

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

AN ACT  
RELATING TO HEALTH CARE; ENACTING THE HEALTH CARE DELIVERY  
AND ACCESS ACT; IMPOSING ON CERTAIN HOSPITALS THE HEALTH CARE  
DELIVERY AND ACCESS ASSESSMENT; CREATING THE HEALTH CARE  
DELIVERY AND ACCESS FUND; CREATING THE HEALTH CARE DELIVERY  
AND ACCESS MEDICAID-DIRECTED PAYMENT PROGRAM; PROVIDING THAT  
REVENUE FROM THE ASSESSMENT BE USED AS ADDITIONAL  
REIMBURSEMENT TO CERTAIN HOSPITALS; PROVIDING A DISTRIBUTION  
TO THE HEALTH CARE DELIVERY AND ACCESS FUND; PROVIDING THAT  
THE TAX ADMINISTRATION ACT APPLIES TO AND GOVERNS THE HEALTH  
CARE DELIVERY AND ACCESS ACT; PROVIDING A DELAYED REPEAL;  
PROVIDING A CONTINGENT EFFECTIVE DATE; MAKING AN  
APPROPRIATION.

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

SECTION 1. SHORT TITLE.--Sections 1 through 7 of this  
act may be cited as the "Health Care Delivery and Access  
Act".

SECTION 2. DEFINITIONS.--As used in the Health Care  
Delivery and Access Act:

A. "assessed days" means the number of inpatient  
hospital days exclusive of medicare days for each eligible  
hospital, with data sources to be defined by the authority  
and updated no less frequently than every three years;

B. "assessed outpatient revenue" means net patient

1 revenue exclusive of medicare outpatient revenue for  
2 outpatient services, with data sources to be defined by the  
3 authority and updated no less frequently than every three  
4 years;

5 C. "assessment" means the health care delivery and  
6 access assessment;

7 D. "assessment amount" means the assessment amount  
8 owed by an eligible hospital;

9 E. "assessment rate" means the amount per assessed  
10 day and the percentage of assessed outpatient revenue  
11 calculated by the authority;

12 F. "authority" means the health care authority  
13 department;

14 G. "average commercial rate" means the average  
15 rate paid by commercial insurers as provided by the centers  
16 for medicare and medicaid services;

17 H. "centers for medicare and medicaid services"  
18 means the centers for medicare and medicaid services of the  
19 United States department of health and human services;

20 I. "eligible hospital" means a non-federal  
21 facility licensed as a hospital by the department of health,  
22 excluding a state university teaching hospital or a  
23 state-owned special hospital;

24 J. "general acute care hospital" means a hospital  
25 other than a special hospital;

1           K. "hospital" means a facility providing emergency  
2 or urgent care, inpatient medical care and nursing care for  
3 acute illness, injury, surgery or obstetrics. "Hospital"  
4 includes a facility licensed by the department of health as a  
5 critical access hospital, rural emergency hospital, general  
6 hospital, long-term acute care hospital, psychiatric  
7 hospital, rehabilitation hospital, limited services hospital  
8 or special hospital;

9           L. "inpatient hospital services" means services  
10 that:

11                   (1) are ordinarily furnished in a hospital  
12 for the care and treatment of inpatients;

13                   (2) are furnished under the direction of a  
14 physician, advanced practice clinician or dentist;

15                   (3) are furnished in an institution that:

16                           (a) is maintained primarily for the  
17 care and treatment of patients;

18                           (b) is licensed or formally approved as  
19 a hospital by an officially designated authority for state  
20 standard-setting;

21                           (c) meets the requirements for  
22 participation in medicare as a hospital; and

23                           (d) has in effect a utilization review  
24 plan, applicable to all medicaid patients, that meets federal  
25 requirements; and

1 (4) are not skilled nursing facility  
2 services or immediate care facility services furnished by a  
3 hospital with a swing-bed approval;

4 M. "managed care organization" means a person or  
5 organization that has entered into a comprehensive risk-based  
6 contract with the authority to provide health care services,  
7 including inpatient and outpatient hospital services, to  
8 medicaid beneficiaries;

9 N. "medicaid" means the medical assistance program  
10 established pursuant to Title 19 of the federal Social  
11 Security Act and regulations promulgated pursuant to that  
12 act;

