

CHAPTER 27

Public Assistance

ARTICLE 1

General Provisions

27-1-1. Definitions.

As used in Articles 1 and 2 of Chapter 13 NMSA 1953, "department," "department of public welfare," "state department of public welfare," "New Mexico department of public welfare," "state board of public welfare," "board of public welfare," "state board," "state department," "health and social services department," "department of health and social services," "health and social services board" and "board" mean the human services department.

History: 1953 Comp., § 13-1-1, enacted by Laws 1977, ch. 252, § 16.

ANNOTATIONS

Compiler's notes. — The provisions formerly appearing in Chapter 13, Articles 1 and 2, 1953 Comp., are compiled as 24-13-1 to 24-13-8, 27-1-1 to 27-1-3, 27-1-4, 27-2-15, 27-2-17 to 27-2-26, 27-2-30 to 27-2-36, 27-5-1 to 27-5-12, 27-5-13 to 27-5-18 and 28-4-1 to 28-4-3 NMSA 1978.

For definitions of "department" and "board" applicable to some of the provisions listed in the previous note, see 27-2-2 NMSA 1978.

The powers, duties and property of the department of public welfare were transferred to the department of health and social services by Laws 1968, ch. 37, § 3. Laws 1977, ch. 252, § 5, abolished the department of health and social services, and § 4 of said act created the human services department.

27-1-2. Powers of state department.

The state department of public welfare shall be a public corporation, under the name of "the New Mexico department of public welfare," and under its corporate name, an agency of the state of New Mexico; and shall at all times be and remain under the exclusive control of this state. The management and control of the said department is hereby vested in the state board of public welfare herein provided for.

Subject to the constitution of this state, the department shall have the power:

- A. to sue and, with the consent of the legislature of this state, be sued;

- B. to adopt and use a corporate seal;
- C. to have succession in its corporate name;
- D. to make contracts, as herein authorized, to carry out the purposes herein expressed;
- E. to adopt, amend and repeal bylaws, rules and regulations;
- F. to purchase, lease and hold such real and personal property as is necessary or convenient for the carrying out of its powers and duties, and to exercise the right of eminent domain to acquire such real property in the same manner as the state now exercises said right, and to dispose of any property acquired in any manner;
- G. to have such powers as may be necessary or appropriate for the exercise of the powers herein specifically conferred upon it;
- H. to receive and have custody for protection and administration, disburse, dispose of and account for funds, commodities, equipment, supplies and any kind of property given, granted, loaned or advanced to the state of New Mexico for public assistance, public welfare, social security or any other similar purpose;
- I. to enter into reciprocal agreements with public welfare agencies of other states relative to the provision for relief or assistance to transients and nonresidents;
- J. to establish and administer programs of old-age assistance, aid to dependent children and to the needy blind;
- K. to establish and administer a program of services for children who are crippled or who are suffering from conditions which lead to crippling, and to supervise the administration of those services which are not administered directly by it;
- L. to establish, extend and strengthen public welfare services for children;
- M. to establish and administer a program for general relief.

History: Laws 1937, ch. 18, § 3; 1941 Comp., § 73-103; 1953 Comp., § 13-1-3.

ANNOTATIONS

Cross references. — For public assistance programs generally, see 27-2-1 NMSA 1978 et seq.

For programs for persons with special medical needs, see 27-4-1 NMSA 1978 et seq.

For crippled children's services generally, see 24-2-1 NMSA 1978.

For abandonment or abuse of child, see 30-6-1 NMSA 1978.

For eminent domain generally, see Chapter 42A NMSA 1978.

Department of public welfare. — The powers, duties and property of the department of public welfare were transferred to the department of health and social services by Laws 1968, ch. 37, § 3. Laws 1977, ch. 252, § 5, abolished the department of health and social services, and § 4 of said act created the human services department.

Laws 1977, ch. 252, §§ 6 and 7, provide for the appointment and powers of the secretary of human services, who shall be the administrative head of the human services department.

Acquisition and disposition of real property. — This section clearly gives the department of public welfare (now human services department) full and complete authority to hold real property in its name, and full and complete authority to transfer such property. 1955-56 Op. Att'y Gen. No. 55-6286.

The public welfare department (now human services department) can rehabilitate buildings, then lease them to the New Mexico boys' school. 1959-60 Op. Att'y Gen. No. 59-85.

Adoption of rules and regulations required under federal legislation. — The state welfare department (now human services department) has authority to adopt rules and regulations providing for "welfare standards" required under federal legislation. 1953-54 Op. Att'y Gen. No. 53-5631.

Contract for provision of child welfare services. — The public welfare department (now human services department) can enter into a contract with the New Mexico boys' school to provide child welfare services to children in need of these services. 1959-60 Op. Att'y Gen. No. 59-85.

Law reviews. — For comment, "Undocumented Aliens: Education, Employment and Welfare in the United States and in New Mexico," see 9 N.M.L. Rev. 99 (1978-79).

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 45 to 74.

81 C.J.S. Social Security and Public Welfare §§ 9, 18, 32, 96.

27-1-3. Activities of human services department.

The human services department shall be charged with the administration of all the welfare activities of the state as provided in Chapter 27 NMSA 1978, except as otherwise provided for by law. The human services department shall, except as otherwise provided by law:

A. administer old age assistance, aid to dependent children, assistance to the needy blind and otherwise handicapped and general relief;

B. administer all aid or services to crippled children, including the extension and improvement of services for crippled children, insofar as practicable under conditions in this state, provide for locating children who are crippled or who are suffering from conditions which lead to crippling, provide corrective and any other services and care and facilities for diagnosis, hospitalization and after-care for children who are crippled or who are suffering from conditions which lead to crippling, and supervise the administration of those services which are not administered directly by the department;

C. administer and supervise all child welfare activities, service to children placed for adoption, service and care of homeless, dependent and neglected children, service and care for children in foster family homes or in institutions because of dependency or delinquency and care and service to any child who because of physical or mental defect may need such service;

D. formulate detailed plans, make rules and regulations and take action deemed necessary or desirable to carry out the provisions of Chapter 27 NMSA 1978 and which is not inconsistent with the provisions of that chapter;

E. cooperate with the federal government in matters of mutual concern pertaining to public welfare and public assistance, including the adoption of such methods of administration as are found by the federal government to be necessary for the efficient operation of the plan for public welfare and assistance;

F. assist other departments, agencies and institutions of local, state and federal governments when so requested, cooperate with such agencies when expedient in performing services in conformity with the purposes of Chapter 27 NMSA 1978 and cooperate with medical, health, nursing and welfare groups, any state agency charged with the administration of laws providing for vocational rehabilitation of physically handicapped persons, and organizations within the state;

G. act as the agent of the federal government in welfare matters of mutual concern in conformity with the provisions of Chapter 27 NMSA 1978 and in the administration of any federal funds granted to this state, to aid in furtherance of any such functions of the state government;

H. establish in counties or in districts, which may include two or more counties, local units of administration to serve as agents of the department;

I. at its discretion, establish local boards of public welfare for such territory as it may see fit, and by rule and regulation prescribe the duties of the local board;

J. administer such other public welfare functions as may be assumed by the state after the effective date of this section;

K. carry on research and compile statistics relative to the entire public welfare program throughout the state, including all phases of dependency, defectiveness, delinquency and related problems, and develop plans in cooperation with other public and private agencies for the prevention as well as treatment of conditions giving rise to public welfare problems; and

L. inspect and require reports from all private institutions, boarding homes and agencies providing assistance, care or other direct services to children who are crippled, neglected, delinquent or dependent, the aged, blind, feeble-minded and other dependent persons.

Nothing contained in this section shall be construed to authorize the department to establish or prescribe standards or regulations for or otherwise regulate programs or services to children in group homes as defined in Section 9-8-13 NMSA 1978.

History: Laws 1937, ch. 18, § 4; 1941 Comp., § 73-104; 1953 Comp., § 13-1-4; Laws 1987, ch. 31, § 3.

ANNOTATIONS

Cross references. — For public assistance programs generally, see Chapter 27, Article 2 NMSA 1978.

For programs for persons with special medical needs, see Chapter 27, Article 4 NMSA 1978.

For responsibility of human services department concerning the abuse or neglect of individual children, see 9-8-14 NMSA 1978.

For crippled children's services generally, see 24-2-1 NMSA 1978.

"Effective date of this section". — The phrase "effective date of this section," referred to in Subsection J, first appears in Laws 1987, ch. 31, § 3, effective June 19, 1987.

Executive public assistance program unconstitutional. — Governor's implementation of public assistance policy through the human services department violated the separation of powers doctrine, because, in changing eligibility requirements, it constituted executive creation of substantive law. *State ex rel. Taylor v. Johnson*, 1998-NMSC-015, 125 N.M. 343, 961 P.2d 768.

Denial of benefits supported by substantial evidence. — Substantial evidence in the record as a whole supported the human services department's denial of aid to families

with dependent children benefits where the natural father could provide support. *New Mexico Human Servs. Dep't v. Garcia*, 94 N.M. 175, 608 P.2d 151 (1980).

Adoption of rules and regulations required under federal legislation. — The state welfare department (now human services department) has authority to adopt rules and regulations providing for "welfare standards" required under federal legislation. 1959-60 Op. Att'y Gen. No. 60-200. See also 1953-54 Op. Att'y Gen. No. 53-5631, 1951-52 Op. Att'y Gen. No. 51-5470.

Durational limit on receipt of benefits. — The human services department had the implied authority to limit the receipt of general assistance to twelve continuous months by regulation. *Howell v. Heim*, 118 N.M. 500, 882 P.2d 541 (1994).

Law reviews. — For symposium, "The Equal Rights Amendment and the Administration of Income Assistance Programs in New Mexico," see 3 N.M.L. Rev. 84 (1973).

For article, "Welfare Reform and the 1973 New Mexico Legislation," see 4 N.M.L. Rev. 1 (1973).

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 45 to 74.

Judicial questions regarding federal Social Security Act and state legislation adopted in anticipation of or after the passage of that act, to set up "state plan" contemplated by it, 106 A.L.R. 243, 108 A.L.R. 613, 109 A.L.R. 1346, 118 A.L.R. 1220, 121 A.L.R. 1002.

Construction and application of state social security or unemployment compensation act as affected by terms of the federal act or judicial or administrative rulings thereunder, 139 A.L.R. 892.

Actions under 42 USCS § 1983 for violations of Adoption Assistance and Child Welfare Act (42 USCS §§ 620 et seq. and 670 et seq.), 93 A.L.R. Fed. 314.

81 C.J.S. Social Security and Public Welfare §§ 9, 18, 32, 96.

27-1-3.1. Acute care bed usage; funding authorization.

The human services department is authorized to accept and use federal grants or matching funds for the purpose of reimbursement to certain rural hospitals for using empty acute care beds for intermediate care and skilled nursing care, as defined in federal statutes and regulations, subject to federal approval and the availability of funds. The department is authorized to use funds from existing appropriations for matching federal funds for the purposes of this act.

History: Laws 1980, ch. 83, § 1.

27-1-4. Status of assistance payments.

Payments received by a displaced person under the Relocation Assistance Act [42-3-1 to 42-3-15 NMSA 1978] shall not be considered as income or resources to any recipient of public assistance, and such payments shall not be deducted from the amount of aid to which the recipient would otherwise be entitled under the laws of this state.

History: 1953 Comp., § 13-1-20.2, enacted by Laws 1972, ch. 41, § 22.

27-1-5 to 27-1-7. Repealed.

ANNOTATIONS

Repeals. — Laws 1985, ch. 101, § 9 repeals 27-1-5 through 27-1-7 NMSA 1978, as enacted by Laws 1983, ch. 74, §§ 1 through 3, the Citizen Substitute Care Review Act, effective April 2, 1985. For provisions of former sections, see 1984 Replacement Pamphlet. For present comparable provisions, see 32A-8-1 to 32A-8-6 NMSA 1978.

27-1-8. State case registry.

A. The human services department, acting as the state's child support enforcement agency pursuant to Title IV-D of the Social Security Act, shall establish a state case registry by October 1, 1998 that contains records with respect to:

(1) each case in which services are being provided on or after October 1, 1998 by the state Title IV-D agency; and

(2) each support order established or modified in the state on or after October 1, 1998, whether or not the order was obtained by the Title IV-D agency.

B. The records maintained by the state case registry shall use standardized data elements for parents such as names, social security numbers and other uniform identification numbers like dates of birth and case identification numbers, and contain such other information such as on case status as the secretary of the United States department of health and human services may require.

C. The Title IV-D agency and the administrative office of the courts shall work cooperatively to ensure that the requirements of this act are implemented in an effective, efficient and timely manner. The human services department shall reimburse the administrative office of the courts for all costs incurred in furnishing the information. A cooperative agreement between the Title IV-D agency and the administrative office of the courts shall include costs to be charged by the administrative office of the courts for all work performed to conform to these requirements. The human services department shall promptly provide the administrative office of the courts the data elements and

formats required under Subsection B of this section as soon as they become available to the department.

D. The state case registry shall extract information from its automated system to share and compare information with and to receive information from, other databases and information comparison services in order to obtain or provide information necessary to enable the Title IV-D agency or the United States health and human services department secretary or other state or federal agencies to carry out the Title IV-D program, subject to Section 6103 of the Internal Revenue Code of 1986. Such information comparison activities shall include the following:

(1) furnishing to the federal case registry of child support orders established (and update as necessary with information including notice of expiration of orders) the minimum amount of information on child support cases recorded in the state case registry that is necessary to operate the registry, as specified by the United States health and human services department secretary in regulations;

(2) exchanging information with the federal parent locator service for the purposes specified in the State Directory of New Hires Act [50-13-1 to 50-13-4 NMSA 1978];

(3) exchanging information with state agencies of the state and of other states administering programs of temporary assistance for needy families and medicaid, and other programs designated by the United States health and human services secretary, as necessary to perform state agency responsibilities under this part and under such programs; and

(4) exchanging information with other agencies of the state, agencies of other states and interstate information networks, as necessary and appropriate to carry out or assist other states to carry out purposes of the Title IV-D program.

History: Laws 1997, ch. 237, § 1.

ANNOTATIONS

Cross references. — For single state agency designation for Title IV-D, see 27-2-27 NMSA 1978.

For the Support Enforcement Act, see Chapter 40, Article 4A NMSA 1978.

For the State Directory of New Hires Act, see Chapter 50, Article 13 NMSA 1978.

Social Security Act. — Title IV-D of the federal Social Security Act, referred to in Subsection A, is codified as 42 U.S.C. § 651 et seq.

Internal Revenue Code of 1986. — Section 6103 of the federal Internal Revenue Code, referred to in Subsection D, appears as 26 U.S.C. § 6103.

27-1-9. Locator information from interstate networks.

The state Title IV-D agency is authorized to have access to any system used by the state to locate an individual for purposes relating to motor vehicle or law enforcement.

History: Laws 1997, ch. 237, § 14.

27-1-10. Collection and use of social security numbers for use in child support enforcement.

A. The state must have and use procedures requiring that the social security number of:

(1) any applicant for a professional license, commercial driver's license, occupational license or marriage license be recorded on the application;

(2) any person who is subject to a divorce decree, support order or paternity determination or acknowledgment be placed in the records relating to the matter; and

(3) any person who has died be placed in the records relating to the death and be recorded on the death certificate.

B. The collection and use of social security numbers shall be made available to the state Title IV-D agency for use in child support enforcement.

History: Laws 1997, ch. 237, § 15.

27-1-11. Expedited procedure.

The state Title IV-D agency shall have the authority to take the following actions relating to establishment of paternity or to establishment, modification or enforcement of support orders, without the necessity of obtaining an order from any other judicial or administrative tribunal, and to recognize and enforce the authority of state Title IV-D agencies of other states to take the following actions:

A. to order genetic testing for the purpose of paternity establishments;

B. to subpoena any financial or other information needed to establish, modify or enforce a support order and to impose penalties for failure to respond to such a subpoena. A subpoena issued by the state Title IV-D agency under this section shall be served upon the person to be subpoenaed or, at the option of the secretary of human services or the secretary's authorized representative, by certified mail addressed to the

person at his last known address. The service of the subpoena shall be at least ten days prior to the required production of the information. If the subpoena is served by certified mail, proof of service is the affidavit of mailing. After service of a subpoena upon a person, if the person neglects or refuses to comply with the subpoena, the state Title IV-D agency may apply to the district court of the county where the subpoena was served or the county where the subpoena was responded to for an order compelling compliance. Failure of the person to comply with the district court's order shall be punishable as contempt;

C. to require all entities in the state, including for-profit, nonprofit and governmental employers to provide promptly, in response to a request by the state Title IV-D agency of that or any other state administering a program under this part, information on the employment compensation, and benefits of any person employed by such entity as an employee or contractor and to sanction failure to respond to any such request;

D. to obtain access, subject to safeguards on privacy and information security, and subject to the nonliability of entities that afford such access, to information contained in the following records, including automated access in the case of records maintained in automated databases:

- (1) records of other states and local government agencies, including:
 - (a) vital statistics, including records of marriage, birth and divorce;
 - (b) state and local tax and revenue records, including information on residence address, employer, income and assets;
 - (c) records concerning real and titled personal property;
 - (d) records of occupational and professional licenses and records concerning the ownership and control of corporations, partnerships and other business entities;
 - (e) employment security records;
 - (f) records of agencies administering public assistance programs;
 - (g) records of the motor vehicle division of the taxation and revenue department; and
 - (h) corrections records; and
- (2) certain records held by private entities with respect to persons who owe or are owed support, or against or with respect to whom a support obligation is sought, consisting of:

(a) the names and addresses of such persons and the names and addresses of the employers of such persons, as appearing in customer records of public utilities and cable television companies, pursuant to an administrative subpoena; and

(b) information including information on assets and liabilities on such individuals held by financial institutions;

E. in cases in which support is subject to an assignment in order to comply with a requirement imposed pursuant to temporary assistance for needy families or medicaid, or to a requirement to pay through the state disbursement unit established pursuant to Section 454B of the Social Security Act, upon providing notice to obligor and obligee to direct the obligor or other payor to change the payee to the appropriate government entity;

F. to order income withholding;

G. in cases in which there is a support arrearage, to secure assets to satisfy the arrearage by:

(1) intercepting or seizing periodic or lump-sum payments from:

(a) a state or local agency, including unemployment compensation, workers' compensation and other benefits; and

(b) judgments, settlements and lotteries;

(2) attaching and seizing assets of the obligor held in financial institutions;

(3) attaching public and private retirement funds; and

(4) imposing liens and, in appropriate cases, to force sale of property and distribution of proceeds;

H. for the purpose of securing overdue support, to increase the amounts for arrearages, subject to such conditions or limitations as the state Title IV-D agency may provide;

I. the expedited procedures required shall include the following rules and authority, applicable with respect to all proceedings to establish paternity or to establish, modify or enforce support orders:

(1) each party to any paternity or child support proceeding is required, subject to privacy safeguards, to file with the tribunal and the state case registry upon entry of an order, and to update, as appropriate, information on location and identity of the party, including social security number, residential and mailing addresses, telephone number

and driver's license number, and name, address and telephone number of employer;
and

(2) in any subsequent child support enforcement action between the parties, upon sufficient showing that diligent effort has been made to ascertain the location of such a party, the tribunal may deem state due process requirements for notice and service of process to be met with respect to the party, upon delivery of written notice to the most recent residential or employer address filed with the tribunal;

J. procedures under which:

(1) the state agency and administrative or judicial tribunal with authority to hear child support and paternity cases exerts statewide jurisdiction over the parties; and

(2) in a state in which orders are issued by courts or administrative tribunals, a case may be transferred between local jurisdictions in the state without need for any additional filing by the petitioner, or service of process upon the respondent, to retain jurisdiction over the parties; and

K. the authority of the Title IV-D agency with regard to Subsections A through J of this section shall be subject to due process safeguards, including, as appropriate, requirements for notice, opportunity to contest the action and opportunity for an appeal on the record to an independent administrative or judicial tribunal. Such due process safeguards shall be developed and implemented by the Title IV-D agency in accordance with the administrative office of the courts and other affected agencies and individuals consistent with current policies and procedures for implementation of the human services department's regulations.

