 (a) adult mental health and substance  
17 abuse;

18 (b) children's mental health and  
19 substance abuse;

20 (c) education;

21 (d) vocational rehabilitation;

22 (e) criminal justice;

23 (f) juvenile justice;

24 (g) housing;

25 (h) medicaid and social services;

- 1 (i) health policy planning;
- 2 (j) developmental disabilities planning;

3 and

- 4 (k) disabilities issues and advocacy;

5 (5) such other members as the governor may  
6 appoint to ensure appropriate cultural and geographic  
7 representation; and

- 8 (6) advocates.

9 B. Providers and state agency representatives  
10 together may not constitute more than forty-nine percent of the  
11 council membership.

12 C. The council shall:

13 (1) advocate for adults, children and  
14 adolescents with serious mental illness or severe emotional,  
15 neurobiological and behavioral disorders, as well as those with  
16 mental illness or emotional problems, including substance abuse  
17 and co-occurring disorders;

18 (2) report annually to the governor and the  
19 legislature on the adequacy and allocation of mental health  
20 services throughout the state;

21 (3) encourage and support the development of a  
22 comprehensive, integrated, community-based behavioral health  
23 system of care, including mental health and substance abuse  
24 services, and services for persons with co-occurring disorders;

25 (4) advise state agencies responsible for

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1 behavioral health services for children and adults, as those  
2 agencies are charged in Section [~~9-7-6.4~~] 24A-3-1 NMSA 1978;

3 (5) meet regularly and at the call of the  
4 chair, who shall be selected by the council membership from  
5 among its members;

6 (6) establish subcommittees, to meet at least  
7 quarterly, as follows:

8 (a) a medicaid subcommittee, chaired by  
9 the secretary of [~~human services~~] health care authority or a  
10 designee, which may also serve as a subcommittee of the  
11 medicaid advisory committee;

12 (b) a child and adolescent subcommittee,  
13 chaired by the secretary of children, youth and families or a  
14 designee;

15 (c) an adult subcommittee, chaired by  
16 the secretary of health care authority or a designee;

17 (d) a substance abuse subcommittee,  
18 chaired by the secretary of health or a designee, which shall  
19 include DWI issues and shall include representation from local  
20 DWI councils;

21 (e) a Native American subcommittee,  
22 chaired by the secretary of Indian affairs or a designee; and

23 (f) other subcommittees as may be  
24 established by the chair of the council to address specific  
25 issues. All subcommittees may include nonvoting members

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1 appointed by the chair for purposes of providing expertise  
2 necessary to the charge of the respective subcommittee;

3 (7) review and make recommendations for the  
4 comprehensive mental health state block grant and the substance  
5 abuse block grant applications, the state plan for medicaid  
6 services and any other plan or application for federal or  
7 foundation funding for behavioral health services; and

8 (8) replace the governor's mental health  
9 planning council and act in accordance with Public Law 102-321  
10 of the federal Public Health Service Act."

11 SECTION 47. Section 9-8-7.3 NMSA 1978 (being Laws 2019,  
12 Chapter 222, Section 2, as amended) is recompiled as Section  
13 24A-3-3 NMSA 1978 and is amended to read:

14 "24A-3-3. INCARCERATED PERSONS--BEHAVIORAL HEALTH  
15 SERVICES--COUNTY FUNDING PROGRAM.--To carry out the provisions  
16 of Subsection E of Section 9-8-7.1 NMSA 1978 and to provide  
17 behavioral health services to persons who are incarcerated in a  
18 county correctional facility:

19 A. the secretary shall adopt and promulgate rules:

20 (1) pursuant to which a county may apply for  
21 and be awarded funding through the ~~[department]~~ authority; and

22 (2) to establish priorities and guidelines for  
23 the award of funding to counties; and

24 B. the ~~[department]~~ authority shall distribute  
25 funds, as funding permits, to the county health care assistance

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1 funds of those counties:

2 (1) that apply for behavioral health services  
3 funding in accordance with [~~department~~] authority rules; and

4 (2) whose proposed utilization of funding  
5 pursuant to this section meets the priorities and guidelines  
6 for the awarding of behavioral health services funding  
7 established in [~~department~~] authority rules."

8 SECTION 48. Section 24-1A-1 NMSA 1978 (being Laws 1981,  
9 Chapter 295, Section 1) is recompiled as Section 24A-4-1 NMSA  
10 1978 and is amended to read:

11 "24A-4-1. SHORT TITLE.--[~~This act~~] Chapter 24A, Article  
12 4 NMSA 1978 may be cited as the "Rural Primary Health Care  
13 Act"."

14 SECTION 49. Section 24-1A-3 NMSA 1978 (being Laws 1981,  
15 Chapter 295, Section 3, as amended) is recompiled as Section  
16 24A-4-3 NMSA 1978 and is amended to read:

17 "24A-4-3. DEFINITIONS.--As used in the Rural Primary  
18 Health Care Act:

19 A. "health care underserved areas" means a  
20 geographic area in which it has been determined by the  
21 [~~department of health~~] authority, through the use of indices  
22 and other standards set by the [~~department~~] authority, that  
23 sufficient primary health care is not being provided to the  
24 citizens of that area;

25 B. "eligible programs" means nonprofit community-



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1 based entities that provide or commit to provide primary health  
2 care services for residents of health care underserved areas  
3 and includes rural health facilities and those serving  
4 primarily low-income populations; and

5 ~~[G. "department" means the department of health;~~  
6 ~~and~~

7 ~~D.]~~ C. "primary health care" means the first level  
8 of basic or general health care for ~~[an individual's]~~ a  
9 person's health needs, including diagnostic and treatment  
10 services."

11 **SECTION 50.** Section 24-1A-3.1 NMSA 1978 (being Laws  
12 1983, Chapter 236, Section 3, as amended) is recompiled as  
13 Section 24A-4-4 NMSA 1978 and is amended to read:

14 "24A-4-4. ~~[DEPARTMENT]~~ AUTHORITY--TECHNICAL AND  
15 FINANCIAL ASSISTANCE.--To the extent funds are made available  
16 for the purposes of the Rural Primary Health Care Act, the  
17 ~~[department]~~ authority is authorized to:

18 A. provide for a program to recruit and retain  
19 health care personnel in health care underserved areas;

20 B. develop plans for and coordinate the efforts of  
21 other public and private entities assisting in the provision of  
22 primary health care services through eligible programs;

23 C. provide for technical assistance to eligible  
24 programs in the areas of administrative and financial  
25 management, clinical services, outreach and planning;

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1           D. provide for distribution of financial assistance  
2 to eligible programs that have applied for and demonstrated a  
3 need for assistance in order to sustain a minimum level of  
4 delivery of primary health care services; and

5           E. provide a program for enabling the development  
6 of new primary care health care services or facilities, and  
7 that program:

8                   (1) shall give preference to communities that  
9 have few or no community-based primary care services;

10                   (2) may require in-kind support from local  
11 communities where primary care health care services or  
12 facilities are established;

13                   (3) may require primary care health care  
14 services or facilities to assure provision of health care to  
15 the medically indigent; and

16                   (4) shall permit the implementation of  
17 innovative and creative uses of local or statewide health care  
18 resources, or both, other than those listed in Paragraphs (2)  
19 and (3) of this subsection."

20           SECTION 51. Section 24-1A-4 NMSA 1978 (being Laws 1981,  
21 Chapter 295, Section 4, as amended) is recompiled as Section  
22 24A-4-5 NMSA 1978 and is amended to read:

23                   "24A-4-5. RULES ~~[AND REGULATIONS]~~.--~~[Subject to the~~  
24 ~~State Rules Act, the department]~~ The authority shall adopt  
25 rules [and regulations] in accordance with the State Rules Act

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1 for recruiting health care personnel in health care underserved  
2 areas, and shall establish a formula for distribution of  
3 financial assistance to eligible programs [~~which~~] that shall  
4 take into account the relative needs of applicants for  
5 assistance; provided that funds may not be expended for land or  
6 facility acquisition or debt amortization; and further provided  
7 that a local match of ten percent shall be required from each  
8 local recipient for each request for assistance."

9 SECTION 52. Section 24-1A-5 NMSA 1978 (being Laws 2023,  
10 Chapter 204, Section 1) is recompiled as Section 24A-4-6 NMSA  
11 1978 and is amended to read:

12 "24A-4-6. RURAL HEALTH CARE DELIVERY FUND--GRANTS--  
13 APPLICATIONS--AWARDS.--

14 A. The "rural health care delivery fund" is created  
15 as a nonreverting fund in the state treasury. The fund  
16 consists of appropriations, gifts, grants, donations, income  
17 from investment of the fund and any other revenue credited to  
18 the fund. The [~~department~~] authority shall administer the  
19 fund, and money in the fund is appropriated to the [~~department~~]  
20 authority to carry out the provisions of [~~this section~~] the  
21 Rural Primary Health Care Act. Expenditures shall be by  
22 warrant of the secretary of finance and administration pursuant  
23 to vouchers signed by the secretary [~~of human services~~] or the  
24 secretary's authorized representative.

25 B. A rural health care provider or rural health

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1 care facility may apply to the [~~department~~] authority for a  
2 grant to defray operating losses, including rural health care  
3 provider or rural health care facility start-up costs, incurred  
4 in providing inpatient, outpatient, primary, specialty or  
5 behavioral health services to New Mexico residents. The  
6 [~~department~~] authority may award a grant from the rural health  
7 care delivery fund to a rural health care provider or rural  
8 health care facility that is providing a new or expanded health  
9 care service as approved by the department that covers  
10 operating losses for the new or expanded health care service,  
11 subject to the following conditions and limitations:

12 (1) the rural health care provider or rural  
13 health care facility meets state licensing requirements to  
14 provide health care services and is an enrolled medicaid  
15 provider that actively serves medicaid recipients;

16 (2) grants are for one year and for no more  
17 than the first five years of operation as a newly constructed  
18 rural health care facility or the operation of a new or  
19 expanded health care service;

20 (3) grants are limited to covering operating  
21 losses for which recognized revenue is not sufficient;

22 (4) the rural health care provider or rural  
23 health care facility provides adequate cost data, as defined by  
24 rule of the [~~department~~] authority, based on financial and  
25 statistical records that can be verified by qualified auditors

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1 and which data are based on an approved method of cost finding  
2 and the accrual basis of accounting and can be confirmed as  
3 having been delivered through review of claims;

4 (5) grant award amounts shall be reconciled by  
5 the ~~[department]~~ authority to audited operating losses after  
6 the close of the grant period;

7 (6) in the case of a rural health care  
8 provider, the provider commits to:

9 (a) a period of operation equivalent to  
10 the number of years grants are awarded; and

11 (b) actively serve medicaid recipients  
12 throughout the duration of the grant period; and

13 (7) in prioritizing grant awards, the  
14 ~~[department]~~ authority shall consider the health needs of the  
15 state and the locality and the long-term sustainability of the  
16 new or expanded service.

17 C. As used in this section:

18 (1) "allowable costs" means necessary and  
19 proper costs defined by rule of the ~~[department]~~ authority  
20 based on medicare reimbursement principles, including  
21 reasonable direct expenses, but not including general overhead  
22 and management fees paid to a parent corporation;

23 ~~[(2) "department" means the human services~~  
24 ~~department;~~

25 ~~(3)]~~ (2) "health care services" means services

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1 for the diagnosis, prevention, treatment, cure or relief of a  
2 physical, dental, behavioral or mental health condition,  
3 substance use disorder, illness, injury or disease and for  
4 medical or behavioral health ground transportation;

5 [~~(4)~~] (3) "medicaid" means the medical  
6 assistance program established pursuant to Title 19 of the  
7 federal Social Security Act and [~~regulations~~] rules issued  
8 pursuant to that act;

9 [~~(5)~~] (4) "medicaid provider" means a person  
10 that provides medicaid-related services to medicaid recipients;

11 [~~(6)~~] (5) "medicaid recipient" means a person  
12 whom the [~~department~~] authority has determined to be eligible  
13 to receive medicaid-related services in the state;

14 [~~(7)~~] (6) "operating losses" means the  
15 projected difference between recognized revenue and allowable  
16 costs for a grant request period;

17 [~~(8)~~] (7) "recognized revenue" means operating  
18 revenue, including revenue directly related to the rendering of  
19 patient care services and revenue from nonpatient care services  
20 to patients and persons other than patients; the value of  
21 donated commodities; supplemental payments; distributions from  
22 the safety net care pool fund; and distributions of federal  
23 funds;

24 [~~(9)~~] (8) "rural health care facility" means a  
25 health care facility licensed in the state that provides

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1 inpatient or outpatient physical or behavioral health services  
2 or programmatic services in a county that has a population of  
3 one hundred thousand or fewer according to the most recent  
4 federal decennial census;

5 [~~(10)~~] (9) "rural health care provider" means  
6 an individual health professional licensed by the appropriate  
7 board, a medical or behavioral health ground transportation  
8 entity licensed by the public regulation commission or a health  
9 facility organization licensed by the [~~department of health~~]  
10 authority to provide health care diagnosis and treatment of  
11 physical or behavioral health or programmatic services in a  
12 county that has a population of one hundred thousand or fewer  
13 according to the most recent federal decennial census; and

14 [~~(11)~~] (10) "start-up costs" means the  
15 planning, development and operation of rural health care  
16 services, including legal fees; accounting fees; costs  
17 associated with leasing equipment, a location or property;  
18 depreciation of equipment costs; and staffing costs. "Start-up  
19 costs" does not mean the construction or purchase of land or  
20 buildings."

21 **SECTION 53.** Section 24-1C-1 NMSA 1978 (being Laws 1994,  
22 Chapter 62, Section 7, as amended) is recompiled as Section  
23 24A-5-1 NMSA 1978 and is amended to read:

24 "24A-5-1. SHORT TITLE.--Chapter [~~24~~] 24A, Article [~~16~~] 5  
25 NMSA 1978 may be cited as the "Primary Care Capital Funding

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1 Act".

2 SECTION 54. Section 24-1C-3 NMSA 1978 (being Laws 1994,  
3 Chapter 62, Section 9, as amended) is recompiled as Section  
4 24A-5-3 NMSA 1978 and is amended to read:

5 "24A-5-3. DEFINITIONS.--As used in the Primary Care  
6 Capital Funding Act:

7 [~~A. "authority" means the New Mexico finance~~  
8 ~~authority;~~

9 B.] A. "capital project" means acquisition, repair,  
10 renovation or construction of a facility; purchase of land;  
11 acquisition of capital equipment of a long-term nature; or  
12 acquisition of capital equipment to be used in the delivery of  
13 primary care, telehealth or hospice services;

14 [~~G. "department" means the department of health;~~

15 D.] B. "eligible entity" means:

16 (1) a community-based nonprofit primary care  
17 clinic or hospice that operates in a rural or other health care  
18 underserved area of the state, that is a 501(c)(3) nonprofit  
19 corporation for federal income tax purposes and that is  
20 eligible for funding pursuant to the Rural Primary Health Care  
21 Act;

22 (2) a school-based health center that operates  
23 in a public school district and that meets [~~department~~] health  
24 care authority requirements or that is funded by the federal  
25 department of health and human services;

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1 (3) a primary care clinic that operates in a  
2 rural or other health care underserved area of the state, that  
3 is owned by a county or municipality and that meets  
4 ~~[department]~~ health care authority requirements for  
5 eligibility; or

6 (4) a telehealth site that is operated by an  
7 entity described in this subsection;

8 ~~[E.]~~ C. "fund" means the primary care capital fund;

9 ~~[F.]~~ D. "operating capital" means funds needed to  
10 meet short-term obligations, such as accounts payable, wages,  
11 debt servicing, lease and income tax payments;

12 ~~[G.]~~ E. "primary care" means the first level of  
13 basic or general health care for ~~[an individual's]~~ a person's  
14 health needs, including diagnostic and treatment services and  
15 ~~[including]~~ services delivered at a primary care clinic, a  
16 telehealth site or a school-based health center; "primary care"  
17 includes the provision of mental health services if those  
18 services are integrated into the eligible entity's service  
19 array; and

20 ~~[H.]~~ F. "project" means a capital project or  
21 operating capital needed to support the increase of primary  
22 care services to sick and medically indigent persons."

23 **SECTION 55.** Section 24-1C-4 NMSA 1978 (being Laws 1994,  
24 Chapter 62, Section 10, as amended) is recompiled as Section  
25 24A-5-4 NMSA 1978 and is amended to read:

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1 "24A-5-4. PRIMARY CARE CAPITAL FUND--CREATION.--

2 A. The "primary care capital fund" is created as a  
3 revolving fund in the New Mexico finance authority. The fund  
4 ~~[shall consist of appropriations]~~ consists of loan repayments,  
5 gifts, grants, donations, ~~[and interest]~~ income earned on  
6 investment of the fund and any other money deposited in the  
7 fund. A separate account shall be maintained for  
8 ~~[appropriations loan repayments, gifts, grants, donations, and~~  
9 ~~interest earned on investment of the account]~~ money deposited  
10 on account for loans to school-based health centers and  
11 telehealth sites. ~~[Money in the fund shall not revert at the~~  
12 ~~end of a fiscal year.]~~

13 B. The fund shall be administered by the New Mexico  
14 finance authority and the authority may recover from the fund  
15 the actual costs of administering the fund and originating  
16 loans."

17 **SECTION 56.** Section 24-1C-5 NMSA 1978 (being Laws 1994,  
18 Chapter 62, Section 11, as amended) is recompiled as Section  
19 24A-5-5 NMSA 1978 and is amended to read:

20 "24A-5-5. RULES.--The health care authority shall adopt  
21 rules to administer and implement the provisions of the Primary  
22 Care Capital Funding Act, including providing for:

23 A. the determination of rural or other health care  
24 underserved areas of the state in which eligible entities may  
25 receive loans or contracts for services from the fund;

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1           B. procedures and forms for applying for loans or  
2 contracts for services for projects;

3           C. documentation required to be provided by the  
4 applicant to justify the need for the project;

5           D. documentation required to be provided by the  
6 applicant to demonstrate that the applicant is an eligible  
7 entity;

8           E. procedures for review, evaluation and approval  
9 of loans and contracts for services, including the  
10 programmatic, organizational and financial information  
11 necessary to review, evaluate and approve an application;

12           F. evaluation of the ability and competence of an  
13 applicant to provide efficiently and adequately for the  
14 completion of a proposed project;

15           G. approval of loan and contract for services  
16 applications, including provisions that accord priority  
17 attention to areas with the greatest need for primary care  
18 services;

19           H. fair geographic distribution of loans and  
20 contracts for services; and

21           I. such other requirements deemed necessary by the  
22 [~~department~~] health care authority to ensure that the state  
23 receives the primary care services for which the legislature  
24 appropriates money and that protect the state's interest in a  
25 project."

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1           SECTION 57. Section 24-1C-6 NMSA 1978 (being Laws 1994,  
2 Chapter 62, Section 12, as amended) is recompiled as Section  
3 24A-5-6 NMSA 1978 and is amended to read:

4           "24A-5-6. ~~[DEPARTMENT]~~ HEALTH CARE AUTHORITY--NEW MEXICO  
5 FINANCE AUTHORITY--POWERS AND DUTIES.--

6           A. The ~~[department]~~ health care authority and the  
7 New Mexico finance authority shall administer the loan programs  
8 and contracts for services established pursuant to the  
9 provisions of the Primary Care Capital Funding Act. The  
10 ~~[department]~~ health care authority and the New Mexico finance  
11 authority shall:

12                       (1) enter into joint powers agreements with  
13 each other or other appropriate public agencies to carry out  
14 the provisions of that act; and

15                       (2) apply to any appropriate federal, state or  
16 local governmental agency or private organization for grants  
17 and gifts to carry out the provisions of that act or to fund  
18 allied community-based health care programs.

19           B. Instead of a loan, the ~~[department or authority]~~  
20 health care authority may ~~[instead of a loan]~~ determine a  
21 contract for services with an eligible entity to provide free  
22 or reduced fee primary care services for sick and medically  
23 indigent persons as reasonably adequate legal consideration for  
24 money from the fund to the eligible entity so it may acquire or  
25 construct a capital project to provide the services.

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1 C. The ~~[department]~~ health care authority and the  
2 New Mexico finance authority may:

3 (1) make and enter into contracts and  
4 agreements necessary to carry out their powers and duties  
5 pursuant to the provisions of the Primary Care Capital Funding  
6 Act; and

7 (2) do all things necessary or appropriate to  
8 carry out the provisions of ~~[the Primary Care Capital Funding]~~  
9 that act.

10 D. The New Mexico finance authority is responsible  
11 for all financial duties of the programs, including:

12 (1) administering the fund;

13 (2) accounting for all money received,  
14 controlled or disbursed for capital projects in accordance with  
15 the provisions of the Primary Care Capital Funding Act;

16 (3) evaluating and approving loans ~~[and~~  
17 ~~contracts for services]~~, including determining financial  
18 capacity of an eligible entity;

19 (4) enforcing contract provisions of loans and  
20 contracts for services, including the ability to sue to recover  
21 money or property owed the state;

22 (5) determining requirements for repayment of  
23 loans, including interest rates, loan terms, payment schedules  
24 and other financial aspects of a loan ~~[and relevant terms of a~~  
25 ~~contract for services]~~;

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1 (6) ensuring the New Mexico finance  
2 authority's interest in any project by the filing of a lien  
3 equal to the total of the authority's financial participation  
4 in the project; and

5 (7) performing other duties in accordance with  
6 the provisions of [~~the Primary Care Capital Funding~~] that act,  
7 rules promulgated pursuant to that act or joint powers  
8 agreements entered into with the [~~department~~] health care  
9 authority.

