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HOUSE BILL 576

44TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 1999

INTRODUCED BY

John A. Heaton

AN ACT

RELATING TO HEALTH; AMENDING THE INDIGENT HOSPITAL AND COUNTY HEALTH CARE ACT TO ESTABLISH A FORMULA FOR CONTRIBUTIONS TO THE SOLE COMMUNITY PROVIDER FUND.

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

Section 1. Section 27-5-6.1 NMSA 1978 (being Laws 1993, Chapter 321, Section 18) is amended to read:

"27-5-6.1. SOLE COMMUNITY PROVIDER FUND CREATED. --

The "sole community provider fund" is created in the state treasury. The sole community provider fund, which shall be administered by the [human services] department, shall consist of funds [provided] contributed by counties to match federal funds for medicaid sole community provider hospital payments. Money in the fund shall be invested by the state treasurer as other state funds are . 124415. 3

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invested. Any unexpended or unencumbered balance remaining in the fund at the end of any fiscal year shall not revert.

B. Beginning in fiscal year 2000, the maximum allowable amount a county may contribute to the sole community provider fund shall be derived by multiplying the total contribution amount required to maximize federal matching funds by a fraction the numerator of which is the population of the county and the denominator of which is the total population of all eligible counties. A county may contribute all or part of its maximum allowable contribution amount to the sole community provider fund. If a county contributes less than its maximum allowable contribution amount, the department shall proportionately increase the maximum allowable contribution amount for other counties. For purposes of this subsection:

(1) "eligible county" means a county in which a sole community provider hospital is located, or a county which designates funds to a sole community provider hospital located in another county; and

(2) "population" means the most recent population estimate published by the population division of the United States bureau of the census.

[B.] C. Money in the sole community provider fund is appropriated to the [human services] department to make sole community provider hospital payments pursuant to the

. 124415. 3

payments, including the federal matching amount, shall be allocated in proportion to a county's contribution to the sole community provider fund pursuant to Subsection B of this section. Each county shall designate all or a percentage of its allocated payments to one or more sole community provider hospitals that serve its residents. The department shall make sole community provider hospital payments in accord with the county designation. No sole community provider hospital payments or money in the sole community provider fund shall be used to supplant any general fund support for the state medicaid program.

[C.] D. Money in the sole community provider fund shall be remitted back to the individual counties from which it came if federal medicaid matching funds are not received for medicaid sole community provider hospital payments."

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