13 O. "medicaid-directed payment program" means the  
14 health care delivery and access medicaid-directed payment  
15 program created pursuant to Section 5 of the Health Care  
16 Delivery and Access Act providing additional medicaid funding  
17 for hospital services provided through medicaid managed care  
18 organizations, as directed by the authority and approved by  
19 the centers for medicare and medicaid services;

20 P. "medicare days" means the number of inpatient  
21 days provided by an eligible hospital during the year to  
22 patients covered under Title 18 of the federal Social  
23 Security Act;

24 Q. "medicare outpatient revenue" means the amount  
25 of net revenue received by an eligible hospital for

1 outpatient hospital services provided to patients covered  
2 under Title 18 of the federal Social Security Act;

3 R. "net patient revenue" means total net revenue  
4 received by a hospital for inpatient and outpatient hospital  
5 services in a year, as determined by the authority;

6 S. "New Mexico medicaid program" means the  
7 medicaid program established pursuant to Section 27-2-12 NMSA  
8 1978;

9 T. "outpatient hospital services" means  
10 preventive, diagnostic, therapeutic, rehabilitative or  
11 palliative services that are furnished:

12 (1) to outpatients;

13 (2) by or under the direction of a  
14 physician, advanced practice clinician or dentist; and

15 (3) by an institution that:

16 (a) is licensed or formally approved as  
17 a hospital by an officially designated authority for state  
18 standard-setting; and

19 (b) meets the requirements for  
20 participation in medicare as a hospital;

21 U. "quality incentive payments" means the portion  
22 of the medicaid-directed payment program paid to hospitals  
23 based on value-based quality measurements and performance  
24 evaluation criteria, as established by the authority pursuant  
25 to Section 5 of the Health Care Delivery and Access Act;

1           V. "rehabilitation hospital" means a facility  
2 licensed as a rehabilitation hospital by the department of  
3 health;

4           W. "rural emergency hospital" means a facility  
5 licensed as a rural emergency hospital by the department of  
6 health;

7           X. "rural hospital" means a hospital that is  
8 located in a county that has a population of one hundred  
9 twenty-five thousand or fewer according to the most recent  
10 federal decennial census;

11           Y. "secretary" means the secretary of health care  
12 authority;

13           Z. "small urban hospital" means a hospital that is  
14 located in a county that has a population greater than one  
15 hundred twenty-five thousand and that has fewer than fifteen  
16 licensed inpatient beds as of January 1, 2024;

17           AA. "special hospital" means a facility licensed  
18 as a special hospital by the department of health; and

19           BB. "uniform rate increase" means the portion of  
20 the medicaid-directed payment program paid to hospitals as a  
21 uniform dollar or percentage increase.

22           SECTION 3. HEALTH CARE DELIVERY AND ACCESS ASSESSMENT--  
23 RATE AND CALCULATION--NOTIFICATION.--

24           A. Except as otherwise provided in this section,  
25 an assessment is imposed on inpatient hospital services and

1 outpatient hospital services provided by an eligible  
2 hospital. The assessment rate shall be annually calculated  
3 by the authority pursuant to Subsection D of this section and  
4 the taxation and revenue department shall collect the  
5 assessment. The inpatient assessment shall be based on  
6 assessed days and the outpatient assessment shall be based on  
7 assessed outpatient revenue. The assessment provided by this  
8 section may be referred to as the "health care delivery and  
9 access assessment".

10 B. The rate of the assessment on a rural hospital  
11 and special hospital shall be reduced by fifty percent, and  
12 the rate of the assessment on a small urban hospital shall be  
13 reduced by ninety percent; provided that the amount of the  
14 assessment qualifies for a waiver of the uniformity  
15 requirement for provider assessment from the centers for  
16 medicare and medicaid services. The authority may adjust  
17 these percentages and establish eligibility requirements as  
18 necessary to qualify for the waiver.

19 C. The assessment shall not be imposed for any  
20 period for which the centers for medicare and medicaid  
21 services has not approved a necessary waiver or other  
22 applicable authorization required to ensure that the  
23 assessment is a permissible source of non-federal funding for  
24 medicaid program expenditures, or for which the centers for  
25 medicare and medicaid services has not approved the

1 distribution of the medicaid-directed payment program  
2 payments.