10 E. The [~~department~~] health care authority is  
11 responsible for the following duties:

12 (1) defining sick and medically indigent  
13 persons for purposes of the Primary Care Capital Funding Act;

14 (2) establishing priorities for loans and  
15 contracts for services;

16 (3) determining the appropriateness of the  
17 project;

18 (4) evaluating the capability of an applicant  
19 to provide and maintain primary care or hospice services;

20 (5) selecting recipients of loans and persons  
21 with whom to contract for services;

22 (6) determining that capital projects comply  
23 with all state and federal licensing; and

24 (7) contracting with [~~an eligible entity~~]  
25 eligible entities to provide primary care services without

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1 charge or at a reduced fee for sick and medically indigent  
2 persons as defined by the [~~department~~] health care authority as  
3 repayment of loans.

4 F. The New Mexico finance authority may make a loan  
5 to an eligible entity to acquire, construct, renovate or  
6 otherwise improve a capital project or to fund operating  
7 capital, provided there is a finding:

8 (1) by the [~~department~~] health care authority  
9 that the project will provide primary care services to sick and  
10 medically indigent persons as [~~defined by the department~~]  
11 determined by the health care authority; and

12 (2) by the New Mexico finance authority that  
13 there is adequate protection, including loan guarantees, real  
14 property liens, title insurance, security interests in or  
15 pledges of accounts and other assets, loan covenants and  
16 warranties or restrictions on other encumbrances and pledges  
17 for the state funds extended for the loan.

18 G. The New Mexico finance authority may make a loan  
19 to a school-based health center that operates in a school  
20 district or to a telehealth site for a capital project;  
21 provided, however, that the loan shall not exceed the amount in  
22 the account reserved for school-based health center or  
23 telehealth site funding."

24 SECTION 58. Section 24-1C-9 NMSA 1978 (being Laws 1994,  
25 Chapter 62, Section 15, as amended) is recompiled as Section

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1 24A-5-7 NMSA 1978 and is amended to read:

2 "24A-5-7. ELIGIBLE ENTITY--CHANGE IN STATUS.--If an  
3 eligible entity that has received a loan or contract for  
4 services for a capital project ceases to maintain its nonprofit  
5 status or ceases to deliver primary care services at the site  
6 of the capital project for twelve consecutive months, the New  
7 Mexico finance authority may pursue the remedies provided in  
8 the loan agreement or contract for services or as provided by  
9 law."

10 SECTION 59. Section 24-1C-10 NMSA 1978 (being Laws 1994,  
11 Chapter 62, Section 16) is recompiled as Section 24A-5-8 NMSA  
12 1978 and is amended to read:

13 "24A-5-8. REPORT.--The [~~department and the~~] health care  
14 authority and the New Mexico finance authority shall report  
15 jointly to the governor and the legislature by December 1 of  
16 each year on the primary care capital funding program."

17 SECTION 60. Section 24-17A-1 NMSA 1978 (being Laws 1998,  
18 Chapter 82, Section 1) is recompiled as Section 24A-6-1 NMSA  
19 1978 and is amended to read:

20 "24A-6-1. SHORT TITLE.--[~~This act~~] Chapter 24A, Article  
21 6 NMSA 1978 may be cited as the "Long-Term Care Services Act"."

22 SECTION 61. Section 24-17A-3 NMSA 1978 (being Laws 1998,  
23 Chapter 82, Section 3) is recompiled as Section 24A-6-3 NMSA  
24 1978 and is amended to read:

25 "24A-6-3. INTERAGENCY COMMITTEE CREATED--COORDINATED

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1 SERVICE DELIVERY SYSTEM--LEAD AGENCY--SERVICE DELIVERY  
2 SYSTEM.--

3 A. The "interagency committee on long-term care" is  
4 created.

5 B. Members of the interagency committee on long-  
6 term care shall be the heads of the following agencies or their  
7 designated representatives:

8 (1) the authority;

9 [~~(1)~~] (2) the [state agency on] aging and  
10 long-term services department;

11 [~~(2) the human services department;~~]

12 (3) the department of health;

13 (4) the children, youth and families  
14 department;

15 (5) the [~~labor~~] workforce solutions  
16 department;

17 (6) the governor's [~~committee on concerns of~~  
18 ~~the handicapped~~] commission on disability;

19 (7) the developmental disabilities [~~planning~~]  
20 council; and

21 (8) the [~~department~~] office of superintendent  
22 of insurance.

23 C. The interagency committee on long-term care  
24 shall design and implement a coordinated service delivery  
25 system that fulfills the legislative mandate to develop a

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1 coordinated long-term care system.

2 D. The governor shall appoint a chairperson from  
3 the membership of the interagency committee on long-term care."

4 SECTION 62. Section 24-17B-1 NMSA 1978 (being Laws 2021,  
5 Chapter 111, Section 1) is recompiled as Section 24A-7-1 NMSA  
6 1978 and is amended to read:

7 "24A-7-1. SHORT TITLE.--~~[This act]~~ Chapter 24A, Article  
8 7 NMSA 1978 may be cited as the "Long-Term Care Facility  
9 Dementia Training Act".

10 SECTION 63. Section 24-17B-2 NMSA 1978 (being Laws 2021,  
11 Chapter 111, Section 2, as amended) is recompiled as Section  
12 24A-7-2 NMSA 1978 and is amended to read:

13 "24A-7-2. ~~[DEFINITIONS]~~ DEFINITION.--As used in the  
14 Long-Term Care Facility Dementia Training Act:

15 ~~[A. "department" means the department of health;~~

16 ~~B.]~~ A. "direct care service" means services  
17 provided to long-term care facility residents that maintain or  
18 improve the health and quality of life of the residents;

19 ~~[C.]~~ B. "direct care service staff member" means a  
20 person employed by or contracted with a long-term care facility  
21 to provide in-person direct care services to long-term care  
22 facility residents. "Direct care service staff member" does  
23 not include a registered nurse licensed pursuant to the Nursing  
24 Practice Act or a physician licensed pursuant to the Medical  
25 Practice Act who has received specialized training or education

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1 in geriatric care; and

2           ~~[D.]~~ C. "long-term care facility" means a long-term  
3 care facility licensed by the state that is not otherwise  
4 required to provide at least four hours of dementia care  
5 training under state or federal law. "Long-term care facility"  
6 does not include a facility licensed pursuant to the Public  
7 Health Act as an intermediate care facility for individuals  
8 with intellectual disabilities."

9           **SECTION 64.** Section 24-17B-3 NMSA 1978 (being Laws 2021,  
10 Chapter 111, Section 3, as amended) is recompiled as Section  
11 24A-7-3 NMSA 1978 and is amended to read:

12           "24A-7-3. TRAINING REQUIRED.--

13           A. Each long-term care facility that is subject to  
14 the Long-Term Care Facility Dementia Training Act shall provide  
15 at least four hours of dementia training to each direct care  
16 service staff member that it employs on:

- 17                   (1) recognizing and treating Alzheimer's
- 18 disease and dementia;
- 19                   (2) person-centered care;
- 20                   (3) activities of daily living;
- 21                   (4) an overview of the different types of
- 22 dementia;
- 23                   (5) strategies to manage the behavior of
- 24 people who have dementia; and
- 25                   (6) strategies to effectively communicate with

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1 people who have dementia.

2 B. Training may be online or in-person and shall be  
3 a training program of at least four hours. Each long-term care  
4 facility shall submit the training program that it uses or  
5 proposes to use to the ~~[department]~~ authority for review. If  
6 the ~~[department]~~ authority finds that the training program does  
7 not satisfy the purposes of the Long-Term Care Facility  
8 Dementia Training Act, it shall require the long-term care  
9 facility to submit a new proposed training program.

10 C. A person designing the training shall have at  
11 least two years of work experience related to Alzheimer's  
12 disease, dementia, health care, gerontology or other related  
13 field.

14 D. Every direct care service staff member shall  
15 complete the requirements for and obtain a training  
16 certificate. ~~[as provided in Subsection E of this section.~~  
17 ~~E.]~~ A direct care service staff member:

18 (1) hired after January 1, 2022 shall complete  
19 the training required ~~[pursuant to this section]~~ within ninety  
20 days of the start of employment;

21 (2) hired prior to January 1, 2022 who has not  
22 received training equivalent to the requirements set forth in  
23 the Long-Term Care Facility Dementia Training Act shall  
24 complete training within sixty days of January 1, 2022;

25 (3) hired prior to January 1, 2022 who

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1 received training within the past twenty-four months equivalent  
2 to the requirements set forth in [~~the Long-Term Care Facility~~  
3 ~~Dementia Training~~] that act shall be issued a training  
4 certificate by the long-term care facility that employs the  
5 direct care service staff member; and

6 (4) who has successfully obtained a training  
7 certificate but has had a lapse of dementia-related direct care  
8 service employment for twenty-four consecutive months or more  
9 shall complete training within ninety days of the start of  
10 employment.

11 [~~F. Any~~] E. A long-term care facility that  
12 contracts for the services of a direct care service staff  
13 member may include a requirement in the contract that the  
14 direct care service staff member [~~has received~~] is required to  
15 receive dementia care training that satisfies the requirements  
16 of the Long-Term Care Facility Dementia Training Act."

17 **SECTION 65.** Section 24-17B-4 NMSA 1978 (being Laws 2021,  
18 Chapter 111, Section 4, as amended) is recompiled as Section  
19 24A-7-4 NMSA 1978 and is amended to read:

20 "24A-7-4. [~~DEPARTMENT~~] AUTHORITY OVERSIGHT AND  
21 RULEMAKING.--In consultation with the aging and long-term  
22 services department, the [~~department~~] authority shall:

23 A. identify, publish a list of and periodically  
24 review online or in-person standardized training programs that  
25 meet the requirements of the Long-Term Care Facility Dementia

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1 Training Act;

2 B. develop and periodically review required  
3 evaluation instruments that demonstrate competency and  
4 knowledge gained in training topics;

5 C. promulgate rules to carry out the provisions of  
6 the Long-Term Care Facility Dementia Training Act, including:

7 (1) for evaluation on the training topics for  
8 treatment and care of persons with Alzheimer's disease or  
9 dementia; and

10 (2) requiring ~~[an]~~ one hour of dementia care  
11 training to be included as part of an annual continuing  
12 education training requirement for direct care service staff  
13 members at long-term care facilities, unless additional time is  
14 necessitated to address changing standards of care ~~[and~~

15 ~~(3) as necessary to carry out the Long-Term~~  
16 ~~Care Facility Dementia Training Act];~~

17 D. issue interpretative guidance as necessary to  
18 ensure compliance with the Long-Term Care Facility Dementia  
19 Training Act;

20 E. review all long-term care facility dementia  
21 training programs related to the Long-Term Care Facility  
22 Dementia Training Act; and

23 F. give notice of the requirements of the Long-Term  
24 Care Facility Dementia Training Act to long-term care  
25 facilities within ninety days of June 18, 2021."

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1           SECTION 66. Section 24-17B-5 NMSA 1978 (being Laws 2021,  
2 Chapter 111, Section 5, as amended) is recompiled as Section  
3 24A-7-5 NMSA 1978 and is amended to read:

4           "24A-7-5. DEMENTIA TRAINING CERTIFICATES.--The training  
5 provider [~~of training conducted pursuant to the Long-Term Care~~  
6 ~~Facility Dementia Training Act~~] shall issue a certificate to  
7 staff upon completion of initial training. The certificate  
8 shall be valid so long as the certificate holder meets the  
9 requirements set forth by the [~~department~~] authority pursuant  
10 to the Long-Term Care Facility Dementia Training Act and the  
11 certificate holder has not had a lapse of dementia-related  
12 direct care service employment for twenty-four consecutive  
13 months or more. The certificate shall be valid among long-term  
14 care facilities. Each long-term care facility and long-term  
15 care facility contractor that is subject to [~~the Long-Term Care~~  
16 ~~Facility Dementia Training~~] that act shall be responsible for  
17 maintaining documentation regarding completed dementia training  
18 and evaluation for each direct care service staff member."

19           SECTION 67. Section 24-33-1 NMSA 1978 (being Laws 2019,  
20 Chapter 141, Section 1) is recompiled as Section 24A-8-1 NMSA  
21 1978 and is amended to read:

22           "24A-8-1. SHORT TITLE.--[~~This act~~] Chapter 24A, Article  
23 8 NMSA 1978 may be cited as the "Graduate Medical Education  
24 Expansion Grant Program Act"."

25           SECTION 68. Section 24-33-2 NMSA 1978 (being Laws 2019,

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1 Chapter 141, Section 2) is recompiled as Section 24A-8-2 NMSA  
2 1978 and is amended to read:

3 "24A-8-2. [~~DEFINITIONS~~] DEFINITION.--As used in the  
4 Graduate Medical Education Expansion Grant Program Act, [~~A.~~  
5 "~~department~~" means the human services department; B.] "graduate  
6 medical education training program" means a program that has  
7 received approval or is in the process of seeking approval to  
8 operate as a graduate medical education training program  
9 sponsor from the appropriate professional association that  
10 evaluates and accredits medical residency and internship  
11 programs, including:

- 12 [~~(1)~~] A. a licensed and accredited hospital;
- 13 [~~(2)~~] B. an academic medical education institution;
- 14 [~~(3)~~] C. a new freestanding graduate medical  
15 education program;
- 16 [~~(4)~~] D. an established or new graduate medical  
17 education training consortium; and
- 18 [~~(5)~~] E. a federally qualified health center [~~and~~  
19 G. "~~secretary~~" means the secretary of human  
20 ~~services~~]."

21 **SECTION 69.** Section 24-33-3 NMSA 1978 (being Laws 2019,  
22 Chapter 141, Section 3) is recompiled as Section 24A-8-3 NMSA  
23 1978 and is amended to read:

24 "24A-8-3. GRADUATE MEDICAL EDUCATION EXPANSION GRANT  
25 PROGRAM--FUND--DISTRIBUTIONS--APPLICATION REQUIREMENTS--



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1 PRIORITIES FOR AWARDS--REPORTING REQUIREMENTS.--

2 A. The "graduate medical education expansion grant  
3 program fund" is created as a nonreverting fund in the state  
4 treasury. The fund consists of ~~[money appropriated by the~~  
5 ~~legislature. Money in the fund shall not revert to any other~~  
6 ~~fund at the end of a fiscal year]~~ appropriations, gifts, grants  
7 and donations. The ~~[secretary]~~ authority shall administer the  
8 fund, and money in the fund is appropriated to the ~~[department]~~  
9 authority to administer the provisions of the Graduate Medical  
10 Education Expansion Grant Program Act. Money in the fund may  
11 be ~~[utilized]~~ used to secure federal and private matching funds  
12 as determined by the secretary. Money in the fund shall be  
13 disbursed on warrants signed by the secretary of finance and  
14 administration pursuant to vouchers signed by the secretary of  
15 ~~[human services]~~ health care authority or the secretary's  
16 authorized representative.

17 B. To receive a grant, a graduate medical education  
18 training program shall apply to the graduate medical education  
19 expansion grant program ~~[pursuant to rules adopted]~~ as provided  
20 by rules promulgated by the ~~[secretary]~~ authority. Grant  
21 amounts ~~[will]~~ shall be determined by each ~~[entity's]~~  
22 applicant's grant application. Funds from the graduate medical  
23 education expansion grant program fund shall be distributed to  
24 graduate medical education training programs to develop and  
25 implement graduate medical education training programs. The

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1 application [~~must~~] shall include the applicant's plan to  
2 receive accreditation for the positions within the graduate  
3 medical education training program.

4 C. The [~~department~~] authority may provide one-time  
5 planning grants to graduate medical education training programs  
6 [~~pursuant to rules adopted by the secretary~~] as provided by  
7 rule.

8 D. The [~~department~~] authority may provide graduate  
9 medical education grants to:

10 (1) establish new graduate medical education  
11 training programs with first-year positions;

12 (2) fund unfilled, accredited first-year  
13 positions within a graduate medical education training program;

14 (3) expand the number of first-year positions  
15 within an existing graduate medical education training program;  
16 and

17 (4) fund existing graduate medical education  
18 training programs.

19 E. The [~~department~~] authority may prioritize  
20 applications that emphasize the following:

21 (1) developing new or expanded programs with  
22 specialties of psychiatry, family medicine, pediatric medicine  
23 and internal medicine;

24 (2) increasing positions for medical  
25 specialities having shortages within the state, with preference

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1 being given to the primary care specialties of family medicine,  
2 pediatric medicine and internal medicine; and

3 (3) increasing primary care positions in  
4 medically underserved areas within the state.

5 F. Each award recipient shall report annually to  
6 the graduate medical education expansion review board on the:

7 (1) expenditures of grant funds; and

8 (2) plans for unexpended funds."

9 SECTION 70. Section 24-33-4 NMSA 1978 (being Laws 2019,  
10 Chapter 141, Section 4) is recompiled as Section 24A-8-4 NMSA  
11 1978 and is amended to read:

12 "24A-8-4. GRADUATE MEDICAL EDUCATION EXPANSION REVIEW  
13 BOARD--CREATED--DUTIES.--

14 A. [~~Prior to October 1, 2019, the department shall~~  
15 ~~create~~] The "graduate medical education expansion review board"  
16 is created to:

17 (1) develop a state strategic plan for  
18 expanding graduate medical education training programs;

19 (2) review grant applications; and

20 (3) review the grants awarded pursuant to the  
21 Graduate Medical Education Expansion Grant Program Act.

22 B. The graduate medical education expansion review  
23 board shall consist of nine members who shall be appointed by  
24 the [~~department~~] authority. The review board shall include  
25 representation from each accredited osteopathic and allopathic

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1 medical school and from the following groups:

- 2 (1) the ~~[department]~~ authority;
- 3 (2) the higher education department;
- 4 (3) hospitals, primary care consortiums and
- 5 medical organizations; and
- 6 (4) osteopathic and allopathic medical
- 7 professional societies and associations.

8 C. The chair of the review board shall be elected  
9 by the review board. The review board shall meet at the call  
10 of the chair.

11 D. Members of the review board shall not be paid  
12 per diem and mileage or other compensation for their services.

13 E. The ~~[secretary]~~ authority shall provide staff  
14 support for the review board in the performance of its duties.

15 F. A simple majority of the review board members  
16 constitutes a quorum. A member of the review board shall  
17 abstain from voting or the member's vote shall be disqualified  
18 on any matter in which the member has a pecuniary interest.

19 G. The ~~[secretary of human services]~~ health care  
20 authority and the ~~[secretary of]~~ higher education department  
21 shall assist the graduate medical education expansion review  
22 board in developing a strategic plan for the expansion of  
23 graduate medical education training programs, which shall  
24 include the following:

- 25 (1) a statement describing the objectives and

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1 goals of the review board, the strategies by which those goals  
2 will be achieved and a time line for achieving those goals;

3 (2) a summary of the current graduate medical  
4 education training programs throughout the state;

5 (3) a five-year plan for expanding graduate  
6 medical education training programs in the state;

7 (4) an evaluation of the standards and  
8 curriculum guidelines for graduate medical education training  
9 programs;

10 (5) an ongoing evaluation process of funds  
11 distributed through the graduate medical education expansion  
12 grant program that is overseen by the review board; and

13 (6) a plan to ensure long-term sustainability.

14 H. The graduate medical education expansion review  
15 board shall review applications to the graduate medical  
16 education expansion grant program and provide recommendations  
17 to the secretary."

18 SECTION 71. Section 26-4-1 NMSA 1978 (being Laws 2020,  
19 Chapter 45, Section 1) is amended to read:

20 "26-4-1. SHORT TITLE.--~~[This act]~~ Chapter 26, Article 4  
21 NMSA 1978 may be cited as the "Wholesale Prescription Drug  
22 Importation Act"."

23 SECTION 72. Section 26-4-3 NMSA 1978 (being Laws 2020,  
24 Chapter 45, Section 3) is amended to read:

25 "26-4-3. ADVISORY COMMITTEE CREATED--MEMBERSHIP--

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1 DUTIES.--

2 A. The "prescription drug importation advisory  
3 committee" is created as an interagency advisory committee of  
4 the [~~department~~] health care authority. The committee consists  
5 of:

6 (1) the secretary of health care authority,  
7 who shall serve as the chair of the committee;

8 (2) the executive director of the board of  
9 pharmacy;

10 (3) the superintendent of insurance;

11 (4) the secretary of [~~human services~~] health;

12 and

13 (5) the secretary of general services.

14 B. Members may appoint designees.

15 C. The committee shall advise the [~~department~~]  
16 health care authority in developing and implementing the  
17 program. The committee shall consult with interested  
18 stakeholders and appropriate federal officials as necessary in  
19 shaping its advice to the [~~department~~] authority. The  
20 [~~department~~] health care authority shall hold a public hearing  
21 on the proposed program prior to submitting the program for  
22 federal approval."

23 SECTION 73. Section 27-1-1 NMSA 1978 (being Laws 1977,  
24 Chapter 252, Section 16) is amended to read:

25 "27-1-1. DEFINITIONS.--As used in Articles 1 and 2 of  
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1 Chapter 13 NMSA 1953, "department", "department of public  
2 welfare", "state department of public welfare", "New Mexico  
3 department of public welfare", "state board of public welfare",  
4 "board of public welfare", "state board", "state department",  
5 "health and social services department", "department of health  
6 and social services", "health and social services board" [~~and~~],  
7 "board" and "human services department" mean the [~~human  
8 services department~~] health care authority."

9 SECTION 74. Section 27-1-2 NMSA 1978 (being Laws 1937,  
10 Chapter 18, Section 3, as amended) is amended to read:

11 "27-1-2. POWERS OF [~~HUMAN SERVICES DEPARTMENT~~] HEALTH  
12 CARE AUTHORITY.--

13 A. The [~~human services department~~] health care  
14 authority is an agency of the state and shall at all times be  
15 under the exclusive control of this state. The management and  
16 control of the [~~human services department~~] health care  
17 authority is vested in the secretary of [~~human services~~] health  
18 care authority.

