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SENATE BILL 589

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

INTRODUCED BY

Benny Shendo, Jr.

AN ACT

RELATING TO HEALTH INSURANCE; ENACTING THE NEW MEXICO HEALTH  
INSURANCE EXCHANGE ACT; CREATING THE NEW MEXICO HEALTH  
INSURANCE EXCHANGE; PROVIDING FOR THE APPOINTMENT, POWERS AND  
DUTIES OF A BOARD OF DIRECTORS FOR THE EXCHANGE; PROVIDING THE  
SUPERINTENDENT OF INSURANCE WITH RULEMAKING POWERS RELATING TO  
THE EXCHANGE; PROVIDING FOR POWERS AND DUTIES OF THE EXCHANGE;  
PROVIDING FOR TRANSPARENCY OF EXCHANGE FUNDING AND OPERATIONS;  
ENACTING A TEMPORARY PROVISION TO PROVIDE FOR THE TRANSFER OF  
CONTRACTS TO THE NEW MEXICO HEALTH INSURANCE EXCHANGE; AMENDING  
AND ENACTING SECTIONS OF THE NMSA 1978; RECONCILING MULTIPLE  
AMENDMENTS TO THE SAME SECTION OF LAW IN LAWS 2009; DECLARING  
AN EMERGENCY.

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

**SECTION 1.** [NEW MATERIAL] SHORT TITLE.--Sections 1

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1 through 9 of this act may be cited as the "New Mexico Health  
2 Insurance Exchange Act".

3 SECTION 2. [NEW MATERIAL] DEFINITIONS.--As used in the  
4 New Mexico Health Insurance Exchange Act:

5 A. "agent" means a person appointed by a carrier  
6 authorized to transact business in this state to act as its  
7 representative in any given locality;

8 B. "board" means the board of directors of the  
9 exchange;

10 C. "broker" means a person licensed as a broker  
11 pursuant to the New Mexico Insurance Code;

12 D. "carrier" means a person that is subject to  
13 licensure by the superintendent or subject to the provisions of  
14 the New Mexico Insurance Code and that provides one or more  
15 health benefits or insurance plans in the state;

16 E. "dependent" means "dependent" as defined in  
17 Section 152 of the federal Internal Revenue Code of 1986;

18 F. "director" means an individual who serves on the  
19 board;

20 G. "employee" means an individual who is hired by  
21 another individual or entity for a wage or fixed payment in  
22 exchange for personal services and who does not provide the  
23 services as part of an independent business;

24 H. "exchange" means the New Mexico health insurance  
25 exchange;

1 I. "health care provider" means an individual who  
2 is licensed, certified or otherwise authorized or permitted by  
3 law pursuant to Chapter 61 NMSA 1978 to provide health care in  
4 the ordinary course of business or practice of a profession;

5 J. "health care services finance or coverage  
6 sector" includes carriers and other health insurance issuers;  
7 health maintenance or managed care organizations; nonprofit  
8 health plans; self-insured group health plans; trade  
9 associations of carriers; producers; and health care  
10 facilities;

11 K. "Native American" means:

12 (1) an individual who is a member of any  
13 federally recognized Indian nation, tribe or pueblo or who is  
14 an Alaska native; or

15 (2) an individual who has been deemed eligible  
16 for services and programs provided to Native Americans by the  
17 United States public health service or the bureau of Indian  
18 affairs;

19 L. "navigator" means a person that, in a manner  
20 culturally and linguistically appropriate to the state's  
21 diverse populations, conducts public education, distributes tax  
22 credit and qualified health plan enrollment information,  
23 facilitates enrollment in qualified health plans or provides  
24 referrals to consumer assistance or ombudsman services.