3 D. The authority shall annually calculate the  
4 assessment amount to be paid by each eligible hospital and  
5 shall annually notify the taxation and revenue department and  
6 all hospitals of the applicable rates. The authority shall  
7 calculate the assessment amount by applying the assessment  
8 rate to an eligible hospital's assessed days and assessed  
9 outpatient revenue so that total revenue from the assessment  
10 will equal the lesser of:

11 (1) the amount needed, in combination with  
12 other funds deposited or expected to be deposited in the  
13 health care delivery and access fund for the subsequent  
14 fiscal year, including unexpended and unencumbered money in  
15 the fund, to provide sufficient funding for:

16 (a) the non-federal share of  
17 medicaid-directed payment program payments for inpatient and  
18 outpatient hospital services for eligible hospitals at a  
19 level such that the total reimbursement for medicaid managed  
20 care patients, including any other inpatient or outpatient  
21 hospital directed payments, is equivalent to the average  
22 commercial rate or such other maximum level as may be set by  
23 the centers for medicare and medicaid services; and

24 (b) the purposes of the health care  
25 delivery and access fund; or



1 (2) the amount specified in Section  
2 1903(w)(4)(C)(ii) of the federal Social Security Act, above  
3 which an indirect guarantee is determined to exist, with such  
4 amount determined each year based on the most recent  
5 available net patient revenue data.

6 E. The authority shall notify an eligible hospital  
7 of its applicable assessment amount pursuant to the following  
8 schedule:

9 (1) by November 1, 2024 for the period  
10 beginning on July 1, 2024 and ending on December 31, 2024;  
11 and

12 (2) by November 1 of the preceding calendar  
13 year for each calendar year thereafter.

14 F. The assessment imposed for the six-month period  
15 identified in Paragraph (1) of Subsection E of this section  
16 shall be based on assessed days and assessed outpatient  
17 revenue for a full year.

18 G. The authority may require hospitals, regardless  
19 of whether they are eligible hospitals, to report information  
20 or data necessary to implement and administer the Health Care  
21 Delivery and Access Act. If the authority requires such  
22 reporting, it shall specify the frequency and due dates.

23 H. The authority shall determine how the  
24 assessment is applied to newly created hospitals and  
25 hospitals that are merged, acquired or closed.

1 I. A hospital shall not specifically list the cost  
2 of the assessment on any invoice, claim or statement sent to  
3 a patient, insurer, self-insured employer program or other  
4 responsible party.

5 SECTION 4. HEALTH CARE DELIVERY AND ACCESS FUND--  
6 CREATED.--

7 A. The "health care delivery and access fund" is  
8 created as a nonreverting fund in the state treasury. The  
9 fund consists of distributions, appropriations, transfers,  
10 gifts, grants, donations, bequests and income from investment  
11 of the fund. The authority shall administer the fund. Money  
12 in the fund is appropriated to the authority for the purposes  
13 of the fund provided in Subsection B of this section.  
14 Expenditures from the fund shall be by warrant of the  
15 secretary of finance and administration pursuant to vouchers  
16 signed by the secretary of health care authority or the  
17 secretary's authorized representative.

18 B. Money in the health care delivery and access  
19 fund shall be used only for the following purposes:

20 (1) at least ninety percent for the  
21 non-federal share of the medicaid-directed payment program;

22 (2) not more than ten percent for the  
23 non-federal share of costs incurred by the authority to  
24 administer the Health Care Delivery and Access Act; and

25 (3) for refunds to eligible hospitals, in

1 proportion to the assessment amounts paid by the hospitals,  
2 if there is a final determination that the assessment is not  
3 a permissible source of non-federal medicaid program  
4 expenditures or if a substantial portion of the federal  
5 funding for the directed payments is disallowed.

6 SECTION 5. HEALTH CARE DELIVERY AND ACCESS  
7 MEDICAID-DIRECTED PAYMENT PROGRAM.--

8 A. The "health care delivery and access  
9 medicaid-directed payment program" is created in the  
10 authority pursuant to the provisions of this section, to be  
11 approved by the centers for medicare and medicaid services.