19 B. Subject to the constitution of New Mexico, the  
20 [~~human services department~~] health care authority has the power  
21 to:

- 22 (1) sue and, with the consent of the  
23 legislature, be sued;  
24 (2) adopt and use a corporate seal;  
25 (3) have succession in its corporate name;

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1 (4) make contracts as authorized in Chapter 27  
2 NMSA 1978 to carry out the purposes of that chapter;

3 (5) adopt, amend and repeal bylaws and rules  
4 [~~and regulations~~];

5 (6) purchase, lease and hold real and personal  
6 property necessary or convenient for the carrying out of its  
7 powers and duties, to exercise the right of eminent domain to  
8 acquire such real property in the same manner as the state now  
9 exercises that right and to dispose of any property acquired in  
10 any manner;

11 (7) have such powers as may be necessary or  
12 appropriate for the exercise of the powers specifically  
13 conferred upon it in Chapter 27 NMSA 1978;

14 (8) receive and have custody for protection  
15 and administration, disburse, dispose of and account for funds,  
16 commodities, equipment, supplies and any kind of property  
17 given, granted, loaned or advanced to the state for public  
18 assistance, public welfare, social security or any other  
19 similar purpose;

20 (9) enter into reciprocal agreements with  
21 public welfare agencies of other states relative to the  
22 provision for relief or assistance to transients and  
23 nonresidents;

24 (10) establish and administer programs of old  
25 age assistance and [~~aid to dependent children~~] temporary

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1 assistance for needy families and persons with a visual  
2 impairment;

3 (11) establish and administer a program of  
4 services for children with a disability or who have a condition  
5 that may lead to a disability, and to supervise the  
6 administration of those services that are not administered  
7 directly by it;

8 (12) establish, extend and strengthen public  
9 welfare services for children; and

10 (13) establish and administer a program for  
11 general relief."

12 SECTION 75. Section 27-1-3 NMSA 1978 (being Laws 1937,  
13 Chapter 18, Section 4, as amended) is amended to read:

14 "27-1-3. ACTIVITIES OF ~~[HUMAN SERVICES DEPARTMENT]~~  
15 HEALTH CARE AUTHORITY.--The ~~[department]~~ health care authority  
16 shall be charged with the administration of all the welfare  
17 activities of the state as provided in Chapter 27 NMSA 1978,  
18 except as otherwise provided for by law. The ~~[department]~~  
19 health care authority shall, except as otherwise provided by  
20 law:

21 A. administer old age assistance, ~~[aid to dependent~~  
22 ~~children]~~ temporary assistance for needy families, assistance  
23 to persons with a visual impairment or other physical  
24 disability and general relief;

25 B. administer all aid or services to children with

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1 a disability, including the extension and improvement of  
2 services for children with such a disability, insofar as  
3 practicable under conditions in this state, provide for  
4 locating children who have a disability or a condition that may  
5 become a disability, provide corrective and any other services  
6 and care and facilities for diagnosis, hospitalization and  
7 after-care for such children and supervise the administration  
8 of those services that are not administered directly by the  
9 ~~[department]~~ health care authority;

10 ~~[G. administer and supervise all child welfare~~  
11 ~~activities, service to children placed for adoption, service~~  
12 ~~and care of homeless, dependent and neglected children, service~~  
13 ~~and care for children in foster family homes or in institutions~~  
14 ~~because of dependency or delinquency and care and service to a~~  
15 ~~child who because of a physical or mental disability may need~~  
16 ~~such service;~~

17 ~~D.]~~ C. formulate detailed plans, make rules ~~[and~~  
18 ~~regulations]~~ and take action that is deemed necessary or  
19 desirable to carry out the provisions of Chapter 27 NMSA 1978  
20 and that is not inconsistent with the provisions of that  
21 chapter;

22 ~~[E.]~~ D. cooperate with the federal government in  
23 matters of mutual concern pertaining to public welfare and  
24 public assistance, including the adoption of such methods of  
25 administration as are found by the federal government to be

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1 necessary for the efficient operation of the plan for public  
2 welfare and assistance;

3 [F.] E. assist other departments, agencies and  
4 institutions of local, state and federal governments when so  
5 requested, cooperate with such agencies when expedient in  
6 performing services in conformity with the purposes of Chapter  
7 27 NMSA 1978 and cooperate with medical, health, nursing and  
8 welfare groups, any state agency charged with the  
9 administration of laws providing for vocational rehabilitation  
10 of persons with a physical disability and organizations within  
11 the state;

12 [G.] F. act as the agent of the federal government  
13 in welfare matters of mutual concern in conformity with the  
14 provisions of Chapter 27 NMSA 1978 and in the administration of  
15 any federal funds granted to this state, to aid in furtherance  
16 of any such functions of the state government;

17 [H.] G. establish in counties or in districts,  
18 which may include two or more counties, local units of  
19 administration to serve as agents of the [~~department~~] health  
20 care authority;

21 [I.] H. at its discretion, establish local [~~boards~~  
22 ~~of public welfare~~] offices of the health care authority for  
23 such territory as it may see fit and by rule [~~and regulation~~]  
24 prescribe the duties of the local [~~board~~] office;

25 [J.] I. administer such other public welfare

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1 functions as may be assumed by the state after June 19, 1987;

2 [K.] J. carry on research and compile statistics  
3 relative to the entire public welfare program throughout the  
4 state, including all phases of dependency, defectiveness,  
5 delinquency and related problems, and develop plans in  
6 cooperation with other public and private agencies for the  
7 prevention as well as treatment of conditions giving rise to  
8 public welfare problems; and

9 [L.] K. inspect and require reports from all  
10 private institutions, boarding homes and agencies providing  
11 assistance, care or other direct services to persons who are  
12 elderly, who have a visual impairment, who have a physical or  
13 developmental disability or who are otherwise dependent.

14 Nothing contained in this section shall be construed to  
15 authorize the [department] health care authority to establish  
16 or prescribe standards or regulations for or otherwise regulate  
17 programs or services to children in group homes as defined in  
18 Section 9-8-13 NMSA 1978."

19 **SECTION 76.** Section 27-1-3.1 NMSA 1978 (being Laws 1980,  
20 Chapter 83, Section 1) is amended to read:

21 "27-1-3.1. ACUTE CARE BED USAGE--FUNDING  
22 AUTHORIZATION.--The [~~human services department~~] health care  
23 authority is authorized to accept and use federal grants or  
24 matching funds for the purpose of reimbursement to certain  
25 rural hospitals for using empty acute care beds for

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1 intermediate care and skilled nursing care, as defined in  
2 federal statutes and regulations, subject to federal approval  
3 and the availability of funds. The [~~department~~] health care  
4 authority is authorized to use funds from existing  
5 appropriations for matching federal funds for the purposes of  
6 this [~~act~~] section."

7 SECTION 77. Section 27-1-8 NMSA 1978 (being Laws 1997,  
8 Chapter 237, Section 1) is amended to read:

9 "27-1-8. STATE CASE REGISTRY.--

10 A. The [~~human services department~~] health care  
11 authority, acting as the state's child support enforcement  
12 agency pursuant to Title [~~IV-D~~] 4-D of the Social Security Act,  
13 shall establish a state case registry by October 1, 1998 that  
14 contains records with respect to:

15 (1) each case in which services are being  
16 provided on or after October 1, 1998 by the state Title [~~IV-D~~]  
17 4-D agency; and

18 (2) each support order established or modified  
19 in the state on or after October 1, 1998, whether or not the  
20 order was obtained by the Title [~~IV-D~~] 4-D agency.

21 B. The records maintained by the state case  
22 registry shall use standardized data elements for parents, such  
23 as names, social security numbers and other uniform  
24 identification numbers like dates of birth and case  
25 identification numbers and contain such other information, such

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1 as ~~[on]~~ case status, as the United States secretary of ~~[the~~  
2 ~~United States department of]~~ health and human services may  
3 require.

4 C. The Title ~~[IV-D]~~ 4-D agency and the  
5 administrative office of the courts shall work cooperatively to  
6 ensure that the requirements of ~~[this act]~~ Laws 1997, Chapter  
7 237 are implemented in an effective, efficient and timely  
8 manner. The ~~[human services department]~~ health care authority  
9 shall reimburse the administrative office of the courts for all  
10 costs incurred in furnishing the information. A cooperative  
11 agreement between the Title ~~[IV-D]~~ 4-D agency and the  
12 administrative office of the courts shall include costs to be  
13 charged by the administrative office of the courts for all work  
14 performed to conform to these requirements. The ~~[human~~  
15 ~~services department]~~ health care authority shall promptly  
16 provide the administrative office of the courts the data  
17 elements and formats required under Subsection B of this  
18 section as soon as they become available to the ~~[department]~~  
19 authority.

20 D. The state case registry shall extract  
21 information from its automated system to share and compare  
22 information with and to receive information from other  
23 databases and information comparison services in order to  
24 obtain or provide information necessary to enable the Title  
25 ~~[IV-D]~~ 4-D agency or the United States secretary of health and

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1 human services [~~department secretary~~] or other state or federal  
2 agencies to carry out the Title [~~IV-D~~] 4-D program, subject to  
3 Section 6103 of the Internal Revenue Code of 1986. Such  
4 information comparison activities shall include the following:

5 (1) furnishing to the federal case registry of  
6 child support orders established (and update as necessary with  
7 information, including notice of expiration of orders) the  
8 minimum amount of information on child support cases recorded  
9 in the state case registry that is necessary to operate the  
10 federal registry, as specified by the United States secretary  
11 of health and human services [~~department secretary~~] in  
12 regulations;

13 (2) exchanging information with the federal  
14 parent locator service for the purposes specified in the State  
15 Directory of New Hires Act;

16 (3) exchanging information with [~~state~~] New  
17 Mexico agencies [~~of the state~~] and agencies of other states  
18 administering programs of temporary assistance for needy  
19 families and medicaid and other programs designated by the  
20 United States secretary of health and human services  
21 [~~secretary~~] as necessary to perform state agency  
22 responsibilities under this [~~part~~] section and under such  
23 programs; and

24 (4) exchanging information with other agencies  
25 of the state, agencies of other states and interstate

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1 information networks as necessary and appropriate to carry out  
2 or assist other states to carry out purposes of the Title  
3 [~~IV-D~~] 4-D program."

4 SECTION 78. Section 27-1-13 NMSA 1978 (being Laws 1997,  
5 Chapter 237, Section 33) is amended to read:

6 "27-1-13. FINANCIAL INSTITUTION DATA MATCHES.--

7 A. "Financial institution" means:

8 (1) a depository institution, as defined in  
9 Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C.  
10 1813(c));

11 (2) an institution-affiliated party, as  
12 defined in Section 3(u) of [~~such~~] that act (12 U.S.C. 1813(u));

13 (3) any federal credit union or state credit  
14 union, as defined in Section 101 of the Federal Credit Union  
15 Act (12 U.S.C. 1752), including an institution-affiliated party  
16 of such a credit union, as defined in Section 206(r) of [~~such~~]  
17 that act (12 U.S.C. 1786(r)); and

18 (4) any benefit association, insurance  
19 company, safe deposit company, money-market mutual fund or  
20 similar entity authorized to do business in the state.

21 B. "Account" means a demand deposit account,  
22 checking or negotiable withdrawal order account, savings  
23 account, time deposit account or money-market mutual fund  
24 account.

25 C. "Past-due support" means the amount of support



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1 determined under a court order or an order of an administrative  
2 process established under state law for support and maintenance  
3 of a child or of a child and the parent with whom the child is  
4 living [~~which~~] that has not been paid.

5 D. The [~~human services department~~] health care  
6 authority, acting as the state's child support enforcement  
7 agency pursuant to Title [~~IV-D~~] 4-D of the Social Security Act,  
8 shall enter into agreements with financial institutions doing  
9 business in the state to develop and operate, in coordination  
10 with such financial institutions, a data match system to be  
11 operational by October 1, 2000, using automated data exchanges  
12 to the maximum extent feasible, in which each such financial  
13 institution is required to provide the information.

14 E. The [~~human services department~~] health care  
15 authority shall establish standard procedures and formats for  
16 the financial institutions. Such procedures shall include  
17 administrative due process for child support obligors before  
18 funds or assets may be seized by the [~~department~~] health care  
19 authority.

20 F. Each financial institution in New Mexico shall  
21 provide to the [~~human services department~~] health care  
22 authority for each calendar quarter the name, record address,  
23 social security number or other taxpayer identification number  
24 and other identifying information for each noncustodial parent  
25 who maintains an account at such institution and who owes past-

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1 due support, as identified by the [~~human services department~~]  
2 authority, by name and social security number or other taxpayer  
3 identification number.

4 G. Upon receipt of a notice of lien or levy from  
5 the [~~human services department~~] health care authority,  
6 financial institutions shall encumber and surrender assets held  
7 by the institution on behalf of any noncustodial parent who is  
8 subject to a child support lien.

9 H. The [~~human services department~~] health care  
10 authority may establish and pay a reasonable fee to a financial  
11 institution for conducting the data match provided for in this  
12 [~~act~~] section, not to exceed the actual costs incurred by such  
13 financial institutions.

14 I. A financial institution shall not be liable  
15 under any state law to any person for disclosing of information  
16 to the [~~human services department~~] health care authority under  
17 this section or for freezing or surrendering any assets held by  
18 [~~such~~] the financial institution in response to a notice of  
19 lien or seizure issued by the [~~human services department~~]  
20 authority or for any other action taken in good faith to comply  
21 with the requirements of this section.

22 J. A state child support enforcement agency that  
23 obtains a financial record of a person from a financial  
24 institution may disclose [~~such~~] the financial record only for  
25 the purpose of, and to the extent necessary in, establishing,

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1 modifying or enforcing a child support obligation of [~~such~~] the  
2 person."

3 SECTION 79. Section 27-1-16 NMSA 1978 (being Laws 2013,  
4 Chapter 44, Section 1, as amended) is amended to read:

5 "27-1-16. BRAIN INJURY SERVICES FUND CREATED.--

6 A. [~~There is created in the state treasury~~] The  
7 "brain injury services fund" is created as a nonreverting fund  
8 in the state treasury. The fund shall be invested in  
9 accordance with the provisions of Section 6-10-10 NMSA 1978,  
10 and all income earned on the fund shall be credited to the  
11 fund.

12 B. The brain injury services fund shall be used to  
13 institute and maintain a statewide brain injury services  
14 program designed to increase the independence of persons with  
15 brain injuries.

16 C. The [~~human services department~~] health care  
17 authority shall adopt all rules [~~regulations~~] and policies  
18 necessary to administer a statewide brain injury services  
19 program. The [~~human services department~~] authority shall  
20 coordinate with and seek advice from the brain injury advisory  
21 council to ensure that the statewide brain injury services  
22 program is appropriate for persons with brain injuries.

23 D. All money credited to the brain injury services  
24 fund shall be appropriated to the [~~human services department~~  
25 ~~for the purpose of carrying~~] health care authority to carry out

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1 the provisions of this section [~~and shall not revert to the~~  
2 ~~general fund~~].

3 E. Disbursements from the brain injury services  
4 fund shall be made upon warrant drawn by the secretary of  
5 finance and administration pursuant to vouchers signed by the  
6 secretary of [~~human services~~] health care authority.

7 F. For the purposes of this section, "brain  
8 injury":

9 (1) means an injury to the brain of traumatic  
10 or acquired origin, including an open or closed head injury  
11 caused by:

12 (a) an insult to the brain from an  
13 outside physical force;

14 (b) anoxia;

15 (c) electrical shock;

16 (d) shaken baby syndrome;

17 (e) a toxic or chemical substance;

18 (f) near-drowning;

19 (g) infection;

20 (h) a tumor;

21 (i) a vascular lesion; or

22 (j) an event that results in either

23 temporary or permanent, partial or total impairments in one or

24 more areas of the brain that results in total or partial

25 functional disability, including: 1) cognition; 2) language;

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1 3) memory; 4) attention; 5) reasoning; 6) abstract thinking; 7)  
2 judgment; 8) problem solving; 9) sensory perception and motor  
3 abilities; 10) psychosocial behavior; 11) physical functions;  
4 12) information processing; or 13) speech; and

- 5 (2) does not apply to an injury that is:
- 6 (a) congenital;
  - 7 (b) degenerative;
  - 8 (c) induced by birth trauma;
  - 9 (d) induced by a neurological disorder
- 10 related to the aging process; or
- 11 (e) a chemically caused brain injury
- 12 that is a result of habitual substance abuse."

13 SECTION 80. Section 27-2-2 NMSA 1978 (being Laws 1973,  
14 Chapter 376, Section 2, as amended) is amended to read:

15 "27-2-2. DEFINITIONS.--As used in the Public Assistance  
16 Act:

- 17 A. "authority" or "department" means the [~~human~~  
18 ~~services department~~] health care authority;
- 19 B. "board" means the [~~human services department~~]  
20 authority;
- 21 C. "director" means the secretary [~~of human~~  
22 ~~services~~];
- 23 D. "local office" means the county or district  
24 office of the [~~human services department~~] authority;
- 25 E. "medicaid advisory committee" means the body,

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1 established by federal law, that advises the New Mexico  
2 medicaid program on policy development and program  
3 administration;

4 F. "medicaid forward plan" means a health care  
5 coverage plan that leverages the medicaid program to provide a  
6 state-administered health care coverage option;

7 G. "public welfare" or "public assistance" means  
8 any aid or relief granted to or on behalf of an eligible person  
9 under the Public Assistance Act and [~~regulations~~] rules issued  
10 pursuant to that act;

11 H. "applicant" means a person who has applied for  
12 assistance or services under the Public Assistance Act;

13 I. "recipient" means a person who is receiving  
14 assistance or services under the Public Assistance Act;

15 J. "federal act" means the federal Social Security  
16 Act, as may be amended from time to time, and regulations  
17 issued pursuant to that act; and

18 K. "secretary" means the secretary of [~~human~~  
19 ~~services~~] health care authority."

20 SECTION 81. Section 27-2-9.1 NMSA 1978 (being Laws 1979,  
21 Chapter 401, Section 1, as amended) is amended to read:

22 "27-2-9.1. ADMINISTRATION OF SHELTER CARE SUPPLEMENT.--

23 A. A shelter care supplement shall be provided to  
24 those [~~individuals~~] persons who are recipients of supplemental  
25 security income under Title 16 of the federal Social Security

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1 Act and who reside in shelter care homes licensed [~~pursuant to~~  
2 ~~regulations of the health and environment department~~] by the  
3 authority.

4 B. The [~~human services department~~] authority is  
5 authorized to determine eligibility, compute payment, make  
6 payments and otherwise administer the shelter care supplement  
7 program.

8 C. The amount of the shelter care supplement  
9 payment shall be established by the secretary [~~of human~~  
10 ~~services~~] subject to the availability of general funds."

11 SECTION 82. Section 27-2-12.4 NMSA 1978 (being Laws  
12 1987, Chapter 214, Section 1) is amended to read:

13 "27-2-12.4. LONG-TERM CARE FACILITIES--NONCOMPLIANCE  
14 WITH STANDARDS AND CONDITIONS--SANCTIONS.--

15 A. In addition to any other actions required or  
16 permitted by federal law or regulation, the [~~human services~~  
17 ~~department~~] authority shall impose a hold on state medicaid  
18 payments to a long-term care facility thirty days after the  
19 [~~health and environment department notifies the human services~~  
20 ~~department in writing pursuant to~~] authority makes an on-site  
21 visit that the long-term care facility is not in substantial  
22 compliance with the standards or conditions of participation  
23 promulgated by the [~~federal~~] United States department of health  
24 and human services pursuant to which the facility is a party to  
25 a medicaid provider agreement, unless the substantial

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1 noncompliance has been corrected within that thirty-day period  
2 or the facility's medicaid provider agreement is terminated or  
3 not renewed based in whole or in part on the noncompliance.  
4 The written notice shall cite the specific deficiencies that  
5 constitute noncompliance.

6 B. The [~~human services department~~] authority shall  
7 remove the payment hold imposed under Subsection A of this  
8 section when [~~the health and environment department pursuant~~  
9 ~~to~~] after an on-site visit, the authority certifies in writing  
10 [~~to the human services department~~] that the long-term care  
11 facility is in substantial compliance with the standards or  
12 conditions of participation pursuant to which the facility is a  
13 party to a medicaid provider agreement.

14 C. The [~~human services department~~] authority shall  
15 not reimburse any long-term care facility during the payment  
16 hold period imposed pursuant to Subsection A of this section  
17 for any medicaid recipient-patients who are new admissions and  
18 who are admitted on or after the day the hold is imposed and  
19 prior to the day the hold is removed.

20 D. If a long-term care facility is certified in  
21 writing to be in noncompliance pursuant to Subsection A of this  
22 section for the second time in any twelve-month period, the  
23 [~~human services department~~] authority shall cancel or refuse to  
24 execute the long-term care facility's medicaid provider  
25 agreement for a two-month period, unless it can be demonstrated



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1 that harm to the patients would result from this action or that  
2 good cause exists to allow the facility to continue to  
3 participate in the medicaid program. The provisions of this  
4 subsection are subject to appeal procedures set forth in  
5 federal regulations for nonrenewal or termination of a medicaid  
6 provider agreement.

7 E. A long-term care facility shall not charge  
8 medicaid recipient-patients, their families or their  
9 responsible parties to recoup any payments not received because  
10 of a hold on medicaid payments imposed pursuant to this  
11 section.

12 F. This section shall not be construed to affect  
13 any other provisions for medicaid provider agreement  
14 termination, nonrenewal, due process and appeal pursuant to  
15 federal law or regulation.

