

LFC Requester:	RubyAnn Esquibel
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**AGENCY BILL ANALYSIS
2024 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO:

AgencyAnalysis.nmlegis.gov

{Analysis must be uploaded as a PDF}

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Check all that apply:

Original **Amendment**
Correction **Substitute**

Date 02/10/2024

Bill No: SB 146

Sponsor: Sen. Steinborn
Short Title: Hospital Acceptance of Health Plans

Agency Name and Code University of New Mexico-952
Number: _____
Person Writing Lenaya Montoya
Phone: 5052771670 **Email** lenayamontoya@unm.edu

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY24	FY25		
	N/A	N/A	N/A

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
 Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: The Senate Tax, Business, and Transportation Committee Substitute for SB 146 provides that county hospitals be required to accept certain qualified health benefit plans available through the New Mexico health insurance exchange and shall be required to provide payment plans to certain patients.

FISCAL IMPLICATIONS

Paragraph B (3) states “adhere to the Medicaid or Medicare fee schedule, whichever is greater when assessing charges” when referring to payment plans established for uninsured. Hospitals

cannot have different **charge** structures for patients based on insurance coverage or ability to pay. This sentence likely should be referring to “determination of **reimbursement or patient responsibility**”, rather than “assessing charges”. Clarification of this sentence could significantly affect the fiscal impact of this bill.

Beyond the above requested clarification, UNM Hospital does not recognize any substantial fiscal implications related to this bill.

UNM Hospital already offers substantial uncompensated care and readily available payment plans for any patient who qualifies.

SIGNIFICANT ISSUES

PERFORMANCE IMPLICATIONS

ADMINISTRATIVE IMPLICATIONS

UNMH recommends defining “county hospital”, “contracting hospital” and “certain qualified health plans”.

Consider defining the data language related to 60% ACR.

Paragraph B (3) states “adhere to the Medicaid or Medicare fee schedule, whichever is greater when assessing charges” when referring to payment plans established for uninsured. Hospitals cannot have different **charge** structures for patients based on insurance coverage or ability to pay. This sentence likely should be referring to “determination of **reimbursement or patient responsibility**”, rather than “assessing charges”. Clarification of this sentence could significantly affect the fiscal impact of this bill.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

AMENDMENTS