History: Laws 1997, ch. 237, § 16.

ANNOTATIONS

Social Security Act. — Section 454B of the federal Social Security Act, referred to in Subsection E, appears as 42 U.S.C. § 654b.

27-1-12. Work requirement for persons owing past-due child support.

The state Title IV-D agency must have and use procedures under which the state has the authority, in any case in which an individual owes past-due support with respect to a child receiving assistance under a state program funded under temporary assistance for needy families, to issue an order or to request that a court or an administrative process established pursuant to state law issue an order that requires the individual to:

A. pay such support in accordance with a plan approved by the court, or at the option of the state, a plan approved by the state Title IV-D agency; or

B. if the individual is subject to such a plan and is not incapacitated, participate in such work activities as the court, or at the option of the state, the state Title IV-D agency, deems appropriate.

History: Laws 1997, ch. 237, § 22.

27-1-13. Financial institution data matches.

A. "Financial institution" means:

(1) a depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. 1813(c));

(2) an institution-affiliated party, as defined in Section 3(u) of such act (12 U.S.C. 1813(u));

(3) any federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. 1752), including an institution-affiliated party of such a credit union, as defined Section 206(r) of such act (12 U.S.C. 1786(r)); and

(4) any benefit association, insurance company, safe deposit company, money-market mutual fund or similar entity authorized to do business in the state.

B. "Account" means a demand deposit account, checking or negotiable withdrawal order account, savings account, time deposit account or money-market mutual fund account.

C. "Past-due support" means the amount of support determined under a court order or an order of an administrative process established under state law for support and maintenance of a child or of a child and the parent with whom the child is living, which has not been paid.

D. The human services department, acting as the state's child support enforcement agency pursuant to Title IV-D of the Social Security Act, shall enter into agreements with financial institutions doing business in the state to develop and operate, in coordination with such financial institutions, a data match system to be operational by October 1, 2000, using automated data exchanges to the maximum extent feasible, in which each such financial institution is required to provide the information.

E. The human services department shall establish standard procedures and formats for the financial institutions. Such procedures shall include administrative due process for child support obligors before funds or assets may be seized by the department.

F. Each financial institution in New Mexico shall provide to the human services department for each calendar quarter the name, record address, social security number or other taxpayer identification number and other identifying information for each noncustodial parent who maintains an account at such institution and who owes past-due support, as identified by the human services department, by name and social security number or other taxpayer identification number.

G. Upon receipt of a notice of lien or levy from the human services department, financial institutions shall encumber and surrender assets held by the institution on behalf of any noncustodial parent who is subject to a child support lien.

H. The human services department may establish and pay a reasonable fee to a financial institution for conducting the data match provided for in this act, not to exceed the actual costs incurred by such financial institutions.

I. A financial institution shall not be liable under any state law to any person for disclosing of information to the human services department under this section; or for freezing or surrendering any assets held by such financial institution in response to a notice of lien or seizure issued by the human services department, or for any other action taken in good faith to comply with the requirements of this section.

J. A state child support enforcement agency that obtains a financial record of a person from a financial institution may disclose such financial record only for the purpose of, and to the extent necessary in, establishing, modifying or enforcing a child support obligation of such person.

History: Laws 1997, ch. 237, § 33.

ANNOTATIONS

Social Security Act. — Title IV-D of the federal Social Security Act, referred to in Subsection D, is codified as 42 U.S.C. § 651 et seq.

Meaning of "this act". — The term "this act," referred to in Subsection H, refers to Laws 1997, ch. 237. The data matching provisions of that act are codified in this section.

27-1-14. Enforcement of orders for health care.

All Title IV-D child support orders enforced shall include a provision for the health care coverage of the child, and in the case in which a noncustodial parent provides such coverage and changes employment and the new employer provides health care coverage, the state Title IV-D agency shall transfer notice of the provision to the employer, which notice shall operate to enroll the child in the noncustodial parent's health plan, unless the noncustodial parent successfully contests the notice.

History: Laws 1997, ch. 237, § 34.

ANNOTATIONS

Severability clauses. — Laws 1997, ch. 237, § 35 provides for the severability of the act if any part or application thereof is held invalid.

27-1-15. Creation of a prescription drug discount card program.

A. The human services department shall create a prescription drug discount card program with the cooperation and assistance of the department of health and the aging and long-term services department. For the purposes of this section, "program" means the prescription drug discount card program.

B. To be eligible for the program, a person shall:

- (1) be a resident of the state;
- (2) be less than sixty-five years of age;
- (3) not have any other prescription drug benefit; and
- (4) voluntarily enroll.

C. Upon a determination that a person qualifies for the program, the human services department shall enroll and provide participants with an electronic or other form of membership identification for use by pharmacies for each transaction.

D. The amount a qualified person pays for a prescription drug shall not exceed the total cost of the dispensing fee plus the contracted discounted price made available to enrolled persons.

E. The human services department, in cooperation with the department of health and the aging and long-term services department, shall actively promote membership and benefit information on the program to the general public statewide.

History: Laws 2005, ch. 160, § 1.

ANNOTATIONS

Effective dates. — Laws 2005, ch. 160 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 17, 2005, 90 days after adjournment of the legislature.

Cross reference. — See 59A-59-1 NMSA 1978 for the Prescription Drug Uniform Information Card Act.

ARTICLE 2

Public Assistance Act

27-2-1. Short title.

Sections 1 through 20 of this act and Sections 27-2-15, 27-2-17 through 27-2-25, 27-2-27, 27-2-29 through 27-2-36 NMSA 1978 may be cited as the "Public Assistance Act".

History: 1953 Comp., § 13-17-1, enacted by Laws 1973, ch. 376, § 1.

ANNOTATIONS

Cross references. — For public assistance appeals, see Chapter 27, Article 3 NMSA 1978.

For programs for persons with special medical needs, see Chapter 27, Article 4 NMSA 1978.

Compiler's notes. — As enacted, this section included references to 13-1-18, 13-1-18.1, 13-1-28.6, 13-1-29, 13-1-30, 13-1-39, 13-1-40 and 13-1-41, 1953 Comp., which were repealed by subsequent acts, and therefore such references are not included in the Public Assistance Act as set out in this compilation.

Section 27-2-27 NMSA 1978 was repealed by Laws 1981, ch. 90, § 1, which enacted a new 27-2-27 containing different provisions.

Section 27-2-29 NMSA 1978 was repealed by Laws 1981, ch. 90, § 4.

Sections 27-2-35 and 27-2-36 NMSA 1978, referred to in this section, were repealed by Laws 1998, ch. 9, § 28, effective February 18, 1998.

Public Assistance Act. — Pursuant to this section, §§ 1 to 20 of Laws 1973, Chapter 376, appearing as 27-2-1 to 27-2-6, 27-2-7 to 27-2-9, 27-2-10 to 27-2-12, 27-2-13, and 27-2-14 NMSA 1978, and 27-2-15, 27-2-17 to 27-2-25, 27-2-30 to 27-2-34 NMSA 1978 comprise the Public Assistance Act. Laws 1987, ch. 16, § 1 adds 27-2-12.2 NMSA 1978 to the Public Assistance Act. Laws 1989, ch. 184, § 1 adds 27-2-23.1 NMSA 1978 to the Public Assistance Act.

Construction of Public Assistance Act. — See *Garcia v. Health & Social Servs. Dep't*, 88 N.M. 419, 540 P.2d 1308 (Ct. App. 1975), rev'd on other grounds, 88 N.M. 640, 545 P.2d 1018 (1976).

Law reviews. — For symposium, "The Equal Rights Amendment and the Administration of Income Assistance Programs in New Mexico," see 3 N.M.L. Rev. 84 (1973).

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 1 to 74.

81 C.J.S. Social Security and Public Welfare § 1 et seq.

27-2-2. Definitions.

As used in the Public Assistance Act [27-2-1 NMSA 1978]:

- A. "department" means the human services department;
- B. "board" means the human services department;
- C. "director" means the secretary of human services;
- D. "local office" means the county or district office of the human services department;
- E. "public welfare" or "public assistance" means any aid or relief granted to or on behalf of an eligible person under the Public Assistance Act [27-2-1 NMSA 1978] and regulations issued pursuant to that act;
- F. "applicant" means a person who has applied for assistance or services under the Public Assistance Act [27-2-1 NMSA 1978];
- G. "recipient" means a person who is receiving assistance or services under the Public Assistance Act [27-2-1 NMSA 1978];
- H. "federal act" means the federal Social Security Act, as may be amended from time to time, and regulations issued pursuant to that act; and
- I. "secretary" means the secretary of human services.

History: 1953 Comp., § 13-17-2, enacted by Laws 1973, ch. 376, § 2; 1977, ch. 252, § 21; 1987, ch. 78, § 1; 1991, ch. 155, § 1.

ANNOTATIONS

The 1991 amendment, effective June 14, 1991, added "or services" following "assistance" in Subsections F and G.

Social Security Act. — The federal Social Security Act, referred to in Subsection H, appears as 42 U.S.C. § 301 et seq.

27-2-3. Standard of need; income determination.

A. Consistent with the federal act and subject to the availability of federal and state funds, the board shall adopt a standard of need which shall establish a reasonable level of subsistence.

B. Consistent with the federal act, the board shall define by regulation exempt and nonexempt income and resources. Medical expenses shall not be deducted from either income or resources in determining eligibility.

History: 1953 Comp., § 13-17-3, enacted by Laws 1973, ch. 376, § 3; 1975, ch. 187, § 3.

ANNOTATIONS

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 15, 33, 35, 40, 53 to 60.

81 C.J.S. Social Security and Public Welfare §§ 37 to 44, 97 to 112.

27-2-4. Eligibility requirements.

Consistent with the federal act, a person is eligible for public assistance grants under the Public Assistance Act [27-2-1 NMSA 1978] if:

A. pursuant to Section 27-2-3 NMSA 1978, the total amount of his nonexempt income is less than the applicable standard of need; and

B. nonexempt specific and total resources are less than the level of maximum permissible resources established by the board; and

C. he meets all qualifications for one of the public assistance programs authorized by the Public Assistance Act [27-2-1 NMSA 1978]; and

D. within two years immediately prior to the filing of an application for assistance, he has not made an assignment or transfer of real property unless he has received a reasonable return for the real property; or, if he has not received such reasonable return, he is willing to attempt to obtain such return and, if such attempt proves futile, he is willing to attempt to regain title to the property; and

E. he is not an inmate of any public nonmedical institution at the time of receiving assistance; and

F. he is a resident of New Mexico.

History: 1953 Comp., § 13-17-4, enacted by Laws 1973, ch. 376, § 4; 1975, ch. 187, § 4.

ANNOTATIONS

Cross references. — For qualifications for general assistance program, see 27-2-7 NMSA 1978.

For medical assistance programs generally, see 27-2-12 NMSA 1978.

Executive public assistance program unconstitutional. — Governor's implementation of public assistance policy through the human services department violated the separation of powers doctrine, because, in changing eligibility requirements, it constituted executive creation of substantive law. *State ex rel. Taylor v. Johnson*, 1998-NMSC-015, 125 N.M. 343, 961 P.2d 768.

When real estate contract included in determining eligibility. — Where a real estate contract is not readily negotiable, it cannot be included in determining eligibility for public assistance. *Frazier v. New Mexico Dep't of Human Servs.*, 98 N.M. 98, 645 P.2d 454 (Ct. App. 1982).

Law reviews. — For note, "Medical Benefits Awarded to an Illegal Alien: *Perez v. Health and Social Services*," see 9 N.M.L. Rev. 89 (1978-79).

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 15, 33, 35, 40, 50 to 60.

Status of one as poor person for purpose of statute entitling him to relief as affected by extent of his financial resources, 98 A.L.R. 870.

Alcoholic as entitled to public assistance under poor laws, 43 A.L.R.3d 554.

Eligibility for welfare benefits, under maximum-assets limitations, as affected by expenditures or disposal of assets, 19 A.L.R.4th 146.

Eligibility for welfare benefits as affected by claimant's status as trust beneficiary, 21 A.L.R.4th 729.

Validity of statutes or regulations denying welfare benefits to claimants who transfer property for less than its full value, 24 A.L.R.4th 215.

Unearned income affecting eligibility for supplemental security income benefits under 42 USCS § 1382a(a)(2), 61 A.L.R. Fed. 230.

81 C.J.S. Social Security and Public Welfare §§ 37 to 44, 97 to 112.

27-2-5, 27-2-6. Repealed.

ANNOTATIONS

Repeals. — Laws 1998, ch. 8, § 28 and Laws 1998, ch. 9, § 28 repeal 27-2-5 and 27-2-6 NMSA 1978, as enacted by Laws 1973, ch. 376, §§ 5 and 9, and amended by Laws 1982, ch. 24, §§ 1 and 2, relating to amount of grant and aid to families with dependent children, effective February 18, 1998. For former sections, see 1997 Replacement Pamphlet.

27-2-6.1. Supplemental postnatal assistance.

The health and social services department shall establish a program of supplemental postnatal assistance for those mentally retarded persons who during pregnancy received aid to families with dependent children but whose aid was revoked upon relinquishment of the newly born child for adoption. The supplemental postnatal assistance provided for in this section shall be at the same rate as aid to families with dependent children, but such supplemental postnatal assistance shall not exceed a period of sixty days. The health and social services department shall promulgate rules and regulations in order to carry out the provisions of this section.

History: 1978 Comp., § 27-2-6.1, enacted by Laws 1978, ch. 30, § 1.

27-2-6.2. Repealed.

ANNOTATIONS

Repeals. — Laws 1998, ch. 8, § 28 and Laws 1998, ch. 9, § 28, repeal 27-2-6.2 NMSA 1978, enacted by Laws 1988, ch. 122, § 1, relating to public assistance, employment and training requirements, effective February 18, 1998. For provisions of former section, see 1997 Replacement Pamphlet.

27-2-7. General assistance program; qualifications and payments.

A. Subject to the availability of state funds, public assistance shall be provided under a general assistance program to or on behalf of eligible persons who:

(1) are under eighteen years of age and meet all eligibility conditions for the New Mexico Works Act [27-2B-1 to 27-2B-20 NMSA 1978] except the relationship to the person with whom they are living;

(2) are over the age of eighteen and are disabled, according to rules of the department, and are not receiving cash assistance or services pursuant to the New Mexico Works Act;

(3) meet the qualifications under other rules for the general assistance program as the department shall establish; or

(4) are lawful resident immigrants who would otherwise be eligible for cash assistance or services pursuant to the New Mexico Works Act except that they began residing in the United States after August 22, 1996.

B. General assistance program payments may be made directly to the recipient or to the vendor of goods or services provided to the recipient. The department may by rule limit the grants that are made to general assistance recipients.

C. Whenever the department makes an adjustment in the standard of need for the New Mexico Works Act, subject to the availability of state funds, it shall make a commensurate adjustment in the standard of need for the general assistance program.

History: 1953 Comp., § 13-17-10, enacted by Laws 1973, ch. 376, § 10; 1977, ch. 201, § 1; 1998, ch. 8, § 27; 1998, ch. 9, § 27.

ANNOTATIONS

Cross references. — For liability for repayment of public assistance, see 27-2-28 NMSA 1978.

The 1998 amendment, substituted "rules" for "regulations" and "department" for "board" throughout the section; in Paragraph A(1), substituted "the New Mexico Works Act" for "aid to families with dependent children"; in Paragraph A(2), substituted "cash assistance or services pursuant to the New Mexico Works Act" for "aid to families with dependent children"; in Paragraph A(3), deleted "from time to time" at the end of the paragraph; added Paragraph A(4); in Subsection B, substituted "rule" for "regulation"; in Subsection C, "substituted New Mexico Works Act, subject to the availability of state funds" for "aid to families with dependent children program pursuant to Section 13-17-3 NMSA 1953", and made stylistic changes throughout the section.

Duplicate laws. — Laws 1998, ch. 8, § 27 and Laws 1998, ch. 9, § 27 enact identical provisions of law. Both versions are compiled at this location.

Maximum period of eligibility held unconstitutional. — Regulation of the human services department imposing a maximum period of eligibility for disabled adults receiving benefits under the general assistance program violated Title II of the federal Americans with Disabilities Act. *Weaver v. New Mexico Human Servs. Dep't*, 1997-NMSC-039, 123 N.M. 705, 945 P.2d 70.

Refusal to comply with regulations terminates eligibility. — Where an applicant for public assistance refuses to comply with regulations requiring assignment of support rights, she may not maintain her eligibility for aid to families with dependent children benefits. The department's refusal to provide such benefits on that basis is in accordance with applicable law and regulations. *Melton v. New Mexico Dep't of Human Servs.*, 97 N.M. 102, 637 P.2d 52 (Ct. App. 1981).

Validity of regulation limiting duration of cash assistance payments. — This section did not prevent state health and social services department (now human services department) from enacting regulation placing a six-month limitation on general assistance benefits paid to temporarily disabled needy persons with no minor children, since the limitation contemplated by the legislature was not confined to the amount of the periodic payments, but also applied to the length of time such payments were made. *Health & Social Servs. Dep't v. Garcia*, 88 N.M. 640, 545 P.2d 1018 (1976).

27-2-8. Repealed.

ANNOTATIONS

Repeals. — Laws 1998, ch. 8, § 28 and Laws 1998, ch. 9, § 28 repeal 27-2-8 NMSA 1978, amended by Laws 1975, ch. 187, § 5, relating to granting of assistance, effective February 18, 1998. For provisions of former section, see 1997 Replacement Pamphlet.

27-2-9. Payment for hospital care.

A. Consistent with the federal act, the department shall provide necessary hospital care for recipients of public assistance other than those eligible under the general assistance program authorized by Section 10 [27-2-7 NMSA 1978] of the Public Assistance Act. The rate of payment for in-patient hospital services shall be based either on the reasonable cost or the customary cost of such services, whichever is less. In determining reasonable cost under this section, the board shall adopt regulations establishing a formula consistent with the federal act. The department shall apply that formula to determine the amount to which each hospital is entitled as reimbursement for providing in-patient hospital services.

B. To receive reimbursement for providing in-patient hospital services, a hospital shall file annually with the department such information as the department may reasonably require to determine reasonable costs or the hospital's customary cost of in-patient hospital services.

C. Any hospital entitled to reimbursement for in-patient hospital services shall be entitled to a hearing, pursuant to regulations of the board consistent with applicable state law, if the hospital disagrees with the department's determination of the reimbursement the hospital is to receive.

History: 1953 Comp., § 13-17-12, enacted by Laws 1973, ch. 376, § 13.

ANNOTATIONS

Cross references. — For medical assistance programs generally, see 27-2-12 NMSA 1978.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 4, 32, 38 to 41, 87, 88, 105.

Medical or surgical services rendered to poor person in emergency, without express authority, liability of governmental agency for, 93 A.L.R. 900.

Nature of care contemplated by statute imposing general duty to care for indigent relatives, 92 A.L.R.2d 348.