16 G. As used in this section:

17 (1) "day" means a twenty-four hour period  
18 beginning at midnight and ending one second before midnight;

19 (2) "long-term care facility" means ~~[any]~~ an  
20 intermediate care facility or skilled nursing facility ~~[which]~~  
21 that is licensed by the ~~[health and environment department and~~  
22 ~~which]~~ authority and is medicaid certified;

23 (3) "new admissions" means medicaid recipients  
24 who have never been in the long-term care facility or, if  
25 previously admitted, had been discharged or had voluntarily

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1 left the facility. The term does not include:

2 (a) [~~individuals~~] persons who were in  
3 the long-term care facility before the effective date of the  
4 hold on medicaid payments and became eligible for medicaid  
5 after that date; and

6 (b) [~~individuals~~] persons who, after a  
7 temporary absence from the facility, are readmitted to beds  
8 reserved for them in accordance with federal regulations; and

9 (4) "substantial compliance" means the  
10 condition of having no cited deficiencies or having only those  
11 cited deficiencies [~~which~~] that:

12 (a) are not inconsistent with any  
13 federal statutory requirement;

14 (b) do not interfere with adequate  
15 patient care;

16 (c) do not represent a hazard to the  
17 patients' health or safety;

18 (d) are capable of correction within a  
19 reasonable period of time; and

20 (e) are ones [~~which~~] that the long-term  
21 care facility is making reasonable plans to correct."

22 **SECTION 83.** Section 27-2-12.7 NMSA 1978 (being Laws  
23 1980, Chapter 86, Section 1) is amended to read:

24 "27-2-12.7. MEDICAID--[~~HUMAN SERVICES DEPARTMENT~~] HEALTH  
25 CARE AUTHORITY EMPLOYEES--STANDARDS OF CONDUCT--ENFORCEMENT.--

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A. As used in this section:

(1) "business" means a corporation, partnership, sole proprietorship, firm, organization or individual carrying on a business;

(2) "authority" or "department" means the ~~[human services department]~~ health care authority;

(3) "employee" means ~~[any]~~ a person who has been appointed to or hired for ~~[any department]~~ an authority office connected with the administration of medicaid funds and who receives compensation in the form of salary;

(4) "employee with responsibility" means an employee who is directly involved in or has a significant part in the medicaid decision-making, regulatory, procurement or contracting process; and

(5) "financial interest" means an interest held by ~~[an individual, his]~~ a person, the person's spouse or minor child ~~[which]~~ that is:

(a) an ownership interest in business;  
or

(b) ~~[any]~~ an employment or prospective employment for which negotiations have already begun.

B. No employee with responsibility shall, for twenty-four months following the date on which ~~[he]~~ the employee ceases to be an employee, act as agent or attorney for ~~[any other]~~ another person or business in connection with a

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1 judicial or administrative proceeding, application, ruling,  
2 contract, claim or other matter relating to the medicaid  
3 program with respect to which the employee made ~~[any]~~ an  
4 investigation, rendered ~~[any]~~ a ruling or was otherwise  
5 substantially and directly involved during the last year ~~[he]~~  
6 the employee was an employee and ~~[which]~~ that was actually  
7 pending under ~~[his]~~ the employee's responsibility within that  
8 period.

9 C. ~~[No department]~~ The secretary, income support  
10 division director or medical assistance ~~[bureau chief]~~ division  
11 director or their deputies shall not, for twelve months  
12 following the date on which ~~[he]~~ that person ceases to be an  
13 employee, participate ~~[in any manner]~~ with respect to a  
14 judicial or administrative proceeding, application, ruling,  
15 contract, claim or other matter relating to the medicaid  
16 program and pending before the ~~[department]~~ authority.

17 D. ~~[No]~~ An employee with responsibility shall not  
18 participate in any manner with respect to a judicial or  
19 administrative proceeding, application, ruling, contract, claim  
20 or other matter relating to the medicaid program and involving  
21 ~~[his]~~ the employee's spouse, minor child or ~~[any]~~ a business in  
22 which ~~[he]~~ the employee has a financial interest unless prior  
23 to ~~[such]~~ the participation:

24 (1) full disclosure of ~~[his]~~ the employee's  
25 relationship or financial interest is made in writing to the

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1 secretary [~~of the department~~]; and

2 (2) a written determination is made by the  
3 secretary that the disclosed relationship or financial interest  
4 is too remote or inconsequential to affect the integrity of the  
5 services of the employee.

6 E. Violation of any of the provisions of this  
7 section by an employee is grounds for dismissal, demotion or  
8 suspension. A former employee who violates [~~any of the~~  
9 ~~provisions~~] a provision of this section [~~shall be~~] is subject  
10 to assessment by the [~~department~~] authority of a civil money  
11 penalty of two hundred fifty dollars (\$250) for each violation.  
12 The [~~department~~] authority shall promulgate [~~regulations~~] rules  
13 to provide for an administrative appeal of [~~any~~] an assessment  
14 imposed."

15 SECTION 84. Section 27-2-12.20 NMSA 1978 (being Laws  
16 2015, Chapter 61, Section 2, as amended) is amended to read:

17 "27-2-12.20. CRISIS TRIAGE CENTER--MEDICAL ASSISTANCE  
18 REIMBURSEMENT.--

19 A. In accordance with federal law, the secretary  
20 shall adopt and promulgate rules to establish a reimbursement  
21 rate for services provided to recipients of state medical  
22 assistance at a crisis triage center.

23 B. As used in this section, "crisis triage center"  
24 means a health facility that:

25 (1) is licensed by the [~~department of health~~]

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1 authority; and

2 (2) provides stabilization of behavioral  
3 health crises and may include residential and nonresidential  
4 stabilization."

5 SECTION 85. Section 27-2-12.22 NMSA 1978 (being Laws  
6 2015, Chapter 127, Section 2, as amended) is amended to read:

7 "27-2-12.22. INCARCERATED [~~INDIVIDUALS~~] PERSONS--  
8 MEDICAID ELIGIBILITY--COUNTY JAIL TECHNICAL ASSISTANCE--  
9 PRESUMPTIVE ELIGIBILITY DETERMINER TRAINING AND  
10 CERTIFICATION.--

11 A. Incarceration shall not be a basis to deny or  
12 terminate eligibility for medicaid.

13 B. Upon release from incarceration, a formerly  
14 incarcerated [~~individual~~] person shall remain eligible for  
15 medicaid until the [~~individual~~] person is determined to be  
16 ineligible for medicaid on grounds other than incarceration.

17 C. An incarcerated [~~individual~~] person who was not  
18 enrolled in medicaid upon the date that the [~~individual~~] person  
19 became incarcerated shall be permitted to submit an application  
20 for medicaid during the incarcerated [~~individual's~~] person's  
21 period of incarceration.

22 D. The provisions of this section shall not be  
23 construed to abrogate:

24 (1) any deadline that governs the processing  
25 of applications for medicaid pursuant to existing federal or

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1 state law; or

2 (2) requirements under federal or state law  
3 that the [~~human services department~~] authority be notified of  
4 changes in income, resources, residency or household  
5 composition.

6 E. The provisions of this section shall not require  
7 the [~~human services department~~] authority to pay for services  
8 on behalf of any incarcerated [~~individual~~] person except as  
9 permitted by federal law.

10 F. A correctional facility shall:

11 (1) inform the [~~human services department~~]  
12 authority when an eligible [~~individual~~] person is incarcerated;

13 (2) facilitate, with assistance from the  
14 [~~department~~] authority, eligibility determinations for medicaid  
15 during the incarcerated [~~individuals'~~] person's incarceration  
16 or upon release;

17 (3) notify the [~~department~~] authority upon an  
18 eligible [~~individual's~~] person's release; and

19 (4) facilitate the [~~department's~~] authority's  
20 or any [~~department~~] authority contractor's provision of care  
21 coordination pursuant to the provisions of Section [~~2 of this~~  
22 ~~2018 act~~] 33-1-22 NMSA 1978.

23 G. Upon the written request of a county, the  
24 [~~department~~] authority shall provide a behavioral health  
25 screening tool to facilitate screenings performed in accordance

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1 with the provisions of Subsection A of Section [~~2 of this 2018~~  
2 ~~act~~] 33-1-22 NMSA 1978, technical assistance and training and  
3 certification of county jail presumptive eligibility  
4 determiners to a county jail.

5 H. The secretary [~~of human services~~] shall adopt  
6 and promulgate rules consistent with this section.

7 I. As used in this section:

8 (1) "care coordination" means an assessment  
9 for health risks and the creation of a plan of care to address  
10 [~~an individual's~~] a person's comprehensive health needs,  
11 including access to physical health care and mental health  
12 services; substance use disorder treatment; and transportation  
13 services;

14 (2) "eligibility" means a finding by the  
15 [~~human services department~~] authority that [~~an individual~~] a  
16 person has met the criteria established in state and federal  
17 law and the requirements established by [~~department~~] authority  
18 rules to enroll in medicaid;

19 (3) "incarcerated [~~individual~~] person" means  
20 [~~an individual~~] a person, the legal guardian or conservator of  
21 [~~an individual~~] a person or, for [~~an individual~~] a person who  
22 is an unemancipated minor, the parent or guardian of the  
23 [~~individual~~] person, who is confined in any of the following  
24 correctional facilities:

25 (a) a state correctional facility;

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1 (b) a privately operated correctional  
2 facility;

3 (c) a county jail;

4 (d) a privately operated jail;

5 (e) a detention facility that is  
6 operated under the authority of the children, youth and  
7 families department and that holds the [~~individual~~] person  
8 pending a court hearing; or

9 (f) a facility that is operated under  
10 the authority of the children, youth and families department  
11 and that provides for the care and rehabilitation of [~~an~~  
12 ~~individual~~] a person who is under eighteen years of age and who  
13 has committed an act that would be designated as a crime under  
14 the law if committed by [~~an individual~~] a person who is  
15 eighteen years of age or older;

16 (4) "medicaid" means the joint federal-state  
17 health coverage program pursuant to Title 19 or Title 21 of the  
18 federal Social Security Act and rules promulgated pursuant to  
19 that act; and

20 (5) "unemancipated minor" means [~~an~~  
21 ~~individual~~] a person who is under eighteen years of age and  
22 who:

23 (a) is not on active duty in the armed  
24 forces; and

25 (b) has not been declared by court order

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1 to be emancipated."

2 SECTION 86. Section 27-2-15 NMSA 1978 (being Laws 1937,  
3 Chapter 18, Section 9) is amended to read:

4 "27-2-15. COOPERATION WITH THE UNITED STATES.--

5 A. The [~~state department is hereby~~] authority is  
6 designated as the state agency to cooperate with the federal  
7 government in the administration of the provisions of Title 1,  
8 Title 4, [~~part~~] Parts 2 and 3 of Title 5 and Title 10 of the  
9 federal Social Security Act. The [~~state board is hereby~~  
10 ~~authorized and directed to~~] authority shall cooperate with the  
11 proper departments of the federal government and with all other  
12 departments of the state and local governments in the  
13 enforcement and administration of [~~such~~] those provisions of  
14 the federal Social Security Act and [~~any amendments thereto and~~  
15 ~~the rules and regulations issued thereunder and in compliance~~  
16 ~~therewith~~] rules adopted in accordance with that act in the  
17 manner prescribed in [~~this act~~] Chapter 27 NMSA 1978 or as  
18 otherwise provided by law.

19 B. The [~~department~~] authority shall [~~also~~] make  
20 reports in such form and containing such information as any  
21 agency or instrumentality of the United States with which it is  
22 cooperating may [~~from time to time~~] require and shall comply  
23 with such provisions as [~~any such~~] that agency or  
24 instrumentality may [~~from time to time~~] find necessary to  
25 assure the correctness and verification of [~~such~~] the reports."

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1           SECTION 87. Section 27-2-16 NMSA 1978 (being Laws 1974,  
2 Chapter 31, Section 1, as amended) is amended to read:

3           "27-2-16. COMPLIANCE WITH FEDERAL LAW.--

4           A. Subject to the availability of state funds, the  
5 [~~human services department~~] authority may provide assistance to  
6 aged, blind or disabled [~~individuals~~] persons in the amounts  
7 consistent with federal law to enable the state to be eligible  
8 for medicaid funding. [~~Individuals~~] Persons shall be  
9 determined to be aged, blind or disabled according to  
10 [~~regulations of the human services department~~] rules of the  
11 authority.

12           B. If drug product selection is permitted by  
13 Section 26-3-3 NMSA 1978, reimbursement by the medicaid program  
14 shall be limited to the wholesale cost of the lesser expensive  
15 therapeutic equivalent drug generally available in New Mexico  
16 plus a reasonable dispensing fee of at least three dollars  
17 sixty-five cents (\$3.65)."

18           SECTION 88. Section 27-2-17 NMSA 1978 (being Laws 1937,  
19 Chapter 18, Section 10) is amended to read:

20           "27-2-17. CUSTODIAN OF FUNDS.--The [~~state department~~]  
21 authority is [~~hereby~~] designated as the custodian [~~subject to~~  
22 ~~the provisions of Section 21 of this act~~] of [~~any and~~] all  
23 [~~monies which may be~~] money received by the state [~~of New~~  
24 ~~Mexico~~], which the [~~state board of public welfare~~] authority is  
25 authorized to administer, from any appropriations made by the

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1 congress of the United States for the purpose of cooperating  
2 with the several states in the enforcement and administration  
3 of the provisions of the federal Social Security Act [~~referred~~  
4 ~~to in Section 9~~] and all [~~monies~~] money received from any other  
5 source for the purposes set forth in [~~this act~~] Chapter 27 NMSA  
6 1978. The [~~state department~~] authority is [~~hereby~~] authorized  
7 to receive such [~~monies~~] money, provide for [~~the~~] its proper  
8 custody [~~thereof~~] and [~~to~~] make disbursements [~~therefrom~~] of it  
9 under such rules [~~and regulations~~] as the [~~state board~~]  
10 authority may prescribe."

11 SECTION 89. Section 27-2-25 NMSA 1978 (being Laws 1937,  
12 Chapter 18, Section 11j, as amended) is amended to read:

13 "27-2-25. FUNERAL EXPENSES.--

14 A. On the death of:

15 (1) a recipient of financial assistance under  
16 Section [~~13-17-9 or Section 13-17-10 NMSA 1953~~] 27-2-6 or  
17 27-2-7 NMSA 1978 or under the federal supplemental security  
18 income program; or

19 (2) [~~an individual~~] a person living in a  
20 nursing home or an intermediate care facility, the payment for  
21 whose care is made in whole or in part pursuant to Title 19 of  
22 the federal Social Security Act;  
23 funeral expenses up to two hundred dollars (\$200) shall be paid  
24 by the [~~health and social services department~~] income support  
25 division of the authority if the deceased's available

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1 resources, as defined by [~~regulation~~] rule of the [~~board~~]  
2 division, are insufficient to pay the funeral expenses, the  
3 persons legally responsible for the support of the deceased are  
4 unable to pay the funeral expenses and no other person will  
5 undertake to pay [~~said~~] those expenses.

6 B. No payment shall be made by the [~~department~~]  
7 income support division when resources available from all  
8 sources to pay the funeral expenses total six hundred dollars  
9 (\$600) or more. When the resources are less than six hundred  
10 dollars (\$600), the [~~department~~] division shall pay the  
11 difference between six hundred dollars (\$600) and the  
12 resources, or two hundred dollars (\$200), whichever is less."

13 SECTION 90. Section 27-2-26 NMSA 1978 (being Laws 1975,  
14 Chapter 220, Section 2) is amended to read:

15 "27-2-26. MONEY RECEIVED FROM OTHER SOURCES--DUTY AND  
16 LIABILITY OF FUNERAL DIRECTOR.--Should any funeral director  
17 accept payment from sources other than the [~~department~~] income  
18 support division of the authority for burial of a deceased  
19 person for whom a claim for burial expenses has been made to  
20 the [~~department-he~~] division, the funeral director shall  
21 immediately notify the [~~department~~] division of [~~said~~] the  
22 payment. The [~~department-will~~] division shall consider [~~said~~]  
23 the payment in determining the amount of any funeral expense  
24 payment it makes. If the [~~department~~] division has already  
25 made payment, the funeral director shall refund to the

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1 [department] division any excess over the amount [~~which~~] that  
2 the [department] division would have paid had it known of the  
3 payment from other sources. If any funeral director [~~shall~~  
4 ~~fail~~] fails to notify the [department] division of any such  
5 payment from other sources, [~~he~~] the funeral director shall be  
6 liable to the [department] division in an amount double the  
7 amount paid or to be paid by the [department] division."

8 SECTION 91. Section 27-2-27 NMSA 1978 (being Laws 1981,  
9 Chapter 90, Section 1, as amended) is amended to read:

10 "27-2-27. SINGLE STATE AGENCY--POWERS AND DUTIES.--

11 A. The [department] authority is designated as the  
12 single state agency for the enforcement of child and spousal  
13 support obligations pursuant to Title [~~IV-D~~] 4-D of the federal  
14 Social Security Act with the following duties and powers to:

15 (1) establish the paternity of a child in the  
16 case of the child born out of wedlock with respect to whom an  
17 assignment of support rights has been executed in favor of the  
18 [department] authority;

19 (2) establish an order of support for children  
20 receiving aid [~~to families with dependent children~~] from  
21 temporary assistance for needy families and, at the option of  
22 the [department] authority, for the spouse or former spouse  
23 with whom such children are living, but only if a support  
24 obligation has been established with respect to such spouse or  
25 former spouse, for whom no order of support currently exists

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1 and seek modification, based upon the noncustodial parent's  
2 ability to pay, of existing orders in which the support order  
3 is inadequate to properly care for the child and the spouse or  
4 former spouse with whom the child is living;

5 (3) enforce as the real party in interest any  
6 existing order for the support of children who are receiving  
7 ~~[aid to families with dependent children]~~ temporary assistance  
8 for needy families or of the spouse or former spouse with whom  
9 such children are living;

10 (4) provide services to non-aid families with  
11 dependent children in the establishment and enforcement of  
12 paternity and child support obligations, including locating the  
13 absent parent. For these services, the ~~[department]~~ authority  
14 is authorized to establish and collect fees, costs and charges  
15 permitted or required by federal law or by regulations adopted  
16 pursuant to that federal law; and

17 (5) adopt ~~[regulations]~~ rules for the  
18 disposition of unclaimed child, spousal or medical support  
19 payments.

20 B. In all cases handled by the ~~[department]~~  
21 authority pursuant to the provisions of this section, the child  
22 support enforcement division or an attorney employed by the  
23 division represent the ~~[department]~~ authority, to the exclusion  
24 of any other party, in establishing, modifying and enforcing  
25 support obligations.

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1           C. An attorney employed to provide the Title [~~IV-D~~]  
2 4-D services represents only the [~~department's~~] authority's  
3 interests, and no attorney-client relationship shall exist  
4 between the attorney and another party.

5           D. The [~~department~~] authority shall, at the time an  
6 application for child support services is made, inform the  
7 applicant that neither the Title [~~IV-D~~] 4-D agency nor the  
8 attorney who provides services under this section is the  
9 applicant's attorney and that the attorney who provides  
10 services under this section shall not provide legal  
11 representation to the applicant.

12           E. The [~~department~~] authority may initiate an  
13 action or may intervene in an action involving child support.

14           F. The attorney employed by the [~~department~~]  
15 authority pursuant to this section shall not act as a guardian  
16 ad litem for the applicant.

17           G. A court shall not disqualify the [~~department~~]  
18 authority in a legal action filed pursuant to the Support  
19 Enforcement Act of the federal Social Security Act because the  
20 [~~department~~] authority has previously provided services to a  
21 party whose interests are now adverse to the relief requested."

22           **SECTION 92.** Section 27-2-28 NMSA 1978 (being Laws 1981,  
23 Chapter 90, Section 2, as amended) is amended to read:

24           "27-2-28. LIABILITY FOR REPAYMENT OF PUBLIC  
25 ASSISTANCE.--

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1           A. In cases where the [~~department~~] authority has  
2 provided cash assistance to children in a household, the court  
3 shall award judgment in favor of the [~~department~~] authority and  
4 against the noncustodial parents of the children for child  
5 support, calculated pursuant to Section 40-4-11.1 NMSA 1978,  
6 for all months in which the children received cash assistance  
7 benefits.

8           B. Equitable defenses available to the noncustodial  
9 parent in claims by the custodian for retroactive support or  
10 past due support shall not operate to deprive the [~~department~~]  
11 authority of its right to request retroactive support or past  
12 due support for months during which the noncustodial parent's  
13 children received cash assistance benefits.

14           C. Amounts of support collected that are in excess  
15 of the amounts specified in Subsections A and B of this section  
16 shall be paid by the [~~department~~] authority to the custodian of  
17 the child.

18           D. No agreement between any custodian of a child  
19 and a parent of that child, either relieving the parent of any  
20 duty of child or spousal support or responsibility or  
21 purporting to settle past, present or future support  
22 obligations, either as a settlement or prepayment, shall act to  
23 reduce or terminate any rights of the [~~department~~] authority to  
24 recover from that parent for support provided, unless the  
25 [~~department~~] authority has consented to the agreement in

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1 writing.

2 E. The noncustodial parent shall be given credit  
3 for any support actually provided, including housing, clothing,  
4 food or funds paid prior to the entry of any order for support.  
5 The noncustodial parent has the burden to prove that the  
6 noncustodial parent has provided any support.

7 F. An application for public assistance by any  
8 person constitutes an assignment by operation of law of any  
9 support rights the person is entitled to during the time the  
10 person's household receives public assistance, whether the  
11 support rights are owed to the applicant or to any family  
12 member for whom the applicant is applying for or receiving  
13 assistance. The assignment includes all support rights that  
14 accrue as long as the applicant receives public assistance.

15 G. By operation of law, an assignment to the  
16 [~~department~~] authority of any and all rights of an applicant  
17 for or recipient of medical assistance under the medicaid  
18 program in New Mexico or supplemental security income through  
19 the social security administration:

20 (1) is deemed to be made of:

21 (a) any payment for medical care from  
22 any natural person, firm or corporation, including an insurance  
23 carrier; and

24 (b) any recovery for personal injury,  
25 whether by judgment or contract for compromise or settlement;

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1 (2) shall be effective to the extent of the  
2 amount of medical assistance actually paid by the [department]  
3 authority under the medicaid program; and

4 (3) shall be effective as to the rights of any  
5 other [~~individuals~~] persons who are eligible for medical  
6 assistance and whose rights can legally be assigned by the  
7 applicant or recipient.