12 B. The authority shall:

13 (1) determine the amount of funds required  
14 for disproportionate share hospital payments but for the  
15 impact of the medicaid-directed payment program on the limit  
16 established by Section 1923(g) of the federal Social Security  
17 Act and direct a like amount of funds otherwise appropriated  
18 for the New Mexico medicaid program to fund the  
19 medicaid-directed payment program;

20 (2) determine the total funding for the  
21 medicaid-directed payment program, including the amount  
22 pursuant to Paragraph (1) of this subsection, and the  
23 associated matching federal funds;

24 (3) set aside forty percent of the  
25 medicaid-directed payment program funding for quality

1 incentive payments for eligible hospitals, to replace the  
2 targeted access fee-for-service supplemental payment program  
3 and the hospital value-based directed payment program,  
4 including the hospital access payment program and the  
5 hospital quality improvement initiative;

6 (4) establish quality measurements and  
7 performance evaluation criteria based on hospital grouping  
8 classifications, after soliciting input from key stakeholders  
9 of the New Mexico hospital industry, for eligible hospitals  
10 using quality measurements and performance evaluation  
11 criteria:

12 (a) that have been endorsed by a  
13 nationally recognized quality organization;

14 (b) that align with the New Mexico  
15 medicaid strategic plan; or

16 (c) that align with the department of  
17 health's state health improvement plan;

18 (5) ensure that a quality incentive payment  
19 made to an eligible general acute care hospital:

20 (a) prior to calendar year 2026, is  
21 distributed based only on quality measurements and not  
22 performance evaluation; and

23 (b) for calendar year 2026 and  
24 subsequent years, is distributed based on quality  
25 measurements and performance evaluation;

1                   (6) ensure that a quality incentive payment  
2 made to an eligible special hospital:

3                   (a) prior to calendar year 2027, is  
4 distributed based only on quality measurements and not  
5 performance evaluation; and

6                   (b) for calendar year 2027 and  
7 subsequent years, is distributed based on quality  
8 measurements and performance evaluation;

9                   (7) after soliciting input from key  
10 stakeholders of New Mexico's hospital industry, structure  
11 payments to hospitals for the portion of the funding not used  
12 for the quality incentive payments as a uniform rate  
13 increase, to be paid to eligible hospitals through medicaid  
14 managed care organizations separately and in addition to  
15 capitation payments made to such organizations; and

16                   (8) to the extent permitted by federal law,  
17 require, no more frequently than annually, that each eligible  
18 hospital submit to the authority, upon request, a report  
19 demonstrating that the increase in payment for medicaid  
20 managed care patients provided through the medicaid-directed  
21 payment program has enabled it to invest an amount equal to  
22 at least seventy-five percent of its net new funding into the  
23 delivery of and access to health care services in New Mexico,  
24 including investments in hospital operational costs,  
25 workforce recruitment and retention, staff and provider

1 compensation increases, on-call physician coverage,  
2 precepting incentives, creation or expansion of services,  
3 community benefit activities or capital investments.

4 SECTION 6. DUE DATES--HEALTH CARE DELIVERY AND ACCESS  
5 ASSESSMENT--DIRECTED PAYMENTS.--

6 A. For the period from July 1, 2024 through  
7 December 31, 2024, a hospital shall pay the assessment to the  
8 taxation and revenue department as follows:

9 (1) by March 10, 2025 for the uniform rate  
10 increase; and

11 (2) by May 10, 2025 for the quality  
12 incentive payment.

13 B. For calendar year 2025 and thereafter, a  
14 hospital shall pay the assessment to the taxation and revenue  
15 department as follows:

16 (1) seventy days after the end of each  
17 calendar quarter for the uniform rate increase for that  
18 quarter; and

19 (2) by May 10 of the subsequent year for the  
20 quality incentive payment, unless approval by the centers for  
21 medicare and medicaid services of the medicaid-directed  
22 payment program for that year has not been received by the  
23 assessment's due date, in which case the due date for that  
24 assessment shall be forty-five days after such approval is  
25 received.

1           C. An assessment shall not be due earlier than  
2 forty-five days after the date the centers for medicare and  
3 medicaid services approves the necessary authorization sought  
4 by the secretary pursuant to Section 12 of this 2024 act for  
5 the applicable period.

6           D. The authority shall make directed payments to a  
7 managed care organization as follows:

8                 (1) for the period beginning on July 1, 2024  
9 and ending on December 31, 2024, the authority shall transfer  
10 the uniform rate increase funding to a managed care  
11 organization in one installment by March 15, 2025 and the  
12 quality incentive payment by May 15, 2025; and

13                 (2) for calendar years 2025 and thereafter,  
14 the authority shall transfer the uniform rate increase  
15 funding to the managed care organization on a quarterly basis  
16 no later than seventy-five days after the end of the quarter  
17 and the quality incentive payment by May 15 of the subsequent  
18 calendar year.

19           E. If the assessment due date has been postponed  
20 due to a delay in approval by the centers for medicare and  
21 medicaid services, the payments shall be due five days after  
22 the extended assessment due date.