Limitation on right of chiropractors and osteopathic physicians to participate in public medical welfare programs, 8 A.L.R.4th 1056.

81 C.J.S. Social Security and Public Welfare §§ 102, 122, 128, 133.

27-2-9.1. Administration of shelter care supplement.

A. A shelter care supplement shall be provided to those individuals who are recipients of supplemental security income under Title 16 of the federal Social Security Act and who reside in shelter care homes licensed pursuant to regulations of the health and environment department [department of health].

B. The human services department is authorized to determine eligibility, compute payment, make payments and otherwise administer the shelter care supplement program.

C. The amount of the shelter care supplement payment shall be established by the secretary of human services subject to the availability of general funds.

History: Laws 1979, ch. 401, § 1; 1983, ch. 174, § 1.

ANNOTATIONS

Bracketed material. — The bracketed reference to the department of health was inserted by the compiler, as Laws 1991, ch. 25, § 16 repeals former 9-7-4 NMSA 1978, relating to the health and environment department, and enacts a new 9-7-4 NMSA 1978, creating the department of health. The bracketed material was not enacted by the legislature and is not part of the law.

Social Security Act. — Title 16 of the federal Social Security Act, referred to in Subsection A, appears as 42 U.S.C. § 1381 et seq.

27-2-10. Food stamp program.

The income support division of the human services department:

A. is authorized to establish a food stamp program to carry out the federal Food Stamp Act, as may be amended from time to time, and regulations issued pursuant to that act, subject to the continuation of the federal food stamp program and the availability of federal funds; and

B. shall by January 30 of each calendar year notify the taxation and revenue department of the location of food stamp offices in New Mexico for inclusion in a notice sent with an income tax refund or other notice to a taxpayer whose income is within one hundred thirty percent of federal poverty guidelines.

History: 1953 Comp., § 13-17-13, enacted by Laws 1973, ch. 376, § 14; 2005, ch. 138, § 2.

ANNOTATIONS

Food Stamp Act. — The federal Food Stamp Act, referred to in this section, is codified as 7 U.S.C. § 2011 et seq.

The 2005 amendment, effective June 17, 2005, adds Subsection B to require the income support division of the human services department to notify the taxation and revenue department of the location of food stamp offices in New Mexico.

Am. Jur. 2d, A.L.R. and C.J.S. references. — Eligibility for food stamps under Food Stamp Act of 1964 (7 USC § 2011 et seq.), 118 A.L.R. Fed. 473.

Violations and enforcement of Food Stamp Act of 1964 (7 USC § 2011 et seq.), 120 A.L.R. Fed. 331.

Selection and suspension or disqualification of participating stores under Food Stamp Act of 1964 (7 USC § 2011 et seq.), 121 A.L.R. Fed. 653.

27-2-11. Scope of assistance programs.

Any public assistance program conducted by the department under the federal act is effective in all political subdivisions if the federal act so requires.

History: 1953 Comp., § 13-17-14, enacted by Laws 1973, ch. 376, § 15.

ANNOTATIONS

Cross references. — For meaning of "federal act", see 27-2-2 NMSA 1978.

27-2-12. Medical assistance programs.

Consistent with the federal act and subject to the appropriation and availability of federal and state funds, the medical assistance division of the human services

department may by regulation provide medical assistance, including the services of licensed doctors of oriental medicine, licensed chiropractic physicians and licensed dental hygienists in collaborative practice, to persons eligible for public assistance programs under the federal act.

History: 1953 Comp., § 13-17-15, enacted by Laws 1973, ch. 376, § 16; 1991, ch. 144, § 1; 1993, ch. 158, § 1; 2003, ch. 343, § 1.

ANNOTATIONS

Cross references. — For meaning of "federal act", see 27-2-2 NMSA 1978.

For payment for hospital care, see 27-2-9 NMSA 1978.

The 1991 amendment, effective June 14, 1991, substituted "medical assistance division of the human services department" for "board" and inserted "including the services of licensed oriental medical doctors and licensed chiropractors".

The 1993 amendment, effective June 18, 1993, substituted "licensed doctors of oriental medicine" for "licensed oriental medical doctors".

The 2003 amendment, effective June 20, 2003, inserted "chiropractic physicians and licensed dental hygienists in collaborative practice" near the end.

Abortions. — Rule prohibiting the use of state funds to pay for abortions for Medicaid-eligible women, except when necessary to save the life of the mother, to end an ectopic pregnancy, or when the pregnancy resulted from rape or incest violates the equal rights amendment to N.M. Const., art. II, § 18. *New Mexico Right to Choose/NARAL v. Johnson*, 1999-NMSC-005, 126 N.M. 788, 975 P.2d 841, cert. denied, 526 U.S. 1020, 119 S. Ct. 1256, 143 L. Ed. 2d 352 (1999).

Chiropractors' services not required under state Medicaid program. — Chiropractors' services are not physicians' services under the Medicaid program. Chiropractors' services thus are not included in the general categories of medical treatment which must be included in the state plan. *Katz v. New Mexico Dep't of Human Servs.*, 95 N.M. 530, 624 P.2d 39 (1981) (decided prior to 1991 amendment).

Services of a physical therapist are not required to be included in the state plan. *Katz v. New Mexico Dep't of Human Servs.*, 95 N.M. 530, 624 P.2d 39 (1981).

Denial of services not denial of equal protection. — The denial of Medicaid benefits for the services of chiropractors and physical therapists is not so arbitrary and unreasonable as to constitute a denial of equal protection. *Katz v. New Mexico Dep't of Human Servs.*, 95 N.M. 530, 624 P.2d 39 (1981) (decided prior to 1991 amendment).

Am. Jur. 2d, A.L.R. and C.J.S. references. — Transsexual surgery as covered operation under state medical assistance program, 2 A.L.R.4th 775.

Limitation on right of chiropractors and osteopathic physicians to participate in public medical welfare programs, 8 A.L.R.4th 1056.

27-2-12.1. Repealed.

ANNOTATIONS

Repeals. — Laws 1979, ch. 330, § 1, repeals 27-2-12.1 NMSA 1978, enacted by Laws 1978, ch. 94, § 1, relating to Medicaid institutional care computation. For provisions of former section, see 1978 Supplement.

27-2-12.2. Medical assistance program; eligibility of married individuals.

For the purpose of determining medical assistance for institutional care program eligibility under the Public Assistance Act [27-2-1 NMSA 1978], the community spouse resource allowance for a community spouse as defined and authorized by the federal Medicare Catastrophic Coverage Act of 1988 shall be a minimum of thirty thousand dollars (\$30,000).

History: Laws 1987, ch. 16, § 1; 1989, ch. 74, § 1.

ANNOTATIONS

Medicare Catastrophic Coverage Act of 1988. — The federal Medicare Catastrophic Coverage Act of 1988, referred to in this section, is Public Law 100-360 and appears as various sections in Titles 26 and 42 of the United States Code.

27-2-12.3. Medicaid reimbursement; equal pay for equal physicians', dentists', optometrists', podiatrists' and psychologists' services.

The human services department shall establish a rate for the reimbursement of physicians, dentists, optometrists, podiatrists and psychologists for services rendered to medicaid patients that provides equal reimbursement for the same or similar services rendered without respect to the date on which such physician, dentist, optometrist, podiatrist or psychologist entered into practice in New Mexico, the date on which the physician, dentist, optometrist, podiatrist or psychologist entered into an agreement or contract to provide such services or the location in which such services are to be provided in the state; provided, however, that the requirements of this section shall not apply when the human services department contracts with entities pursuant to Section

27-2-12.6 NMSA 1978 to negotiate a rate for the reimbursement for services rendered to medicaid patients in the medicaid managed care system.

History: 1978 Comp., § 27-2-12.2, enacted by Laws 1987, ch. 269, § 1; 1996, ch. 70, § 1.

ANNOTATIONS

Cross references. — For the Medicaid Fraud Act, see Chapter 30, Article 44 NMSA 1978.

The 1996 amendment, added the proviso at the end of the section. Laws 1996, ch. 70 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 15, 1996, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-2-12.4. Long-term care facilities; noncompliance with standards and conditions; sanctions.

A. In addition to any other actions required or permitted by federal law or regulation, the human services department shall impose a hold on state medicaid payments to a long-term care facility thirty days after the health and environment department [department of health] notifies the human services department in writing pursuant to an on-site visit that the long-term care facility is not in substantial compliance with the standards or conditions of participation promulgated by the federal department of health and human services pursuant to which the facility is a party to a medicaid provider agreement, unless the substantial noncompliance has been corrected within that thirty-day period or the facility's medicaid provider agreement is terminated or not renewed based in whole or in part on the noncompliance. The written notice shall cite the specific deficiencies that constitute noncompliance.

B. The human services department shall remove the payment hold imposed under Subsection A of this section when the health and environment department [department of health] pursuant to an on-site visit certifies in writing to the human services department that the long-term care facility is in substantial compliance with the standards or conditions of participation pursuant to which the facility is a party to a medicaid provider agreement.

C. The human services department shall not reimburse any long-term care facility during the payment hold period imposed pursuant to Subsection A of this section for any medicaid recipient-patients who are new admissions and who are admitted on or after the day the hold is imposed and prior to the day the hold is removed.

D. If a long-term care facility is certified in writing to be in noncompliance pursuant to Subsection A of this section for the second time in any twelve-month period, the human services department shall cancel or refuse to execute the long-term care

facility's medicaid provider agreement for a two-month period, unless it can be demonstrated that harm to the patients would result from this action or that good cause exists to allow the facility to continue to participate in the medicaid program. The provisions of this subsection are subject to appeal procedures set forth in federal regulations for nonrenewal or termination of a medicaid provider agreement.

E. A long-term care facility shall not charge medicaid recipient-patients, their families or their responsible parties to recoup any payments not received because of a hold on medicaid payments imposed pursuant to this section.

F. This section shall not be construed to affect any other provisions for medicaid provider agreement termination, nonrenewal, due process and appeal pursuant to federal law or regulation.

G. As used in this section:

(1) "day" means a twenty-four hour period beginning at midnight and ending one second before midnight;

(2) "long-term care facility" means any intermediate care facility or skilled nursing facility which is licensed by the health and environment department [department of health] and which is medicaid certified;

(3) "new admissions" means medicaid recipients who have never been in the long-term care facility or, if previously admitted, had been discharged or had voluntarily left the facility. The term does not include:

(a) individuals who were in the long-term care facility before the effective date of the hold on medicaid payments and became eligible for medicaid after that date; and

(b) individuals who, after a temporary absence from the facility, are readmitted to beds reserved for them in accordance with federal regulations; and

(4) "substantial compliance" means the condition of having no cited deficiencies or having only those cited deficiencies which:

(a) are not inconsistent with any federal statutory requirement;

(b) do not interfere with adequate patient care;

(c) do not represent a hazard to the patients' health or safety;

(d) are capable of correction within a reasonable period of time; and

(e) are ones which the long-term care facility is making reasonable plans to correct.

History: Laws 1987, ch. 214, § 1.

ANNOTATIONS

Bracketed material. — The bracketed reference to the department of health was inserted by the compiler, as Laws 1991, ch. 25, § 16 repeals former 9-7-4 NMSA 1978, relating to the health and environment department, and enacts a new 9-7-4 NMSA 1978, creating the department of health. The bracketed material was not enacted by the legislature and is not part of the law.

27-2-12.5. Medicaid-certified nursing facilities; retroactive eligibility; refunds; penalty.

A. Medicaid payment for a medicaid-eligible patient shall be accepted by a medicaid-certified nursing facility from the first month of medicaid eligibility, regardless of whether the eligibility is retroactive. The nursing facility shall refund to the patient or responsible party all out-of-pocket money except for required medical-care credits paid to the nursing facility for that patient's care on and after the date of medicaid eligibility for services covered by the medicaid program. Within thirty days after notification by the human services department of the patient's medicaid eligibility, the nursing facility shall make any necessary refund to the patient or responsible party required under this section.

B. In any cause of action brought against a nursing facility because of its failure to make a refund to the patient or responsible party as required under Subsection A of this section, the patient or responsible party may be awarded triple the amount of the money not refunded or three hundred dollars (\$300), whichever is greater, and reasonable attorneys' fees and court costs.

History: Laws 1989, ch. 83, § 1; 1991, ch. 211, § 1.

ANNOTATIONS

The 1991 amendment, effective June 14, 1991, added "Penalty" in the section heading; designated the formerly undesignated provision as Subsection A; and added Subsection B.

27-2-12.6. Medicaid payments; managed care.

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 problems;
- (2) to the extent practicable, maintenance of the rural primary care delivery infrastructure;
- (3) that the department's approach is consistent with national and state health care reform principles; and
- (4) to the maximum extent possible that medicaid-eligible individuals are not identified as such except as necessary for billing purposes.

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

History: Laws 1994, ch. 62, § 22.

27-2-12.7. Medicaid; human services department employees; standards of conduct; enforcement.

A. As used in this section:

- (1) "business" means a corporation, partnership, sole proprietorship, firm, organization or individual carrying on a business;
- (2) "department" means the human services department;
- (3) "employee" means any person who has been appointed to or hired for any department office connected with the administration of medicaid funds and who receives compensation in the form of salary;
- (4) "employee with responsibility" means an employee who is directly involved in or has a significant part in the medicaid decision-making, regulatory, procurement or contracting process; and
- (5) "financial interest" means an interest held by an individual, his spouse or minor child which is:
 - (a) an ownership interest in business; or
 - (b) any employment or prospective employment for which negotiations have already begun.

B. No employee with responsibility shall for twenty-four months following the date on which he ceases to be an employee act as agent or attorney for any other person or business in connection with a judicial or administrative proceeding, application, ruling, contract, claim or other matter relating to the medicaid program with respect to which the employee made any investigation, rendered any ruling or was otherwise substantially and directly involved during the last year he was an employee and which was actually pending under his responsibility within that period.

C. No department secretary, income support division director or medical assistance bureau chief or their deputies shall for twelve months following the date on which he ceases to be an employee participate in any manner with respect to a judicial or administrative proceeding, application, ruling, contract, claim or other matter relating to the medicaid program and pending before the department.

D. No employee with responsibility shall participate in any manner with respect to a judicial or administrative proceeding, application, ruling, contract, claim or other matter relating to the medicaid program and involving his spouse, minor child or any business in which he has a financial interest unless prior to such participation:

(1) full disclosure of his relationship or financial interest is made in writing to the secretary of the department; and

(2) a written determination is made by the secretary that the disclosed relationship or financial interest is too remote or inconsequential to affect the integrity of the services of the employee.

E. Violation of any of the provisions of this section by an employee is grounds for dismissal, demotion or suspension. A former employee who violates any of the provisions of this section shall be subject to assessment by the department of a civil money penalty of two hundred fifty dollars (\$250) for each violation. The department shall promulgate regulations to provide for an administrative appeal of any assessment imposed.

History: Laws 1980, ch. 86, § 1; 1978 Comp., § 10-16-16, recompiled as 1978 Comp., § 27-2-12.7 by Laws 1997, ch. 112, § 10.

ANNOTATIONS

Cross references. — For state assistance to individuals eligible for medicaid, see 27-2-16 NMSA 1978.

Recompilations. — Laws 1997, ch. 112, § 10 recompiles 10-16-16 NMSA 1978, relating to medicaid and department of human services employees, as 27-2-12.7 NMSA 1978, effective June 20, 1997.

27-2-12.8. Mammograms for medicaid recipients.

In providing coverage for mammograms under the medicaid program, the department shall ensure that:

A. patients will not be routinely solicited for mammograms; and that mammograms will only be performed based on nationally recognized standards; and

B. any fee for service payment that shall be made on behalf of the medicaid program for a mammogram of a medicaid recipient shall be consistent with and not exceed the usual and customary charge that reflects the reasonable fair market value of the cost of a mammogram.

History: Laws 1997, ch. 264, § 1.

27-2-12.9. Medicaid; personal spending allowances; increases.

For fiscal year 2001, the medicaid personal spending allowance shall be forty-five dollars (\$45.00) per month for each eligible recipient. Thereafter, the medicaid personal spending allowance shall be increased at the beginning of each fiscal year by the annual percentage increase in the consumer price index for all urban consumers for all items for the preceding calendar year.

History: Laws 2000, ch. 9, § 1.

27-2-12.10. Clinical nurse specialists.

The department shall recognize clinical nurse specialists as mid-level providers in the medicaid program provided that the clinical nurse specialists comply with the requirements for licensure pursuant to the Nursing Practice Act [Chapter 61, Article 3 NMSA 1978] and that the services provided by the clinical nurse specialists are covered and reimbursable in accordance with Title 19 or Title 21 of the federal act.

History: Laws 2001, ch. 304, § 1.

ANNOTATIONS

Compiler's notes. — Titles 19 and 21 of the federal act, referred to at the end of the section, are Titles 19 and 21 of the Social Security Act, codified as 42 U.S.C.S. § 1396 et seq. and 42 U.S.C.S. § 1397 et seq., respectively.

27-2-12.11. Prescription drug waiver program; purpose; eligibility.

Subject to the availability of state funds and consistent with the federal Social Security Act, the human services department shall create a medicaid waiver program and may by regulation provide prescription drugs to persons whose incomes are less than one hundred eighty-five percent of the federal poverty level and who:

A. are sixty-five years of age or older; or

B. have been determined to be disabled under the criteria established under the federal social security administration's disability determination rules as applied by the department.

History: Laws 2003, ch. 34, § 1 and by Laws 2003, ch. 278, § 1.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 278 contains no effective date provisions, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 2003, 90 days after adjournment of the legislature.

Duplicate laws. — Laws 2003, ch. 34, § 1, approved March 18, 2003, and Laws 2003, ch. 278, § 1, approved April 8, 2003, both effective June 20, 2003, enacted identical versions of this section. This section is set out as enacted by Laws 2003, ch. 278, § 1. See 12-1-8 NMSA 1978.

Social Security Act. — The federal Social Security Act, referred to in this section, is codified as 7 U.S.C. § 301 et seq.

27-2-12.12. Human services department; managed care contract credentialing provisions.

The human services department shall negotiate with medicaid contractors to ensure that the contractors' credentialing requirements are coordinated with other credentialing processes required of individual providers.

History: Laws 2003, ch. 235, § 4.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 235 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 2003, 90 days after adjournment of the legislature.

Temporary provisions. — Laws 2003, ch. 235, § 1, effective June 20, 2003, provides: "The legislature finds that licensed professionals in New Mexico, particularly those in the health care field are severely burdened by multiple layers of mandatory credentialing obligations, costing them, their patients and third-party payers needless expense and wasted time. Further, the legislature notes that New Mexico's health care licensure provisions may be contributing to harmful delays in access to health care throughout the state, particularly in areas with acute professional shortages. The legislature believes that efforts begun pursuant to House Joint Memorial 61 of the second session of the forty-fifth legislature and the continued cooperation among respective licensing boards,

the regulation and licensing department, various statewide professional associations and societies, insurers and national accrediting and standard setting organizations will produce a system satisfactory to all concerned while maintaining the primary goal of ensuring the health and safety of New Mexico residents".

27-2-12.13. Medicaid reform; program changes.