8 H. An applicant or recipient is required to  
9 cooperate fully with the [department] authority in its efforts  
10 to secure the assignment and to execute and deliver any  
11 instruments and papers deemed necessary to complete the  
12 assignment by the [department] authority."

13 **SECTION 93.** Section 27-2-29.1 NMSA 1978 (being Laws  
14 2010, Chapter 80, Section 1) is amended to read:

15 "27-2-29.1. COMPENSATION UNDER CONTINGENT FEE  
16 CONTRACTS--SUSPENSE FUND CREATED.--

17 A. [~~For the purpose of making~~] To make  
18 disbursements and distributions pursuant to this section, the  
19 "[~~human services department~~] health care authority  
20 reimbursement suspense fund" is created in the state treasury.

21 B. When pursuing a claim arising under Section  
22 27-2-23 or 27-2-28 NMSA 1978, in addition to other available  
23 alternatives, the [department] authority may contract with a  
24 person to represent the [department] authority on a contingent  
25 fee basis if the contract:

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- 1 (1) is approved by the attorney general;
- 2 (2) provides that all amounts received by the
- 3 contractor as satisfaction of the claim shall be transferred to
- 4 the ~~[department]~~ authority and deposited into the ~~[human~~
- 5 ~~services department]~~ health care authority reimbursement
- 6 suspense fund to the credit of the ~~[department]~~ authority; and
- 7 (3) provides that, upon the direction of the
- 8 secretary ~~[of human services]~~, the compensation due to the
- 9 contractor shall be disbursed from the suspense fund to the
- 10 contractor.

11 C. After a disbursement to a contractor pursuant to

12 Paragraph (3) of Subsection B of this section, the balance of

13 each deposit into the ~~[human services department]~~ health care

14 authority reimbursement suspense fund shall be distributed to

15 the general fund and shall be appropriated to the ~~[department~~

16 ~~for the purpose of reimbursing the department]~~ authority to

17 reimburse the authority for the public assistance from which

18 the claim arose and, if required, for reimbursing the federal

19 government."

20 SECTION 94. Section 27-2-31 NMSA 1978 (being Laws 1965,

21 Chapter 66, Section 4) is amended to read:

22 "27-2-31. JUDGMENTS AND PROCEEDS.--Upon final hearing,

23 judgment for the ~~[department]~~ authority shall include all sums

24 expended during the pendency of the action. When the

25 ~~[department of public welfare]~~ authority recovers judgments

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1 under ~~[this act]~~ Chapter 27, Article 2 NMSA 1978, it may  
2 enforce, compromise or settle the judgments in any way  
3 considered by the ~~[board of public welfare]~~ authority to be in  
4 the public interest. Any proceeds of judgments or settlements  
5 shall be retained by the ~~[department]~~ authority for its  
6 authorized activities and required reimbursements to the  
7 federal government."

8 **SECTION 95.** Section 27-2-32 NMSA 1978 (being Laws 1969,  
9 Chapter 182, Section 3, as amended) is amended to read:

10 "27-2-32. DUTY OF AGENCIES TO COOPERATE.--All state,  
11 county and municipal agencies, departments, bureaus and  
12 divisions shall cooperate in the location of absent parents who  
13 are not fulfilling their obligation to support their children  
14 and shall on request supply the ~~[department]~~ authority with all  
15 information on hand relative to the location, social security  
16 number, income and property of such absent parents,  
17 notwithstanding any other provision of law making the  
18 information confidential. The ~~[department]~~ authority shall use  
19 such information only for the purpose of enforcing the support  
20 liability of such absent parents and shall not use the  
21 information or disclose it for any other purpose."

22 **SECTION 96.** Section 27-2-41 NMSA 1978 (being Laws 1990,  
23 Chapter 93, Section 1) is amended to read:

24 "27-2-41. SHORT TITLE.--~~[This act]~~ Sections 27-2-41  
25 through 27-2-47 NMSA 1978 may be cited as the "Indigent

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1 Catastrophic Illness Hospital Funding Act".

2 SECTION 97. Section 27-2-43 NMSA 1978 (being Laws 1990,  
3 Chapter 93, Section 3) is amended to read:

4 "27-2-43. DEFINITIONS.--As used in the Indigent  
5 Catastrophic Illness Hospital Funding Act:

6 A. "authority" or "department" means the [~~human~~  
7 ~~services department~~] health care authority;

8 B. "fund" means the indigent catastrophic illness  
9 hospital fund;

10 C. "hospital" means any general or special hospital  
11 that is licensed by the [~~health and environment department~~]  
12 authority and that has annual gross charges for medicare,  
13 medicaid and indigent patients greater than ten percent of the  
14 hospital's total annual gross charges; and

15 D. "medically indigent patient" means [~~an~~  
16 ~~individual~~] a person who is a New Mexico resident who incurs  
17 hospital charges, who is not eligible for medicaid or medicare  
18 and whose family or household income does not exceed two  
19 hundred fifty percent of the federal poverty level."

20 SECTION 98. Section 27-2-44 NMSA 1978 (being Laws 1990,  
21 Chapter 93, Section 4) is amended to read:

22 "27-2-44. INDIGENT CATASTROPHIC ILLNESS HOSPITAL FUND  
23 CREATED.--[~~There is created in the state treasury~~] The  
24 "indigent catastrophic illness hospital fund" is created as a  
25 nonreverting fund in the state treasury. Money in the fund is

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1 appropriated to the [~~department for the purpose of reimbursing]~~  
2 authority to reimburse hospitals for eligible claims for  
3 hospital charges incurred by medically indigent patients and  
4 for paying administrative costs of the [~~department]~~ authority  
5 not to exceed three percent of the annual appropriation or  
6 other distribution or transfer to the fund. Money in the fund  
7 shall be invested as provided for other state funds and income  
8 earned on the fund shall be credited to the fund. [~~No balance~~  
9 ~~remaining at the end of any fiscal year shall revert to the~~  
10 ~~general fund.]"~~

11 SECTION 99. Section 27-2A-1 NMSA 1978 (being Laws 1994,  
12 Chapter 87, Section 1) is amended to read:

13 "27-2A-1. SHORT TITLE.--[~~This act]~~ Chapter 27, Article  
14 2A NMSA 1978 may be cited as the "Medicaid Estate Recovery  
15 Act"."

16 SECTION 100. Section 27-2A-3 NMSA 1978 (being Laws 1994,  
17 Chapter 87, Section 3) is amended to read:

18 "27-2A-3. DEFINITIONS.--As used in the Medicaid Estate  
19 Recovery Act:

20 A. "authority" or "department" means the [~~human~~  
21 ~~services department]~~ health care authority;

22 B. "estate" means real and personal property and  
23 other assets of the individual subject to probate or  
24 administration pursuant to the provisions of the Uniform  
25 Probate Code; and

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1 C. "medical assistance" means amounts paid by the  
2 department as medical assistance pursuant to Title [~~XIX~~] 19 of  
3 the Social Security Act."

4 SECTION 101. Section 27-2B-3 NMSA 1978 (being Laws 1998,  
5 Chapter 8, Section 3 and Laws 1998, Chapter 9, Section 3, as  
6 amended) is amended to read:

7 "27-2B-3. DEFINITIONS.--As used in the New Mexico Works  
8 Act:

9 A. "applicant" means a person applying for cash  
10 assistance on behalf of a benefit group;

11 B. "benefit group" means a pregnant woman or a  
12 group of people that includes a dependent child, all of that  
13 dependent child's full, half or adopted siblings or  
14 stepsiblings living with the dependent child's parent or  
15 relative within the fifth degree of consanguinity and the  
16 parent with whom the children live;

17 C. "cash assistance" means cash payments funded by  
18 the temporary assistance for needy families block grant  
19 pursuant to the federal Social Security Act and by state funds;

20 D. "authority" or "department" means the [~~human~~  
21 ~~services department~~] health care authority;

22 E. "dependent child" means a natural child, adopted  
23 child, stepchild or ward who is:

24 (1) seventeen years of age or younger;

25 (2) eighteen years of age and is enrolled in

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1 high school; or

2 (3) between eighteen and twenty-two years of  
3 age and is receiving special education services regulated by  
4 the public education department;

5 F. "director" means the director of the income  
6 support division of the [~~department~~] authority;

7 G. "earned income" means cash or payment in kind  
8 that is received as wages from employment or payment in lieu of  
9 wages; and earnings from self-employment or earnings acquired  
10 from the direct provision of services, goods or property,  
11 production of goods, management of property or supervision of  
12 services;

13 H. "federal act" means the federal Social Security  
14 Act and rules promulgated pursuant to the Social Security Act;

15 I. "federal poverty guidelines" means the level of  
16 income defining poverty by family size published annually in  
17 the federal register by the United States department of health  
18 and human services;

19 J. "immigrant" means an alien as defined in the  
20 federal act;

21 K. "parent" means natural parent, adoptive parent  
22 or stepparent;

23 L. "participant" means a recipient of cash  
24 assistance or services or a member of a benefit group who has  
25 reached the age of majority;

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1 M. "person" means an individual;

2 N. "secretary" means the secretary of [~~the~~  
3 ~~department~~] health care authority;

4 O. "services" means child care assistance; payment  
5 for employment-related transportation costs; job search  
6 assistance; employment counseling; employment, education and  
7 job training placement; one-time payment for necessary  
8 employment-related costs; case management; or other activities  
9 whose purpose is to assist transition into employment;

10 P. "unearned income" means old age, survivors and  
11 disability insurance; railroad retirement benefits; veterans  
12 administration compensation or pension; military retirement;  
13 pensions, annuities and retirement benefits; lodge or fraternal  
14 benefits; shared shelter payments; settlement payments;  
15 individual Indian money; child support; unemployment  
16 compensation benefits; union benefits paid in cash; gifts and  
17 contributions; and real property income;

18 Q. "vehicle" means a conveyance for the  
19 transporting of [~~individuals~~] persons to or from employment,  
20 for the activities of daily living or for the transportation of  
21 goods; "vehicle" does not include any boat, trailer or mobile  
22 home used as a principal place of residence; and

23 R. "vocational education" means an organized  
24 educational program that is directly related to the preparation  
25 of a person for employment in a current or emerging occupation

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1 requiring training other than a baccalaureate or advanced  
2 degree. Vocational education [~~must~~] shall be provided by an  
3 educational or a training organization, such as a vocational-  
4 technical school, community college, post-secondary educational  
5 institution or proprietary school."

6 SECTION 102. Section 27-2C-1 NMSA 1978 (being Laws 2002,  
7 Chapter 105, Section 1) is amended to read:

8 "27-2C-1. SHORT TITLE.--[~~This act~~] Chapter 27, Article  
9 2C NMSA 1978 may be cited as the "Pharmaceutical Supplemental  
10 Rebate Act"."

11 SECTION 103. Section 27-2C-2 NMSA 1978 (being Laws 2002,  
12 Chapter 105, Section 2) is amended to read:

13 "27-2C-2. DEFINITIONS.--As used in the Pharmaceutical  
14 Supplemental Rebate Act:

15 A. "authority" or "department" means the [~~human~~  
16 ~~services department~~] health care authority;

17 B. "labeler" means a person that receives  
18 prescription drugs from a manufacturer or wholesaler and  
19 repackages those drugs for later retail sale and that has a  
20 labeler code from the federal food and drug administration;

21 C. "manufacturer" means a manufacturer of  
22 prescription drugs as defined in 42 U.S.C. 1396r-8(k)(5),  
23 including a subsidiary or affiliate of a manufacturer;

24 D. "medicaid" means the joint federal-state health  
25 coverage program pursuant to Title 19 or Title 21 of the

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1 federal Social Security Act;

2 E. "participating retail pharmacy" means a retail  
3 pharmacy or other business licensed to dispense prescription  
4 drugs that participates in the state medicaid program;

5 F. "secretary" means the secretary of [~~human~~  
6 ~~services~~] health care authority; and

7 G. "wholesaler" means a business licensed to  
8 distribute prescription drugs in the state."

9 SECTION 104. Section 27-2D-2 NMSA 1978 (being Laws 2003,  
10 Chapter 317, Section 2, as amended) is amended to read:

11 "27-2D-2. DEFINITIONS.--As used in the Education Works  
12 Act:

13 A. "applicant" means a person applying for cash  
14 assistance on behalf of a benefit group;

15 B. "benefit group" means a pregnant woman or a  
16 group of people that includes a dependent child, all of that  
17 dependent child's full, half, step- or adopted siblings living  
18 with the dependent child's parent or relative within the fifth  
19 degree of consanguinity and the parent with whom the children  
20 live;

21 C. "cash assistance" means cash payments  
22 distributed by the [~~department~~] authority pursuant to the  
23 Education Works Act;

24 D. "authority" or "department" means the [~~human~~  
25 ~~services~~ ~~department~~] health care authority;

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1           E. "dependent child" means a natural, adopted step-  
2 child or ward who is:

3                   (1) seventeen years of age or younger;  
4                   (2) eighteen years of age and is enrolled in  
5 high school; or

6                   (3) between eighteen and twenty-two years of  
7 age and is receiving special education services regulated by  
8 the public education department;

9           F. "director" means the director of the income  
10 support division of the [~~department~~] authority;

11           G. "earned income" means cash or payment in kind  
12 that is received as wages from employment or payment in lieu of  
13 wages; and earnings from self-employment or earnings acquired  
14 from the direct provision of services, goods or property,  
15 production of goods, management of property or supervision of  
16 services;

17           H. "education works program" means the cash  
18 assistance, activities and services available to a recipient  
19 pursuant to the Education Works Act;

20           I. "federal act" means the federal Social Security  
21 Act and rules promulgated pursuant to the Social Security Act;

22           J. "federal poverty guidelines" means the level of  
23 income defining poverty by family size published annually in  
24 the federal register by the United States department of health  
25 and human services;

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1           K. "parent" means natural parent, adoptive parent  
2 or stepparent;

3           L. "person" means an individual;

4           M. "recipient" means a person who receives cash  
5 assistance or services or a member of a benefit group who has  
6 reached the age of majority;

7           N. "secretary" means the secretary of [~~human~~  
8 ~~services~~] health care authority;

9           O. "services" means child-care assistance; payment  
10 for education- or employment-related transportation costs; job  
11 search assistance; employment counseling; employment, education  
12 and job training placement; an annual payment for education-  
13 related costs; case management; or other activities whose  
14 purpose is to assist transition into employment;

15           P. "unearned income" means old age, survivors and  
16 disability insurance; railroad retirement benefits; veterans  
17 administration compensation or pension; military retirement;  
18 pensions, annuities and retirement benefits; lodge or fraternal  
19 benefits; shared shelter payments; settlement payments;  
20 individual Indian money; child support; unemployment  
21 compensation benefits; union benefits paid in cash; gifts and  
22 contributions; and real property income; and

23           Q. "vehicle" means a conveyance for the  
24 transporting of persons to or from employment or education for  
25 the activities of daily living or for the transportation of

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1 goods; "vehicle" does not include boats, trailers or mobile  
2 homes used as a principal place of residence."

3 SECTION 105. Section 27-2E-1 NMSA 1978 (being Laws 2003,  
4 Chapter 381, Section 1) is amended to read:

5 "27-2E-1. AVERAGE MANUFACTURER PRICE--FILING--  
6 REPORTING.--

7 A. A person who manufactures a prescription drug,  
8 including a generic prescription drug, that is sold in New  
9 Mexico shall file with the [~~human services department~~] health  
10 care authority:

11 (1) the average manufacturer price for the  
12 drug;

13 (2) the price that each wholesaler or pharmacy  
14 benefit manager doing business in this state pays the  
15 manufacturer to purchase the drug; and

16 (3) the price paid to the manufacturer by any  
17 entity in an arrangement or contract that sells or provides  
18 prescription drugs in New Mexico without the services of a  
19 wholesaler.

20 B. The information required under Subsection A of  
21 this section shall be filed annually or more frequently, as  
22 determined by the [~~human services department~~] health care  
23 authority. The information required under Subsection A of this  
24 section is confidential and shall not be disclosed pursuant to  
25 Section [~~3 of this act~~] 27-2E-3 NMSA 1978 and shall not be

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1 subject to public inspection pursuant to the provisions of  
2 Section 14-2-1 NMSA 1978.

3 C. A person who engages in the wholesale  
4 distribution of prescription drugs in New Mexico shall file  
5 with the [~~human services department~~] health care authority  
6 information showing the actual price at which the wholesaler or  
7 distributor sells a particular drug to a pharmacy.

8 D. As used in this section, "average manufacturer  
9 price" means the average price paid to the manufacturer for the  
10 drug in New Mexico, including rebates, discounts and market  
11 incentives, after deducting customary prompt-pay discounts."

12 SECTION 106. Section 27-2E-2 NMSA 1978 (being Laws 2003,  
13 Chapter 381, Section 2) is amended to read:

14 "27-2E-2. UNLAWFUL DISCLOSURE--PENALTIES.--

15 A. It is unlawful for an employee, former employee,  
16 contractor or former contractor of the [~~human services~~  
17 ~~department~~] health care authority to reveal to another person,  
18 except to another employee or contractor of the [~~department~~]  
19 authority as required by the employee's or contractor's duties  
20 or responsibilities or by state or federal court order,  
21 information acquired pursuant to Section [~~1 of this act~~]  
22 27-2E-1 NMSA 1978 or any other information about a prescription  
23 drug manufacturer acquired as a result of [~~his~~] employment or  
24 contract by the [~~department~~] authority and not available from  
25 public sources.

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1           B. An employee, former employee, contractor or  
2 former contractor of the [~~human services department~~] health  
3 care authority who reveals to another person information that  
4 [~~he~~] the person is prohibited from lawfully revealing is guilty  
5 of a misdemeanor and shall, upon conviction thereof, be fined  
6 not more than one thousand dollars (\$1,000) or imprisoned not  
7 more than one year, or both, together with costs of  
8 prosecution, and shall not be employed by the state for a  
9 period of five years after the date of the conviction."

10           **SECTION 107.** Section 27-2E-3 NMSA 1978 (being Laws 2003,  
11 Chapter 381, Section 3) is amended to read:

12           "27-2E-3. ENFORCEMENT.--The office of the attorney  
13 general may take action to investigate and enforce the  
14 requirements of Sections [~~1 and 2 of this act~~] 27-2E-1 and  
15 27-2E-2 NMSA 1978."

16           **SECTION 108.** Section 27-3-1 NMSA 1978 (being Laws 1973,  
17 Chapter 256, Section 1) is amended to read:

18           "27-3-1. SHORT TITLE.--[~~This act~~] Chapter 27, Article 3  
19 NMSA 1978 may be cited as the "Public Assistance Appeals Act"."

20           **SECTION 109.** Section 27-3-2 NMSA 1978 (being Laws 1973,  
21 Chapter 256, Section 2, as amended) is amended to read:

22           "27-3-2. DEFINITIONS.--As used in the Public Assistance  
23 Appeals Act:

24           A. "authority" or "department" means the income  
25 support division or the medical assistance division [~~or the~~

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1 ~~social services division~~] of the [~~human services department~~]  
2 health care authority;

3 B. "board" means the income support division or the  
4 medical assistance division [~~or the social services division~~]  
5 of the [~~human services department~~] authority; and

6 C. "director" means the director of the income  
7 support division or the medical assistance division [~~or the~~  
8 ~~social services division~~] of the [~~human services department~~]  
9 authority."

10 SECTION 110. Section 27-4-1 NMSA 1978 (being Laws 1973,  
11 Chapter 311, Section 1) is amended to read:

12 "27-4-1. SHORT TITLE.--~~[Sections 1 through 7 of this~~  
13 ~~act]~~ Chapter 27, Article 4 NMSA 1978 may be cited as the  
14 "Special Medical Needs Act".

15 SECTION 111. Section 27-4-2 NMSA 1978 (being Laws 1973,  
16 Chapter 311, Section 2, as amended) is amended to read:

17 "27-4-2. DEFINITIONS.--As used in the Special Medical  
18 Needs Act:

19 A. "department" or "division" means the income  
20 support division of the [~~human services department~~] health care  
21 authority;

22 B. "board" means the division;

23 C. "aged person" means a person who has attained  
24 the age of sixty-five years and does not have a spouse  
25 financially able, according to [~~regulations~~] rules of the

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1 division, to furnish support;

2 D. "person with a disability" means a person who  
3 has attained the age of eighteen years and is determined to  
4 have a permanent and total disability, according to  
5 [~~regulations~~] rules of the division; and

6 E. "blind person" means a person who is determined  
7 to be blind according to [~~regulations~~] rules of the division."