23           F. The authority shall require a managed care  
24 organization to make directed payments to hospitals no more  
25 than fifteen days after receipt of such payments from the

1 authority.

2 SECTION 7. SUBSEQUENT APPROVALS FOR MANAGED CARE RATING  
3 PERIOD--PROMULGATION OF RULES.--

4 A. The secretary shall seek subsequent approvals  
5 of the medicaid-directed payment program from the centers for  
6 medicare and medicaid services for each managed care rating  
7 period by submitting required information to the centers for  
8 medicare and medicaid services ninety days prior to the start  
9 of such rating period.

10 B. The authority and the department shall  
11 promulgate rules as necessary to carry out the provisions of  
12 the Health Care Delivery and Access Act.

13 SECTION 8. Section 7-1-2 NMSA 1978 (being Laws 1965,  
14 Chapter 248, Section 2, as amended) is amended to read:

15 "7-1-2. APPLICABILITY.--The Tax Administration Act  
16 applies to and governs:

17 A. the administration and enforcement of the  
18 following taxes or tax acts as they now exist or may  
19 hereafter be amended:

20 (1) Income Tax Act;

21 (2) Withholding Tax Act;

22 (3) Oil and Gas Proceeds and Pass-Through  
23 Entity Withholding Tax Act;

24 (4) Gross Receipts and Compensating Tax Act,  
25 Interstate Telecommunications Gross Receipts Tax Act and



1 Leased Vehicle Gross Receipts Tax Act;  
2 (5) Liquor Excise Tax Act;  
3 (6) Local Liquor Excise Tax Act;  
4 (7) any municipal local option gross  
5 receipts tax or municipal compensating tax;  
6 (8) any county local option gross receipts  
7 tax or county compensating tax;  
8 (9) Special Fuels Supplier Tax Act;  
9 (10) Gasoline Tax Act;  
10 (11) petroleum products loading fee, which  
11 fee shall be considered a tax for the purpose of the Tax  
12 Administration Act;  
13 (12) Alternative Fuel Tax Act;  
14 (13) Cigarette Tax Act;  
15 (14) Estate Tax Act;  
16 (15) Railroad Car Company Tax Act;  
17 (16) Investment Credit Act, rural job tax  
18 credit, Laboratory Partnership with Small Business Tax Credit  
19 Act, Technology Jobs and Research and Development Tax Credit  
20 Act, Film Production Tax Credit Act, Affordable Housing Tax  
21 Credit Act and high-wage jobs tax credit;  
22 (17) Corporate Income and Franchise Tax Act;  
23 (18) Uniform Division of Income for Tax  
24 Purposes Act;  
25 (19) Multistate Tax Compact;

- 1 (20) Tobacco Products Tax Act;
- 2 (21) the telecommunications relay service
- 3 surcharge imposed by Section 63-9F-11 NMSA 1978, which
- 4 surcharge shall be considered a tax for the purposes of the
- 5 Tax Administration Act;
- 6 (22) the Insurance Premium Tax Act;
- 7 (23) the Health Care Quality Surcharge Act;
- 8 (24) the Cannabis Tax Act; and
- 9 (25) the Health Care Delivery and Access
- 10 Act;

11 B. the administration and enforcement of the

12 following taxes, surtaxes, advanced payments or tax acts as

13 they now exist or may hereafter be amended:

- 14 (1) Resources Excise Tax Act;
- 15 (2) Severance Tax Act;
- 16 (3) any severance surtax;
- 17 (4) Oil and Gas Severance Tax Act;
- 18 (5) Oil and Gas Conservation Tax Act;
- 19 (6) Oil and Gas Emergency School Tax Act;
- 20 (7) Oil and Gas Ad Valorem Production Tax
- 21 Act;
- 22 (8) Natural Gas Processors Tax Act;
- 23 (9) Oil and Gas Production Equipment Ad
- 24 Valorem Tax Act;
- 25 (10) Copper Production Ad Valorem Tax Act;

1 (11) any advance payment required to be made  
2 by any act specified in this subsection, which advance  
3 payment shall be considered a tax for the purposes of the Tax  
4 Administration Act;

5 (12) Enhanced Oil Recovery Act;

6 (13) Natural Gas and Crude Oil Production  
7 Incentive Act; and

8 (14) intergovernmental production tax credit  
9 and intergovernmental production equipment tax credit;