A. The department shall carry out the medicaid program changes as recommended by the medicaid reform committee that was established pursuant to Laws 2002, Chapter 96, as follows:

(1) develop a uniform preferred drug list for the state's medicaid prescription drug benefit and integrate all medicaid programs or services administered by the medical assistance division of the department to its use;

(2) work with other agencies to integrate the use of the uniform preferred drug list as described in Paragraph (1) of this subsection to other health care programs, including the department of health, the publicly funded health care agencies of the Health Care Purchasing Act [13-7-1 NMSA 1978], state agencies that purchase prescription drugs and other public or private purchasers of prescription drugs with whom the state can enter into an agreement for the use of a uniform preferred drug list;

(3) identify entities that are eligible to participate in the federal drug pricing program under Section 340b of the federal Public Health Service Act. The department shall make a reasonable effort to assist the eligible entities to enroll in the program and to purchase prescription drugs under the federal drug pricing program. The department shall ensure that entities enrolled in the federal drug pricing program are reimbursed for drugs purchased for use by medicaid recipients at acquisition cost and that the purchases are not included in a rebate program;

(4) work toward the development of a prescription drug purchasing cooperative to combine the buying power of the state's medicaid program, the publicly funded health care agencies of the Health Care Purchasing Act [13-7-1 NMSA 1978], the department of health, the corrections department and other potential public or private purchasers, including other states, to obtain the best price for prescription drugs. The administration and price negotiation of the prescription drug purchasing cooperative shall be consolidated under a single agency as determined by the governor;

(5) in consultation and collaboration with the department of health and medicaid providers and contractors, develop a program to expand the use of community health promoters. The community health promoters shall assist selected medicaid recipients in understanding the requirements of the medicaid program; ensuring that recipients are seeking and receiving primary and preventive health care services; following health care providers' orders or recommendations for medication, diet and exercise; and keeping appointments for examinations and diagnostic examinations;

(6) require that the managed care organizations provide or strengthen disease management programs for medical assistance recipients through closer coordination with and assistance to primary care and safety net providers and seek to adopt uniform key health status indicators. The department shall ensure that the managed care organizations make reasonable efforts and actively seek the expanded participation in disease management programs of primary care providers and other health care providers, particularly in underserved areas;

(7) ensure that case management services are provided to assist medicaid recipients in accessing needed medical, social and other services. The department shall require that managed care organizations provide or strengthen case management services through closer coordination with and assistance to primary care and safety net providers. The case management services shall be targeted to specific classes of individuals or individuals in specific areas where medicaid costs or utilization demonstrate a lack of health care management or coordination;

(8) design a pilot disease management program for the fee-for-service population. The department shall ensure that the disease management program is based on key health status indicators, accountability for clinical benefits and demonstrated cost savings;

(9) continue the personal care option with increased consumer awareness of consumer-directed services as a choice in addition to consumer-delegated services;

(10) expand the program of all-inclusive care for the elderly to a rural or urban area with a population less than four hundred thousand to the extent resources are available;

(11) in conjunction with the department of health, the children, youth and families department and the state agency on aging, coordinate the state's long-term care services, including health and social services and assessment and information and referral development for recipients through an appropriate transition process;

(12) develop a fraud and abuse detection and recovery plan that ensures cooperation, sharing of information and general collaboration among the medicaid fraud control unit of the attorney general, the managed care organizations, medicaid providers, consumer groups and the department to identify, prevent or recover medicaid reimbursement obtained through fraudulent or inappropriate means;

(13) work with other agencies to identify other state-funded health care programs and services that may be reimbursable under medicaid and to ensure that the programs and services meet the requirements for federal funding;

(14) in conjunction with Indian health service facilities or tribally operated health care facilities pursuant to Section 638 of the Indian Self-Determination and Education Assistance Act, medicaid managed care organizations and medicaid

providers, ensure that Indian health service facilities and tribally operated facilities are utilized to the extent possible for services that are eligible for a one hundred percent federal medical assistance percentage match;

(15) review the payment methodologies for eligible federally qualified health centers that provide the maximum allowable medicaid reimbursement;

(16) ensure that primary care clinics engaged in medicaid-related outreach and enrollment activities are appropriately reimbursed under medicaid;

(17) assess a premium on selected medicaid recipients who meet criteria as determined by the department;

(18) assess tiered co-payments on emergency room services in amounts comparable to those assessed for the same services by commercial health insurers or health maintenance organizations, except that no co-payment shall be imposed if the patient is admitted as a hospital inpatient as a result of the emergency room evaluation. The emergency room provider shall make a good faith effort to collect the co-payment from the patient. The co-payment shall apply to medicaid recipients in the managed care system or the fee-for-service system;

(19) assess tiered co-payments on selected higher-cost prescription drugs to provide incentives for greater use of generic prescription drugs when there is a generic or lower-cost equivalent available;

(20) assess a co-payment on the purchase of selected prescription drugs that are not on the uniform preferred drug list as described in Paragraph (1) of this subsection;

(21) consider the impact of cost-sharing requirements on medicaid recipients' access to health care. The department shall ensure that premiums and co-payments described in Paragraphs (17) through (20) of this subsection are in compliance with federal requirements;

(22) provide vision benefits for adults that do not exceed one routine eye exam and one set of corrective lenses in a twelve-month period or more than one frame for corrective lenses in a twenty-four-month period, except as medically warranted;

(23) review its prescription drug policies to ensure that pharmacists have the flexibility for and are not discouraged from using generic prescription drugs when there is a generic or lower-cost equivalent available; and

(24) review its nursing home eligibility criteria to ensure that consideration of income, trusts and other assets are the maximum permissible under federal law.

B. The department shall, to the extent possible, combine or coordinate similar initiatives in this section or in other medicaid reform committee recommendations to avoid duplication or conflict. The department shall give preference to those initiatives that provide significant cost savings while protecting the quality and access of medicaid recipients' health care services.

C. The department shall ensure compliance with federal requirements for implementation of the medicaid reform committee's recommendations. The department shall request a federal waiver as may be necessary to comply with federal requirements.

D. As used in this section:

(1) "case management" means services that ensure care coordination among the patient, the primary care provider and other providers involved in addressing the patient's health care needs, including care plan development, communication and monitoring;

(2) "community health promoters" means persons trained to promote health and health care access among low-income persons and medically underserved communities;

(3) "disease management" means health care services, including patient education, monitoring, data collection and reporting, designed to improve health outcomes of medicaid recipients in defined populations with selected chronic diseases;

(4) "drug purchasing cooperative" means a collaborative procurement process designed to secure prescription drugs at the most advantageous prices and terms;

(5) "fee-for-service" means a traditional method of paying for health care services under which providers are paid for each service rendered;

(6) "managed care system" refers to the program for medicaid recipients required by Section 27-2-12.6 NMSA 1978;

(7) "medicaid" means the joint federal-state health coverage program pursuant to Title 19 or Title 21 of the federal act;

(8) "preferred drug list" means a list of prescription drugs for which the state will make payment without prior authorization or additional charge to the medicaid recipient and that is based on clinical evidence for efficacy and meets the department's cost-effectiveness criteria;

(9) "primary care clinics" means facilities that provide the first level of basic or general health care for an individual's health needs, including diagnostic and treatment

services, and includes federally qualified health centers or federally qualified health center look-alikes as defined in Section 1905 of the federal act and designated by the federal department of health and human services, community-based health centers, rural health clinics and other eligible programs under the Rural Primary Health Care Act [24-1A-1 to 24-1A-3, 24-1A-4 NMSA 1978];

(10) "primary care provider" means a health care practitioner acting within the scope of his license who provides the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiates referrals to other health care practitioners and maintains the continuity of care when appropriate; and

(11) "waiver" means the authority granted by the secretary of the federal department of health and human services, upon the request of the state, that allows exceptions to the state medicaid plan requirements and allows a state to implement innovative programs or activities.

History: Laws 2003, ch. 315, § 1.

ANNOTATIONS

Cross references. — For the children, youth and families department, see Chapter 9, § 2A NMSA 1978. For the department of health, see Chapter 9, § 7, NMSA 1978. For the state agency on aging, see Chapter 28, § 4 NMSA 1978.

Emergency clauses. — Laws 2003, ch. 315, § 2 makes the act effective immediately. Approved April 8, 2003.

Public Health Service Act. — Section 340B, the Federal Public Health Service Act, referred to in this section, is codified as 42 U.S.C. § 256b.

Indian Self-Determination and Education Assistance Act. — There is no Section 638 of the Indian Self-Determination and Education Assistance Act, as referenced in Paragraph A(14). However, the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C.S. § 450 et seq., was enacted by P.L. 93-638.

Social Security Act. — Section 1905 of the federal act, referred to in this section, means Section 1905 of the federal Social Security Act and is codified as 42 U.S.C. § 1396d.

Medicaid reform. — Laws 2003, ch. 279, § 1, and Laws 2003, ch. 314, § 1, are identical, and direct the human services department to initiate the studies, analyses, pilot projects and recommendations of the medicaid reform committee, created by Laws 2002, ch. 96. Among other things, the department is to conduct a cost-beneficial analysis of the replacement of the managed care system with a statewide primary care case management model; to complete the analysis necessary for the global funding

waiver; and to identify options for revising, limiting, reducing or eliminating medicaid services. Laws 2003, ch. 279, § 2, makes the act effective immediately. Approved April 8, 2003. Laws 2003, ch. 314, containing no effective date provision, but pursuant to N.M. const., art. IV, § 23, is effective June 20, 2003, 90 days after adjournment of the legislature.

27-2-12.14. Brain injury; services authorized.

Subject to the availability of state funds and consistent with Title 19 of the federal Social Security Act, the department shall provide services to persons with brain injuries, with emphasis on long-term disability services provided through home- and community-based programs.

History: Laws 2005, ch. 243, § 1.

ANNOTATIONS

Effective dates.Laws ch. 243, § 3 makes the act effective April 6, 2005.

ANNOTATIONS

Appropriations. — Laws 2005, ch. 243, § 2, effective April 6, 2005, appropriates \$2,000,000 from the general fund to the aging and long-term services department for expenditure in fiscal years 2005 and 2006, in cooperation with the human services department, to provide services to persons with brain injuries with emphasis on long-term disability services provided through home- and community-based programs and provides that any unexpended or unencumbered balance remaining at the end of fiscal year 2006 shall revert to the general fund.

ANNOTATIONS

Cross reference. — For Title 19 of the Social Security Act, see 42 USC Sections 1901 *et seq.*

27-2-13. Conflict in federal and state laws.

Any section of the NMSA 1978 relating to public assistance which is in conflict with the provisions of the federal act or the federal Food Stamp Act, as may be amended from time to time, and federal regulations issued pursuant thereto, shall be suspended in its operation if the attorney general certifies that such conflict exists.

History: 1953 Comp., § 13-17-16, enacted by Laws 1973, ch. 376, § 17.

ANNOTATIONS

Food Stamp Act. — The federal Food Stamp Act, referred to in this section, is codified as 7 U.S.C. § 2011 et seq.

27-2-14. Continuing effect of regulations and standards.

Regulations and standards of the board and department adopted prior to the effective date of the Public Assistance Act [27-2-1 NMSA 1978] are continued in full force and effect, unless modified or revoked.

History: 1953 Comp., § 13-17-17, enacted by Laws 1973, ch. 376, § 18.

27-2-15. Cooperation with United States.

The state department is hereby designated as the state agency to cooperate with the federal government in the administration of the provisions of Title 1, Title 4, Part 2 and 3 of Title 5, and Title 10 of the federal Social Security Act. The state board is hereby authorized and directed to cooperate with the proper departments of the federal government, and with all other departments of the state and local governments in the enforcement and administration of such provisions of the federal Social Security Act, and any amendments thereto and the rules and regulations issued thereunder, and in compliance therewith in the manner prescribed in this act, or as otherwise provided by law.

The department shall also make reports in such form and containing such information as any agency or instrumentality of the United States, with which it is cooperating, may from time to time require, and shall comply with such provisions as any such agency or instrumentality may from time to time find necessary to assure the correctness and verification of such reports.

History: Laws 1937, ch. 18, § 9; 1941 Comp., § 73-109; 1953 Comp., § 13-1-9.

ANNOTATIONS

Meaning of "this act". — The words "this act", referred to near the end of the first paragraph, refer to Laws 1937, ch. 18. For disposition of the unrepealed sections of this act in this compilation, see the Table of Disposition of Acts in Volume 14 NMSA 1978.

Social Security Act. — The federal Social Security Act, referred to in this section, is codified as 42 U.S.C. § 301 et seq. Titles 1, 4, 5 and 10 of the act, referred to in the first sentence in the first paragraph, appear as 42 U.S.C. §§ 301 et seq., 601 et seq., 701 et seq., and 1201 et seq., respectively.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 15, 32 to 41, 43.

Constitutionality of old-age pension or assistance acts, 37 A.L.R. 1524, 86 A.L.R. 912, 101 A.L.R. 1215.

Old-age assistance benefits under federal and state Social Security Act, 121 A.L.R. 1002.

Reimbursement of public for financial assistance to aged persons, 29 A.L.R.2d 731.

Residence required for purposes of old-age assistance, 43 A.L.R.2d 1427.

What constitutes "disability" within federal Social Security Act, 77 A.L.R.2d 641.

81 C.J.S. Social Security and Public Welfare §§ 94 to 112.

27-2-16. Compliance with federal law.

A. Subject to the availability of state funds, the human services department may provide assistance to aged, blind or disabled individuals in the amounts consistent with federal law to enable the state to be eligible for medicaid funding. Individuals shall be determined to be aged, blind or disabled according to regulations of the human services department.

B. If drug product selection is permitted by Section 26-3-3 NMSA 1978, reimbursement by the medicaid program shall be limited to the wholesale cost of the lesser expensive therapeutic equivalent drug generally available in New Mexico plus a reasonable dispensing fee of at least three dollars sixty-five cents (\$3.65).

History: 1953 Comp., § 13-17-18, enacted by Laws 1974, ch. 31, § 1; 1982, ch. 26, § 2; 1984, ch. 27, § 1.

ANNOTATIONS

Cross references. — For medical assistance programs generally, see 27-2-12 NMSA 1978.

For programs for persons with special medical needs generally, see Chapter 27, Article 4 NMSA 1978.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 15, 32 to 41, 43.

Constitutionality of old-age pension or assistance acts, 37 A.L.R. 1524, 86 A.L.R. 912, 101 A.L.R. 1215.

Old-age assistance benefits under federal and state Social Security Act, 121 A.L.R. 1002.

Residence required for purpose of old-age assistance, 43 A.L.R.2d 1427.

What constitutes "disability" within federal Social Security Act, 77 A.L.R.2d 641.

Use of medical-vocational guidelines (20 CFR Part 404, Subpart P, Appendix 2) in determining disability of social security benefits claimant, 60 A.L.R. Fed. 796.

81 C.J.S. Social Security and Public Welfare §§ 94 to 112.

27-2-17. Custodian of funds.

The state department is hereby designated as the custodian, subject to the provisions of Section 21 [repealed] of this act, of any and all moneys which may be received by the state of New Mexico, which the state board of public welfare is authorized to administer, from any appropriations made by the congress of the United States for the purpose of cooperating with the several states in the enforcement and administration of the provisions of the federal Social Security Act, referred to in Section 9 [27-2-15 NMSA 1978], and all moneys received from any other source for the purposes set forth in this act. The state department is hereby authorized to receive such moneys, provide for the proper custody thereof, and to make disbursements therefrom under such rules and regulations as the state board may prescribe.

History: Laws 1937, ch. 18, § 10; 1941 Comp., § 73-110; 1953 Comp., § 13-1-10.

ANNOTATIONS

Bracketed material. — The bracketed word "repealed" was not enacted by the legislature, and is not part of the law.

Meaning of "this act". — The words "this act" refer to Laws 1937, ch. 18. For disposition of the unrepealed sections of this act in this compilation, see the Table of Disposition of Acts in Volume 14 NMSA 1978.

Section 21 of Laws 1937, ch. 18, formerly compiled as 27-2-33 NMSA 1978, was repealed by Laws 1998, ch. 9, § 28, effective February 18, 1998.

Social Security Act. — The federal Social Security Act, referred to in this section, is codified as 42 U.S.C. § 301 et seq.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare §§ 15, 32 to 41, 50, 67, 103, 111 to 113.

Unemployment or other unusual conditions, power of state or municipality to appropriate funds or incur indebtedness, in excess of poor funds, for relief of distress due to, 87 A.L.R. 371.

81 C.J.S. Social Security and Public Welfare §§ 2, 6, 9, 94 to 112, 116.

27-2-18 to 27-2-20. Repealed.

ANNOTATIONS

Repeals. — Laws 1998, ch. 8, § 28 and Laws 1998, ch. 9, § 28, repeal 27-2-18 through 27-2-20 NMSA 1978, amended by Laws 1963, ch. 220, § 1, relating to application for public assistance, effective February 18, 1998. For provisions of former sections, see 1997 Replacement Pamphlet.

27-2-21. Assistance not assignable.

Assistance granted under this act shall not be transferable or assignable, at law or in equity, and none of the money paid or payable under this act shall be subject to execution, levy, attachment, garnishment or other legal process, or to the operation of any bankruptcy or insolvency law.

History: Laws 1937, ch. 18, § 11g; 1941 Comp., § 73-118; 1953 Comp., § 13-1-19.

ANNOTATIONS

Cross references. — For rules governing garnishment and writs of execution in the district, magistrate, and metropolitan courts, see Rules 1-065.1, 2-801, and 3-801 NMRA, respectively.

For form for claim of exemptions on executions, see Rule 4-803 NMRA.

For form for order on claim of exemption and order to pay in execution proceedings, see Rule 4-804 NMRA.

For form for application for writ of garnishment and affidavit, see Rule 4-805 NMRA.

For form for notice of right to claim exemptions from execution, see Rule 4-808A NMRA.

For form for claim of exemption from garnishment, see Rule 4-809 NMRA.

Meaning of "this act". — The words "this act" refer to Laws 1937, ch. 18. For disposition of the unrepealed sections of this act in this compilation, see the Table of Disposition of Acts in Volume 14 NMSA 1978.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws § 101.

81 C.J.S. Social Security and Public Welfare §§ 100, 202, 222.

27-2-22. Repealed.

ANNOTATIONS

Repeals. — Laws 1998, ch. 8, § 28 and Laws 1998, ch. 9, § 28 repeal 27-2-22 NMSA 1978, as enacted by Laws 1937, ch. 18, § 11h, relating to recovery from a recipient, effective February 18, 1998. For provisions of former section, see 1997 Replacement Pamphlet.

27-2-23. Third-party liability.

A. The health and social services department shall make reasonable efforts to ascertain any legal liability of third parties who are or may be liable to pay all or part of the medical cost of injury, disease or disability of an applicant or recipient of medical assistance.

B. When the department makes medical assistance payments in behalf of a recipient, the department is subrogated to any right of the recipient against a third party for recovery of medical expenses to the extent that the department has made payment.

History: 1953 Comp., § 13-1-20.1, enacted by Laws 1969, ch. 232, § 1.

ANNOTATIONS

Cross references. — For medical assistance programs generally, see 27-2-12 NMSA 1978.

For liability for repayment of public assistance, see 27-2-28 NMSA 1978.

Department's subrogation is right of recovery subject to equitable principles. *White v. Sutherland*, 92 N.M. 187, 585 P.2d 331 (Ct. App.), cert. denied, 92 N.M. 79, 582 P.2d 1292 (1978).

Circumstances held not to justify complete reimbursement. — Although this section shows an intent that medical assistance payments be repaid, it says nothing as to 100 percent repayment regardless of the facts. Where the settlement proceeds in a medical malpractice suit would constitute but a small fraction of a medical assistance recipient's actual damages and any money which the department might recover would be due to a very large extent to the energies expended in pursuing the malpractice claim by the recipient and her attorneys, who were charging a contingent fee of 25 percent of the recovery, the department was not equitably entitled to complete reimbursement for its payments to the recipient. *White v. Sutherland*, 92 N.M. 187, 585 P.2d 331 (Ct. App.), cert. denied, 92 N.M. 79, 582 P.2d 1292 (1978).

