

1 SENATE BILL 17

2 56TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2024

3 INTRODUCED BY

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5 and Michael Padilla and Jason C. Harper and Martin Hickey
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10 AN ACT

11 RELATING TO HEALTH CARE; ENACTING THE HEALTH CARE DELIVERY AND
12 ACCESS ACT; IMPOSING ON CERTAIN HOSPITALS THE HEALTH CARE
13 DELIVERY AND ACCESS ASSESSMENT; CREATING THE HEALTH CARE
14 DELIVERY AND ACCESS FUND; CREATING THE HEALTH CARE DELIVERY AND
15 ACCESS MEDICAID-DIRECTED PAYMENT PROGRAM; PROVIDING THAT
16 REVENUE FROM THE ASSESSMENT BE USED AS ADDITIONAL REIMBURSEMENT
17 TO CERTAIN HOSPITALS; PROVIDING A DISTRIBUTION TO THE HEALTH
18 CARE DELIVERY AND ACCESS FUND; PROVIDING THAT THE TAX
19 ADMINISTRATION ACT APPLIES TO AND GOVERNS THE HEALTH CARE
20 DELIVERY AND ACCESS ACT; PROVIDING A DELAYED REPEAL; PROVIDING
21 A CONTINGENT EFFECTIVE DATE; MAKING AN APPROPRIATION.
22

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

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

2 SECTION 2. [NEW MATERIAL] DEFINITIONS.--As used in the
3 Health Care Delivery and Access Act:

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

8 B. "assessed outpatient revenue" means net patient
9 revenue exclusive of medicare outpatient revenue for outpatient
10 services, with data sources to be defined by the authority and
11 updated no less frequently than every three years;

12 C. "assessment" means the health care delivery and
13 access assessment;

14 D. "assessment amount" means the assessment amount
15 owed by an eligible hospital;

16 E. "assessment rate" means the amount per assessed
17 day and the percentage of assessed outpatient revenue
18 calculated by the authority;

19 F. "authority" means the health care authority
20 department;

21 G. "average commercial rate" means the average rate
22 paid by commercial insurers as provided by the centers for
23 medicare and medicaid services;

24 H. "centers for medicare and medicaid services"
25 means the centers for medicare and medicaid services of the

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1 United States department of health and human services;

2 I. "eligible hospital" means a non-federal facility
3 licensed as a hospital by the department of health, excluding a
4 state university teaching hospital or a state-owned special
5 hospital;

6 J. "general acute care hospital" means a hospital
7 other than a special hospital;

8 K. "hospital" means a facility providing emergency
9 or urgent care, inpatient medical care and nursing care for
10 acute illness, injury, surgery or obstetrics. "Hospital"
11 includes a facility licensed by the department of health as a
12 critical access hospital, rural emergency hospital, general
13 hospital, long-term acute care hospital, psychiatric hospital,
14 rehabilitation hospital, limited services hospital or special
15 hospital;

16 L. "inpatient hospital services" means services
17 that:

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

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

22 (3) are furnished in an institution that:

23 (a) is maintained primarily for the care
24 and treatment of patients;

25 (b) is licensed or formally approved as

1 a hospital by an officially designated authority for state
2 standard-setting;

3 (c) meets the requirements for
4 participation in medicare as a hospital; and

5 (d) has in effect a utilization review
6 plan, applicable to all medicaid patients, that meets federal
7 requirements; and

8 (4) are not skilled nursing facility services
9 or immediate care facility services furnished by a hospital
10 with a swing-bed approval;

11 M. "managed care organization" means a person or
12 organization that has entered into a comprehensive risk-based
13 contract with the authority to provide health care services,
14 including inpatient and outpatient hospital services, to
15 medicaid beneficiaries;

16 N. "medicaid" means the medical assistance program
17 established pursuant to Title 19 of the federal Social Security
18 Act and regulations promulgated pursuant to that act;

19 O. "medicaid-directed payment program" means the
20 health care delivery and access medicaid-directed payment
21 program created pursuant to Section 5 of the Health Care
22 Delivery and Access Act providing additional medicaid funding
23 for hospital services provided through medicaid managed care
24 organizations, as directed by the authority and approved by the
25 centers for medicare and medicaid services;

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1 P. "medicare days" means the number of inpatient
2 days provided by an eligible hospital during the year to
3 patients covered under Title 18 of the federal Social Security
4 Act;

5 Q. "medicare outpatient revenue" means the amount
6 of net revenue received by an eligible hospital for outpatient
7 hospital services provided to patients covered under Title 18
8 of the federal Social Security Act;

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

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

14 T. "outpatient hospital services" means preventive,
15 diagnostic, therapeutic, rehabilitative or palliative services
16 that are furnished:

17 (1) to outpatients;

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

20 (3) by an institution that:

21 (a) is licensed or formally approved as
22 a hospital by an officially designated authority for state
23 standard-setting; and

24 (b) meets the requirements for
25 participation in medicare as a hospital;

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

6 V. "rehabilitation hospital" means a facility
7 licensed as a rehabilitation hospital by the department of
8 health;

9 W. "rural emergency hospital" means a facility
10 licensed as a rural emergency hospital by the department of
11 health;

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

16 Y. "secretary" means the secretary of health care
17 authority;

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

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

24 BB. "uniform rate increase" means the portion of
25 the medicaid-directed payment program paid to hospitals as a

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1 uniform dollar or percentage increase.