25 "Navigator" does not mean a carrier or a person that receives

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1 any consideration, directly or indirectly, from any carrier in  
2 connection with the enrollment of a qualified individual in a  
3 qualified health plan; provided that a broker may be a  
4 navigator if the broker receives no consideration, directly or  
5 indirectly, from any carrier in connection with the enrollment  
6 of a qualified individual or qualified employer in a qualified  
7 health plan, an approved health plan or any other health  
8 coverage;

9 M. "producer" means an agent or broker licensed  
10 pursuant to the applicable provisions of the New Mexico  
11 Insurance Code;

12 N. "qualified employer" means a small employer that  
13 elects to make its full-time employees, and, at the option of  
14 the employer, some or all of its part-time employees, eligible  
15 for one or more qualified health plans offered in the small  
16 group market through the exchange; provided that the employer:

17 (1) has its principal place of business in the  
18 state and elects to provide coverage through the exchange to  
19 all of its eligible employees, wherever employed; or

20 (2) elects to provide coverage through the  
21 exchange to all of its eligible employees who are principally  
22 employed in the state;

23 O. "qualified health plan" means health insurance  
24 coverage or a group health plan that the board has determined  
25 as meeting the requirements in federal law for coverage to be

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1 offered through the exchange;

2 P. "qualified individual" means an individual who:

3 (1) seeks to enroll or who participates in a  
4 qualified health plan offered through the exchange and who  
5 meets one of the following residency requirements:

6 (a) the individual is a resident of the  
7 state and is, and continues to be, legally domiciled and  
8 physically residing on a full-time basis in a place of  
9 habitation in the state that remains the person's principal  
10 residence and from which the person is absent only for a  
11 temporary or transitory purpose;

12 (b) the individual is a full-time  
13 student attending an educational institution outside of the  
14 state but, prior to attending the educational institution, met  
15 the requirements of Subparagraph (a) of this paragraph;

16 (c) the individual is a full-time  
17 student attending an institution of higher education located in  
18 the state;

19 (d) the individual, whether a resident  
20 or not, is a dependent; or

21 (e) the individual, whether a resident  
22 or not, is an employee of a qualified employer;

23 (2) is not incarcerated at the time of  
24 enrollment, other than incarceration pending the disposition of  
25 charges; and

.192747.3

1 (3) is a citizen or national of the  
2 United States or an alien lawfully present in the United  
3 States, or who is reasonably expected to be a citizen or  
4 national of the United States or an alien lawfully present in  
5 the United States during the entire period for which enrollment  
6 in the exchange is sought;

7 Q. "small employer" means a person that is actively  
8 engaged in business that employed an average of at least one  
9 but not more than fifty full-time-equivalent employees on at  
10 least fifty percent of its working days during the preceding  
11 calendar year and that employs at least one employee on the  
12 first day of the plan year; provided that:

13 (1) persons that are affiliated persons or  
14 that are eligible to file a combined tax return for purposes of  
15 state income taxation shall be considered one small employer;

16 (2) in the case of an employer that was not in  
17 existence throughout a preceding calendar year, the  
18 determination of whether the employer is a small employer shall  
19 be based on the average number of employees that the employer  
20 is reasonably expected to employ on working days in the current  
21 calendar year; and

22 (3) the person is not a self-insured entity;  
23 and

24 R. "superintendent" means the superintendent of  
25 insurance.

1           SECTION 3.   [NEW MATERIAL] NEW MEXICO HEALTH INSURANCE

2   EXCHANGE CREATED--BOARD CREATED.--

3           A.   The "New Mexico health insurance exchange" is  
4   created as a nonprofit public corporation to provide qualified  
5   individuals and qualified employers with increased access to  
6   health insurance in the state and shall be governed by a board  
7   of directors constituted pursuant to the provisions of the New  
8   Mexico Health Insurance Exchange Act.  The exchange is a  
9   governmental entity for purposes of the Tort Claims Act, and  
10   neither the exchange nor the board shall be considered a  
11   governmental entity for any other purpose.

12           B.   The "board of directors of the New Mexico health  
13   insurance exchange" is created.  The board consists of  
14   seventeen voting directors.  One voting ex-officio director is  
15   the superintendent or the superintendent's designee.