Equitable reduction. — Subsection G of 27-2-28 NMSA 1978, providing for assignment to the department of a recipient's right to recovery against a tortfeasor, as reconciled with this section and federal law, does not convey the right to full reimbursement in every case, but permits an equitable reduction. *Kahrs v. Sanchez*,

1998-NMCA-037, 125 N.M. 1, 956 P.2d 132, cert. denied, 124 N.M. 589, 953 P.2d 1087 (1998).

27-2-23.1. Employee Retirement Income Security Act employee health benefit plans; clauses to exclude medicaid coverage prohibited.

No employee health benefit plan established under the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1144, that provides payments for health care on behalf of individuals residing in the state shall contain any provisions excluding or limiting coverage or payment for any health care for an individual who would otherwise be covered or entitled to benefits or services under the terms of the employee health benefit plan, because that individual is provided, or is eligible for, benefits under the medicaid program of this state pursuant to Title XIX of the federal Social Security Act, 42 U.S.C. 1396, et seq.

History: 1978 Comp., § 27-2-23.1, enacted by Laws 1989, ch. 184, § 1.

27-2-24. [Federal government entitled to share recovery.]

The federal government shall be entitled to a share of any amounts recovered under the preceding two sections [27-2-22, 27-2-23 NMSA 1978] if required as a condition to federal financial participation. The federal government's share shall be limited to a percentage of the net recovery equal to the percentage of federal participation claimed by the state for the payments when originally made. The amount due the United States shall be paid promptly from the funds so collected to the United States government.

History: Laws 1937, ch. 18, § 11i; 1941, ch. 116, § 6; 1941 Comp., § 73-120; 1953 Comp., § 13-1-21; Laws 1969, ch. 232, § 2.

ANNOTATIONS

Compiler's notes. — The words "preceding two sections," which first appeared in this section as amended by Laws 1969, ch. 232, § 2, apparently were intended to refer to 13-1-20 and 13-1-20.1, 1953 Comp., which at that time were the two sections immediately preceding this section in the 1953 Compilation. Sections 13-1-20 and 13-1-20.1, 1953 Comp., were compiled as 27-2-22 and 27-2-23 NMSA 1978.

Section 27-2-22 was repealed by Laws 1998, ch. 9, § 28, effective February 28, 1998.

27-2-25. Funeral expenses.

A. On the death of:

(1) a recipient of financial assistance under Section 27-2-6 NMSA 1978 [repealed] or Section 27-2-7 NMSA 1978 or under the federal supplemental security income program; or

(2) an individual living in a nursing home or an intermediate care facility the payment for whose care is made in whole or in part pursuant to Title 19 of the federal act; funeral expenses up to two hundred dollars (\$200) shall be paid by the health and social services department if the deceased's available resources, as defined by regulation of the board, are insufficient to pay the funeral expenses, the persons legally responsible for the support of the deceased are unable to pay the funeral expenses, and no other person will undertake to pay said expenses.

B. No payment shall be made by the department when resources available from all sources to pay the funeral expenses total six hundred dollars (\$600) or more. When the resources are less than six hundred dollars (\$600), the department shall pay the difference between six hundred dollars (\$600) and the resources, or two hundred dollars (\$200), whichever is less.

History: Laws 1937, ch. 18, § 11j; 1941 Comp., § 73-121; 1953 Comp., § 13-1-22; Laws 1959, ch. 49, § 1; 1969, ch. 234, § 1; 1975, ch. 220, § 1.

ANNOTATIONS

Cross references. — For burial of indigents, see 24-13-1 NMSA 1978 et seq.

Bracketed material. — The bracketed word "repealed" was not enacted by the legislature, and is not part of the law.

Compiler's notes. — Section 27-2-6 NMSA 1978, referred to in Paragraph A(1), was repealed by Laws 1998, ch. 9, § 28, effective February 28, 1998.

Meaning of "federal act". — "Title 19 of the federal act," referred to in Subsection A(2), means Title XIX of the federal Social Security Act, which appears as 42 U.S.C. § 1396 et seq. See 27-2-2 NMSA 1978.

Funeral expenses of a child of the recipient are not covered by this section. 1943-44 Op. Att'y Gen. No. 4389.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 41, 101.

81 C.J.S. Social Security and Public Welfare § 36.

27-2-26. Money received from other sources; duty and liability of funeral director.

Should any funeral director accept payment from sources other than the department for burial of a deceased person for whom a claim for burial expenses has been made to the department, he shall immediately notify the department of said payment. The department will consider said payment in determining the amount of any funeral expense payment it makes. If the department has already made payment, the funeral director shall refund to the department any excess over the amount which the department would have paid had it known of the payment from other sources. If any funeral director shall fail to notify the department of any such payment from other sources, he shall be liable to the department in an amount double the amount paid or to be paid by the department.

History: 1953 Comp., § 13-1-22.1, enacted by Laws 1975, ch. 220, § 2.

27-2-27. Single state agency; powers and duties.

A. The department is designated as the single state agency for the enforcement of child and spousal support obligations pursuant to Title IV D of the federal act with the following duties and powers to:

(1) establish the paternity of a child in the case of the child born out of wedlock with respect to whom an assignment of support rights has been executed in favor of the department;

(2) establish an order of support for children receiving aid to families with dependent children and, at the option of the department, for the spouse or former spouse with whom such children are living, but only if a support obligation has been established with respect to such spouse or former spouse, for whom no order of support currently exists and seek modification, based upon the noncustodial parent's ability to pay, of existing orders in which the support order is inadequate to properly care for the child and the spouse or former spouse with whom the child is living;

(3) enforce as the real party in interest any existing order for the support of children who are receiving aid to families with dependent children or of the spouse or former spouse with whom such children are living;

(4) provide services to non-aid families with dependent children in the establishment and enforcement of paternity and child support obligations, including locating the absent parent. For these services, the department is authorized to establish and collect fees, costs and charges permitted or required by federal law or by regulations adopted pursuant to that federal law; and

(5) adopt regulations for the disposition of unclaimed child, spousal or medical support payments.

B. In all cases handled by the department pursuant to the provisions of this section, the child support enforcement division or an attorney employed by the division represent

the department, to the exclusion of any other party, in establishing, modifying and enforcing support obligations.

C. An attorney employed to provide the Title IV D services represents only the department's interests and no attorney-client relationship shall exist between the attorney and another party.

D. The department shall, at the time an application for child support services is made, inform the applicant that neither the Title IV D agency nor the attorney who provides services under this section is the applicant's attorney and that the attorney who provides services under this section shall not provide legal representation to the applicant.

E. The department may initiate an action or may intervene in an action involving child support.

F. The attorney employed by the department pursuant to this section shall not act as a guardian ad litem for the applicant.

G. A court shall not disqualify the department in a legal action filed pursuant to the Support Enforcement Act of the federal Social Security Act because the department has previously provided services to a party whose interests are now adverse to the relief requested.

History: 1978 Comp., § 27-2-27, enacted by Laws 1981, ch. 90, § 1; 1982, ch. 12, § 1; 1984, ch. 98, § 1; 1995, ch. 46, § 1; 2003, ch. 283, § 2; 2004, ch. 41, § 1.

ANNOTATIONS

Cross references. — For state case registry of child support obligors and other enforcement procedures, see 27-1-8 NMSA 1978 et seq.

For provision requiring welfare payments be disregarded in making award of child support, see 40-4-11 NMSA 1978.

For child support guidelines, see 40-4-11.1 NMSA 1978.

For Mandatory Medical Support Act, see Chapter 40, Article 4C NMSA 1978.

Repeals and reenactments. — Laws 1969, ch. 182, § 1 repealed 13-1-27, 1953 Comp., relating to notice to law enforcement officials of furnishing of aid to deserted or abandoned child, and enacted a former 27-2-27 NMSA 1978.

Laws 1981, ch. 90, § 1 repealed former 27-2-27 NMSA 1978, as enacted by Laws 1969, ch. 182, § 1, relating to duties of the department of health and social services regarding

an absent parent of a dependent child, and enacted a new 27-2-27 NMSA 1978. For provisions of former section, see 1978 Original Pamphlet.

The 1995 amendment, effective June 16, 1995, deleted "human services" preceding "department" in four places; in Subsection D, substituted "provide services to" for "represent" at the beginning of the first sentence and "For these services" for "For such representation" at the beginning of the second sentence; and added Subsection E.

The 2003 amendment, effective June 20, 2003, added the Subsection A designation; redesignated former Subsections A to D as Paragraphs A(1) to (4) and Subsection E as present Subsection B; substituted "currently" for "presently" following "order of support" in Paragraph A(2); and added Paragraph A(5).

The 2004 amendment, effective May 19, 2004, amended Subsection B to add "to the exclusion of any other party" and added new Subsections C through G.

Meaning of "federal act". — Title IV D of the federal act, referred to in the introductory paragraph, means Title IV D of the federal Social Security Act, which appears as 42 U.S.C. § 651 et seq. See 27-2-2 NMSA 1978.

Paternity action on behalf of child past majority. — The child support enforcement division could not bring paternity and past child support action on behalf of twenty-year-old child; although such action could be maintained by the child under the Uniform Parentage Act, its outcome had no bearing upon the department, and, therefore, department had no standing. *State ex rel. Salazar v. Roybal*, 1998-NMCA-093, 125 N.M. 471, 963 P.2d 548, cert. denied, 125 N.M. 322, 961 P.2d 167 (1998).

Substitution of child as real party in interest. — Where it was held that human services department was without standing to maintain action on behalf of twenty-year-old child, child could be substituted as real party in interest with no effect on his substantive rights, if, on remand, it was determined that the department's error was an honest mistake. *State ex rel. Salazar v. Roybal*, 1998-NMCA-093, 125 N.M. 471, 963 P.2d 548, cert. denied, 125 N.M. 322, 961 P.2d 167 (1998).

State not barred by laches in determining paternity. — Where a determination of the paternity of a child is in the public interest, as when the state is seeking reimbursement for payments it has made in the past, as well as future support payments for so long as the child receives public assistance, absent proof of inexcusable neglect, the state will not be barred by the doctrine of laches from maintaining such an action. *State ex rel. Department of Human Servs. v. Davis*, 99 N.M. 138, 654 P.2d 1038 (1982).

Law reviews. — For article, "Fathers Behind Bars: The Right to Counsel in Civil Contempt Proceedings," see 14 N.M.L. Rev. 275 (1984).

27-2-28. Liability for repayment of public assistance.

A. A noncustodial parent is liable to the human services department in the amount of the public assistance lawfully and properly furnished to the children, and the spouse or former spouse with whom such children are living, to whom the noncustodial parent owes a duty of support; except that if a support order has been entered, liability for the time period covered by the support order shall not exceed the amount of support provided for in the order.

B. Amounts of support due and owing for periods prior to the granting of public assistance shall be paid to and retained by the human services department to the extent that the amount of assistance granted exceeds the amount of the monthly support obligation.

C. Amounts of support collected that are in excess of the amounts specified in Subsections A and B of this section shall be paid by the human services department to the custodian of the child.

D. No agreement between any custodian of a child and a parent of that child, either relieving the parent of any duty of child or spousal support or responsibility or purporting to settle past, present or future support obligations, either as a settlement or prepayment, shall act to reduce or terminate any rights of the human services department to recover from that parent for support provided, unless the human services department has consented to the agreement in writing.

E. The noncustodial parent shall be given credit for any support actually provided, including housing, clothing, food or funds paid prior to the entry of any order for support. The noncustodial parent has the burden on the issue of any payment.

F. An application for public assistance by any person constitutes an assignment by operation of law of any support rights the person is entitled to from any other person, whether the support rights are owed to the applicant or to any family member for whom the applicant is applying for or receiving assistance. The assignment includes all support rights that have accrued at the time of application for public assistance and continues as an assignment of all support rights the applicant is entitled to for as long as the applicant receives public assistance.

G. By operation of law, an assignment to the human services department of any and all rights of an applicant for or recipient of medical assistance under the medicaid program in New Mexico or supplemental security income through the social security administration:

(1) is deemed to be made of:

(a) any payment for medical care from any person, firm or corporation, including an insurance carrier; and

(b) any recovery for personal injury, whether by judgment or contract for compromise or settlement;

(2) shall be effective to the extent of the amount of medical assistance actually paid by the department under the medicaid program; and

(3) shall be effective as to the rights of any other individuals who are eligible for medical assistance and whose rights can legally be assigned by the applicant or recipient.

An applicant or recipient is required to cooperate fully with the human services department in its efforts to secure the assignment and to execute and deliver any instruments and papers deemed necessary to complete the assignment by that department.

History: 1978 Comp., § 27-2-28, enacted by Laws 1981, ch. 90, § 2; 1982, ch. 12, § 2; 1991, ch. 223, § 1; 1995, ch. 202, § 1.

ANNOTATIONS

Repeals and reenactments. — Laws 1981, ch. 90, § 2, repealed former 27-2-28 NMSA 1978, as amended by Laws 1973, ch. 376, § 12, relating to actions brought by the department of health and social services against the person responsible for the support of a spouse or minor children who are recipients of public assistance, and enacted a new 27-2-28 NMSA 1978. For provisions of former section, see 1978 Original Pamphlet.

The 1991 amendment, effective June 14, 1991, inserted "human services" preceding "department" throughout the section; added Subsections F and G; and made a minor stylistic change in Subsection C.

The 1995 amendment, effective June 16, 1995, deleted a proviso relating to claims for reimbursement by the human services department six years prior to filing an action from the end of Subsection A and made a minor stylistic change in Subsection C.

Contempt proceeding brought to enforce child support order is civil in nature. State ex rel. Department of Human Servs. v. Rael, 97 N.M. 640, 642 P.2d 1099 (1982).

State brings action as assignee of claim for nonsupport. — Where the state brings an action under this section, it is merely acting as an assignee of the minor's mother's claim for nonsupport rather than exercising its police power, and is therefore acting as a private party. State ex rel. Department of Human Servs. v. Rael, 97 N.M. 640, 642 P.2d 1099 (1982).

State not barred by laches. — Where a determination of the paternity of a child is in the public interest, as when the state is seeking reimbursement for payments it has

made in the past, as well as future support payments for so long as the child receives public assistance, absent proof of inexcusable neglect, the state will not be barred by the doctrine of laches from maintaining such an action. *State ex rel. Department of Human Servs. v. Davis*, 99 N.M. 138, 654 P.2d 1038 (1982).

Court cannot relieve parent of duty to support child. — In adopting a valid decree, a judge cannot discharge a parent of his or her duty to support his or her child and thereby place the burden on the taxpayers. *Martinez v. Martinez*, 98 N.M. 535, 650 P.2d 819 (1982).

Parents cannot enter into an agreement to extinguish a parent's duty to support their children before executing an assignment of support rights to a state agency. Parents have a duty to support their children and cannot rid themselves of it by transferring the duty to someone else. *Martinez v. Martinez*, 98 N.M. 535, 650 P.2d 819 (1982).

Court cannot relieve parent from obligation to department for public assistance paid, in the past and in the future, on behalf of the children. *Martinez v. Martinez*, 98 N.M. 535, 650 P.2d 819 (1982).

Noncustodial parent's repayment of public assistance. — A noncustodial parent's obligation for repayment of public assistance spent on children may be ascertained without regard to the obligations of any other parent, including other noncustodial parents. *State ex rel. Human Servs. Dep't v. Barela*, 117 N.M. 526, 873 P.2d 272 (Ct. App. 1994).

Parent's pro se status does not relieve parent of statutory burden to prove affirmatively her contribution to her children's support. *State ex rel. Human Servs. Dep't v. Barela*, 117 N.M. 526, 873 P.2d 272 (Ct. App. 1994).

Equitable reduction. — This section aids in the implementation of the subrogation provisions of 27-2-23 NMSA 1978 and provides the same equitable remedy; the human services department is not entitled to full reimbursement in every case where an injured recipient of Medicaid recovers from a tortfeasor. *Kahrs v. Sanchez*, 1998-NMCA-037, 125 N.M. 1, 956 P.2d 132, cert. denied, 124 N.M. 589, 953 P.2d 1087 (1998).

Law reviews. — For article, "Child Support Enforcement: The New Mexico Experience," see 9 N.M.L. Rev. 25 (1978-79).

For article, "Fathers Behind Bars: The Right to Counsel in Civil Contempt Proceedings," see 14 N.M.L. Rev. 275 (1984).

27-2-29. Repealed.

ANNOTATIONS

Repeals. — Laws 1981, ch. 90, § 4 repeals 27-2-29 NMSA 1978, as enacted by Laws 1969, ch. 182, § 2, relating to procedure for the enforcement of support by the district attorney, effective March 21, 1981. For provisions of former section, see 1978 Original Pamphlet.

27-2-30. [Enforcement of support;] orders.

The court in term time or judge in vacation may make and enforce by attachment or otherwise such order to restrain the use or disposition of the property of the defendant to provide for the support of the dependents during the pendency of the suit as in his discretion may seem just and proper.

History: 1953 Comp., § 13-1-27.3, enacted by Laws 1965, ch. 66, § 3.

27-2-31. Judgments and proceeds.

Upon final hearing, judgment for the department shall include all sums expended during the pendency of the action. When the department of public welfare [human services department] recovers judgments under this act [27-2-30, 27-2-31 NMSA 1978], it may enforce, compromise or settle the judgments in any way considered by the board of public welfare to be in the public interest. Any proceeds of judgments or settlements shall be retained by the department for its authorized activities and required reimbursements to the federal government.

History: 1953 Comp., § 13-1-27.4, enacted by Laws 1965, ch. 66, § 4.

ANNOTATIONS

Bracketed material. — The bracketed material was inserted by the compiler; it was not enacted by the legislature, and it is not part of the law.

Department of public welfare. — The powers, duties and property of the department of public welfare were transferred to the department of health and social services by Laws 1968, ch. 37, § 3. Laws 1977, ch. 252, § 5, abolished the department of health and social services, and § 4 of said act created the human services department. See also 27-1-1 NMSA 1978.

27-2-32. Duty of agencies to cooperate.

All state, county and municipal agencies, departments, bureaus and divisions shall cooperate in the location of absent parents who are not fulfilling their obligation to support their children and shall on request supply the department with all information on hand relative to the location, social security number, income and property of such absent parents, notwithstanding any other provision of law making the information confidential. The department shall use such information only for the purpose of

enforcing the support liability of such absent parents and shall not use the information or disclose it for any other purpose.

History: 1953 Comp., § 13-1-28, enacted by Laws 1969, ch. 182, § 3; 1981, ch. 90, § 3; 1985, ch. 105, § 14.

ANNOTATIONS

Repeals. — Laws 1955, ch. 194, § 1, repeals former 13-1-28, 1953 Comp., relating to the hospitalization, treatment and care of welfare patients. For present provisions on hospital care for welfare recipients, see 27-2-9 NMSA 1978.

27-2-33. Repealed.

ANNOTATIONS

Repeals. — Laws 1998, ch. 8, § 28 and Laws 1998, ch. 9, § 28 repeal 27-2-33 NMSA 1978, as enacted by Laws 1937, ch. 18, § 21, relating to method of handling funds, effective February 18, 1998. For provisions of former section, see 1997 Replacement Pamphlet.

27-2-34. Limitations of act.