2 SECTION 3. [NEW MATERIAL] HEALTH CARE DELIVERY AND ACCESS
3 ASSESSMENT--RATE AND CALCULATION--NOTIFICATION.--

4 A. Except as otherwise provided in this section, an
5 assessment is imposed on inpatient hospital services and
6 outpatient hospital services provided by an eligible hospital.
7 The assessment rate shall be annually calculated by the
8 authority pursuant to Subsection D of this section and the
9 taxation and revenue department shall collect the assessment.
10 The inpatient assessment shall be based on assessed days and
11 the outpatient assessment shall be based on assessed outpatient
12 revenue. The assessment provided by this section may be
13 referred to as the "health care delivery and access
14 assessment".

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

24 C. The assessment shall not be imposed for any
25 period for which the centers for medicare and medicaid services

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1 has not approved a necessary waiver or other applicable
2 authorization required to ensure that the assessment is a
3 permissible source of non-federal funding for medicaid program
4 expenditures, or for which the centers for medicare and
5 medicaid services has not approved the distribution of the
6 medicaid-directed payment program payments.

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

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

20 (a) the non-federal share of medicaid-
21 directed payment program payments for inpatient and outpatient
22 hospital services for eligible hospitals at a level such that
23 the total reimbursement for medicaid managed care patients,
24 including any other inpatient or outpatient hospital directed
25 payments, is equivalent to the average commercial rate or such

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1 other maximum level as may be set by the centers for medicare
2 and medicaid services; and

3 (b) the purposes of the health care
4 delivery and access fund; or

5 (2) the amount specified in Section
6 1903(w)(4)(C)(ii) of the federal Social Security Act, above
7 which an indirect guarantee is determined to exist, with such
8 amount determined each year based on the most recent available
9 net patient revenue data.

10 E. The authority shall notify an eligible hospital
11 of its applicable assessment amount pursuant to the following
12 schedule:

13 (1) by November 1, 2024 for the period
14 beginning on July 1, 2024 and ending on December 31, 2024; and

15 (2) by November 1 of the preceding calendar
16 year for each calendar year thereafter.

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

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

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1 H. The authority shall determine how the assessment
2 is applied to newly created hospitals and hospitals that are
3 merged, acquired or closed.

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

8 SECTION 4. [NEW MATERIAL] HEALTH CARE DELIVERY AND ACCESS
9 FUND--CREATED.--

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

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

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

25 (2) not more than ten percent for the non-

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1 federal share of costs incurred by the authority to administer
2 the Health Care Delivery and Access Act; and

3 (3) for refunds to eligible hospitals, in
4 proportion to the assessment amounts paid by the hospitals, if
5 there is a final determination that the assessment is not a
6 permissible source of non-federal medicaid program expenditures
7 or if a substantial portion of the federal funding for the
8 directed payments is disallowed.

9 SECTION 5. [NEW MATERIAL] HEALTH CARE DELIVERY AND ACCESS
10 MEDICAID-DIRECTED PAYMENT PROGRAM.--

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

15 B. The authority shall:

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

23 (2) determine the total funding for the
24 medicaid-directed payment program, including the amount
25 pursuant to Paragraph (1) of this subsection, and the

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1 associated matching federal funds;

2 (3) set aside forty percent of the medicaid-
3 directed payment program funding for quality incentive payments
4 for eligible hospitals, to replace the targeted access fee-for-
5 service supplemental payment program and the hospital value-
6 based directed payment program, including the hospital access
7 payment program and the hospital quality improvement
8 initiative;

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

14 (a) that have been endorsed by a
15 nationally recognized quality organization;

16 (b) that align with the New Mexico
17 medicaid strategic plan; or

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

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

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

25 (b) for calendar year 2026 and

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1 subsequent years, is distributed based on quality measurements
2 and performance evaluation;

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

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

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

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

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

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1 investments in hospital operational costs, workforce
2 recruitment and retention, staff and provider compensation
3 increases, on-call physician coverage, precepting incentives,
4 creation or expansion of services, community benefit activities
5 or capital investments.

6 SECTION 6. [NEW MATERIAL] DUE DATES--HEALTH CARE DELIVERY
7 AND ACCESS ASSESSMENT--DIRECTED PAYMENTS.--

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

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

13 (2) by May 10, 2025 for the quality incentive
14 payment.