8 SECTION 112. Section 27-5-4 NMSA 1978 (being Laws 1965,  
9 Chapter 234, Section 4, as amended) is amended to read:

10 "27-5-4. DEFINITIONS.--As used in the Indigent Hospital  
11 and County Health Care Act:

12 A. "ambulance provider" or "ambulance service"  
13 means a specialized carrier based within the state authorized  
14 under provisions and subject to limitations as provided in  
15 individual carrier certificates issued by the department of  
16 transportation to transport persons alive, dead or dying en  
17 route by means of ambulance service. The rates and charges  
18 established by department of transportation tariff shall govern  
19 as to allowable cost. Also included are air ambulance services  
20 approved by the county. The air ambulance service charges  
21 shall be filed and approved pursuant to Subsection D of Section  
22 27-5-6 NMSA 1978 and Section 27-5-11 NMSA 1978;

23 B. "cost" means all allowable costs of providing  
24 health care services, to the extent determined by resolution of  
25 a county, for an indigent patient. Allowable costs shall be

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1 based on medicaid fee-for-service reimbursement rates for  
2 hospitals, licensed medical doctors and osteopathic physicians;

3 C. "county" means a county except a class A county  
4 with a county hospital operated and maintained pursuant to a  
5 lease or operating agreement with a state educational  
6 institution named in Article 12, Section 11 of the constitution  
7 of New Mexico;

8 D. "department" or "authority" means the ~~[human~~  
9 ~~services department]~~ health care authority;

10 E. "fund" means a county health care assistance  
11 fund;

12 F. "health care services" means treatment and  
13 services designed to promote improved health in the county  
14 indigent population, including primary care, prenatal care,  
15 dental care, behavioral health care, alcohol or drug  
16 detoxification and rehabilitation, hospital care, provision of  
17 prescription drugs, preventive care or health outreach  
18 services, to the extent determined by resolution of the county;

19 G. "indigent patient" means a person to whom an  
20 ambulance service, a hospital or a health care provider has  
21 provided medical care, ambulance transportation or health care  
22 services and who can normally support the person's self and the  
23 person's dependents on present income and liquid assets  
24 available to the person but, taking into consideration the  
25 person's income, assets and requirements for other necessities

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1 of life for the person and the person's dependents, is unable  
2 to pay the cost of the ambulance transportation or medical care  
3 administered or both; provided that if a definition of  
4 "indigent patient" is adopted by a county in a resolution, the  
5 definition shall not include any person whose annual income  
6 together with that person's spouse's annual income totals an  
7 amount that is fifty percent greater than the per capita  
8 personal income for New Mexico as shown for the most recent  
9 year available in the survey of current business published by  
10 the United States department of commerce. "Indigent patient"  
11 includes a minor who has received ambulance transportation or  
12 medical care or both and whose parent or the person having  
13 custody of that minor would qualify as an indigent patient if  
14 transported by ambulance, admitted to a hospital for care or  
15 treated by a health care provider;

16 H. "medicaid eligible" means a person who is  
17 eligible for medical assistance from the department;

18 I. "planning" means the development of a countywide  
19 or multicounty health plan to improve and fund health services  
20 in the county based on the county's needs assessment and  
21 inventory of existing services and resources and that  
22 demonstrates coordination between the county and state and  
23 local health planning efforts;

24 J. "public entity" means a state, local or tribal  
25 government or other political subdivision or agency of that

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1 government; and

2 K. "qualifying hospital" means an acute care  
3 general hospital licensed by the ~~[department of health]~~  
4 authority that is qualified to receive payments from the safety  
5 net care pool pursuant to an agreement with the federal centers  
6 for medicare and medicaid services."

7 SECTION 113. Section 27-5-6.1 NMSA 1978 (being Laws  
8 1993, Chapter 321, Section 18, as amended) is amended to read:

9 "27-5-6.1. SAFETY NET CARE POOL FUND CREATED.--

10 A. The "safety net care pool fund" is created as a  
11 nonreverting fund in the state treasury. The safety net care  
12 pool fund, which shall be administered by the ~~[department]~~  
13 authority, shall consist of public ~~[funds]~~ money provided  
14 through intergovernmental transfers from counties or other  
15 public entities and transferred from counties pursuant to  
16 Section ~~[16 of this 2014 act]~~ 27-5-6.2 NMSA 1978. Money in the  
17 fund shall be invested by the state treasurer as other state  
18 funds are invested. ~~[Any unexpended or unencumbered balance~~  
19 ~~remaining in the fund at the end of any fiscal year shall not~~  
20 ~~revert.]~~

21 B. Money in the safety net care pool fund is  
22 appropriated to the ~~[department]~~ authority to make payments to  
23 qualifying hospitals. No safety net care pool fund payments or  
24 money in the safety net care pool fund shall be used to  
25 supplant any general fund support for the state medicaid

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1 program."

2 SECTION 114. Section 27-5-16 NMSA 1978 (being Laws 1965,  
3 Chapter 234, Section 16, as amended) is amended to read:

4 "27-5-16. [~~DEPARTMENT~~] AUTHORITY--PAYMENTS--  
5 COOPERATION--REPORTING.--

6 A. The [~~department~~] authority shall not decrease  
7 the amount of any assistance payments made to the hospitals or  
8 health care providers of this state pursuant to law because of  
9 any financial reimbursement made to ambulance services,  
10 hospitals or health care providers for indigent or medicaid  
11 eligible patients as provided in the Indigent Hospital and  
12 County Health Care Act.

13 B. The [~~department~~] authority shall cooperate with  
14 each county in furnishing information or assisting in the  
15 investigation of any person to determine whether the person  
16 meets the qualifications of an indigent patient as defined in  
17 the Indigent Hospital and County Health Care Act.

18 C. The [~~department~~] authority shall provide an  
19 annual report to each county and each qualifying hospital on  
20 the previous calendar year's payments from the safety net  
21 care pool for uncompensated care to qualifying hospitals and  
22 estimated payments of enhanced medicaid base rates. The  
23 annual report for the previous year shall be provided by July  
24 1 of the succeeding year."

25 SECTION 115. Section 27-6-13 NMSA 1978 (being Laws

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1 1979, Chapter 290, Section 3, as amended) is amended to read:

2 "27-6-13. ADMINISTRATION OF LOW INCOME UTILITY  
3 ASSISTANCE ACT.--

4 A. As used in the Low Income Utility Assistance  
5 Act:

6 (1) "authority" or "department" means the  
7 ~~[agency of the state designated by the governor]~~ health care  
8 authority; and

9 (2) "utility" means a publicly, privately or  
10 municipally owned utility or a distribution cooperative  
11 utility for the rendition of electric power or gas.

12 B. The ~~[department]~~ authority shall determine  
13 eligibility, establish payment amounts, make utility  
14 assistance payments to or on behalf of eligible recipients and  
15 otherwise administer the Low Income Utility Assistance Act.

16 C. The ~~[department]~~ authority shall use funds  
17 appropriated under the Low Income Utility Assistance Act to  
18 the maximum extent to generate available federal and local  
19 government funds and to mobilize other resources that may be  
20 applied to the concepts of the Low Income Utility Assistance  
21 Act."

22 SECTION 116. Section 27-6-14 NMSA 1978 (being Laws  
23 1979, Chapter 290, Section 4, as amended) is amended to read:

24 "27-6-14. PERSONS ELIGIBLE FOR UTILITY ASSISTANCE.--

25 A. Utility assistance supplements shall be paid to

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1 or on behalf of those [~~individuals~~] persons who are determined  
2 to be eligible by [~~regulation~~] rule of the [~~department~~]  
3 authority.

4 B. The [~~department~~] authority shall determine the  
5 amount of payment to be made; provided that no payment shall  
6 be made if a payment for the same services or incurred bills  
7 has been made to the household under a federal program for a  
8 similar purpose."

9 SECTION 117. Section 27-6-15 NMSA 1978 (being Laws  
10 1979, Chapter 290, Section 5, as amended) is amended to read:

11 "27-6-15. UTILITY ASSISTANCE SUPPLEMENT PROGRAM  
12 ESTABLISHED--DISTRIBUTION TO ELIGIBLE RECIPIENTS.--

13 A. The [~~department~~] authority is authorized to  
14 establish a utility assistance supplement program for purposes  
15 of the Low Income Utility Assistance Act.

16 B. Beginning on July 1, 1980 and each year  
17 thereafter, the [~~department~~] authority shall pay utility  
18 assistance supplement payments, subject to the availability of  
19 funds from the low income utility assistance fund created  
20 under the provisions of Section 27-6-16 NMSA 1978."

21 SECTION 118. Section 27-6-16 NMSA 1978 (being Laws  
22 1979, Chapter 290, Section 6, as amended) is amended to read:

23 "27-6-16. FUND CREATED.--~~[There is created in the state~~  
24 ~~treasury]~~ The "low income utility assistance fund" is created  
25 in the state treasury. Payments shall be made from the low

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1 income utility assistance fund upon warrants drawn by the  
2 secretary of finance and administration pursuant to vouchers  
3 signed by the [~~head of the department~~] secretary of health  
4 care authority. Such payments shall be made for the costs and  
5 administration of the Low Income Utility Assistance Act."

6 SECTION 119. Section 27-6-17 NMSA 1978 (being Laws  
7 1991, Chapter 81, Section 1, as amended) is amended to read:

8 "27-6-17. UTILITY SERVICE--PROCEDURES TO FOLLOW PRIOR  
9 TO SERVICE BEING DISCONTINUED.--

10 A. Unless requested by the customer, no gas or  
11 electric utility shall discontinue service to any residential  
12 customer for nonpayment during the period from November 15  
13 through March 15 unless the following procedures are followed:

14 (1) at least fifteen days prior to the date  
15 scheduled for utility service to be discontinued, unless the  
16 [~~New Mexico~~] public [~~utility~~] regulation commission provides  
17 for a shorter period, the utility shall mail or hand-deliver  
18 to the customer a notice printed in both English and Spanish  
19 and in simple language, which notice clearly explains that:

20 (a) utility service shall stop on a  
21 specific date;

22 (b) the customer may be eligible for  
23 financial assistance to pay for the utility service; and

24 (c) for assistance, the customer should  
25 contact the utility or the [~~department~~] authority;

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1                   (2) any utility subject to this section  
2 shall attempt to advise customers who contact the utility  
3 seeking financial assistance of the program administered under  
4 the Low Income Utility Assistance Act and of assistance  
5 programs the utility may administer on its own or in  
6 conjunction with others;

7                   (3) the utilities subject to this section  
8 and the [~~department~~] authority shall provide application forms  
9 for utility service payment assistance at billing and agency  
10 offices; and

11                   (4) before the service is actually  
12 discontinued, the utility shall attempt to make contact in  
13 person or by telephone to remind the customer of the pending  
14 date of discontinuance of service and that financial  
15 assistance for utility payments may be available.

16                   B. Unless requested by the customer, no gas or  
17 electric utility shall discontinue service to any residential  
18 customer for nonpayment during the period from November 15  
19 through March 15 until at least fifteen days after the date  
20 scheduled for discontinuance of service if the [~~department~~]  
21 authority has certified to the utility that a customer is  
22 eligible for utility payment assistance under the Low Income  
23 Utility Assistance Act and that payment for the utility  
24 service provided to the customer will be made within the  
25 fifteen-day period.

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1 C. The [~~department~~] authority and the [~~New Mexico~~]  
2 public [~~utility~~] regulation commission shall coordinate and  
3 adopt, as they deem appropriate, either separate or joint  
4 rules [~~and regulations~~] necessary to implement the provisions  
5 of this section; provided that nothing in this section  
6 authorizes the [~~department~~] authority to revise tariffs or  
7 rate filings subject to the jurisdiction of the [~~New Mexico~~]  
8 public [~~utility~~] regulation commission."

9 SECTION 120. Section 27-6-18.1 NMSA 1978 (being Laws  
10 2007, Chapter 231, Section 1) is amended to read:

11 "27-6-18.1. PROHIBITION ON DISCONTINUANCE OR  
12 DISCONNECTION OF UTILITY SERVICE DURING THE WINTER HEATING  
13 SEASON--MINIMUM PAYMENTS--PAYMENT PLANS--EXCEPTIONS.--

14 A. Except as provided in Subsection C of this  
15 section, unless requested by the customer, no utility shall  
16 discontinue or disconnect service to a residential customer  
17 during the heating season for nonpayment of the customer's  
18 utility bill if the customer meets the qualifications to  
19 receive assistance pursuant to the low-income home energy  
20 assistance program from the administering authority during the  
21 program's current heating season.

22 B. The utility shall make payment plan options  
23 available to the customer pursuant to rules adopted by the  
24 public regulation commission.

25 C. If the customer does not pay the past due

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1 charges from the customer's utility bill before the beginning  
2 of the next heating season, the customer shall not be eligible  
3 for protection from discontinued or disconnected utility  
4 service pursuant to this section during that next heating  
5 season until the past due charges are paid in full.

6 D. A customer who has defaulted on the customer's  
7 chosen payment plan and whose utility service has been  
8 discontinued or disconnected during the nonheating season can  
9 be reconnected and maintain the protection afforded by this  
10 section by paying reconnection charges, if any, and by paying  
11 the amount due pursuant to the payment plan by the date on  
12 which service is reconnected.

13 E. If a customer notifies the utility that the  
14 customer needs payment assistance and if the customer  
15 requests, the utility shall promptly report the customer's  
16 request for assistance to the administering authority. The  
17 administering authority shall take prompt action to evaluate  
18 the customer's eligibility for the low-income home energy  
19 assistance program.

20 F. Utilities subject to this section shall make  
21 the following information available to the public regarding:

- 22 (1) the low-income home energy assistance  
23 program's:  
24 (a) application forms;  
25 (b) requirements for qualifying for the

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1 program;

2 (c) procedures for making an  
3 application; and

4 (d) location to which an application  
5 may be submitted; and

6 (2) the protection against discontinued and  
7 disconnected service set forth in this section for customers  
8 seeking assistance paying utility bills during a heating  
9 season, including:

10 (a) payment options; and

11 (b) circumstances under which  
12 disconnection or discontinuance of service may occur.

13 G. As used in this section:

14 (1) "administering authority" means the  
15 [~~human services department~~] health care authority or a tribal  
16 entity that administers its own low-income home energy  
17 assistance program;

18 (2) "current season" means the period  
19 beginning in September and continuing through August of the  
20 subsequent year;

21 (3) "heating season" means the period  
22 beginning November 15 and continuing through March 15 of the  
23 subsequent year;

24 (4) "nonheating season" means the period  
25 beginning on March 16 and continuing through November 14 of

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1 the same year; and

2 (5) "tribal entity" means the governing body  
3 or an agency of a federally recognized Indian nation, tribe or  
4 pueblo located in whole or in part in New Mexico."

5 SECTION 121. Section 27-6A-1 NMSA 1978 (being Laws  
6 1993, Chapter 206, Section 1) is amended to read:

7 "27-6A-1. SHORT TITLE.--~~[This act]~~ Chapter 27, Article  
8 6A NMSA 1978 may be cited as the "Low Income Water, Sewer and  
9 Solid Waste Service Assistance Act".

10 SECTION 122. Section 27-6A-3 NMSA 1978 (being Laws  
11 1993, Chapter 206, Section 3) is amended to read:

12 "27-6A-3. DEFINITIONS.--As used in the Low Income  
13 Water, Sewer and Solid Waste Service Assistance Act:

14 A. "authority" or "department" means the [~~human~~  
15 ~~services department~~] health care authority; and

16 B. "utility" means any individual, firm,  
17 partnership, company, district, including [~~but not limited to~~]  
18 solid waste district, water and sanitation district and  
19 special district, cooperative, association, public or private  
20 corporation, lessee, trustee or receiver appointed by any  
21 court, municipality and municipal utility as defined in the  
22 Municipal Code, incorporated county or county that may or does  
23 own, operate, lease or control any plant, property or facility  
24 for:

25 (1) the supply, storage, distribution or

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1 furnishing of water to or for the public;

2 (2) the supply and furnishing of sanitary  
3 sewer service to or for the public; or

4 (3) the supply and furnishing of collection,  
5 transportation, treatment or disposal of solid waste to or for  
6 the public. "Utility" does not include a public utility  
7 subject to the jurisdiction of the [~~New Mexico~~] public  
8 [~~service~~] regulation commission."

9 SECTION 123. Section 27-6A-5 NMSA 1978 (being Laws  
10 1993, Chapter 206, Section 5) is amended to read:

11 "27-6A-5. [~~DEPARTMENT~~] AUTHORITY COOPERATION.--Subject  
12 to state and federal statutes and [~~regulations~~] rules  
13 governing the sharing of confidential information, the  
14 [~~department~~] authority shall cooperate with a participating  
15 utility in identifying those persons eligible for assistance  
16 [~~pursuant to~~] in accordance with the Low Income Water, Sewer  
17 and Solid Waste Service Assistance Act."

18 SECTION 124. Section 27-8-1 NMSA 1978 (being Laws 1983,  
19 Chapter 139, Section 1) is amended to read:

20 "27-8-1. SHORT TITLE.--[~~This act~~] Chapter 27, Article 8  
21 NMSA 1978 may be cited as the "Community Action Act"."

22 SECTION 125. Section 27-8-3 NMSA 1978 (being Laws 1983,  
23 Chapter 139, Section 3) is amended to read:

24 "27-8-3. DEFINITIONS.--As used in the Community Action  
25 Act:

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1           A. "poverty level" means the official poverty  
2 level established by the federal director of the office of  
3 management and budget and revised periodically by the  
4 [~~federal~~] United States secretary of health and human  
5 services; and

6           B. "secretary" means the secretary of [~~human~~  
7 ~~services~~] health care authority."

8           SECTION 126. Section 27-9-1 NMSA 1978 (being Laws 1983,  
9 Chapter 323, Section 1, as amended) is amended to read:

10           "27-9-1. PROGRAM--DEMONSTRATIONS.--The [~~human services~~  
11 ~~department~~] health care authority, in cooperation with the  
12 [~~department of health~~] aging and long-term services  
13 department, is authorized to administer demonstration programs  
14 that provide in-home and coordinated community care services  
15 to the frail elderly and to persons with [~~a disability~~]  
16 disabilities who would otherwise require institutionalization.  
17 The programs authorized by this section shall serve both those  
18 eligible and not eligible for federal medical assistance  
19 programs."

20           SECTION 127. Section 27-9-2 NMSA 1978 (being Laws 1983,  
21 Chapter 323, Section 2) is amended to read:

22           "27-9-2. IMPLEMENTATION.--The secretary of [~~human~~  
23 ~~services~~] health care authority shall, by [~~regulation~~] rule,  
24 specify the areas in which the programs shall operate, specify  
25 the services to be provided, establish eligibility criteria of

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1 persons to be served and provide for cost sharing, where  
2 possible, with [~~individuals~~] persons and participating  
3 communities."

4 SECTION 128. Section 27-10-1 NMSA 1978 (being Laws  
5 1991, Chapter 212, Section 1) is amended to read:

6 "27-10-1. SHORT TITLE.--~~[Sections 1 through 4 of this~~  
7 ~~act]~~ Chapter 27, Article 10 NMSA 1978 may be cited as the  
8 "Statewide Health Care Act".

9 SECTION 129. Section 27-10-3 NMSA 1978 (being Laws  
10 1991, Chapter 212, Section 3, as amended) is amended to read:

11 "27-10-3. COUNTY-SUPPORTED MEDICAID FUND CREATED--USE--  
12 APPROPRIATION BY THE LEGISLATURE.--

13 A. [~~There is created in the state treasury~~] The  
14 "county-supported medicaid fund" is created as a nonreverting  
15 fund in the state treasury. The fund shall be invested by the  
16 state treasurer as other state funds are invested. Income  
17 earned from investment of the fund shall be credited to the  
18 county-supported medicaid fund. [~~The fund shall not revert in~~  
19 ~~any fiscal year.~~]

20 B. Money in the county-supported medicaid fund is  
21 subject to appropriation by the legislature to support the  
22 state medicaid program and to institute or support primary  
23 care health care services pursuant to Subsections D and E of  
24 Section [~~24-1A-3.1~~] 24A-4-4 NMSA 1978. Of the amount  
25 appropriated each year, nine percent shall be appropriated to

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1 the [~~department of health~~] health care authority to institute  
2 or support primary care health care services pursuant to  
3 Subsections D and E of Section [~~24-1A-3.1~~] 24A-4-4 NMSA 1978.

4 C. Up to three percent of the county-supported  
5 medicaid fund each year may be expended for administrative  
6 costs related to medicaid or developing new primary care  
7 health care centers or facilities.

8 D. In the event federal funds for medicaid are not  
9 received by New Mexico for any eighteen-month period, the  
10 unencumbered balance remaining in the county-supported  
11 medicaid fund and the safety net care pool fund at the end of  
12 the fiscal year following the end of any eighteen-month period  
13 shall be paid within a reasonable time to each county for  
14 deposit in the county health care assistance fund in  
15 proportion to the payments made by each county through tax  
16 revenues or transfers in the previous fiscal year as certified  
17 by the local government division of the department of finance  
18 and administration. The department will provide for budgeting  
19 and accounting of payments to the fund."

20 SECTION 130. Section 27-11-2 NMSA 1978 (being Laws  
21 1998, Chapter 30, Section 2, as amended) is amended to read:

22 "27-11-2. DEFINITIONS.--As used in the Medicaid  
23 Provider and Managed Care Act:

24 A. "claim" means a request for payment for  
25 services;

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1           B. "clean claim" means a claim for reimbursement  
2 that:

3                   (1) contains substantially all the required  
4 data elements necessary for accurate adjudication of the claim  
5 without the need for additional information from the medicaid  
6 provider or subcontractor;

7                   (2) is not materially deficient or improper,  
8 including lacking substantiating documentation required by  
9 medicaid; and

10                   (3) has no particular or unusual  
11 circumstances that require special treatment or that prevent  
12 payment from being made in due course on behalf of medicaid;

13           C. "credible" means having indicia of reliability  
14 after the state has reviewed all allegations, facts and  
15 evidence carefully and acted judiciously on a case-by-case  
16 basis;

17           D. "credible allegation of fraud" means an  
18 allegation that has been verified by the state from any  
19 source, including fraud hotline complaints, claims data mining  
20 and provider audits;

21           E. "department" or "authority" means the [~~human~~  
22 ~~services department~~] health care authority;

23           F. "fraud" means any act that constitutes fraud  
24 under state or federal law;

25           G. "managed care organization" means a person

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1 eligible to enter into risk-based prepaid capitation  
2 agreements with the [~~department~~] authority to provide health  
3 care and related services;

4 H. "medicaid" means the medical assistance program  
5 established pursuant to Title 19 of the federal Social  
6 Security Act and regulations issued pursuant to that act;

7 I. "medicaid provider" means a person that  
8 provides medicaid-related services to recipients;

9 J. "overpayment" means an amount paid to a  
10 medicaid provider or subcontractor in excess of the medicaid  
11 allowable amount, including payment for any claim to which a  
12 medicaid provider or subcontractor is not entitled;

13 K. "person" means an individual or other legal  
14 entity;

15 L. "recipient" means a person whom the  
16 [~~department~~] authority has determined to be eligible to  
17 receive medicaid-related services;

18 M. "secretary" means the secretary of [~~human~~  
19 ~~services~~] health care authority; and

20 N. "subcontractor" means a person that contracts  
21 with a medicaid provider or a managed care organization to  
22 provide medicaid-related services to recipients."