All assistance granted under this act shall be deemed to be granted and to be held subject to the provisions of any amending or repealing act that may hereafter be passed, and no recipient shall have any claim for compensation, or otherwise, by reason of his assistance being affected in any way by any amending or repealing act.

History: Laws 1937, ch. 18, § 22; 1941, ch. 116, § 7; 1941 Comp., § 73-132; 1953 Comp., § 13-1-35.

ANNOTATIONS

Meaning of "this act". — The words "this act" refer to Laws 1937, ch. 18. For disposition of the unrepealed sections of this act in this compilation, see the Table of Disposition of Acts in Volume 14 NMSA 1978.

27-2-35 to 27-2-40. Repealed.

ANNOTATIONS

Repeals. — Laws 1998, ch. 8, § 28 and Laws 1998, ch. 9, § 28 repeal 27-2-35 through 27-2-40 NMSA 1978, amended by Laws 1995 (S.S.), ch. 2, § 1, relating to custody of records and disclosure of information, effective February 18, 1998. For provisions of former sections, see 1997 Replacement Pamphlet.

27-2-41. Short title.

This act [27-2-41 to 27-2-47 NMSA 1978] may be cited as the "Indigent Catastrophic Illness Hospital Funding Act".

History: Laws 1990, ch. 93, § 1.

27-2-42. Legislative findings; purpose.

A. The legislature finds that twenty-five percent of New Mexicans have no health insurance. When such individuals suffer a catastrophic illness, the large hospital bills that are incurred can often result in indigency for that sick person and his family.

B. The purpose of the Indigent Catastrophic Illness Hospital Funding Act [27-2-41 to 27-2-47 NMSA 1978] is to reduce the impact of medical indigency on the cost of health care in New Mexico by providing for payment of some portion of large hospital bills incurred by medically indigent patients.

History: Laws 1990, ch. 93, § 2.

27-2-43. Definitions.

As used in the Indigent Catastrophic Illness Hospital Funding Act [27-2-41 to 27-2-47 NMSA 1978]:

- A. "department" means the human services department;
- B. "fund" means the indigent catastrophic illness hospital fund;
- C. "hospital" means any general or special hospital that is licensed by the health and environment department [department of health] and that has annual gross charges for medicare, medicaid and indigent patients greater than ten percent of the hospital's total annual gross charges; and
- D. "medically indigent patient" means an individual who is a New Mexico resident who incurs hospital charges, who is not eligible for medicaid or medicare and whose family or household income does not exceed two hundred fifty percent of the federal poverty level.

History: Laws 1990, ch. 93, § 3.

ANNOTATIONS

Bracketed material. — The bracketed reference to the department of health was inserted by the compiler, as Laws 1991, ch. 25, § 16 repeals former 9-7-4 NMSA 1978, relating to the department of health and environment, and enacts a new 9-7-4 NMSA

1978, creating the department of health. The bracketed material was not enacted by the legislature and is not part of the law.

27-2-44. Indigent catastrophic illness hospital fund created.

There is created in the state treasury the "indigent catastrophic illness hospital fund". Money in the fund is appropriated to the department for the purpose of reimbursing hospitals for eligible claims for hospital charges incurred by medically indigent patients and for paying administrative costs of the department not to exceed three percent of the annual appropriation or other distribution or transfer to the fund. Money in the fund shall be invested as provided for other state funds and income earned on the fund shall be credited to the fund. No balance remaining at the end of any fiscal year shall revert to the general fund.

History: Laws 1990, ch. 93, § 4.

27-2-45. Hospitals; claims for payment.

A. A hospital may submit eligible claims to the department on or before April 1 of each year for payment from the fund by June 30 of each year in an amount determined pursuant to this section.

B. A claim submitted by a hospital for payment from the fund shall be deemed an eligible claim if it is for:

(1) uncovered hospital charges of five thousand dollars (\$5,000) or more for an illness of a medically indigent patient;

(2) hospital charges incurred within the twelve months immediately prior to the applicable April 1 closing deadline; and

(3) an amount determined by subtracting from the base claim the medically indigent patient's deductible and then reducing the resulting balance, based on the hospital's medicare cost-to-charge ratio, to an amount equal to medicare allowable costs.

C. The department shall pay from the fund to each hospital the amount of each eligible claim if there is sufficient money in the fund. If there is not sufficient money in the fund to pay all eligible claims of hospitals for that year, the amount of each claim that shall be paid shall be an amount derived from multiplying the full amount of the eligible claim by the percentage derived from dividing the balance in the fund, after administrative costs have been subtracted, by the sum of the eligible claims.

History: Laws 1990, ch. 93, § 5.

27-2-46. Medically indigent patient deductible.

A medically indigent patient's deductible shall be an amount determined by the hospital that the medically indigent patient is able to pay the hospital in monthly installments over an eighteen-month period. That determination shall be made pursuant to department rules and regulations and shall include, but not be limited to, consideration of the medically indigent patient's family size, household income and obligations.

History: Laws 1990, ch. 93, § 6.

27-2-47. Department; regulations.

The department shall adopt and promulgate by September 30, 1990 rules and regulations necessary to implement and administer the Indigent Catastrophic Illness Hospital Funding Act [27-2-41 to 27-2-47 NMSA 1978].

History: Laws 1990, ch. 93, § 7.

ARTICLE 2A Medicaid Estate Recovery

27-2A-1. Short title.

This act [27-2A-1 to 27-2A-9 NMSA 1978] may be cited as the "Medicaid Estate Recovery Act".

History: Laws 1994, ch. 87, § 1.

27-2A-2. Purpose of act.

The purpose of the Medicaid Estate Recovery Act [27-2A-1 to 27-2A-9 NMSA 1978] is to authorize and require the department to seek recovery of medical assistance payments made by the department for certain individuals, under certain circumstances, as provided in Title XIX of the Social Security Act.

History: Laws 1994, ch. 87, § 2.

ANNOTATIONS

Title XIX of the Social Security Act. — Title XIX of the federal Social Security Act is located at 42 U.S.C. § 1396 et seq.

27-2A-3. Definitions.

As used in the Medicaid Estate Recovery Act [27-2A-1 to 27-2A-9 NMSA 1978]:

- A. "department" means the human services department;
- B. "estate" means real and personal property and other assets of the individual subject to probate or administration pursuant to the provisions of the Uniform Probate Code [Chapter 45 NMSA 1978]; and
- C. "medical assistance" means amounts paid by the department as medical assistance pursuant to Title XIX of the Social Security Act.

History: Laws 1994, ch. 87, § 3.

ANNOTATIONS

Title XIX of the Social Security Act. — Title XIX of the federal Social Security Act is located at 42 U.S.C. § 1396 et seq.

27-2A-4. Department to seek recovery of medical assistance payments.

The department shall seek recovery from the estate of an individual:

- A. for medical assistance paid on behalf of an individual who was an inpatient in a nursing facility, intermediate care facility for the mentally retarded or other medical institution if the individual was required, as a condition of receiving services in the facility or institution pursuant to the state plan, to spend for costs of services all but a minimal amount of his income required for personal needs, and with respect to whom the department determined, after opportunity for a hearing in accordance with procedures established by the department, could not reasonably have been expected to have been discharged from the facility or institution to return home; and
- B. for medical assistance payments made for nursing facility services, home- and community-based services and related hospital and prescription drug services on behalf of an individual who was fifty-five years of age or older when he received medical assistance.

History: Laws 1994, ch. 87, § 4.

27-2A-5. Administration; recovery from estates.

- A. The department shall administer the estate recovery program.
- B. The department shall adopt and promulgate rules and regulations to implement the provisions of the Medicaid Estate Recovery Act [27-2A-1 to 27-2A-9 NMSA 1978].

C. The department may compromise, settle or waive recovery pursuant to the Medicaid Estate Recovery Act when deemed by the department to be in the best interests of the state.

History: Laws 1994, ch. 87, § 5.

27-2A-6. Hardship waiver.

The department shall waive the application of the provisions of the Medicaid Estate Recovery Act [27-2A-1 to 27-2A-9 NMSA 1978] if application of the provisions would work an undue hardship as determined pursuant to regulations adopted and promulgated by the secretary of human services. The regulations shall include a provision for special consideration when an asset subject to recovery is the sole income-producing asset or is a homestead of modest value.

History: Laws 1994, ch. 87, § 6.

27-2A-7. Restrictions on recovery from estates.

Any recovery from an estate may be made only after the death of the decedent's surviving spouse, if any, and only at a time when the decedent has no surviving child who is less than twenty-one years of age or is blind or disabled as defined in 42 U.S.C. 1383C.

History: Laws 1994, ch. 87, § 7.

27-2A-8. Due process.

When the department determines it will seek to recover from an estate, it shall give written notice of that intent to the personal representative or successor in interest of the estate or the individual.

History: Laws 1994, ch. 87, § 8.

27-2A-9. Department exempt from bond requirement for personal representative.

If the department seeks appointment as a personal representative of a decedent to enforce its rights as a creditor of the decedent pursuant to the provisions of the Medicaid Estate Recovery Act [27-2A-1 to 27-2A-9 NMSA 1978], it is exempt from any requirement for posting a bond.

History: Laws 1994, ch. 87, § 9.

ANNOTATIONS

Cross references. — For personal representative bond requirements, see 45-3-603 NMSA 1978.

ARTICLE 2B

New Mexico Works Act

27-2B-1. Short title.

Sections 1 through 20 [27-2B-1 to 27-2B-7 and 27-2B-8 to 27-2B-20 NMSA 1978] of this act may be cited as the "New Mexico Works Act".

History: Laws 1998, ch. 8, § 1 and Laws 1998, ch. 9, § 1.

ANNOTATIONS

Cross references. — For liability for repayment of public assistance, see 27-2-28 NMSA 1978.

Temporary provisions. — Laws 2003, ch. 375, § 1, effective June 20, 2003, creates the task force for financial independence composed of at least 15 members, to address the following issues: (1) New Mexico has one of the highest rates of poverty in the country; (2) New Mexico households with low and very low annual income levels have a difficult time obtaining assets; (3) over twenty-four percent of New Mexico children live at or below the poverty level; and (4) New Mexico's poverty rate is eighteen percent, compared to the national average of twelve and one-half percent. The task force shall cease to function on December 1, 2004.

Laws 2003, ch. 375, § 2, effective June 20, 2003, provides that there is created the "task force for financial independence", which shall function from the date of its appointment until December 1, 2004. The task force shall be composed of at least fifteen members and be chaired by the lieutenant governor. Members shall be appointed by the governor.

Duplicate laws. — Laws 1998, ch. 8, § 1 and Laws 1998, ch. 9, § 1 enact identical provisions of law. Both versions are compiled at this location.

27-2B-2. Legislative findings; purpose of act.

A. The legislature finds that:

(1) the poverty rate in New Mexico is the highest in the nation and has exceeded more than twenty percent of the population for most of the past twenty-five years;

(2) having a job does not provide a guarantee of avoiding poverty as demonstrated by the high percentage of persons in the civilian labor force over sixteen years of age with reported incomes in 1989 that were below the poverty level; and

(3) the diversity of the state, with its residents living in rural and metropolitan areas, reservations and border areas, requires the state to adjust state policies governing economic and social programs for the poor and the working poor to reflect the particular needs of particular locales, not just to create a generic one-size-fits-all program.

B. The legislature finds that education and training are essential to long-term career development.

C. The legislature finds that employment improves the quality of life for parents and children by increasing family income, developing the discipline necessary for self-sufficiency and improving self-esteem, and thus, it is in the public interest to fundamentally alter the state's financial assistance program for needy families with children so both cash and services, including education, job training, child care and transportation provided in accordance with the New Mexico Works Act [27-2B-1 to 27-2B-20 NMSA 1978] assist recipients to obtain and keep employment that is sufficient to sustain their families, ensure the dignity of those who receive assistance and strengthen families and families' support for their children.

D. The legislature finds that although most New Mexicans want to work, and in fact New Mexico has been cited as a "like to work" state, not all families can move quickly into the labor force and that regular assessments and key intervention and follow-up can help persons connect to the work force to obtain meaningful work and achieve self-sufficiency.

E. The legislature further finds that the federal act envisions that state and tribal governments will work together to serve participants residing in Indian country, and it is important that the state and the tribal governments work, government to government, to address the issues of availability and delivery of service to the twenty-two tribes and pueblos.

F. The purpose of the New Mexico Works Act is to increase family income through family employment and child support and, by viewing financial assistance as a support service to enable and assist parents to participate in employment rather than as an entitlement, to enable New Mexico to change the culture of the welfare office, both on the part of the department and on the part of the recipients, so that all parties can focus on addressing the barriers to participation in work activities and putting New Mexicans to work.

History: Laws 1998, ch. 8, § 2 and Laws 1998, ch. 9, § 2.

ANNOTATIONS

Duplicate laws. — Laws 1998, ch. 8, § 2 and Laws 1998, ch. 9, § 2 enact identical provisions of law. Both versions are compiled at this location.

27-2B-3. Definitions.

As used in the New Mexico Works Act [Chapter 27, Article 2B NMSA 1978]:

A. "benefit group" means a pregnant woman or a group of people that includes a dependent child, all of that dependent child's full, half, step- or adopted siblings living with the dependent child's parent or relative within the fifth degree of consanguinity and the parent with whom the children live;

B. "cash assistance" means cash payments funded by the temporary assistance for needy families block grant pursuant to the federal act and by state funds;

C. "department" means the human services department;

D. "dependent child" means a natural, adopted or step-child or ward who is:

(1) seventeen years of age or younger;

(2) eighteen years of age and is enrolled in high school; or

(3) between eighteen and twenty-two years of age and is receiving special education services regulated by the state board of education;

E. "director" means the director of the income support division of the department;

F. "earned income" means cash or payment in kind that is received as wages from employment or payment in lieu of wages; and earnings from self-employment or earnings acquired from the direct provision of services, goods or property, production of goods, management of property or supervision of services;

G. "federal act" means the federal Social Security Act and rules promulgated pursuant to the Social Security Act;

H. "federal poverty guidelines" means the level of income defining poverty by family size published annually in the federal register by the United States department of health and human services;

I. "immigrant" means alien as defined in the federal act;

J. "parent" means natural parent, adoptive parent, stepparent or legal guardian;

K. "participant" means a recipient of cash assistance or services or a member of a benefit group who has reached the age of majority;

L. "person" means an individual;

M. "secretary" means the secretary of the department;

N. "services" means child-care assistance; payment for employment-related transportation costs; job search assistance; employment counseling; employment, education and job training placement; one-time payment for necessary employment-related costs; case management; or other activities whose purpose is to assist transition into employment;

O. "unearned income" means old age, survivors and disability insurance; railroad retirement benefits; veterans administration compensation or pension; military retirement; pensions, annuities and retirement benefits; lodge or fraternal benefits; shared shelter payments; settlement payments; individual Indian money; child support; unemployment compensation benefits; union benefits paid in cash; gifts and contributions; and real property income; and

P. "vehicle" means a conveyance for the transporting of individuals to or from employment, for the activities of daily living or for the transportation of goods; "vehicle" does not include boats, trailers or mobile homes used as a principle [principal] place of residence.

History: Laws 1998, ch. 8, § 3 and Laws 1998, ch. 9, § 3; 1999, ch. 273, § 1; 2001, ch. 295, § 1; 2001, ch. 326, § 1; 2003, ch. 311, § 2; 2003, ch. 432, § 2.

ANNOTATIONS

Bracketed material. — The bracketed word "principal" in Subsection P was inserted by the compiler. It was not enacted by the legislature and is not part of the law.

The 1999 amendment, effective June 18, 1999, in Subsection D, substituted "seventeen years" for "eighteen years" and added "or a household group member who is eighteen years of age and is enrolled in high school", and in Subsection I, substituted "of people that consists of a benefit group and any other person who resides" for "including the benefit group of people".

2001 amendments. — Identical amendments to this section were enacted by Laws 2001, ch. 295, § 1 and Laws 2001, ch. 326, § 1, effective June 15, 2001, substituting the current definition in Subsection A for "a group of people that includes at least one dependent child living with his parent, legal guardian or relative within the fifth degree of consanguinity; or a pregnant woman"; in Subsection D, inserting "or step-child" and deleting "a household group member" preceding "who is eighteen years of age"; in Subsection F, substituting "means" for "includes", inserting "and" preceding "earnings

from self-employment" and deleting "and all other income not classified as earned income" from the end of the subsection; deleting former Subsection I defining "household group"; redesignating former Subsection J as I; deleting former Subsection K defining "landlord"; redesignating former Subsections L to P as J to N; deleting former Subsection Q defining "tenant"; redesignating former Subsection R as O; in Subsection O, substituting "means" for "includes", deleting "and similar kinds of income" from the end of the former version and adding the language beginning "child support" to the end of current subsection. The section is set out as amended by Laws 2001, ch. 326, § 1. See 12-1-8 NMSA 1978.

2003 amendments. — Except for the spelling of principal in Subsection P, identical amendments to this section were enacted by Laws 2003, ch. 311, § 2, and Laws 2003, ch. 432, § 2, the amendment by ch. 311 being approved and effective April 8, 2003, and the amendment by ch. 432 being approved and effective April 10, 2003, inserting Paragraph D(3), adding paragraph designations, and adding Subsection P. This section is set out as amended by Laws 2003, ch. 432, § 2. See 12-1-8 NMSA 1978.

Duplicate laws. — Laws 1998, ch. 8, § 3 and Laws 1998, ch. 9, § 3 enact identical provisions of law. Both versions are compiled at this location.

Social Security Act. — The provisions of the federal Social Security Act, referred to in Subsection G of this section, appear as 42 U.S.C.S. § 301 et seq.

27-2B-4. Application; resource planning session; individual responsibility plans; participation agreement; review periods.

A. Application for cash assistance or services shall be made to the department's county office in the county or district in which an applicant resides. The application shall be in writing or reduced to writing in the manner and on the form prescribed by the department. The application shall be made under oath by an applicant having custody of or residing with a dependent child who is a benefit group member and shall contain a statement of the age of the child, residence, a complete statement of the amount of property in which the applicant has an interest, a statement of all income that he and other benefit group members have at the time of the filing of the application and other information required by the department.

B. Application for expedited food stamps shall be made to the department's county office in the county or district in which an applicant resides. The department shall process the application for expedited food stamps within twenty-four hours after the application is made.

C. At the time of application for cash assistance and services, an applicant shall identify everyone who is to be counted in the benefit group. Once an application is approved, the participant shall advise the department if there are any changes in the membership of the benefit group.

D. No later than thirty days after an application is filed, the department shall provide to an applicant a resource planning session to ascertain his immediate needs, assess financial and nonfinancial options, make referrals and act on the application.

E. No later than five days after an application is approved, the department shall provide reimbursement for child care.

F. Whenever the department receives an application for assistance, a verification and record of the applicant's circumstances shall promptly be made to ascertain the facts supporting the application and to obtain other information required by the department. The verification may include a visit to the home of the applicant, as long as the department gives adequate prior notice of the visit to the applicant.

G. Within fifteen days after an application is approved, the department shall assess the education, skills, prior work experience and employability of the participant.

H. After the initial assessment of skills, the department shall work with the participant to develop an individual responsibility plan that:

(1) sets forth an employment goal for the participant and a plan for moving the participant into employment;

(2) sets forth obligations of the participant that may include a requirement that the participant attend school, maintain certain grades and attendance, keep his school-age children in school, immunize his children or engage in other activities that will help the participant become and remain employed;

(3) is designed to the greatest extent possible to move the participant into whatever employment the participant is capable of handling and to provide additional services as necessary to increase the responsibility and amount of work the participant will handle over time;

(4) describes the services the department may provide so that the participant may obtain and keep employment; and

(5) may require the participant to undergo appropriate substance abuse treatment.

