SENATE BILL 297 57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025

INTRODUCED BY

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AN ACT

RELATING TO HEALTH CARE; REQUIRING THE HEALTH CARE AUTHORITY TO CONDUCT REGIONAL COMMERCIAL INSURANCE MARKET ASSESSMENTS; REQUIRING INCREASED MEDICAID REIMBURSEMENT FOR HEALTH CARE SERVICES.

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

SECTION 1. A new section of the Public Assistance Act is enacted to read:

"[NEW MATERIAL] MARKET ASSESSMENTS REQUIRED.--

A. By July 1, 2026 and every two years thereafter, the authority shall conduct a market assessment to determine the regional average commercial insurance reimbursement rate for all health care services provided in Arizona, Colorado, Utah, Oklahoma and Texas that are covered by the New Mexico medicaid program.

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- B. The medicaid reimbursement rate for all health care services that are covered by the New Mexico medicaid program shall be the greater of:
- (1) two hundred percent of the medicare reimbursement rate for the equivalent service; or
- (2) the regional average commercial insurance reimbursement rate for the service.
- C. Using the medicaid reimbursement rate for each health care service as of July 1, 2024 as a baseline for comparison, all health care entities that receive increases in medicaid reimbursement pursuant to this section shall ensure that at least seventy-five percent of the increase in reimbursement revenue is used to:
- (1) provide increased compensation to health care workers and other employees who interact directly with patients; or
- (2) hire additional health care workers and other employees who interact directly with patients.
 - D. For the purposes of this section:
- (1) "health care entity" means an entity, other than an individual, that is licensed to provide any form of health care in the state, including a hospital, clinic, hospice agency, home health agency, long-term care agency, pharmacy, group medical practice, medical home or any similar entity;

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	(2)	"medicaid"	means	the	feder	a1-	stat	e pro	gran	Ω
administered by	the	authority pu	ırsuant	to	Title	19	or	Title	21	
of the federal S	Socia	1 Security A	Act; an	d						

(3) "medicare" means coverage provided pursuant to part A or part B of Title 18 of the federal Social Security Act, as amended."

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