23 SECTION 131. Section 27-14-1 NMSA 1978 (being Laws  
24 2004, Chapter 49, Section 1) is amended to read:

25 "27-14-1. SHORT TITLE.--[~~This~~] Chapter 27, Article 14

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1 NMSA 1978 may be cited as the "Medicaid False Claims Act".

2           **SECTION 132.** Section 27-14-3 NMSA 1978 (being Laws  
3 2004, Chapter 49, Section 3) is amended to read:

4           "27-14-3. DEFINITIONS.--As used in the Medicaid False  
5 Claims Act:

6           A. "claim" means a written or electronically  
7 submitted request for payment of health care services pursuant  
8 to the medicaid program;

9           B. "department" or "authority" means the [~~human~~  
10 ~~services department~~] health care authority;

11           C. "medicaid" means the federal-state program  
12 administered by the [~~human services department~~] health care  
13 authority pursuant to Title 19 or Title 21 of the federal  
14 Social Security Act;

15           D. "medicaid recipient" means [~~an individual~~] a  
16 person on whose behalf a person claims or receives a payment  
17 from the medicaid program, regardless of whether the  
18 [~~individual~~] person was eligible for the medicaid program; and

19           E. "qui tam" means an action brought under a  
20 statute that allows a private person to sue for a recovery,  
21 part of which the state will receive."

22           **SECTION 133.** Section 28-16-15.2 NMSA 1978 (being Laws  
23 1993, Chapter 84, Section 2, as amended) is amended to read:

24           "28-16-15.2. DEVELOPMENTAL DISABILITIES COUNCIL--  
25 ADDITIONAL DUTIES.--The developmental disabilities council

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1 shall cooperate with the [~~department of health and the human~~  
2 ~~services department~~] health care authority to:

3 A. provide data to support an amendment to the  
4 developmental disabilities medicaid waiver program to increase  
5 the number of eligible persons served;

6 B. develop a contingency plan to describe the role  
7 and control the growth of intermediate care facilities for  
8 [~~individuals~~] persons with developmental or intellectual  
9 disabilities; and

10 C. develop flexibility in the system of  
11 prioritization for admission to allow persons to move within  
12 the service system to an appropriate level of service,  
13 including movement of residents of intermediate care  
14 facilities for [~~individuals~~] persons with developmental or  
15 intellectual disabilities to the developmental disabilities  
16 medicaid waiver program."

17 SECTION 134. Section 28-16A-2 NMSA 1978 (being Laws  
18 1993, Chapter 50, Section 2, as amended) is amended to read:

19 "28-16A-2. LEGISLATIVE AUTHORIZATION.--The  
20 Developmental Disabilities Act authorizes the [~~department~~]  
21 authority to plan, provide and coordinate support and services  
22 to persons with developmental disabilities."

23 SECTION 135. Section 28-16A-3 NMSA 1978 (being Laws  
24 1993, Chapter 50, Section 3, as amended) is amended to read:

25 "28-16A-3. DEFINITIONS.--As used in the Developmental

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1 Disabilities Act:

2 A. "assessment" means a process for measuring and  
3 determining a person's strengths, needs and preferences to  
4 determine eligibility for support and services and to develop  
5 or modify an individual support and service plan;

6 B. "case management" means a process that:

7 (1) assists a person with a developmental  
8 disability to know and understand the person's choices and  
9 rights and to obtain support and services that the person is  
10 eligible to receive and that are reflected in the individual  
11 support and service plan; and

12 (2) monitors the provision of support and  
13 services received by a person with a developmental disability;

14 ~~C. "comprehensive review and analysis" means the~~  
15 ~~comprehensive review and analysis conducted pursuant to~~  
16 ~~Subsection A of Section 28-16A-7 NMSA 1978;~~

17 ~~D.]~~ C. "council" means the developmental  
18 disabilities council;

19 ~~[E.]~~ D. "department" or "authority" means the  
20 ~~[department of]~~ health care authority;

21 ~~[F.]~~ E. "diagnostic evaluation" means an empirical  
22 process that determines if, and to what degree, a person has a  
23 developmental deficiency and the type of intervention and  
24 services that are needed for the person and that person's  
25 family;

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1           [~~G.~~] F. "direct support professional" means a non-  
2 administrative employee or subcontractor of a direct support  
3 provider agency who spends the majority of the employee's or  
4 subcontractor's work hours providing supportive services to  
5 individuals with developmental disabilities living and working  
6 in the community;

7           [~~H.~~] G. "direct support provider agency" means an  
8 entity that:

9                   (1) has entered into a medicaid provider  
10 participation agreement with the medical assistance division  
11 of the [~~human services department~~] authority and a provider  
12 agreement with the [~~department of health~~] developmental  
13 disabilities division of the authority;

14                   (2) is reimbursed for services provided to  
15 persons through a developmental disabilities medicaid waiver  
16 program; and

17                   (3) employs or subcontracts with direct  
18 support professionals to provide services to persons with  
19 developmental disabilities;

20           [~~I.~~] H. "inclusive" means using the same community  
21 resources that are used by and available to all citizens and  
22 developing relationships with nonpaid caregivers or recipients  
23 of support and services for persons with developmental  
24 disabilities;

25           [~~J.~~] I. "individual support and service plan"

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1 means a plan developed by an interdisciplinary team and agreed  
2 to by a person with a developmental disability, or by a parent  
3 of a minor or a legal guardian, as appropriate, that describes  
4 the combination and sequence of special, interdisciplinary or  
5 generic care, treatment or other support and services that are  
6 needed and desired by a person with a developmental  
7 disability;

8           ~~[K.]~~ J. "interdisciplinary team" means a group of  
9 persons drawn from or representing professions that are  
10 relevant to identifying the needs of a person with a  
11 developmental disability and designing a program to meet that  
12 person's needs. The team shall include the person with a  
13 developmental disability, the parent of a minor child or a  
14 legal guardian, as appropriate;

15           ~~[L.]~~ K. "self-determination" means having:

- 16                   (1) the ability and opportunity to:
- 17                               (a) communicate and make personal  
18 decisions;
- 19                               (b) communicate choices and exercise  
20 control over the type and intensity of services, supports and  
21 other assistance that ~~[an individual]~~ a person receives; and
- 22                               (c) participate in, and contribute to,  
23 an individual's community;

24                   (2) the authority to control resources to  
25 obtain needed services, supports and other assistance; and

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1 (3) support, including financial support, to  
2 advocate for oneself and others, develop leadership skills  
3 through training in self-advocacy, participate in coalitions,  
4 educate policymakers and play a role in the development of  
5 public policies that affect [~~individuals~~] persons with  
6 developmental disabilities; and

7 [~~M.~~] L. "service provider" means a nonprofit  
8 corporation, tribal government or tribal organization, unit of  
9 local government or other organization that has entered into a  
10 contract or provider agreement with the [~~department~~]  
11 developmental disabilities division of the authority for the  
12 purpose of providing developmental disabilities support and  
13 services."

14 SECTION 136. Section 28-16A-4 NMSA 1978 (being Laws  
15 1993, Chapter 50, Section 4, as amended) is amended to read:

16 "28-16A-4. DEVELOPMENTAL DISABILITIES COUNCIL--  
17 CREATION--MEMBERSHIP--TERMS.--

18 A. The "developmental disabilities council" is  
19 created in accordance with the federal Developmental  
20 Disabilities Assistance and Bill of Rights Act. The council  
21 shall be an adjunct agency as provided in the Executive  
22 Reorganization Act.

23 B. The council shall consist of no fewer than  
24 twenty-six members, at least sixty percent of whom shall be:

25 (1) persons with developmental disabilities;

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1 (2) parents or legal guardians of children  
2 with developmental disabilities; or

3 (3) immediate relatives or guardians of  
4 adults with mentally impairing developmental disabilities who  
5 cannot advocate for themselves.

6 C. Of the sixty percent of members described in  
7 Subsection B of this section, one-third shall be persons with  
8 developmental disabilities, one-third shall be members  
9 described in Paragraphs (2) and (3) of Subsection B of this  
10 section and one-third shall be a combination of members  
11 described in Subsection B of this section. At least one  
12 member described in Subsection B of this section shall be an  
13 immediate relative or guardian of a person who resides or  
14 previously resided in an institution or shall be a person with  
15 a developmental disability who resides or previously resided  
16 in an institution. No member of the council shall be an  
17 employee, or someone who manages employees, of a state agency  
18 that receives funds to provide developmental disabilities  
19 supports and services.

20 D. The council shall also include:

21 [~~(1) the secretary of health, or the~~  
22 ~~secretary's designee;~~

23 ~~(2)] (1) the secretary of [human services]  
24 health care authority, or the secretary's designee;~~

25 [~~(3)] (2) the secretary of children, youth~~

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1 and families, or the secretary's designee;

2 [~~(4)~~] (3) the secretary of early childhood  
3 education and care, or the secretary's designee;

4 [~~(5)~~] (4) the secretary of aging and long-  
5 term services, or the secretary's designee;

6 [~~(6)~~] (5) the secretary of public education,  
7 or the secretary's designee;

8 [~~(7)~~] (6) the director of the vocational  
9 rehabilitation division of the public education department, or  
10 the director's designee;

11 [~~(8)~~] (7) the director of the state  
12 protection and advocacy system established pursuant to the  
13 federal Developmental Disabilities Assistance and Bill of  
14 Rights Act of 1990, or the director's designee;

15 [~~(9)~~] (8) the director of an entity within a  
16 state institution of higher education designated as a  
17 university center for excellence in developmental disabilities  
18 education, research and service; and

19 [~~(10)~~] (9) at all times, representatives of  
20 local and nongovernmental agencies and private nonprofit  
21 groups concerned with services for persons with developmental  
22 disabilities in New Mexico.

23 E. The governor shall select the members of the  
24 council for appointment pursuant to Subsection B and  
25 Paragraphs (8) and (9) [~~and (10)~~] of Subsection D of this

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1 section after soliciting recommendations from organizations  
2 representing a broad range of persons with developmental  
3 disabilities and other persons interested in persons with  
4 developmental disabilities. The council may, at the  
5 initiative of the council or at the request of the governor,  
6 coordinate council and public input to the governor regarding  
7 all recommendations.

8 F. The membership of the council shall be  
9 geographically representative of the state and reflect the  
10 diversity of the state with respect to race and ethnicity.

11 G. Members, except for ex-officio members, shall  
12 be appointed by the governor for terms of three years.

13 H. The governor shall provide for rotation of the  
14 membership of the council. These provisions shall allow  
15 members to continue to serve on the council until those  
16 members' successors are appointed and qualified.

17 I. The council shall notify the governor regarding  
18 membership requirements of the council and shall notify the  
19 governor when vacancies on the council remain unfilled for a  
20 significant period of time.

21 J. Council members shall recuse themselves from  
22 any discussion of grants or contracts for which such members'  
23 departments, agencies or programs are grantees, contractors or  
24 applicants. The council shall ensure that no council member  
25 casts a vote on any matter that would provide direct financial

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1 benefit to the member or otherwise give the appearance of a  
2 conflict of interest."

3 SECTION 137. A new section of the Abuse and Neglect Act  
4 is enacted to read:

5 "[NEW MATERIAL] CHILD CARE FACILITIES--IMMINENT  
6 DANGER.--When there are reasonable grounds to believe that a  
7 child is in imminent danger of abuse or neglect while in the  
8 care of a child care facility, whether or not licensed, or  
9 upon the receipt of a report pursuant to Section 32A-4-3 NMSA  
10 1978, the department shall consult with the owner or operator  
11 of the child care facility and the early childhood education  
12 and care department. Upon a finding of probable cause, the  
13 early childhood education and care department shall give the  
14 owner or operator notice of its intent to suspend operation of  
15 the child care facility and provide an opportunity for a  
16 hearing to be held within three working days, unless waived by  
17 the owner or operator. Within seven working days from the day  
18 of notice, the secretary of early childhood education and care  
19 shall make a decision, and, if it is determined that any child  
20 is in imminent danger of abuse or neglect in the child care  
21 facility, the secretary may suspend operation of the child  
22 care facility for a period not in excess of fifteen days.  
23 Prior to the date of the hearing, the early childhood  
24 education and care department shall make a reasonable effort  
25 to notify the parents of children in the child care facility

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1 of the notice and opportunity for hearing given to the owner  
2 or operator."

3 SECTION 138. Section 43-1-3 NMSA 1978 (being Laws 1977,  
4 Chapter 279, Section 2, as amended by Laws 2023, Chapter 113,  
5 Section 12 and by Laws 2023, Chapter 117, Section 2) is  
6 amended to read:

7 "43-1-3. DEFINITIONS.--As used in the Mental Health and  
8 Developmental Disabilities Code:

9 A. "aversive stimuli" means anything that, because  
10 it is believed to be unreasonably unpleasant, uncomfortable or  
11 distasteful to the client, is administered or done to the  
12 client for the purpose of reducing the frequency of a  
13 behavior, but does not include verbal therapies, physical  
14 restrictions to prevent imminent harm to self or others or  
15 psychotropic medications that are not used for purposes of  
16 punishment;

17 B. "client" means ~~[any]~~ a patient who is  
18 requesting or receiving mental health services or any person  
19 requesting or receiving developmental disabilities services or  
20 who is present in a mental health or developmental  
21 disabilities facility for the purpose of receiving such  
22 services or who has been placed in a mental health or  
23 developmental disabilities facility by the person's parent or  
24 guardian or by any court order;

25 C. "code" means the Mental Health and

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1 Developmental Disabilities Code;

2 D. "consistent with the least drastic means  
3 principle" means that the habilitation or treatment and the  
4 conditions of habilitation or treatment for the client,  
5 separately and in combination:

6 (1) are no more harsh, hazardous or  
7 intrusive than necessary to achieve acceptable treatment  
8 objectives for the client;

9 (2) involve no restrictions on physical  
10 movement and no requirement for residential care except as  
11 reasonably necessary for the administration of treatment or  
12 for the protection of the client or others from physical  
13 injury; and

14 (3) are conducted at the suitable available  
15 facility close to the client's place of residence;

16 E. "convulsive treatment" means any form of mental  
17 health treatment that depends upon creation of a convulsion by  
18 any means, including electroconvulsive treatment and insulin  
19 coma treatment;

20 F. "court" means a district court of New Mexico;

21 G. "crisis triage center" means a health facility  
22 that:

23 (1) is licensed by the [~~department of~~]  
24 health care authority; and

25 (2) provides stabilization of behavioral

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1 health crises and may include residential and nonresidential  
2 stabilization;

3 H. "department" or "division" means the behavioral  
4 health services division of the [~~human services department~~]  
5 health care authority;

6 I. "developmental or intellectual disability"  
7 means a severe chronic disability attributable to  
8 significantly subaverage general intellectual functioning  
9 existing concurrently with deficits in adaptive behavior,  
10 cerebral palsy, autism or neurological dysfunction that  
11 requires similar treatment or habilitation;

12 J. "evaluation facility" means a community mental  
13 health or developmental disability program, a crisis triage  
14 center or a medical facility that has psychiatric or  
15 developmental or intellectual disability services available,  
16 including the New Mexico behavioral health institute at Las  
17 Vegas, [~~the Los Lunas medical center~~] or, if none of [~~the~~  
18 ~~foregoing~~] those is reasonably available or appropriate, the  
19 office of a physician or a certified psychologist [~~and~~] that  
20 is capable of performing a mental status examination adequate  
21 to determine the need for involuntary treatment;

22 K. "experimental treatment" means any mental  
23 health or developmental disabilities treatment that presents  
24 significant risk of physical harm, but does not include  
25 accepted treatment used in competent practice of medicine and

1 psychology and supported by scientifically acceptable studies;

2 L. "grave passive neglect" means failure to  
3 provide for basic personal or medical needs or for one's own  
4 safety to such an extent that it is more likely than not that  
5 serious bodily harm will result in the near future;

6 M. "habilitation" means the process by which  
7 professional persons and their staff assist a client with a  
8 developmental or an intellectual disability in acquiring and  
9 maintaining those skills and behaviors that enable the person  
10 to cope more effectively with the demands of the person's self  
11 and environment and to raise the level of the person's  
12 physical, mental and social efficiency. "Habilitation"  
13 includes but is not limited to programs of formal, structured  
14 education and treatment;

15 N. "likelihood of serious harm to oneself" means  
16 that it is more likely than not that in the near future the  
17 person will attempt to commit suicide or will cause serious  
18 bodily harm to the person's self by violent or other self-  
19 destructive means, including grave passive neglect;

20 O. "likelihood of serious harm to others" means  
21 that it is more likely than not that in the near future a  
22 person will inflict serious, unjustified bodily harm on  
23 another person or commit a criminal sexual offense, as  
24 evidenced by behavior causing, attempting or threatening such  
25 harm, which behavior gives rise to a reasonable fear of such

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1 harm from the person;

2 P. "mental disorder" means substantial disorder of  
3 a person's emotional processes, thought or cognition that  
4 grossly impairs judgment, behavior or capacity to recognize  
5 reality, but does not mean developmental or intellectual  
6 disability;

7 Q. "mental health or developmental or intellectual  
8 disabilities professional" means a physician or other  
9 professional who by training or experience is qualified to  
10 work with persons with a mental disorder or a developmental or  
11 intellectual disability;

12 R. "physician" or "certified psychologist", when  
13 used for the purpose of hospital admittance or discharge,  
14 means a physician or certified psychologist who has been  
15 granted admitting privileges at a hospital licensed by the  
16 [~~department of~~] health care authority, if such privileges are  
17 required;

18 S. "protected health information" means  
19 individually identifiable health information transmitted by or  
20 maintained in an electronic form or any other form or media  
21 that relates to the:

22 (1) past, present or future physical or  
23 mental health or condition of [~~an individual~~] a person;

24 (2) provision of health care to [~~an~~  
25 ~~individual~~] a person; or

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1 (3) payment for the provision of health care  
2 to [~~an individual~~] a person;

3 T. "psychosurgery":

4 (1) means those operations currently  
5 referred to as lobotomy, psychiatric surgery and behavioral  
6 surgery and all other forms of brain surgery if the surgery is  
7 performed for the purpose of the following:

8 (a) modification or control of  
9 thoughts, feelings, actions or behavior rather than the  
10 treatment of a known and diagnosed physical disease of the  
11 brain;

12 (b) treatment of abnormal brain  
13 function or normal brain tissue in order to control thoughts,  
14 feelings, actions or behavior; or

15 (c) treatment of abnormal brain  
16 function or abnormal brain tissue in order to modify thoughts,  
17 feelings, actions or behavior when the abnormality is not an  
18 established cause for those thoughts, feelings, actions or  
19 behavior; and

20 (2) does not include prefrontal sonic  
21 treatment in which there is no destruction of brain tissue;

22 U. "qualified mental health professional licensed  
23 for independent practice" means an independent social worker,  
24 a licensed professional clinical mental health counselor, a  
25 marriage and family therapist, a certified nurse practitioner,

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1 a clinical nurse specialist with a specialty in mental health  
2 or a licensed art therapist, all of whom by training and  
3 experience are qualified to work with persons with a mental  
4 disorder;

5 V. "residential treatment or habilitation program"  
6 means diagnosis, evaluation, care, treatment or habilitation  
7 rendered inside or on the premises of a mental health or  
8 developmental disabilities facility, hospital, clinic,  
9 institution or supervisory residence or nursing home when the  
10 client resides on the premises; and

11 W. "treatment" means any effort to accomplish a  
12 significant change in the mental or emotional condition or  
13 behavior of the client."

14 SECTION 139. Section 59A-23F-3 NMSA 1978 (being Laws  
15 2013, Chapter 54, Section 3, as amended) is amended to read:

16 "59A-23F-3. NEW MEXICO HEALTH INSURANCE EXCHANGE  
17 CREATED--BOARD CREATED.--

18 A. The "New Mexico health insurance exchange" is  
19 created as a nonprofit public corporation to provide qualified  
20 individuals and qualified employers with increased access to  
21 health insurance in the state and shall be governed by a board  
22 of directors constituted pursuant to the provisions of the New  
23 Mexico Health Insurance Exchange Act. The exchange is a  
24 governmental entity for purposes of the Governmental Conduct  
25 Act, the Gift Act, the Sunshine Portal Transparency Act, the

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1 Whistleblower Protection Act, the Procurement Code and the  
2 Tort Claims Act, and neither the exchange nor the board shall  
3 be considered a governmental entity for any other purpose.

4 B. The exchange shall not duplicate, impair,  
5 enhance, supplant, infringe upon or replace, in whole or in  
6 any part, the powers, duties or authority of the  
7 superintendent, including the superintendent's authority to  
8 review and approve premium rates pursuant to the provisions of  
9 the Insurance Code.

10 C. All health insurance issuers and health  
11 maintenance organizations authorized to conduct business in  
12 this state and meeting the requirements of the rules  
13 promulgated by the superintendent pursuant to Section  
14 59A-23F-7 NMSA 1978, the regulations under federal law and the  
15 requirements established by the board shall be eligible to  
16 participate in the exchange.

17 D. The "board of directors of the New Mexico  
18 health insurance exchange" is created. The board consists of  
19 thirteen voting directors as follows:

20 (1) one voting director is the  
21 superintendent or the superintendent's designee;

22 (2) six voting directors appointed by the  
23 governor, including the secretary of [~~human services~~] health  
24 care authority or the secretary's designee, a health insurance  
25 issuer and a consumer advocate; and

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1                   (3) six voting directors, three appointed by  
2 the president pro tempore of the senate, including one health  
3 care provider, and three appointed by the speaker of the house  
4 of representatives, including one health insurance issuer.  
5 One of the directors appointed by the president pro tempore of  
6 the senate and one of the directors appointed by the speaker  
7 of the house of representatives shall be from a list of at  
8 least two candidates provided, respectively, by the minority  
9 floor leader of the senate and by the minority floor leader of  
10 the house of representatives.