I. The participant and a representative of the department shall sign the participant's individual responsibility plan. The department shall not allow a participant to decline to participate in developing an individual responsibility plan. The department shall not waive the requirement that a participant develop an individual responsibility plan. The department shall emphasize the importance of the individual responsibility plan to the participant.

J. If a participant does not develop an individual responsibility plan, refuses to sign an individual responsibility plan or refuses to attend semiannual reviews of an individual responsibility plan, he shall be required to enter into a conciliation pursuant to Subsection C of Section 27-2B-14 NMSA 1978. If the participant persists in noncompliance with the individual responsibility plan process after the conciliation, he shall be subject to sanctions pursuant to Section 27-2B-14 NMSA 1978.

K. The participant shall also sign a participation agreement that designates the number of hours that he must participate in work activities to meet participation standards.

L. The department shall review the current financial eligibility of a benefit group when the department reviews food stamp eligibility.

M. The department shall meet semiannually with a participant to review and revise his individual responsibility plan.

N. The department shall develop a complaint procedure to address issues pertinent to the delivery of services and other issues relating to a participant's individual responsibility plan.

History: Laws 1998, ch. 8, § 4 and Laws 1998, ch. 9, § 4; 1999, ch. 71, § 1; 1999, ch. 273, § 2; 1999, ch. 280, § 1; 2001, ch. 295, § 2; 2001, ch. 326, § 2.

ANNOTATIONS

1999 amendments. — Laws 1999, ch. 71, § 1, effective June 18, 1999, adding a new sentence at the end of Subsection C, was approved on March 19, 1999. Laws 1999, ch. 273, § 2, effective June 18, 1999, substituting "with whom a dependent child resides" for "having custody of a dependent child" in Subsection A, was approved on April 8, 1999. However, Laws 1999, ch. 280, § 1 effective June 18, 1999, substituting "custody of or residing with a dependent child who is a household group member" for "custody of a dependent child" in the last sentence of Subsection A, adding the last three sentences of Subsection I, adding Subsection J, and redesignating former Subsections J to M as Subsections K to N, was approved later on April 8, 1999. The section is set out as amended by Laws 1999, ch. 280, § 1. See 12-1-8 NMSA 1978.

2001 amendments. — Identical amendments to this section were enacted by Laws 2001, ch. 295, § 2 and Laws 2001, ch. 326, § 2, effective June 15, 2001, in Subsection A, substituting "benefit group member" for "household group member" twice; in Subsection C, substituting "everyone" for "household group members" and deleting "household group or" preceding "benefit group" at the end of the subsection and substituting "thirty days" for "forty-five days" in Subsection D. The section is set out as amended by Laws 2001, ch. 326, § 2. See 12-1-8 NMSA 1978.

Duplicate laws. — Laws 1998, ch. 8, § 4 and Laws 1998, ch. 9, § 4 enact identical provisions of law. Both versions are compiled at this location.

27-2B-5. Work requirements; work participation rates.

A. The following qualify as work activities:

- (1) unsubsidized employment, including self-employment;
- (2) subsidized private sector employment, including self-employment;
- (3) subsidized public sector employment;
- (4) work experience, including work associated with the refurbishing of publicly assisted housing if sufficient private sector employment is not available;
- (5) on-the-job training;
- (6) job search and job readiness assistance, as long as the department complies with the federal act;
- (7) community service programs;
- (8) vocational education, except that vocational education shall not qualify as a work activity for longer than is provided by the federal act;
- (9) job skills training activities directly related to employment;
- (10) education directly related to employment for a participant who has not received a high school diploma or a certificate of high school equivalency;
- (11) satisfactory attendance at a secondary school or course of study leading to a certificate of general equivalency in the case of a participant who has not completed secondary school or received such a certificate; and
- (12) the provision of child care services to a participant who is participating in a community service program.

B. The department shall recognize community service programs and job training programs that are operated by an Indian nation, tribe or pueblo.

C. The department may not require a participant to work more than four hours per week over the work requirement rate set pursuant to the federal act.

D. The department shall require a parent, caretaker or other adult who is a member of a benefit group to engage in a work activity once the department determines he is

ready to engage in a work activity or once he has received cash assistance or services for twenty-four months or as otherwise required by the federal act, whether or not consecutive, whichever is earlier.

E. The following qualify as temporary alternative work activities that the department may establish for no longer than twelve weeks except as otherwise provided:

- (1) participating in parenting classes, money management classes or life skills training;
- (2) participating in a certified alcohol or drug addiction program;
- (3) in the case of a homeless benefit group, finding a home;
- (4) in the case of a participant who is a victim of domestic violence residing in a domestic violence shelter or receiving counseling or treatment or participating in criminal justice activities directed at prosecuting the domestic violence perpetrator, for no longer than twenty-four weeks; and
- (5) in the case of a participant who does not speak English, participating in a course in English as a second language.

F. Subject to the availability of funds, the department in cooperation with the labor department, New Mexico office of Indian affairs and other appropriate state agencies may develop projects to provide for the placement of participants in work activities, including the following:

- (1) participating in unpaid internships with private and government entities;
- (2) refurbishing publicly assisted housing;
- (3) volunteering at a head start program or a school;
- (4) weatherizing low-income housing; and
- (5) restoring public sites and buildings, including monuments, parks, fire stations, police buildings, jails, libraries, museums, auditoriums, convention halls, hospitals, buildings for administrative offices and city halls.

G. If a participant is engaged in full-time post-secondary education studies or an activity set out in Paragraphs (9) through (11) of Subsection A of this section, the participant shall engage in another work activity at the same time. Additionally, for two-parent families that receive federally funded child-care assistance, the participant's spouse shall engage in a work activity set out in Paragraphs (1) through (5) or (7) of Subsection A of this section unless the participant suffers from a temporary or complete

disability that bars him from engaging in a work activity or he is barred from engaging in a work activity because he provides sole care for a disabled person.

H. A participant engaged in post-secondary education studies shall make reasonable efforts to obtain a loan, scholarship, grant or other assistance to pay for costs and tuition and the department shall disregard those amounts in the eligibility determination.

I. For as long as the described conditions exist, the following are exempt from the work requirement:

(1) a participant barred from engaging in a work activity because he is temporarily or completely disabled;

(2) a participant over age sixty;

(3) a participant barred from engaging in a work activity because he provides the sole care for a disabled person;

(4) a single custodial parent caring for a child less than twelve months old for a lifetime total of twelve months;

(5) a single custodial parent caring for a child under six years of age if the parent is unable to obtain child care for one or more of the following reasons:

(a) unavailability of appropriate child care within a reasonable distance from the parent's home or work as defined by the children, youth and families department;

(b) unavailability or unsuitability of informal child care by a relative under other arrangements as defined by the children, youth and families department; or

(c) unavailability of appropriate and affordable formal child-care arrangements as defined by the children, youth and families department;

(6) a pregnant woman during her last trimester of pregnancy;

(7) a participant prevented from working by a temporary emergency or a situation that precludes work participation for thirty days or less;

(8) a participant who demonstrates by reliable medical, psychological or mental reports, court orders or police reports that family violence or threat of family violence effectively bars the participant from employment; and

(9) a participant who demonstrates good cause of the need for the exemption.

History: Laws 1998, ch. 8, § 5 and Laws 1998, ch. 9, § 5; 1999, ch. 269, § 1.

ANNOTATIONS

The 1999 amendment, effective June 18, 1999, inserted "including self-employment" at the end of Subsections A(1) and A(2).

Duplicate laws. — Laws 1998, ch. 8, § 5 and Laws 1998, ch. 9, § 5 enact identical provisions of law. Both versions are compiled at this location.

Refusal to comply with regulations terminates eligibility. — Where an applicant for public assistance refuses to comply with regulations requiring assignment of support rights, she may not maintain her eligibility for aid to families with dependent children benefits. The department's refusal to provide such benefits on that basis is in accordance with applicable law and regulations. *Melton v. New Mexico Dep't of Human Servs.*, 97 N.M. 102, 637 P.2d 52 (Ct. App. 1981).

Denial of benefits where natural father could provide support. — Substantial evidence in the record as a whole supported the human services department's denial of aid to families with dependent children benefits where the natural father could provide support. *New Mexico Human Servs. Dep't v. Garcia*, 94 N.M. 175, 608 P.2d 151 (1980).

27-2B-5.1. Work activities; workers' compensation coverage.

A. For the purposes of the Workers' Compensation Act [Chapter 52, Article 1 NMSA 1978]:

(1) cash assistance and services paid to participants engaged in any work activity described in Section 27-2B-5 NMSA 1978 shall not be considered wages and shall not be deemed to create an employer-employee or co-employer-employee relationship between the participant and the state; and

(2) payment of a wage subsidy to an employer of a participant shall not be deemed to be payment of wages by the state and shall not be deemed to create an employer-employee or co-employer-employee relationship between the participant and the state.

B. Workers' compensation claims by participants shall be separately recorded and maintained in the calculation of the experience modification factor used to calculate premiums for the participating employer so that the experience modification factor attributable to claims by participants can be separated from the remainder of the employer's experience modification factor.

C. The separately calculated experience modification factor for the first year of employment of each participant shall not be considered as part of the experience modification factor of any employer. The superintendent of insurance shall promulgate rules to implement this section.

D. The department shall ensure that participants undergo safety training prior to employment.

E. Participants in an unpaid work activity described in Section 27-2B-5 NMSA 1978 shall be considered trainees and shall not be eligible for workers' compensation benefits.

History: Laws 1999, ch. 181, § 2.

27-2B-5.2. Work program; public schools.

The department and the state department of public education may establish a work program for participants to engage in a work activity pursuant to Subsection A of Section 27-2B-5 NMSA 1978 at public schools.

History: Laws 1999, ch. 27, § 1.

27-2B-6. Durational limits.

A. Pursuant to the federal act, on or after July 1, 1997 a participant may receive federally funded cash assistance and services for up to sixty months.

B. During a participant's fourth, sixth and eighth semi-annual reviews, the department shall examine the participant's progress to determine if the participant has successfully completed an educational or training program or increased the number of hours he is working as required by the federal act. The department may refer the participant to alternative work activities or provide additional services to address possible barriers to employment facing the participant.

C. Up to twenty percent of the population of participants may be exempted from the sixty-month durational limit set out in Subsection A of this section because of hardship or because those participants are battered or subject to extreme cruelty.

D. For the purposes of this section, a participant has been battered or subjected to extreme cruelty if he can demonstrate by reliable medical, psychological or mental reports, court orders or police reports that he has been subjected to and currently is affected by:

- (1) physical acts that result in physical injury;
- (2) sexual abuse;
- (3) being forced to engage in nonconsensual sexual acts or activities;
- (4) threats or attempts at physical or sexual abuse;

(5) mental abuse; or

(6) neglect or deprivation of medical care except when the deprivation is based by mutual consent on religious grounds.

E. For the purposes of this section, a hardship exception applies to a person who demonstrates through reliable medical, psychological or mental reports, social security administration records, court orders, police reports or department records that he is a person:

(1) who is barred from engaging in a work activity because he is temporarily or completely disabled;

(2) who is the sole provider of home care to an ill or disabled family member;

(3) whose ability to be gainfully employed is affected by domestic violence;

(4) whose application for supplemental security income is pending in the application or appeals process and who:

(a) meets the criteria of Paragraph (1) of this subsection; or

(b) was granted a waiver from the work requirement pursuant to Paragraph (1) of Subsection I of Section 27-2B-5 NMSA 1978 in the last twenty-four months; or

(5) who otherwise qualifies for a hardship exception as defined by the department.

F. Pursuant to the federal act, the department shall not count a month of receipt of cash assistance or services toward the sixty-month durational limit if during the time of receipt the participant:

(1) was a minor and was not the head of a household or married to the head of a household; or

(2) lived in Indian country, as defined in the federal act, if the most reliable data available with respect to the month indicate that at least fifty percent of the adults living in Indian country or in the village were not employed.

History: Laws 1998, ch. 8, § 6 and Laws 1998, ch. 9, § 6; 2001, ch. 295, § 3; 2001, ch. 326, § 3; 2003, ch. 311, § 3; 2003, ch. 432, § 3.

ANNOTATIONS

Cross references. — As to "federal act", see 27-2B-3 NMSA 1978.

2001 amendments. — Identical amendments to this section were enacted by Laws 2001, ch. 295, § 3 and Laws 2001, ch. 326, § 3, effective June 15, 2001, in Subsection E, inserting "social security administration records" and adding Paragraph 4. The section is set out as amended by Laws 2001, ch. 326, § 3. See 12-1-8 NMSA 1978.

2003 amendments. — Identical amendments to this section were enacted by Laws 2003, ch. 311, § 3, and Laws 2003, ch. 432, § 3, the amendment by ch. 311 being approved and effective April 8, 2003, and the amendment by ch. 432 being effective April 10, 2003, inserting "or department records" in the undesignated paragraph of Subsection E, and adding Subparagraph E(4)(a) and (b) and Paragraph E(5). This section is set out as amended by Laws 2003, ch. 432, § 3. See 12-1-8 NMSA 1978.

Duplicate Laws. — Laws 1998, ch. 8, § 6 and Laws 1998, ch. 9, § 6 enact identical provisions of law. Both versions are compiled at this location.

27-2B-7. Financial standard of need.

A. The secretary shall adopt a financial standard of need based upon the availability of federal and state funds and based upon appropriations by the legislature of the available federal temporary assistance for needy families grant made pursuant to the federal act in the following categories:

- (1) cash assistance;
- (2) child care services;
- (3) other services; and

(4) administrative costs. The legislature shall determine the actual percentage of each category to be used annually of the federal temporary assistance for needy families grant made pursuant to the federal act.

B. The following income sources are exempt from the gross income test, the net income test and the cash payment calculation:

- (1) medicaid;
- (2) food stamps;
- (3) government-subsidized foster care payments if the child for whom the payment is received is also excluded from the benefit group;
- (4) supplemental security income;
- (5) government-subsidized housing or housing payments;

- (6) federally excluded income;
- (7) educational payments made directly to an educational institution;
- (8) government-subsidized child care;
- (9) earned income that belongs to a person seventeen years of age or younger who is not the head of household;
- (10) fifty dollars (\$50.00) of collected child support passed through to the participant by the department's child support enforcement program;
- (11) earned income deposited in an individual development account by a member of the benefit group or money received as matching funds for allowable uses by the owner of the individual development account pursuant to the Individual Development Account Act [Chapter 58, Article 30 NMSA 1978]; and
- (12) other income sources as determined by the department.

C. The total countable gross earned and unearned income of the benefit group cannot exceed eighty-five percent of the federal poverty guidelines for the size of the benefit group.

D. For a benefit group to be eligible to participate:

- (1) gross countable income that belongs to the benefit group must not exceed eighty-five percent of the federal poverty guidelines for the size of the benefit group; and
- (2) net countable income that belongs to the benefit group must not equal or exceed the financial standard of need after applying the disregards set out in Paragraphs (1) through (4) of Subsection E of this section.

E. Subject to the availability of state and federal funds, the department shall determine the cash payment of the benefit group by applying the following disregards to the benefit group's earned gross income and then subtracting that amount from the benefit group's financial standard of need:

- (1) for the first two years of receiving cash assistance or services, if a participant works over the work requirement rate set by the department pursuant to the New Mexico Works Act [Chapter 27, Article 2B NMSA 1978], one hundred percent of the income earned by the participant beyond that rate;
- (2) for the first two years of receiving cash assistance or services, for a two-parent benefit group in which one parent works over thirty-five hours per week and the other works over twenty-four hours per week, one hundred percent of income earned by each participant beyond the work requirement rate set by the department;

(3) one hundred twenty-five dollars (\$125) of monthly earned income and one half of the remainder, or for a two-parent family, two hundred twenty-five dollars (\$225) of monthly earned income and one half of the remainder for each parent;

(4) monthly payments made for child care at a maximum of two hundred dollars (\$200) for a child under two years of age and at a maximum of one hundred seventy-five dollars (\$175) for a child two years of age or older;

(5) costs of self-employment income; and

(6) business expenses.

F. The department may recover overpayments of cash assistance on a monthly basis not to exceed fifteen percent of the financial standard of need applicable to the benefit group.

History: Laws 1998, ch. 8, § 7 and Laws 1998, ch. 9, § 7; 1999, ch. 54, § 1; 2001, ch. 295, § 4; 2001, ch. 326, § 4; 2003, ch. 362, § 13.

ANNOTATIONS

Cross references. — For "federal act", see 27-2B-3 NMSA 1978.

The 1999 amendment, effective March 17, 1999, in Subsection B substituted "Only" for "The cash benefit level for", inserted the language beginning "receiving a cash" and ending "and who are", and substituted "receive an additional housing allowance of fifty dollars (\$50.00)" for "be increased by one hundred dollars (\$100)"; in Subsection C substituted "seventeen" for "eighteen" in Paragraph (9), added Paragraph (13), redesignated former Paragraph (13) as Paragraph (14); in Subsection F added "and then subtracting that amount from the benefit group's financial standard of need" at the end of the introductory language, deleted former Paragraph (5), which read "fifty dollars (\$50.00) of collected child support passed through to the participant by the department's child support enforcement program; and then subtracting that amount from the financial standard of need"; and made minor stylistic changes.

2001 amendments. — Identical amendments to this section were enacted by Laws 2001, ch. 295, § 4 and Laws 2001, ch. 326, § 4, effective June 15, 2001, rewriting the section to the extent that a detailed comparison is impracticable. For provisions of former section, see the 1999 Replacement Pamphlet. The section is set out as amended by Laws 2001, ch. 326, § 4. See 12-1-8 NMSA 1978.

The 2003 amendment, effective July 1, 2003, redesignated former Paragraph B(11) as Paragraph B(12) and added Paragraph B(11).

Duplicate laws. — Laws 1998, ch. 8, § 7 and Laws 1998, ch. 9, § 7 enact identical provisions of law. Both versions are compiled at this location.

27-2B-7.1. Temporary assistance for needy families; use of state head start program funds.

In the 2004 fiscal year and each subsequent fiscal year, at least twenty-five percent of the state's maintenance-of-effort funds appropriated for head start programs for children eligible pursuant to the federal temporary assistance for needy families program shall be used to contract or subcontract with private and nonprofit child care providers to provide programs that meet federal head start performance standards.

History: Laws 2003, ch. 160, § 1.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 160 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 2003, 90 days after adjournment of the legislature.

27-2B-8. Resources.

A. Liquid and nonliquid resources owned by the benefit group shall be counted in the eligibility determination.

B. A benefit group may at a maximum own the following resources:

- (1) two thousand dollars (\$2,000) in nonliquid resources;
- (2) one thousand five hundred dollars (\$1,500) in liquid resources;
- (3) the value of the principal residence of the participant;
- (4) the value of burial plots and funeral contracts for family members;
- (5) individual development accounts; and
- (6) the value of work-related equipment up to one thousand dollars (\$1,000).

C. Vehicles owned by the benefit group shall not be considered in the determination of resources attributed to the benefit group.

History: Laws 1998, ch. 8, § 8 and Laws 1998, ch. 9, § 8; 2001, ch. 295, § 5; 2001, ch. 326, § 5; 2003, ch. 311, § 4; 2003, ch. 432, § 4.