16           C.   Except as provided in Subsection D of this  
17   section, managerial and full-time employees of the exchange and  
18   appointed directors, while serving on the board, shall not have  
19   any affiliation with or any income derived from:

20                   (1)  current or active employment as, a  
21   contract with or consultation for a health care provider; or

22                   (2)  current or active employment in, a  
23   contract with or consultation for the health care services  
24   finance or coverage sectors.

25           D.   Each director shall comply with the conflict-of-

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1 interest provisions of Subsection C of this section, except as  
2 provided as follows:

3 (1) directors appointed from the boards of  
4 directors of the New Mexico medical insurance pool and the New  
5 Mexico health insurance alliance shall not be considered to  
6 have a conflict of interest with respect to their association  
7 with those entities;

8 (2) the director who is a health care provider  
9 shall not be considered to have a conflict of interest with  
10 respect to the provider's receipt of payment for health care  
11 services provided;

12 (3) the director who is a representative of a  
13 statewide health care planning entity shall not be considered  
14 to have a conflict of interest with respect to that director's  
15 association with the statewide health care planning entity; and

16 (4) the directors who are representatives of  
17 carriers shall not be considered to have a conflict of interest  
18 with respect to those directors' association with their  
19 respective carriers.

20 E. Each director and employee of the exchange shall  
21 have a fiduciary duty to the exchange.

22 F. The board shall be composed, as a whole, to  
23 assure representation of the state's Native American  
24 population, ethnic diversity, cultural diversity and geographic  
25 diversity. Directors shall have demonstrated knowledge or



1 experience in at least one of the following areas:

2 (1) purchasing coverage in the individual  
3 market;

4 (2) purchasing coverage in the small employer  
5 market;

6 (3) health care finance;

7 (4) health care economics;

8 (5) health care policy;

9 (6) the enrollment of underserved residents in  
10 health care coverage; or

11 (7) administering private or public health  
12 care insurance.

13 G. The governor shall appoint eight directors.

14 H. The president pro tempore of the senate, the  
15 speaker of the house of representatives, the senate minority  
16 leader and the minority leader of the house of representatives  
17 shall each appoint two directors.

18 I. The directors shall be chosen as follows:

19 (1) one director shall be a health care  
20 provider;

21 (2) one director shall be a broker;

22 (3) one director shall be a representative of  
23 a statewide health care planning entity;

24 (4) one director shall be a representative of  
25 a nonprofit corporation;

1 (5) four directors shall be representatives of  
2 carriers; and

3 (6) eight directors shall be chosen from  
4 health care consumers; health care consumer advocates;  
5 individuals who are officers, general partners or proprietors  
6 of small employers; and employees of small employers.

7 J. Initial appointments to the board shall be made  
8 from the boards of directors of the New Mexico health insurance  
9 alliance and the New Mexico medical insurance pool.

10 K. The governor shall appoint no more than four  
11 directors who belong to the same political party.

12 L. The directors selected from the New Mexico  
13 health insurance alliance board and the New Mexico medical  
14 insurance pool board shall have terms that coincide with terms  
15 of membership on their respective originating boards. The  
16 appointed directors shall have initial terms chosen by lot so  
17 that eight directors shall serve four-year terms and eight  
18 directors shall serve three-year terms. Thereafter, directors  
19 shall serve three-year terms.

20 M. A director shall serve until the director's  
21 successor is appointed by the respective appointing authority.

22 N. The exchange and the board shall operate  
23 consistent with provisions of the Governmental Conduct Act, the  
24 Inspection of Public Records Act, the Financial Disclosure Act  
25 and the Open Meetings Act and shall not be subject to the

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1 Procurement Code or the Personnel Act.

2 O. A majority of directors constitutes a quorum.  
3 The board may allow members to attend meetings by telephone or  
4 other electronic media. A decision by the board requires a  
5 quorum and a majority of directors in attendance voting in  
6 favor of the decision.

