SENATE BILL 196

51ST LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2013

INTRODUCED BY

Lee S. Cotter

AN ACT

RELATING TO LONG-TERM CARE; ENACTING A SECTION OF THE PUBLIC ASSISTANCE ACT TO REQUIRE THE HUMAN SERVICES DEPARTMENT TO ESTABLISH A QUALIFIED STATE LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM; PROVIDING FOR RULEMAKING; ENACTING A SECTION OF THE MEDICAID ESTATE RECOVERY ACT TO BAN ESTATE RECOVERY FROM THE ESTATE OF INDIVIDUALS WHO HAVE PARTICIPATED IN A QUALIFIED STATE LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM; PROVIDING FOR CERTIFICATION OF QUALIFIED LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM INSURANCE BY THE SUPERINTENDENT OF INSURANCE; PROVIDING FOR PRODUCER EDUCATION AND DISCLOSURES.

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

SECTION 1. Section 27-2-1 NMSA 1978 (being Laws 1973, Chapter 376, Section 1) is amended to read:

enacted to read:

"27-2-1. SHORT TITLESections [1 through 20 of this act
and Sections 13-1-9, 13-1-10, 13-1-12, 13-1-13, 13-1-17,
13-1-18, 13-1-18.1, 13-1-19, 13-1-20, 13-1-20.1, 13-1-21,
13-1-22, 13-1-27, 13-1-27.2, 13-1-27.3, 13-1-27.4, 13-1-28,
13-1-28.6, 13-1-29, 13-1-30, 13-1-34, 13-1-35, 13-1-37,
13-1-39, 13-1-40, 13-1-41 and 13-1-42 NMSA 1953] <u>27-2-1 through</u>
27-2-34 NMSA 1978 may be cited as the "Public Assistance Act"."
SECTION 2. A new section of the Public Assistance Act is

"[NEW MATERIAL] QUALIFIED STATE LONG-TERM CARE INSURANCE
PARTNERSHIP PROGRAM--ESTABLISHMENT--RULEMAKING.--

A. Consistent with the federal act and subject to the appropriation and availability of federal and state funds, the secretary shall amend the state medicaid plan to establish a qualified state long-term care insurance partnership program pursuant to Section 1917(b) of the federal act. The program shall:

- (1) provide incentives for an individual to obtain or maintain qualified insurance to cover the cost of long-term care; and
- (2) provide a mechanism for an individual to qualify for medical assistance for institutional care or a medical assistance home- and community-based long-term care program on the basis of countable resources. Pursuant to the qualified state long-term care insurance partnership program:

(a) an individual who otherwise qualifies for medical assistance for institutional care or a medical assistance home- and community-based long-term care program shall qualify on the basis of countable resources when the individual is the beneficiary of a qualified insurance policy, insurance plan, certificate of insurance or rider; and

(b) for purposes of determining eligibility, the individual's total countable resources shall be reduced by an amount equal to the qualified insurance benefits that are made to or on behalf of the individual.

B. The secretary shall consult with the superintendent of insurance in the adoption and promulgation of rules regarding the implementation and operation of the qualified state long-term care partnership insurance program. These rules shall provide for reciprocity with respect to individuals who have purchased qualified insurance in another state participating in a qualified state long-term care insurance partnership program and shall provide that the amount of that individual's countable resources shall be disregarded with respect to that qualified insurance.

C. As used in this section:

(1) "qualified insurance" means an insurance policy, insurance plan, certificate of insurance or rider that the superintendent has certified as qualified long-term care partnership program insurance pursuant to Section 4 of this .191231.1

new	delete
I	II
d materiai	<pre>material]</pre>
ınderscore	bracketed

2013 act; and

1

2

3

5

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

"rider" means a long-term care coverage (2) provision added to any type of insurance plan, insurance policy or certificate of insurance."

Section 27-2A-4 NMSA 1978 (being Laws 1994, SECTION 3. Chapter 87, Section 4) is amended to read:

"27-2A-4. DEPARTMENT TO SEEK RECOVERY OF MEDICAL ASSISTANCE PAYMENTS -- RESTRICTION. --

The department shall seek recovery from the estate of an individual:

[A.] (1) for medical assistance paid on behalf of an individual who was an inpatient in a nursing facility, intermediate care facility for the mentally retarded or other medical institution if the individual was required, as a condition of receiving services in the facility or institution pursuant to the state plan, to spend for costs of services all but a minimal amount of [his] the individual's income required for personal needs, and with respect to whom the department determined, after opportunity for a hearing in accordance with procedures established by the department, could not reasonably have been expected to have been discharged from the facility or institution to return home; and

[8.] (2) for medical assistance payments made for nursing facility services, home- and community-based services and related hospital and prescription drug services on .191231.1

1

2

3

5

6

7

8

10

11

12

14

16

17

18

19

21

22

23

24

25

behalf of an individual who was fifty-five years of age or older when [he] the individual received medical assistance.

