

HOUSE HEALTH, GOVERNMENT AND INDIAN AFFAIRS COMMITTEE
SUBSTITUTE FOR HOUSE BILL 376

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

AN ACT

RELATING TO PUBLIC ASSISTANCE; AMENDING A SECTION OF THE PUBLIC ASSISTANCE ACT TO BAN MANDATORY ENROLLMENT OF NATIVE AMERICANS IN MEDICAID MANAGED CARE.

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

SECTION 1. Section 27-2-12.6 NMSA 1978 (being Laws 1994, Chapter 62, Section 22) is amended to read:

"27-2-12.6. MEDICAID PAYMENTS--MANAGED CARE--NATIVE AMERICANS OPTIONAL ENROLLMENT.--

A. The department shall provide for a statewide, managed care system to provide cost-efficient, preventive, primary and acute care for medicaid recipients by July 1, 1995.

B. The managed care system shall ensure:

(1) access to medically necessary services, particularly for medicaid recipients with chronic health

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underscored material = new
[bracketed material] = delete

1 problems;

2 (2) to the extent practicable, maintenance of
3 the rural primary care delivery infrastructure;

4 (3) that the department's approach is
5 consistent with national and state health care reform
6 principles; and

7 (4) to the maximum extent possible, that
8 medicaid-eligible individuals are not identified as such except
9 as necessary for billing purposes.

10 C. The department may exclude nursing homes,
11 intermediate care facilities for the mentally retarded,
12 medicaid in-home and community-based waiver services and
13 residential and community-based mental health services for
14 children with serious emotional disorders from the provisions
15 of this section.

16 D. The department shall not require the enrollment
17 in a managed care program of any recipient who self-identifies
18 as a Native American.

19 E. The department shall afford any recipient who
20 self-identifies as a Native American the option of enrolling in
21 a medicaid managed care program or a medicaid fee-for-service
22 program for medical or behavioral health services. Upon
23 determination of medicaid eligibility, a Native American may
24 choose to enroll in a medicaid managed care program or a
25 medicaid fee-for-service program.

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