7 P. Within thirty days of the effective date of the  
8 New Mexico Health Insurance Exchange Act, the superintendent  
9 shall convene the organizational meeting of the board, during  
10 which the board shall elect a chair and vice chair from among  
11 the directors. Thereafter, every three years, the board shall  
12 elect in open meeting a chair and vice chair from among the  
13 directors. The chair and vice chair shall serve no more than  
14 two consecutive three-year terms as chair and vice chair.

15 Q. A vacancy on the board shall be filled by  
16 appointment by the original appointing authority for the  
17 remainder of the director's unexpired term.

18 R. A director may be removed from the board by a  
19 majority vote of the directors. The board shall set standards  
20 for attendance and may remove a director for lack of  
21 attendance, neglect of duty or malfeasance in office. A  
22 director shall not be removed without proceedings consisting of  
23 at least one ten-day notice of hearing and an opportunity to be  
24 heard. Removal proceedings shall be before the board and in  
25 accordance with procedures adopted by the board.

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1           S. Appointed directors may receive per diem and  
2 mileage in accordance with the Per Diem and Mileage Act,  
3 subject to the travel policy set by the board. Appointed  
4 directors shall receive no other compensation, perquisite or  
5 allowance.

6           T. The board shall meet at the call of the chair  
7 and no less often than once per calendar quarter. There shall  
8 be at least seven days' notice given to directors prior to any  
9 meeting. There shall be sufficient notice provided to the  
10 public prior to meetings consistent with the Open Meetings Act.

11           U. The board shall create, make appointments to and  
12 duly consider recommendations of an advisory committee or  
13 committees made up of stakeholders, including carriers, health  
14 care consumers, health care providers, health care  
15 practitioners, brokers, qualified employer representatives and  
16 advocates for low-income or underserved residents.

17           V. The board shall create an advisory committee  
18 made up of Native Americans, some of whom live on a reservation  
19 and some of whom do not live on a reservation, to guide the  
20 implementation of the Native American-specific provisions of  
21 the federal Patient Protection and Affordable Care Act and the  
22 federal Indian Health Care Improvement Act.

23           W. The board shall consider all written  
24 recommendations submitted to the board by its advisory  
25 committees and enter into the public record the reasons for

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1 accepting or rejecting any written recommendations that the  
2 advisory committees have submitted.

3 SECTION 4. [NEW MATERIAL] BOARD OF DIRECTORS--

4 POWERS.--The board may:

5 A. seek and receive grant funding from federal,  
6 state or local governments or private philanthropic  
7 organizations to defray the costs of operating the exchange;

8 B. generate funding, including, but not limited to,  
9 charging assessments or fees, to support its operations in  
10 accordance with provisions of the New Mexico Health Insurance  
11 Exchange Act;

12 C. create ad hoc advisory councils;

13 D. request assistance from other boards,  
14 commissions, departments, agencies and organizations as  
15 necessary to provide appropriate expertise to accomplish the  
16 exchange's duties;

17 E. enter into contracts with persons or other  
18 organizations as necessary or proper to carry out the  
19 provisions and purposes of the New Mexico Health Insurance  
20 Exchange Act, including the authority to contract or employ  
21 staff for the performance of administrative, legal, actuarial,  
22 accounting and other functions; provided that no contractor  
23 shall be a carrier or a producer;

24 F. enter into contracts with similar exchanges of  
25 other states for the joint performance of common administrative

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1 functions;

2 G. enter into information-sharing agreements with  
3 federal and state agencies and other state exchanges to carry  
4 out its responsibilities; provided that these agreements  
5 include adequate protections of the confidentiality of the  
6 information to be shared and comply with all state and federal  
7 laws and regulations;

8 H. sue or be sued or otherwise take any necessary  
9 or proper legal action in the execution of its duties and  
10 powers;

11 I. appoint board committees, which may include  
12 non-board members, to provide technical assistance in the  
13 operation of the exchange and any other function within the  
14 authority of the exchange; and

15 J. conduct periodic audits to assure the general  
16 accuracy of the financial data submitted to the exchange.

17 SECTION 5. [NEW MATERIAL] PLAN OF OPERATION.--

18 A. Within sixty days of the effective date of the  
19 New Mexico Health Insurance Exchange Act, the board shall  
20 create a plan of operation containing provisions to ensure the  
21 fair, reasonable and equitable administration of the exchange.