B. In the case of an individual who has participated in the state's qualified state long-term care insurance partnership program pursuant to Section 2 of this 2013 act, the department shall seek recovery of medical assistance paid on behalf of the individual only of the value of the individual's estate that exceeds the amount that the department has disregarded from the individual's countable resources pursuant to Paragraph (2) of Subsection A of Section 2 of this 2013 act in making its eligibility determination for medical assistance for institutional care or a medical assistance home- and community-based long-term care program."

SECTION 4. A new section of the New Mexico Insurance Code is enacted to read:

"[NEW MATERIAL] MEDICAID LONG-TERM CARE PARTNERSHIP PROGRAM--CERTIFICATION OF POLICIES--RULEMAKING.--

The superintendent shall certify an individual or group insurance policy, insurance plan or certificate of insurance to be qualified state long-term care insurance partnership program insurance when the policy, plan or certificate of insurance:

(1) covers an insured who was a resident of the state when coverage first became effective under the policy, plan or certificate;

- (2) meets the definition of a qualified state long-term care insurance contract pursuant to Section 7702B(b) of the federal Internal Revenue Code of 1986;
- (3) was not issued earlier than the effective date of the state plan amendment required pursuant to Section 2 of this 2013 act;
 - (4) as of the date of purchase:
- (a) is sold to an individual who is sixty years of age or younger and provides some level of inflation protection;
- (b) is sold to an individual who is between sixty-one and seventy-five years of age and provides some level of inflation protection; or
- (c) is sold to an individual who is over seventy-five years of age; and
- (5) meets all other applicable federal and state laws relating to qualified state long-term care insurance partnership programs.
- B. The superintendent shall adopt and promulgate rules establishing the procedures pursuant to which the superintendent shall certify an individual or group insurance policy, insurance plan, certificate of insurance or rider that is delivered, issued for delivery or renewed in this state as qualified state long-term care insurance partnership program insurance.

- C. The superintendent shall consult with the secretary of human services regarding the adoption of rules regarding reciprocity with respect to individuals who have purchased qualified state long-term care insurance partnership program insurance in another state participating in a qualified state long-term care insurance partnership program.
- D. The superintendent shall ensure that any licensed producer that sells a policy, plan, certificate or rider pursuant to the Long-Term Care Insurance Law demonstrates an understanding of qualified state long-term care partnership program insurance and how it relates to other public and private coverage of long-term care expenses.
- E. The superintendent shall establish by rule the disclosure requirements pursuant to Section 5 of this 2013 act regarding the qualified state long-term care partnership program for licensed producers that sell or offer for sale an insurance plan, insurance policy or certificate of insurance that is intended to qualify as long-term care partnership program insurance.

F. As used in this section:

- (1) "licensed producer" means an agent, broker or reinsurance intermediary licensed pursuant to the applicable provisions of the Insurance Code; and
- (2) "rider" means a long-term care coverage provision added to any type of insurance plan, insurance policy .191231.1

2

3

5

6

7

8

9

10

11

12

or certificate of insurance."

SECTION 5. A new section of the New Mexico Insurance Code is enacted to read:

"[NEW MATERIAL] LICENSED PRODUCERS--QUALIFIED STATE LONG-TERM CARE PARTNERSHIP PROGRAM -- DISCLOSURES . --

A licensed producer that sells or offers for sale an insurance plan, insurance policy, certificate of insurance or rider that is intended to qualify as qualified state long-term care partnership program insurance shall disclose the availability of qualified state long-term care insurance partnership program insurance and outline the requirements and benefits of participation in the qualified state long-term care insurance partnership program.

В. As used in this section:

- "licensed producer" means an agent, broker or reinsurance intermediary licensed pursuant to the applicable provisions of the Insurance Code; and
- (2) "rider" means a long-term care coverage provision added to any type of insurance plan, insurance policy or certificate of insurance."

- 8 -