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

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

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

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1 be forty-five days after such approval is received.

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

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

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

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

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

24 F. The authority shall require a managed care
25 organization to make directed payments to hospitals no more

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1 than fifteen days after receipt of such payments from the
2 authority.

3 SECTION 7. [NEW MATERIAL] SUBSEQUENT APPROVALS FOR
4 MANAGED CARE RATING PERIOD--PROMULGATION OF RULES.--

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

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

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

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

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

- 21 (1) Income Tax Act;
- 22 (2) Withholding Tax Act;
- 23 (3) Oil and Gas Proceeds and Pass-Through
24 Entity Withholding Tax Act;
- 25 (4) Gross Receipts and Compensating Tax Act,

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1 Interstate Telecommunications Gross Receipts Tax Act and Leased
2 Vehicle Gross Receipts Tax Act;

3 (5) Liquor Excise Tax Act;

4 (6) Local Liquor Excise Tax Act;

5 (7) any municipal local option gross receipts
6 tax or municipal compensating tax;

7 (8) any county local option gross receipts tax
8 or county compensating tax;

9 (9) Special Fuels Supplier Tax Act;

10 (10) Gasoline Tax Act;

11 (11) petroleum products loading fee, which fee
12 shall be considered a tax for the purpose of the Tax
13 Administration Act;

14 (12) Alternative Fuel Tax Act;

15 (13) Cigarette Tax Act;

16 (14) Estate Tax Act;

17 (15) Railroad Car Company Tax Act;

18 (16) Investment Credit Act, rural job tax
19 credit, Laboratory Partnership with Small Business Tax Credit
20 Act, Technology Jobs and Research and Development Tax Credit
21 Act, Film Production Tax Credit Act, Affordable Housing Tax
22 Credit Act and high-wage jobs tax credit;

23 (17) Corporate Income and Franchise Tax Act;

24 (18) Uniform Division of Income for Tax
25 Purposes Act;

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1 (19) Multistate Tax Compact;
2 (20) Tobacco Products Tax Act;
3 (21) the telecommunications relay service
4 surcharge imposed by Section 63-9F-11 NMSA 1978, which
5 surcharge shall be considered a tax for the purposes of the Tax
6 Administration Act;

7 (22) the Insurance Premium Tax Act;
8 (23) the Health Care Quality Surcharge Act;

9 [~~and~~]

10 (24) the Cannabis Tax Act; and

11 (25) the Health Care Delivery and Access Act;

12 B. the administration and enforcement of the
13 following taxes, surtaxes, advanced payments or tax acts as
14 they now exist or may hereafter be amended:

- 15 (1) Resources Excise Tax Act;
16 (2) Severance Tax Act;
17 (3) any severance surtax;
18 (4) Oil and Gas Severance Tax Act;
19 (5) Oil and Gas Conservation Tax Act;
20 (6) Oil and Gas Emergency School Tax Act;
21 (7) Oil and Gas Ad Valorem Production Tax 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;

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1 (11) any advance payment required to be made
2 by any act specified in this subsection, which advance payment
3 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 or
12 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 authorized
22 by the Solid Waste Act, which fee shall be considered a tax for
23 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 tax

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1 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 the
8 Tax Administration Act."

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

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

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

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

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1 Section 7-1-76 NMSA 1978 if the person fails to maintain the
2 confidentiality required:

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

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

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

14 D. the secretary of ~~[human services]~~ health care
15 authority or the secretary's delegate under a written agreement
16 with the department:

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

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

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1 (3) return information of low-income taxpayers
2 for the limited purpose of outreach to those taxpayers;
3 provided that the [~~human services~~] health care authority
4 department shall pay the department for expenses incurred by
5 the department to derive the information requested by the
6 [~~human services~~] health care authority department if the
7 information requested is not readily available in reports for
8 which the department's information systems are programmed;

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

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

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

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

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

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1 request of the director or representative, the names and
2 addresses of all gasoline or special fuel distributors,
3 wholesalers and retailers;

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

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

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

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

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

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

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

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

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

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

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

24 S. the secretary of energy, minerals and natural
25 resources or the secretary's designee, return information

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underscoring material = new
[bracketed material] = delete

1 concerning tax credits or deductions for which eligibility is
2 certified or otherwise determined by the secretary or the
3 secretary's designee;

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

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

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

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

22 SECTION 12. TEMPORARY PROVISION--APPLICATION FOR
23 AUTHORIZATION.--No later than July 15, 2024, the secretary of
24 health care authority shall seek a waiver, a state plan
25 amendment or federal authorization as necessary to implement

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underscoring material = new
~~[bracketed material] = delete~~

1 the provisions of the Health Care Delivery and Access Act.

2 SECTION 13. DELAYED REPEAL.--Sections 1 through 11 of
3 this act are repealed effective July 1, 2030.

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