10 C. the administration and enforcement of the  
11 following taxes, surcharges, fees or acts as they now exist  
12 or may hereafter be amended:

13 (1) Weight Distance Tax Act;

14 (2) the workers' compensation fee authorized  
15 by Section 52-5-19 NMSA 1978, which fee shall be considered a  
16 tax for purposes of the Tax Administration Act;

17 (3) Uniform Unclaimed Property Act (1995);

18 (4) 911 emergency surcharge and the network  
19 and database surcharge, which surcharges shall be considered  
20 taxes for purposes of the Tax Administration Act;

21 (5) the solid waste assessment fee  
22 authorized by the Solid Waste Act, which fee shall be  
23 considered a tax for purposes of the Tax Administration Act;

24 (6) the water conservation fee imposed by  
25 Section 74-1-13 NMSA 1978, which fee shall be considered a

1 tax for the purposes of the Tax Administration Act; and

2 (7) the gaming tax imposed pursuant to the  
3 Gaming Control Act; and

4 D. the administration and enforcement of all other  
5 laws, with respect to which the department is charged with  
6 responsibilities pursuant to the Tax Administration Act, but  
7 only to the extent that the other laws do not conflict with  
8 the Tax Administration Act."

9 SECTION 9. A new section of the Tax Administration Act  
10 is enacted to read:

11 "DISTRIBUTION--HEALTH CARE DELIVERY AND ACCESS FUND.--A  
12 distribution pursuant to Section 7-1-6.1 NMSA 1978 shall be  
13 made to the health care delivery and access fund in an amount  
14 equal to the net receipts attributable to the health care  
15 delivery and access assessment imposed on hospitals pursuant  
16 to the Health Care Delivery and Access Act and any associated  
17 interest or penalties collected from eligible hospitals."

18 SECTION 10. Section 7-1-8.8 NMSA 1978 (being Laws 2019,  
19 Chapter 87, Section 2, as amended) is amended to read:

20 "7-1-8.8. INFORMATION THAT MAY BE REVEALED TO OTHER  
21 STATE AND LEGISLATIVE AGENCIES.--An employee of the  
22 department may reveal confidential return information to the  
23 following agencies; provided that a person who receives the  
24 information on behalf of the agency shall be subject to the  
25 penalties in Section 7-1-76 NMSA 1978 if the person fails to

1 maintain the confidentiality required:

2 A. a committee of the legislature for a valid  
3 legislative purpose, return information concerning any tax or  
4 fee imposed pursuant to the Cigarette Tax Act;

5 B. the attorney general, return information  
6 acquired pursuant to the Cigarette Tax Act for purposes of  
7 Section 6-4-13 NMSA 1978 and the master settlement agreement  
8 defined in Section 6-4-12 NMSA 1978;

9 C. the commissioner of public lands, return  
10 information for use in auditing that pertains to rentals,  
11 royalties, fees and other payments due the state under land  
12 sale, land lease or other land use contracts;

13 D. the secretary of health care authority or the  
14 secretary's delegate under a written agreement with the  
15 department:

16 (1) the last known address with date of all  
17 names certified to the department as being absent parents of  
18 children receiving public financial assistance, but only for  
19 the purpose of enforcing the support liability of the absent  
20 parents by the child support enforcement division or any  
21 successor organizational unit;

22 (2) return information needed for reports  
23 required to be made to the federal government concerning the  
24 use of federal funds for low-income working families;

25 (3) return information of low-income

1 taxpayers for the limited purpose of outreach to those  
2 taxpayers; provided that the health care authority department  
3 shall pay the department for expenses incurred by the  
4 department to derive the information requested by the health  
5 care authority department if the information requested is not  
6 readily available in reports for which the department's  
7 information systems are programmed;

8 (4) return information required to  
9 administer the Health Care Quality Surcharge Act and the  
10 Health Care Delivery and Access Act; and

11 (5) return information in accordance with  
12 the provisions of the Easy Enrollment Act;

13 E. the department of information technology, by  
14 electronic media, a database updated quarterly that contains  
15 the names, addresses, county of address and taxpayer  
16 identification numbers of New Mexico personal income tax  
17 filers, but only for the purpose of producing the random jury  
18 list for the selection of petit or grand jurors for the state  
19 courts pursuant to Section 38-5-3 NMSA 1978;

20 F. the state courts, the random jury lists  
21 produced by the department of information technology under  
22 Subsection E of this section;

