_	HOUSE LOCAL GOVERNMENT, LAND GRANTS AND CULTURAL AFFAIRS COMMITTEE SUBSTITUTE FOR
1	HOUSE BILL 108
2	54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019
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10	AN ACT
11	RELATING TO HEALTH CARE; AMENDING A SECTION OF THE INDIGENT
12	HOSPITAL AND COUNTY HEALTH CARE ACT AND ENACTING A NEW SECTION
13	OF THE NMSA 1978 TO REQUIRE CERTAIN CLASS A COUNTIES TO REPORT
14	ON COUNTY FUNDING PROVIDED TO CERTAIN COUNTY HOSPITALS.
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16	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:
17	SECTION 1. Section 27-5-4 NMSA 1978 (being Laws 1965,
18	Chapter 234, Section 4, as amended) is amended to read:
19	"27-5-4. DEFINITIONSAs used in the Indigent Hospital
20	and County Health Care Act:
21	A. "ambulance provider" or "ambulance service"
22	means a specialized carrier based within the state authorized
23	under provisions and subject to limitations as provided in
24	individual carrier certificates issued by the public regulation
25	commission to transport persons alive, dead or dying en route
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1 by means of ambulance service. The rates and charges 2 established by public regulation commission tariff shall govern 3 as to allowable cost. Also included are air ambulance services 4 approved by the county. The air ambulance service charges shall be filed and approved pursuant to Subsection D of Section 27-5-6 NMSA 1978 and Section 27-5-11 NMSA 1978;

Β. "cost" means all allowable costs of providing health care services, to the extent determined by resolution of a county, for an indigent patient. Allowable costs shall be based on medicaid fee-for-service reimbursement rates for hospitals, licensed medical doctors and osteopathic physicians;

[C. "county" means a county except a class A county with a county hospital operated and maintained pursuant to a lease or operating agreement with a state educational institution named in Article 12, Section 11 of the constitution of New Mexico;

D.] C. "department" means the human services department;

[E.] D. "fund" means a county health care assistance fund;

[F.] E. "health care services" means treatment and services designed to promote improved health in the county indigent population, including primary care, prenatal care, dental care, behavioral health care, alcohol or drug detoxification and rehabilitation, hospital care, provision of .213754.1

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1 2 prescription drugs, preventive care or health outreach services, to the extent determined by resolution of the county;

[G.] <u>F.</u> "indigent patient" means a person to whom 3 4 an ambulance service, a hospital or a health care provider has 5 provided medical care, ambulance transportation or health care services and who can normally support the person's self and the 6 7 person's dependents on present income and liquid assets available to the person but, taking into consideration the 8 9 person's income, assets and requirements for other necessities of life for the person and the person's dependents, is unable 10 to pay the cost of the ambulance transportation or medical care 11 12 administered or both; provided that if a definition of "indigent patient" is adopted by a county in a resolution, the 13 definition shall not include any person whose annual income 14 together with that person's spouse's annual income totals an 15 amount that is fifty percent greater than the per capita 16 personal income for New Mexico as shown for the most recent 17 year available in the survey of current business published by 18 the United States department of commerce. "Indigent patient" 19 includes a minor who has received ambulance transportation or 20 medical care or both and whose parent or the person having 21 custody of that minor would qualify as an indigent patient if 22 transported by ambulance, admitted to a hospital for care or 23 treated by a health care provider; 24

[H.] <u>G.</u> "medicaid eligible" means a person who is .213754.1

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eligible for medical assistance from the department;

[I.] H. "planning" means the development of a countywide or multicounty health plan to improve and fund health services in the county based on the county's needs assessment and inventory of existing services and resources and that demonstrates coordination between the county and state and local health planning efforts;

8 [J.] I. "public entity" means a state, local or
9 tribal government or other political subdivision or agency of
10 that government; and

[K.] J. "qualifying hospital" means an acute care general hospital licensed by the department of health that is qualified to receive payments from the safety net care pool pursuant to an agreement with the federal centers for medicare and medicaid services."

SECTION 2. [<u>NEW MATERIAL</u>] REPORTING--CERTAIN CLASS A COUNTIES--CERTAIN COUNTY HOSPITALS.--

A. A class A county with a county hospital operated and maintained pursuant to a lease or operating agreement with a state educational institution named in Article 12, Section 11 of the constitution of New Mexico shall file an annual report with the legislative finance committee by October 1, 2019 and by each October 1 thereafter on any funding it provides to the county hospital as well as a copy of any agreement or ordinance pursuant to which the county provides the funding.

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1 By October 1, 2019 and by each October 1 Β. 2 thereafter, a county hospital operated and maintained in a 3 class A county pursuant to a lease or operating agreement with a state educational institution named in Article 12, Section 11 4 of the constitution of New Mexico shall file an annual report 5 with that class A county and, on a form approved by the 6 7 committee, with the legislative finance committee on any funding it receives from that county, including proceeds it 8 receives from the mill levy imposed pursuant to the Hospital 9 Funding Act, funding from health care assistance funds and 10 funding from any other source. The county hospital shall also 11 12 detail in its report, on a hospital-wide basis as well as by department, all expenditures and the actual settled cost of 13 each expenditure of county funding that the county hospital 14 makes for maintenance, operation and improvement of the county 15 hospital; for financial assistance; for its bad debt or 16 uncollected receivables; and for any other purpose. 17

C. For reporting on financial assistance, the county hospital shall specify the following information:

(1) each type of financial assistance that the county hospital offers, including the eligibility criteria for each type of financial assistance and information on whether the assistance includes free or discounted care;

(2) any conditions precedent or other restrictions that the county hospital imposes on the provision .213754.1

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1	of any items or services to recipients of financial assistance;
2	(3) the basis for the amount charged to
3	patients and to any third-party payers on behalf of those
4	patients, including the actual settled cost of items or
5	services provided;
6	(4) the method that the county hospital
7	employs for advertising the availability of financial
8	assistance;
9	(5) the procedures pursuant to which the
10	county hospital requires patients or third parties to apply for
11	financial assistance;
12	(6) what actions the county hospital will take
13	in the event of nonpayment;
14	(7) a list of health care providers delivering
15	care in the county hospital that are covered by the county
16	hospital's financial assistance policy;
17	(8) the conditions that the county hospital
18	imposes for reimbursement of health care providers;
19	(9) the revenue source used for each type of
20	financial assistance provided;
21	(10) the county hospital's emergency medical
22	care policy to comply with the federal Emergency Medical
23	Treatment and Active Labor Act and regulations issued pursuant
24	to that act; and
25	(11) any other information that the
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legislative finance committee or the county requests.

D. As used in this section, "financial assistance" means any assistance the county hospital provides to a patient to cover the full or partial cost of items or services the patient receives from the hospital when the hospital has deemed the patient or a patient's third-party payer to be unable or unavailable to meet the full settled cost to the hospital of items or services that the hospital provides to the patient; provided that "financial assistance" excludes any operational or administrative costs. - 7 -.213754.1