22 B. The board shall provide for public notice and  
23 hearing prior to approving the plan of operation.

24 C. The plan of operation shall:

25 (1) establish procedures to implement the

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1 provisions of the New Mexico Health Insurance Exchange Act,  
2 consistent with state law, the federal Patient Protection and  
3 Affordable Care Act and other federal law and federally  
4 approved waivers of federal law;

5 (2) establish procedures for handling and  
6 accounting for the exchange's assets and money;

7 (3) establish regular times and meeting places  
8 for meetings of the board;

9 (4) in accordance with rules that the  
10 superintendent has promulgated, establish a dispute resolution  
11 process for applicants that have been denied:

12 (a) qualified health plan status;

13 (b) qualified individual status;

14 (c) qualified employer status;

15 (d) a premium tax credit subsidy;

16 (e) a cost-sharing subsidy for a

17 qualified health plan; or

18 (f) exemption from the federal

19 requirement to purchase health insurance;

20 (5) establish a statewide consumer assistance  
21 program, including a navigator program;

22 (6) establish consumer complaint and grievance  
23 procedures for issues relating to the exchange or qualified  
24 health plans;

25 (7) establish procedures for alternative

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1 dispute resolution between the exchange and contractors or  
2 carriers;

3 (8) establish conflict of interest policies  
4 and procedures;

5 (9) consult with representatives of New Mexico  
6 Indian nations, tribes and pueblos and develop and implement  
7 policies that:

8 (a) promote effective communication and  
9 collaboration between the exchange and Indian nations, tribes  
10 and pueblos, including communicating and collaborating on those  
11 nations', tribes' and pueblos' plans for creating or  
12 participating in health insurance exchanges; and

13 (b) promote cultural competency in  
14 providing effective services to Native Americans; and

15 (10) contain additional provisions necessary  
16 and proper for the execution of the powers and duties of the  
17 board.

18 SECTION 6. [NEW MATERIAL] BOARD DUTIES--REPORTING.--The  
19 board shall:

20 A. between July 1, 2013 and January 1, 2015,  
21 provide quarterly reports to the legislature, the governor and  
22 the superintendent on the implementation of the exchange and  
23 report annually and upon request thereafter;

24 B. keep an accurate accounting of all of the  
25 activities, receipts and expenditures of the exchange and

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1 submit this information annually to the superintendent and as  
2 required by federal law to the federal secretary of health and  
3 human services;

4 C. beginning with the first year of operation in  
5 which access to health insurance coverage is provided, obtain  
6 an annual audit of the exchange's operations from an  
7 independent certified public accountant;

8 D. publish the administrative costs of the exchange  
9 as required by state or federal law; and

10 E. discharge those duties required to implement and  
11 operate the exchange in accordance with the provisions of the  
12 New Mexico Health Insurance Exchange Act consistent with state  
13 and federal law.

14 SECTION 7. [NEW MATERIAL] RULES--DISPUTE RESOLUTION.--

15 A. The superintendent shall promulgate rules  
16 necessary to implement and carry out the provisions of the New  
17 Mexico Health Insurance Exchange Act.

18 B. The superintendent shall promulgate rules for  
19 resolving disputes arising from the operation of the exchange  
20 in accordance with the provisions of the New Mexico Health  
21 Insurance Exchange Act, including rules with respect to:

22 (1) the eligibility of a carrier to  
23 participate in the exchange; and

24 (2) receiving an exemption from any state or  
25 federal individual requirement to retain minimum essential

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1 coverage.