11                   E. Except as provided in Subsection F of this  
12 section, managerial and full-time staff of the exchange shall  
13 be subject to applicable provisions of the Governmental  
14 Conduct Act and shall not have any direct or indirect  
15 affiliation with any health care provider, health insurance  
16 issuer or health care service provider.

17                   F. Each director shall comply with the conflict-  
18 of-interest provisions of Subsection E of this section, except  
19 as follows:

20                               (1) directors who may be appointed from the  
21 board of directors of the New Mexico medical insurance pool  
22 shall not be considered to have a conflict of interest with  
23 respect to their association with that entity;

24                               (2) the secretary of [~~human services~~] health  
25 care authority, or the secretary's designee, shall not be



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1 considered to have a conflict of interest with respect to the  
2 secretary's performance of the secretary's duties as secretary  
3 of ~~[human services]~~ health care authority;

4 (3) the director who is a health care  
5 provider shall not be considered to have a conflict of  
6 interest arising from that director's receipt of payment for  
7 services as a health care provider; and

8 (4) directors who are representatives of  
9 health insurance issuers shall not be considered to have a  
10 conflict of interest with respect to those directors'  
11 association with their respective health insurance issuers.

12 G. Each director and employee of the exchange  
13 shall have a fiduciary duty to the exchange, to the state and  
14 to those persons who purchase or enroll in qualified health  
15 plan coverage or medical assistance coverage through the  
16 exchange.

17 H. The board shall be composed, as a whole, to  
18 assure representation of the state's Native American  
19 population, ethnic diversity, cultural diversity and  
20 geographic diversity.

21 I. Directors shall have demonstrated knowledge or  
22 experience in at least one of the following areas:

23 (1) purchasing coverage in the individual  
24 market;

25 (2) purchasing coverage in the small

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- 1 employer market;
- 2 (3) health care finance;
- 3 (4) health care economics or health care
- 4 actuarial science;
- 5 (5) health care policy;
- 6 (6) the enrollment of underserved residents
- 7 in health care coverage;
- 8 (7) administration of a private or public
- 9 health care delivery system;
- 10 (8) information technology;
- 11 (9) starting a small business with fifty or
- 12 fewer employees; or
- 13 (10) provision of health care services.

14 J. The governor shall appoint no more than four  
15 directors from the same political party.

16 K. Except for the secretary of ~~[human services]~~  
17 health care authority, the non-health insurance issuer  
18 directors appointed by the governor shall be appointed for  
19 initial terms of three years or less, staggered so that the  
20 term of at least one director expires on June 30 of each year.  
21 The non-health insurance insurer directors appointed by the  
22 legislature shall be appointed for initial terms of three  
23 years or less, staggered so that the term of at least one  
24 director expires on June 30 of each year. The health  
25 insurance issuers appointed to the board shall, upon

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1 appointment, select one of them by lot to have an initial term  
2 ending on June 30 following one year of service and one to  
3 have an initial term ending on June 30 following two years of  
4 service. Following the initial terms, health insurance issuer  
5 directors shall be appointed for terms of two years. A  
6 director whose term has expired shall continue to serve until  
7 a successor is appointed by the respective appointing  
8 authority. Health insurance issuer directors shall not serve  
9 two consecutive terms.

10 L. The exchange, members of the board and  
11 employees of the exchange shall operate consistent with  
12 provisions of the Governmental Conduct Act, the Inspection of  
13 Public Records Act, the Financial Disclosure Act, the Gift  
14 Act, the Whistleblower Protection Act, the Open Meetings Act  
15 and the Procurement Code and shall not be subject to the  
16 Personnel Act.

17 M. The board and the exchange shall implement  
18 performance-based budgeting and submit annual budgets for the  
19 exchange to the secretary of finance and administration and  
20 the legislative finance committee.

21 N. The exchange shall cover its directors and  
22 employees under a surety bond, in an amount that the director  
23 of the risk management division of the general services  
24 department shall prescribe.

25 O. A majority of directors constitutes a quorum.

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1 The board may allow members to attend meetings by telephone or  
2 other electronic media. A decision by the board requires a  
3 quorum and a majority of directors in attendance voting in  
4 favor of the decision.

5 P. Within thirty days of the effective date of the  
6 New Mexico Health Insurance Exchange Act, the board shall be  
7 fully appointed and the superintendent shall convene an  
8 organizational meeting of the board, during which the board  
9 shall elect a chair and vice chair from among the directors.  
10 Thereafter, every three years, the board shall elect in open  
11 meeting a chair and vice chair from among the directors. The  
12 chair and vice chair shall serve no more than two consecutive  
13 three-year terms as chair and vice chair.

14 Q. A vacancy on the board shall be filled by  
15 appointment by the original appointing authority for the  
16 remainder of the director's unexpired term.

17 R. A director may be removed from the board by a  
18 [~~two-thirds~~] two-thirds' majority vote of the directors. The  
19 board shall set standards for attendance and may remove a  
20 director for lack of attendance, neglect of duty or  
21 malfeasance in office. A director shall not be removed  
22 without proceedings consisting of at least one ten-day notice  
23 of hearing and an opportunity to be heard. Removal  
24 proceedings shall be before the board and in accordance with  
25 procedures adopted by the board.

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1           S. Appointed directors may receive per diem and  
2 mileage in accordance with the Per Diem and Mileage Act,  
3 subject to the travel policy set by the board. Appointed  
4 directors shall receive no other compensation, perquisite or  
5 allowance.

6           T. The board shall:

7                   (1) meet at the call of the chair and no  
8 less often than once per calendar quarter. There shall be at  
9 least seven days' notice given to directors prior to any  
10 meeting. There shall be sufficient notice provided to the  
11 public prior to meetings pursuant to the Open Meetings Act;

12                   (2) create, make appointments to and duly  
13 consider recommendations of an advisory committee or  
14 committees made up of stakeholders, including health insurance  
15 issuers, health care consumers, health care providers, health  
16 care practitioners, insurance producers, qualified employer  
17 representatives and advocates for low-income or underserved  
18 residents;

19                   (3) create an advisory committee made up of  
20 members insured through the New Mexico medical insurance pool  
21 to make recommendations to the board regarding the transition  
22 of each organization's insured members into the exchange. The  
23 advisory committee shall only exist until a transition plan  
24 has been adopted by the board;

25                   (4) create an advisory committee made up of

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1 Native Americans, some of whom live on a reservation and some  
2 of whom do not live on a reservation, to guide the  
3 implementation of the Native American-specific provisions of  
4 the federal Patient Protection and Affordable Care Act and the  
5 federal Indian Health Care Improvement Act;

6 (5) designate a Native American liaison, who  
7 shall assist the board in developing and ensuring  
8 implementation of communication and collaboration between the  
9 exchange and Native Americans in the state. The Native  
10 American liaison shall serve as a contact person between the  
11 exchange and New Mexico Indian nations, tribes and pueblos and  
12 shall ensure that training is provided to the staff of the  
13 exchange, which may include training in:

- 14 (a) cultural competency;  
15 (b) state and federal law relating to  
16 Indian health; and  
17 (c) other matters relating to the  
18 functions of the exchange with respect to Native Americans in  
19 the state; and

20 (6) establish at least one walk-in customer  
21 service center where persons may, if eligible, enroll in  
22 qualified health plans or public coverage programs."

23 **SECTION 140.** Section 59A-23F-11 NMSA 1978 (being Laws  
24 2021, Chapter 136, Section 4) is amended to read:

25 "59A-23F-11. HEALTH CARE AFFORDABILITY FUND.--

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1           A. The "health care affordability fund" is created  
2 in the state treasury. The fund consists of distributions,  
3 appropriations, gifts, grants and donations. Money in the  
4 fund at the end of a fiscal year shall not revert to any other  
5 fund. The ~~[office of superintendent of insurance]~~ health care  
6 authority shall administer the fund, and money in the fund is  
7 subject to appropriation by the legislature for purposes  
8 provided by this section. Disbursements from the fund shall  
9 be made by warrant of the secretary of finance and  
10 administration pursuant to vouchers signed by the  
11 ~~[superintendent or the superintendent's]~~ secretary of health  
12 care authority or the secretary's authorized representative.

13           B. The purpose of the fund is to:

14                   (1) reduce health care premiums and cost  
15 sharing for New Mexico residents who purchase health care  
16 coverage on the New Mexico health insurance exchange;

17                   (2) reduce premiums for small businesses and  
18 their employees purchasing health care coverage in the fully  
19 insured small group market;

20                   (3) provide resources for planning, design  
21 and implementation of health care coverage initiatives for  
22 uninsured New Mexico residents; and

23                   (4) provide resources for administration of  
24 state health care coverage initiatives for uninsured New  
25 Mexico residents.

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1 C. If the federal Patient Protection and  
2 Affordable Care Act is repealed in full or in part by an act  
3 of congress or invalidated by the United States supreme court  
4 and eliminates or reduces comprehensive health care coverage  
5 for New Mexico residents through medicaid or the New Mexico  
6 health insurance exchange, the fund may be used to maintain  
7 coverage through the New Mexico health insurance exchange or  
8 through medical assistance programs administered by the [~~human~~  
9 ~~services department~~] health care authority; provided that  
10 coverage is prioritized for New Mexico residents with incomes  
11 below two hundred percent of the federal poverty level.

12 D. Prior to July 1, 2025, the staff of the  
13 legislative finance committee shall conduct a program  
14 evaluation to measure the impact of changes to the health  
15 insurance premium surtax and the creation of the health care  
16 affordability fund as it relates to the purpose of the fund.

17 E. Prior to July 1 of each year, the  
18 [~~superintendent~~] health care authority shall provide actuarial  
19 data from the health care affordability fund to the  
20 legislative finance committee.

21 F. Prior to July 1 of each year, [~~the~~  
22 ~~superintendent, in consultation with~~] the secretary of [~~human~~  
23 ~~services~~] health care authority, in consultation with the  
24 superintendent, the secretary of taxation and revenue and the  
25 chief executive officer of the New Mexico health insurance

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1 exchange, shall work with the legislative finance committee  
2 and the department of finance and administration to develop  
3 and report on performance measures relating to the health care  
4 affordability fund and any programs or initiatives funded by  
5 the fund."

6 SECTION 141. Section 59A-23F-12 NMSA 1978 (being Laws  
7 2021, Chapter 136, Section 5) is amended to read:

8 "59A-23F-12. HEALTH CARE AFFORDABILITY PLAN--  
9 RULEMAKING--REPORTING REQUIREMENTS.--

10 ~~[A. The superintendent, in consultation with the~~  
11 ~~secretary of human services, the secretary of taxation and~~  
12 ~~revenue and the chief executive officer of the New Mexico~~  
13 ~~health insurance exchange, shall promulgate rules to:]~~

14 A. After the effective date of this 2024 act,  
15 rules covering the following provisions may be amended as the  
16 health care authority determines:

17 (1) ~~[provide]~~ providing enhanced premium and  
18 cost-sharing assistance to individuals and families for the  
19 purchase of qualified health plans on the New Mexico health  
20 insurance exchange. In providing this assistance, the  
21 ~~[superintendent]~~ health care authority shall develop health  
22 care affordability criteria designed to reduce the amount that  
23 individuals pay in premiums and out-of-pocket medical expenses  
24 for qualified health plans offered on the New Mexico health  
25 insurance exchange; and

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1                   (2) [~~establish~~] establishing income  
2 eligibility parameters for the health care affordability  
3 criteria for plan year 2023 and each subsequent calendar year  
4 based on available funds. New Mexico residents who qualify  
5 shall have an income that is eligible for advanced premium tax  
6 credits under the federal Patient Protection and Affordable  
7 Care Act.

8                   B. [~~The superintendent, in consultation with the~~  
9 ~~human services department~~] After the effective date of this  
10 2024 act, the health care authority, in consultation with the  
11 superintendent, the New Mexico medical insurance pool, the  
12 department of health and stakeholder groups, including health  
13 care providers that serve uninsured residents, health  
14 insurance carriers and consumer advocacy groups, [~~shall~~  
15 ~~develop a~~] may update the plan for extending health care  
16 coverage access to uninsured New Mexico residents who do not  
17 qualify for federal premium assistance or, except by reason of  
18 incarceration, qualified health plans, through the New Mexico  
19 health insurance exchange. [~~No later than June 30, 2022, the~~  
20 ~~superintendent shall submit the plan to the legislative~~  
21 ~~finance committee and the legislative health and human~~  
22 ~~services committee that could offer health care coverage for~~  
23 ~~eligible New Mexico residents beginning July 1, 2023.~~] The  
24 plan shall include:

25                   (1) details about health care benefits;

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1 (2) health care affordability criteria  
2 designed to reduce the amount that individuals pay in premiums  
3 and out-of-pocket medical expenses under the plan and that  
4 result in, to the greatest extent possible, health care costs  
5 comparable to costs for New Mexico residents for whom  
6 assistance is provided under Subsection A of this section; and

7 (3) income eligibility parameters that  
8 prioritize eligibility for New Mexico residents with incomes  
9 under two hundred percent of the federal poverty level.

10 C. On or before October 31, ~~[2023]~~ 2024 and each  
11 October 31 thereafter, the ~~[superintendent]~~ health care  
12 authority shall submit a report to the legislative finance  
13 committee and the legislative health and human services  
14 committee, which ~~[shall include]~~ includes:

15 (1) a summary of the affordability criteria  
16 implemented pursuant to Subsections A and B of this section;

17 (2) the estimated number of uninsured New  
18 Mexico residents who enrolled in coverage following  
19 implementation of the affordability criteria pursuant to  
20 Subsections A and B of this section; and

21 (3) the amount in reduced costs and coverage  
22 assistance the initiatives provided in the current and  
23 previous calendar years by income level, county and coverage  
24 source."

25 SECTION 142. Section 59A-23H-1 NMSA 1978 (being Laws

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1 2022, Chapter 33, Section 1) is amended to read:

2 "59A-23H-1. SHORT TITLE.--~~[Sections 1 through 6 of this~~  
3 ~~act]~~ Chapter 59A, Article 23H NMSA 1978 may be cited as the  
4 "Easy Enrollment Act"."

5 SECTION 143. Section 59A-23H-2 NMSA 1978 (being Laws  
6 2022, Chapter 33, Section 2) is amended to read:

7 "59A-23H-2. DEFINITIONS.--As used in the Easy  
8 Enrollment Act:

9 A. "authority" or "department" means the ~~[human~~  
10 ~~services department]~~ health care authority;

11 B. "exchange" means the New Mexico health  
12 insurance exchange;

13 C. "health coverage program" means medicaid,  
14 health care coverage available through the federal children's  
15 health insurance program, a qualified health plan available  
16 through the exchange pursuant to the New Mexico Health  
17 Insurance Exchange Act or a health plan available through the  
18 New Mexico medical insurance pool pursuant to the Medical  
19 Insurance Pool Act;

20 D. "insurance-relevant information" means  
21 information pertaining to the insurance enrollment status of a  
22 taxpayer or members of a taxpayer's household and that is  
23 derived or obtained from the taxpayer's state income tax  
24 return; provided that information is limited to that  
25 information necessary to assess the eligibility of the

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1 taxpayer or members of the taxpayer's household for health  
2 coverage programs and includes:

3 (1) adjusted gross income and other types of  
4 reported income used to assess eligibility for health coverage  
5 programs;

6 (2) household size;

7 (3) claimed dependents; and

8 (4) contact information and identifying  
9 information necessary to assess health coverage program  
10 eligibility and used to match against relevant third-party  
11 data sources;

12 E. "medicaid" means the joint federal-state health  
13 coverage program pursuant to Title 19 or Title 21 of the  
14 federal Social Security Act, as amended, and the rules  
15 promulgated pursuant to that act;

16 F. "qualified health plan" means a health plan  
17 that has in effect a certification from the superintendent of  
18 insurance that meets the standards set forth in applicable  
19 federal and state law and rules as well as any additional  
20 requirements established by the board of directors of the  
21 exchange pursuant to the New Mexico Health Insurance Exchange  
22 Act; and

23 G. "taxpayer" means an individual subject to the  
24 tax imposed pursuant to the Income Tax Act."

25 SECTION 144. Section 59A-23H-5 NMSA 1978 (being Laws

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1 2022, Chapter 33, Section 5) is amended to read:

2 "59A-23H-5. [~~HUMAN SERVICES DEPARTMENT~~] HEALTH CARE  
3 AUTHORITY DUTIES.--

4 A. Upon receipt of a taxpayer's insurance-relevant  
5 information from the taxation and revenue department, the  
6 [~~department~~] authority shall assess the taxpayer's eligibility  
7 or the eligibility of members of the taxpayer's household for  
8 health coverage programs. If the required insurance-relevant  
9 information is insufficient to assess the eligibility of the  
10 taxpayer or of the members of the taxpayer's household for  
11 those health coverage programs, the [~~department~~] authority may  
12 request additional information from the taxpayer.

13 B. If the [~~department~~] authority assesses that a  
14 taxpayer or a member of the taxpayer's household is eligible  
15 for medicaid, the [~~department~~] authority shall contact the  
16 taxpayer and provide the taxpayer with information on:

17 (1) health coverage programs available to  
18 the taxpayer or member of the taxpayer's household; and

19 (2) specific enrollment instructions and  
20 information on enrollment assistance.

21 C. If the information transferred to the  
22 [~~department~~] authority is sufficient to complete an  
23 eligibility determination and the taxpayer has consented to  
24 being enrolled in medicaid, the [~~department~~] authority may  
25 enroll the taxpayer in medicaid.

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1           D. The [~~department~~] authority shall refer  
2 taxpayers or members of the taxpayer's household to the  
3 exchange if the [~~department~~] authority assesses that a  
4 taxpayer or a member of the taxpayer's household may be  
5 eligible for a qualified health plan available through the  
6 exchange pursuant to the New Mexico Health Insurance Exchange  
7 Act. The [~~department~~] authority may share insurance-relevant  
8 information provided by the taxation and revenue department  
9 with the exchange for the purpose of assisting a taxpayer with  
10 enrollment in a qualified health plan."

11           SECTION 145. TEMPORARY PROVISION--TRANSFERS OF  
12 FUNCTIONS, EMPLOYEES, MONEY, APPROPRIATIONS, PROPERTY,  
13 CONTRACTUAL OBLIGATIONS AND STATUTORY REFERENCES.--

14           A. On July 1, 2024:

15                   (1) functions, employees, money,  
16 appropriations, records, equipment and other property of the  
17 department of health pertaining to the developmental  
18 disabilities supports division, health improvement division  
19 and health facility licensing and certification bureau are  
20 transferred from the department of health to the health care  
21 authority;

22                   (2) all contractual obligations pertaining  
23 to the developmental disabilities supports division, health  
24 improvement division and health facility licensing and  
25 certification bureau shall be deemed to be contractual

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1 obligations of the health care authority; and

2 (3) statutory references to the  
3 developmental disabilities supports division, health  
4 improvement division and health facility licensing and  
5 certification bureau or other functions transferred from the  
6 department of health to the health care authority shall be  
7 deemed to be references to the health care authority.

8 B. On July 1, 2024, functions, employees, money,  
9 appropriations, records, equipment and other property of the  
10 office of the superintendent of insurance pertaining to the  
11 administration of the health care affordability fund are  
12 transferred to the health care authority. Contractual  
13 obligations of the office of the superintendent of insurance  
14 pertaining to the health care affordability fund shall be  
15 deemed to be contractual obligations of the health care  
16 authority.

17 SECTION 146. TEMPORARY PROVISION--RECOMPILATION.--

18 A. Sections 24-1-23, 24-1-39 and 24-1-42 NMSA 1978  
19 (being Laws 1987, Chapter 157, Section 1, Laws 2019, Chapter  
20 4, Section 1 and Laws 2021, Chapter 127, Section 1) are  
21 recompiled as Sections 24A-1-17 through 24A-1-19 NMSA 1978.

22 B. Section 24-1A-2 NMSA 1978 (being Laws 1981,  
23 Chapter 295, Section 2, as amended) is recompiled as Section  
24 24A-4-2 NMSA 1978.

25 C. Section 24-1C-2 NMSA 1978 (being Laws 1994,



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1 Chapter 62, Section 8) is recompiled as Section 24A-5-2 NMSA  
2 1978.

3 D. Sections 24-1E-4 through 24-1E-7 NMSA 1978  
4 (being Laws 1996, Chapter 35, Section 7 through 9 and Laws  
5 2001, Chapter 225, Section 5, as amended) are recompiled as  
6 Sections 24A-2-5 through 24A-2-8 NMSA 1978.

7 E. Sections 24-1I-1 through 24-1I-5 NMSA 1978  
8 (being Laws 2015, Chapter 96, Sections 1 through 5, as  
9 amended) are recompiled in Chapter 24A, Article 7 NMSA 1978.

10 F. Section 24-17A-2 NMSA 1978 (being Laws 1998,  
11 Chapter 82, Section 2) is recompiled as Section 24A-6-2 NMSA  
12 1978.

13 SECTION 147. REPEAL.--

14 A. Section 9-8-7.4 NMSA 1978 (being Laws 2019,  
15 Chapter 211, Section 2, as amended) is repealed.

16 B. Sections 24-1G-1 and 24-1G-2 NMSA 1978 (being  
17 Laws 2005, Chapter 55, Sections 1 and 2, as amended) are  
18 repealed.

19 C. Sections 24-1K-1 and 24-1K-2 NMSA 1978 (being  
20 Laws 2021, Chapter 87, Sections 1 and 2) are repealed.

21 SECTION 148. EFFECTIVE DATE.--The effective date of the  
22 provisions of this act is July 1, 2024.

24  
25