23 G. the director of the New Mexico department of  
24 agriculture or the director's authorized representative, upon  
25 request of the director or representative, the names and

1 addresses of all gasoline or special fuel distributors,  
2 wholesalers and retailers;

3 H. the public regulation commission, return  
4 information with respect to the Corporate Income and  
5 Franchise Tax Act required to enable the commission to carry  
6 out its duties;

7 I. the state racing commission, return information  
8 with respect to the state, municipal and county gross  
9 receipts taxes paid by racetracks;

10 J. the gaming control board, tax returns of  
11 license applicants and their affiliates as provided in  
12 Subsection E of Section 60-2E-14 NMSA 1978;

13 K. the director of the workers' compensation  
14 administration or to the director's representatives  
15 authorized for this purpose, return information to facilitate  
16 the identification of taxpayers that are delinquent or  
17 noncompliant in payment of fees required by Section 52-1-9.1  
18 or 52-5-19 NMSA 1978;

19 L. the secretary of workforce solutions or the  
20 secretary's delegate, return information for use in  
21 enforcement of unemployment insurance collections pursuant to  
22 the terms of a written reciprocal agreement entered into by  
23 the department with the secretary of workforce solutions for  
24 exchange of information;

25 M. the New Mexico finance authority, information

1 with respect to the amount of municipal and county gross  
2 receipts taxes collected by municipalities and counties  
3 pursuant to any local option municipal or county gross  
4 receipts taxes imposed, and information with respect to the  
5 amount of governmental gross receipts taxes paid by every  
6 agency, institution, instrumentality or political subdivision  
7 of the state pursuant to Section 7-9-4.3 NMSA 1978;

8 N. the superintendent of insurance, return  
9 information with respect to the premium tax and the health  
10 insurance premium surtax;

11 O. the secretary of finance and administration or  
12 the secretary's designee, return information concerning a  
13 credit pursuant to the Film Production Tax Credit Act;

14 P. the secretary of economic development or the  
15 secretary's designee, return information concerning a credit  
16 pursuant to the Film Production Tax Credit Act;

17 Q. the secretary of public safety or the  
18 secretary's designee, return information concerning the  
19 Weight Distance Tax Act;

20 R. the secretary of transportation or the  
21 secretary's designee, return information concerning the  
22 Weight Distance Tax Act;

23 S. the secretary of energy, minerals and natural  
24 resources or the secretary's designee, return information  
25 concerning tax credits or deductions for which eligibility is



1 certified or otherwise determined by the secretary or the  
2 secretary's designee;

3 T. the secretary of environment or the secretary's  
4 designee, return information concerning tax credits for which  
5 eligibility is certified or otherwise determined by the  
6 secretary or the secretary's designee; and

7 U. the secretary of state or the secretary's  
8 designee, taxpayer information required to maintain voter  
9 registration records and as otherwise provided in the  
10 Election Code."

11 SECTION 11. A new section of the Medicaid Provider and  
12 Managed Care Act is enacted to read:

13 "HOSPITAL PAYMENT RATES--MANAGED CARE ORGANIZATIONS--  
14 NEGOTIATED RATES.--The department shall not reduce hospital  
15 payment rates made pursuant to medicaid below those in effect  
16 on the date this 2024 act takes effect. A managed care  
17 organization shall not reduce negotiated rates paid to a  
18 hospital pursuant to medicaid below the hospital payment  
19 rates in effect on the date this 2024 act takes effect."

20 SECTION 12. TEMPORARY PROVISION--APPLICATION FOR  
21 AUTHORIZATION.--No later than July 15, 2024, the secretary of  
22 health care authority shall seek a waiver, a state plan  
23 amendment or federal authorization as necessary to implement  
24 the provisions of the Health Care Delivery and Access Act.

25 SECTION 13. DELAYED REPEAL.--Sections 1 through 11 of

1 this act are repealed effective July 1, 2030.

2 SECTION 14. CONTINGENT EFFECTIVE DATE.--The provisions  
3 of Sections 1 through 11 of this act shall become effective on  
4 the first day of the month subsequent to the health care  
5 authority department receiving the necessary federal  
6 authorizations and approvals of waivers required to implement  
7 and administer the Health Care Delivery and Access Act. Upon  
8 this occurring, the secretary of health care authority shall  
9 immediately notify the New Mexico compilation commission, the  
10 director of the legislative council service and the secretary  
11 of taxation and revenue. \_\_\_\_\_

12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25