2 SECTION 8. [NEW MATERIAL] EXEMPTION.--The exchange is  
3 exempt from payment of all fees and all taxes levied by this  
4 state or any of its political subdivisions.

5 SECTION 9. [NEW MATERIAL] FUNDING.--

6 A. To fund the planning, implementation and  
7 operation of the exchange, the board shall contract with the  
8 human services department or any other state agency that  
9 receives federal funds allocated, appropriated or granted to  
10 the state for purposes of funding the planning, implementation  
11 or operation of a health insurance exchange.

12 B. The human services department or any other state  
13 agency that receives federal funds allocated, appropriated or  
14 granted to the state for purposes of funding the planning,  
15 implementation or operation of a health insurance exchange  
16 shall contract with the board to provide those funds to the  
17 exchange in consideration for its planning, implementation or  
18 operation.

19 SECTION 10. [NEW MATERIAL] COOPERATION WITH THE NEW  
20 MEXICO HEALTH INSURANCE EXCHANGE.--The medical assistance  
21 division of the human services department shall cooperate with  
22 the New Mexico health insurance exchange to share information  
23 and facilitate transitions in enrollment between the exchange  
24 and medicaid, the state children's health insurance program and  
25 any other state public health coverage program.

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1           SECTION 11. A new section of the New Mexico Insurance  
2 Code is enacted to read:

3           "[NEW MATERIAL] OFFICE OF SUPERINTENDENT OF INSURANCE--  
4 COOPERATION WITH NEW MEXICO HEALTH INSURANCE EXCHANGE.--The  
5 office of superintendent of insurance shall cooperate with the  
6 New Mexico health insurance exchange to share information and  
7 assist in the implementation of the functions of the exchange."

8           SECTION 12. Section 41-4-3 NMSA 1978 (being Laws 1976,  
9 Chapter 58, Section 3, as amended by Laws 2009, Chapter 8,  
10 Section 2 and by Laws 2009, Chapter 129, Section 2 and also by  
11 Laws 2009, Chapter 249, Section 2) is amended to read:

12           "41-4-3. DEFINITIONS.--As used in the Tort Claims Act:

13           A. "board" means the risk management advisory  
14 board;

15           B. "governmental entity" means the state or any  
16 local public body as defined in Subsections C and H of this  
17 section;

18           C. "local public body" means all political  
19 subdivisions of the state and their agencies, instrumentalities  
20 and institutions and all water and natural gas associations  
21 organized pursuant to Chapter 3, Article 28 NMSA 1978;

22           D. "law enforcement officer" means a full-time  
23 salaried public employee of a governmental entity, or a  
24 certified part-time salaried police officer employed by a  
25 governmental entity, whose principal duties under law are to

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1 hold in custody any person accused of a criminal offense, to  
2 maintain public order or to make arrests for crimes, or members  
3 of the national guard when called to active duty by the  
4 governor;

5 E. "maintenance" does not include:

6 (1) conduct involved in the issuance of a  
7 permit, driver's license or other official authorization to use  
8 the roads or highways of the state in a particular manner; or

9 (2) an activity or event relating to a public  
10 building or public housing project that was not foreseeable;

11 F. "public employee" means an officer, employee or  
12 servant of a governmental entity, excluding independent  
13 contractors except for individuals defined in Paragraphs (7),  
14 (8), (10), (14) and (17) of this subsection, or of a  
15 corporation organized pursuant to the Educational Assistance  
16 Act, the Small Business Investment Act or the Mortgage Finance  
17 Authority Act or a licensed health care provider, who has no  
18 medical liability insurance, providing voluntary services as  
19 defined in Paragraph (16) of this subsection and including:

20 (1) elected or appointed officials;

21 (2) law enforcement officers;

22 (3) persons acting on behalf or in service of  
23 a governmental entity in any official capacity, whether with or  
24 without compensation;

25 (4) licensed foster parents providing care for

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1 children in the custody of the human services department,  
2 corrections department or department of health, but not  
3 including foster parents certified by a licensed child  
4 placement agency;

5 (5) members of state or local selection panels  
6 established pursuant to the Adult Community Corrections Act;

7 (6) members of state or local selection panels  
8 established pursuant to the Juvenile Community Corrections Act;

9 (7) licensed medical, psychological or dental  
10 arts practitioners providing services to the corrections  
11 department pursuant to contract;

12 (8) members of the board of directors of the  
13 New Mexico medical insurance pool;

14 (9) individuals who are members of medical  
15 review boards, committees or panels established by the  
16 educational retirement board or the retirement board of the  
17 public employees retirement association;

18 (10) licensed medical, psychological or dental  
19 arts practitioners providing services to the children, youth  
20 and families department pursuant to contract;

21 (11) members of the board of directors of the  
22 New Mexico educational assistance foundation;

23 (12) members of the board of directors of the  
24 New Mexico student loan guarantee corporation;

25 (13) members of the New Mexico mortgage

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1 finance authority;

2 (14) volunteers, employees and board members  
3 of court-appointed special advocate programs;

4 (15) members of the board of directors of the  
5 small business investment corporation;

6 (16) health care providers licensed in New  
7 Mexico who render voluntary health care services without  
8 compensation in accordance with rules promulgated by the  
9 secretary of health. The rules shall include requirements for  
10 the types of locations at which the services are rendered, the  
11 allowed scope of practice and measures to ensure quality of  
12 care; ~~and~~

13 (17) an individual while participating in the  
14 state's adaptive driving program and only while using a  
15 special-use state vehicle for evaluation and training purposes  
16 in that program; and

17 (18) the staff and members of the board of  
18 directors of the New Mexico health insurance exchange;

19 G. "scope of duty" means performing any duties that  
20 a public employee is requested, required or authorized to  
21 perform by the governmental entity, regardless of the time and  
22 place of performance; and

23 H. "state" or "state agency" means the state of New  
24 Mexico or any of its branches, agencies, departments, boards,  
25 instrumentalities or institutions."

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1           **SECTION 13. TEMPORARY PROVISION--NEW MEXICO HEALTH**  
2           INSURANCE EXCHANGE--NEW MEXICO MEDICAL INSURANCE POOL--  
3           NEW MEXICO HEALTH INSURANCE ALLIANCE.--Until the date is  
4           reached upon which federal law requires it to be  
5           self-sustaining, resources for the New Mexico health insurance  
6           exchange may be provided to the New Mexico health insurance  
7           exchange by the New Mexico health insurance alliance or the New  
8           Mexico medical insurance pool through a cooperative agreement  
9           between the New Mexico health insurance exchange and the  
10          respective board. The New Mexico health insurance alliance and  
11          the New Mexico medical insurance pool may fund reasonably  
12          required staff and other operating expenses for the New Mexico  
13          health insurance exchange through their respective existing  
14          funding mechanisms. To the extent federal funding is available  
15          to the New Mexico health insurance exchange, the New Mexico  
16          health insurance exchange shall reimburse the New Mexico health  
17          insurance alliance and the New Mexico medical insurance pool,  
18          respectively, for such resources as each may provide.

19           **SECTION 14. TEMPORARY PROVISION--NEW MEXICO HEALTH**  
20           INSURANCE ALLIANCE--NEW MEXICO HEALTH INSURANCE  
21           EXCHANGE--TRANSFER OF CONTRACTS.--On July 1, 2013, all  
22           contracts of the New Mexico health insurance alliance relating  
23           to the development and implementation of a health insurance  
24           exchange shall be binding and effective on the New Mexico  
25           health insurance exchange.

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SECTION 15. SEVERABILITY.--If any part or application of this act is held invalid, the remainder or its application to other situations or persons shall not be affected.

SECTION 16. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.