ANNOTATIONS

2001 amendments. — Identical amendments to this section were enacted by Laws 2001, ch. 295, § 5 and Laws 2001, ch. 326, § 5, effective June 15, 2001, deleting

"household group but not by the" preceding "benefit group" and deleting "not" following "shall" in Subsection A. The section is set out as amended by Laws 2001, ch. 326, § 5. See 12-1-8 NMSA 1978.

2003 amendments. — Identical amendments to this section were enacted by Laws 2003, ch. 311 § 4, and Laws 2003, ch. 432, § 4, the amendment by ch. 311 being approved and effective April 8, 2003, and the amendment by ch. 432 being approved and effective April 10, 2003, deleting former Paragraphs B(7) and (8), concerning the maximum allowable resources in areas without and with public transportation, and adding Subsection C. This section is set out as amended by Laws 2003, ch. 432, § 4. See 12-1-8 NMSA 1978.

Duplicate laws. — Laws 1998, ch. 8, § 8 and Laws 1998, ch. 9, § 8 enact identical provisions of law. Both versions are compiled at this location.

27-2B-9. Mandatory school attendance.

If a minor member of a benefit group has three unexcused absences from school during a grading period, his parent shall notify the department of the absences within fourteen days. The department may impose a sanction on the benefit group that reduces the cash assistance by the amount the minor member would otherwise receive only after the department refers the minor member to the appropriate state agency, counselor or community program for appropriate resolution of the attendance problem. The department shall not consider participation in cultural and religious activities an unexcused absence, as long as the student has parental consent.

History: Laws 1998, ch. 8, § 9 and Laws 1998, ch. 9, § 9.

ANNOTATIONS

Duplicate laws. — Laws 1998, ch. 8, § 9 and Laws 1998, ch. 9, § 9 enact identical provisions of law. Both versions are compiled at this location.

27-2B-10. Individual development accounts.

A participant may establish an individual development account pursuant to the Individual Development Account Act [Chapter 58, Article 30, NMSA 1978].

History: Laws 1998, ch. 8, § 10 and Laws 1998, ch. 9, § 10; 2003, ch. 362, § 14.

ANNOTATIONS

The 2003 amendment, effective July 1, 2003, rewrote this section to the extent that a detailed comparison is impracticable.

Duplicate laws. — Laws 1998, ch. 8, § 10 and Laws 1998, ch. 9, § 10 enact identical provisions of law. Both versions are compiled at this location.

27-2B-11. Ineligibility.

A. The following are ineligible to be members of a benefit group:

- (1) an inmate or patient of a nonmedical institution;
- (2) a person who, in the two years preceding application, assigned or transferred real property unless he:
 - (a) received or receives a reasonable return;
 - (b) attempted to or attempts to receive a reasonable return; or
 - (c) attempted to or attempts to regain title to the real property;
- (3) a minor unmarried parent who has not successfully completed a high school education and who has a child at least twelve weeks of age in his care unless the minor unmarried parent:
 - (a) participates in educational activities directed toward the attainment of a high school diploma or its equivalent; or
 - (b) participates in an alternative educational or training program that has been approved by the department;
- (4) a minor unmarried parent who is not residing in a place of residence maintained by his parent, legal guardian or other adult relative unless the department:
 - (a) refers or locates the minor unmarried parent to a second-chance home, maternity home or other appropriate adult-supervised supportive living arrangement, taking into account the needs and concerns of the minor unmarried parent;
 - (b) determines that the minor unmarried parent has no parent, legal guardian or other appropriate adult relative who is living or whose whereabouts are known;
 - (c) determines that a minor unmarried parent is not allowed to live in the home of a living parent, legal guardian or other appropriate adult relative;
 - (d) determines that the minor unmarried parent is or has been subjected to serious physical or emotional harm, sexual abuse or exploitation in the home of the parent, legal guardian or other appropriate adult relative;

(e) finds that substantial evidence exists of an act or a failure to act that presents an imminent or serious harm to the minor unmarried parent and the child of the minor unmarried parent if they live in the same residence with the parent, legal guardian or other appropriate adult relative; or

(f) determines that it is in the best interest of the unmarried minor parent to waive this requirement;

(5) a minor child who has been absent or is expected to be absent from the home for forty-five days;

(6) a person who does not provide a social security number or who refuses to apply for one;

(7) a person who is not a resident of New Mexico;

(8) a person who fraudulently misrepresented residency to receive assistance in two or more states simultaneously except that such person shall be ineligible only for ten years;

(9) a person who is a fleeing felon or a probation and parole violator;

(10) a person concurrently receiving supplemental security income, tribal temporary assistance for needy families or bureau of Indian affairs general assistance; and

(11) unless he demonstrates good cause, a parent who does not assist the department in establishing paternity or obtaining child support or who does not assign support rights to New Mexico as required pursuant to the federal act.

B. For the purposes of this section, "second-chance home" means an entity that provides a supportive and supervised living arrangement to a minor unmarried parent where the minor unmarried parent is required to learn parenting skills, including child development, family budgeting, health and nutrition and other skills to promote long-term economic independence and the well-being of children.

C. Pursuant to the authorization provided to the states in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 21 U.S.C. Section 862a(d)(1)(A), New Mexico elects to exempt all persons domiciled in the state from application of 21 U.S.C. Section 862a(a).

History: Laws 1998, ch. 8, § 11 and Laws 1998, ch. 9, § 11; 2001, ch. 295, § 6; 2001, ch. 326, § 6; 2002, ch. 5, § 1; 2002, ch. 6, § 1.

ANNOTATIONS

Cross references. — For definition of "federal act", see 27-2B-3 NMSA 1978 and notes thereto.

2001 amendments. — Identical amendments to this section were enacted by Laws 2001, ch. 295, § 6 and Laws 2001, ch. 326, § 6, effective June 15, 2001, deleting "or adoption subsidies" following "Indian affairs general assistance" in Subsection A(11). The section is set out as amended by Laws 2001, ch. 326, § 6. See 12-1-8 NMSA 1978.

2002 amendments. — Identical amendments to this section were enacted by Laws 2002, ch. 5, § 1 and Laws 2002, ch. 6, § 1, effective May 15, 2002, deleting former Paragraph A(9) and former Subsections B and C, pertaining to persons convicted of a drug-related felony; adding present Subsection C; and redesignating former Subsection D as present Subsection B. The section is set out as amended by Laws 2002, ch. 6, § 1. See 12-1-8 NMSA 1978.

Duplicate laws. — Laws 1998, ch. 8, § 11 and Laws 1998, ch. 9, § 11 enact identical provisions of law. Both versions are compiled at this location.

Validity of regulation limiting duration of cash assistance payments. — See Health & Social Servs. Dep't v. Garcia, 88 N.M. 640, 545 P.2d 1018 (1976).

The human services department had the implied authority to limit the receipt of general assistance to twelve continuous months by regulation. Howell v. Heim, 118 N.M. 500, 882 P.2d 541 (1994).

27-2B-12. Services.

Subject to the availability of federal and state funds, a benefit group that is not receiving cash assistance but has an income less than one hundred percent of the federal poverty guidelines may be eligible to receive services.

History: Laws 1998, ch. 8, § 12 and Laws 1998, ch. 9, § 12; 1999, ch. 273, § 3.

ANNOTATIONS

The 1999 amendment, effective June 18, 1999, substituted "benefit group that is" for "group of people that includes at least one dependent child living with a parent, legal guardian or relative within the fifth degree of consanguinity or a pregnant woman who is".

Duplicate laws. — Laws 1998, ch. 8, § 12 and Laws 1998, ch. 9, § 12 enact identical provisions of law. Both versions are compiled at this location.

27-2B-13. Fair hearing; review and appeal.

A. A participant may request a hearing if:

(1) an application is not acted on within a reasonable time after the filing of the application;

(2) an application is denied in whole or in part; or

(3) the cash assistance or services are modified, terminated or not provided.

B. The department shall notify the participant of his rights under this section.

C. The department shall by rule establish procedures for the filing of a request for a hearing and the time limits within which a request may be filed; provided, however, that the department may grant reasonable extensions of the time limits. If the request is filed in a timely manner, cash assistance and services shall be provided until the appeal is resolved. If the request is not filed within the specified time for appeal or within whatever extension the department may grant, the department action shall be final. Upon receipt of a timely request, the department shall give the participant reasonable notice of an opportunity for a fair hearing in accordance with the rules of the department.

D. The hearing shall be conducted by a hearing officer designated by the director. The powers of the hearing officer shall include administering oaths or affirmations to witnesses called to testify, taking testimony, examining witnesses, admitting or excluding evidence and reopening a hearing to receive additional evidence. The technical rules of evidence and the rules of civil procedure shall not apply. The hearing shall be conducted so that the contentions or defenses of each party to the hearing are amply and fairly presented. Either party may be represented by counsel or other representative of his designation, and he or his representative may conduct cross-examination. Oral or documentary evidence may be received but the hearing officer may exclude irrelevant, immaterial or unduly repetitious evidence.

E. The director shall review the record of the proceedings and shall make his decision on the record. The participant or his representative shall be notified in writing of the director's decision and the reasons for the decision. The written notice shall inform the participant of his right to judicial review. The department shall be responsible for ensuring that the decision is enforced.

F. Within thirty days after receiving written notice of the decision of the director, a participant may file a notice of appeal with the court of appeals together with a copy of the notice of the decision. The clerk of the court shall transmit a copy of the notice of appeal to the director.

G. The filing of a notice of appeal shall not stay the enforcement of the decision of the director, but the department may grant, or the court upon motion and good cause shown may order, a stay.

H. Within twenty days after receipt of the notice of appeal, the department shall file with the clerk of the court three copies and furnish to the appellant one copy of the written transcript of the record of the proceedings.

I. If, before the date set for argument, application is made to the court for leave to present additional evidence and the court is satisfied that the additional evidence is material and there was good reason for not presenting it in the hearing, the court may order the additional evidence taken before the department. If the application to present additional evidence is filed by the department and is approved by the court, the department's decision that is being appealed shall be stayed. The director may modify his findings and decision by reason of the additional evidence and shall file with the court a transcript of the additional evidence together with any modified or new findings or decision.

J. The review of the court shall be made upon the decision and the record of the proceedings.

K. The court shall set aside a decision and order of the director only if found to be:

- (1) arbitrary, capricious or an abuse of discretion;
- (2) not supported by substantial evidence in the record as a whole; or
- (3) otherwise not in accordance with law.

L. The department shall not authorize or allow expenditures for the affected programs in excess of the amounts previously appropriated by the legislature.

History: Laws 1998, ch. 8, § 13 and Laws 1998, ch. 9, § 13.

ANNOTATIONS

Duplicate laws. — Laws 1998, ch. 8, § 13 and Laws 1998, ch. 9, § 13 enact identical provisions of law. Both versions are compiled at this location.

27-2B-14. Sanctions.

A. The department shall sanction a member of a benefit group for noncompliance with work requirements or child support requirements.

B. The sanction shall be applied at the following levels:

- (1) twenty-five percent reduction of cash assistance for the first occurrence of noncompliance;

(2) fifty percent reduction of cash assistance for the second occurrence of noncompliance; and

(3) termination of cash assistance and ineligibility to reapply for six months for the third occurrence of noncompliance.

C. Prior to imposing the first sanction, if the department determines that a participant is not complying with the work participation requirement or child support requirements, the participant shall be required to enter into a conciliation process established by the department to address the noncompliance and to identify good cause for noncompliance or barriers to compliance. The conciliation process shall occur only once prior to the imposition of the sanction. The participant shall have ten working days from the date a conciliation notice is mailed to contact the department to initiate the conciliation process. A participant who fails to initiate the conciliation process shall have a notice of adverse action mailed to him after the tenth working day following the date on which the conciliation notice is mailed. Participants who begin but do not complete the conciliation process shall be mailed a notice of adverse action thirty days from the date the original conciliation notice was mailed.

D. Reestablishing compliance shall allow full payment to resume.

E. Noncompliance with reporting requirements may subject a participant to other sanctions, except that an adult member of the benefit group shall not be sanctioned for the failure of a dependent child to attend school.

F. Effective October 1, 2001, the department shall not terminate the medicaid benefits of any member of a benefit group due to imposition of a sanction pursuant to the provisions of this section.

History: Laws 1998, ch. 8, § 14 and Laws 1998, ch. 9, § 14; 2001, ch. 295, § 7; 2001, ch. 326, § 7; 2003, ch. 311, § 5; 2003, ch. 432, § 5.

ANNOTATIONS

2001 amendments. — Identical amendments to this section were enacted by Laws 2001, ch. 295, § 7 and Laws 2001, ch. 326, § 7, effective June 15, 2001, in Subsection A, substituting "a member of a benefit group" for "member of the benefit group" and substituting "or" for "and" preceding "child support requirements"; in Subsection C, inserting "established by the department" and "or barriers to compliance" in the first sentence, deleting the former third sentence concerning failure to participate after notice and adding the last two sentences; substituting "shall" for "will" in Subsection D; deleting former Subsection E concerning notice of action; redesignating former Subsection F as E; and adding current Subsection F. The section is set out as amended by Laws 2001, ch. 326, § 7. See 12-1-8 NMSA 1978.

2003 amendments. — Identical amendments to this section were enacted by Laws 2003, ch. 311, § 5, approved and effective April 8, 2003, and Laws 2003, ch. 432, § 5, approved and effective April 10, 2003, adding the exception in Subsection E. This section is set out as amended by Laws 2003, ch. 432, § 5. See 12-1-8 NMSA 1978.

Duplicate laws. — Laws 1998, ch. 8, § 14 and Laws 1998, ch. 9, § 14 enact identical provisions of law. Both versions are compiled at this location.

27-2B-15. Medicaid eligibility.

A. The following are eligible for medicaid:

(1) a participant who is in transition to self-sufficiency due to employment or child support;

(2) a pregnant woman who meets the income and resource requirements for New Mexico's aid to families with dependent children as they existed on July 16, 1996;

(3) a member of a benefit group who is eighteen years of age or younger if the benefit group's income is below one hundred eighty-five percent of the federal poverty guidelines;

(4) a pregnant woman whose income is below one hundred eighty-five percent of the federal poverty guidelines;

(5) participants receiving federal supplemental security income;

(6) an aged, blind or disabled person in an institution who meets all the supplemental security income standards except for income;

(7) a person who meets all standards for institutional care but is cared for at home and meets eligibility standards for medicaid;

(8) a qualified medicare beneficiary, qualified disabled working person or specified low-income medicare beneficiary; and

(9) a foster child in the custody of the state or of an Indian pueblo, tribe or nation who meets eligibility standards for medicare.

B. Effective October 1, 2001, for the medicaid category designated "JUL medicaid" by the department, the income eligibility criteria shall be the same as the income eligibility criteria set forth in the New Mexico Works Act [27-2B-1 to 27-2B-20 NMSA 1978].

History: Laws 1998, ch. 8, § 15 and Laws 1998, ch. 9, § 15; 2001, ch. 295, § 8; 2001, ch. 326, § 8.

ANNOTATIONS

2001 amendments. — Identical amendments to this section were enacted by Laws 2001, ch. 295, § 8 and Laws 2001, ch. 326, § 8, effective June 15, 2001, deleting former Subsection A describing a benefit group; redesignating the former preliminary language as current Subsection A; redesignating the former Subsections B to J as Paragraphs 1 to 9; and adding Subsection B. The section is set out as amended by Laws 2001, ch. 326, § 8. See 12-1-8 NMSA 1978.

Duplicate laws. — Laws 1998, ch. 8, § 15 and Laws 1998, ch. 9, § 15 enact identical provisions of law. Both versions are compiled at this location.

27-2B-16. Immigrant eligibility.

An immigrant may be eligible to receive cash assistance and services if the immigrant is:

A. from one of the classes of immigrants defined in the federal act who entered the United States prior to August 22, 1996; or

B. a qualified immigrant as defined in the federal act who entered the United States after August 22, 1996.

History: Laws 1998, ch. 8, § 16 and Laws 1998, ch. 9, § 16.

ANNOTATIONS

Cross references. — For meaning of "federal act", see 27-2B-3 NMSA 1978.

Duplicate laws. — Laws 1998, ch. 8, § 16 and Laws 1998, ch. 9, § 16 enact identical provisions of law. Both versions are compiled at this location.

27-2B-17. Records; confidentiality.

A. Pursuant to the federal act, the department shall establish and enforce rules governing the custody, use and preservation of the records, papers, files and communications to restrict the use or disclosure of information contained in those documents concerning participants.

B. It is unlawful for a person, body, association, firm, corporation or other agency outside the department to solicit, disclose, receive or make use of or authorize, knowingly permit, participate in or acquiesce in the use of a name or list of names of participants for commercial or political purposes.

C. A person, body, association, firm, corporation or other agency that willfully or knowingly violates a provision of this section is guilty of a misdemeanor and upon

conviction shall be punished by a fine of not less than twenty-five dollars (\$25.00) nor more than one thousand dollars (\$1,000) or by imprisonment in the county jail for a definite term not to exceed sixty days or both.

History: Laws 1998, ch. 8, § 17 and Laws 1998, ch. 9, § 17.

ANNOTATIONS

Cross references. — For meaning of "federal act", see 27-2B-3 NMSA 1978.

Duplicate laws. — Laws 1998, ch. 8, § 17 and Laws 1998, ch. 9, § 17 enact identical provisions of law. Both versions are compiled at this location.

27-2B-18. Certification.

The governor shall make the certifications mandated by the federal act.

History: Laws 1998, ch. 8, § 18 and Laws 1998, ch. 9, § 18.

ANNOTATIONS

Cross references. — For meaning of "federal act", see 27-2B-3 NMSA 1978.

Duplicate laws. — Laws 1998, ch. 8, § 18 and Laws 1998, ch. 9, § 18 enact identical provisions of law. Both versions are compiled at this location.

27-2B-19. Pilot project; subsidized employment.

A. The department may apply for a food stamp waiver from the United States department of agriculture to operate a wage subsidy pilot program.

B. Upon securing a food stamp waiver, the department shall develop a wage subsidy pilot program to run from the effective date [February 18, 1998] of the New Mexico Works Act [27-2B-1 to 27-2B-20 NMSA 1978] until July 1, 2001. The department shall select a class A county, a class B county with a valuation under three hundred million dollars (\$300,000,000), a class B county with a valuation over three hundred million dollars (\$300,000,000), a class C county and a first class county as sites for the wage subsidy pilot program.

C. The wage subsidy pilot program shall include the following requirements:

(1) participating employers shall hire participants who receive cash assistance and food stamps for subsidized job slots that are full time and that offer a reasonable possibility of unsubsidized employment after the subsidy period;

(2) participating employers shall receive a subsidy for up to six months. The department may grant an extension of three months to employers operating in areas identified as having a higher unemployment rate than the state average, as defined by the department, if the extension increases the likelihood of ongoing unsubsidized employment for the subsidized employee;

(3) subsidized employees shall not be required to work in excess of forty hours per week;

(4) subsidized employees shall be paid a wage that is substantially like the wage paid for similar jobs with the employer with appropriate adjustments for experience and training but not less than the federal minimum hourly wage;

(5) subsidized employment does not impair an existing contract or collective bargaining agreement;

(6) subsidized employment does not displace currently employed workers or fill positions that are vacant due to a layoff;

(7) wage subsidy employers shall:

(a) maintain health, safety and working conditions at or above levels generally acceptable in the industry and not less than those of comparable jobs offered by the employer;

(b) provide on-the-job training necessary for subsidized employees to perform their duties;

(c) sign an agreement for each placement outlining the specific job offered to a subsidized employee and agree to abide by all of the requirements of the program;

(d) provide workers' compensation coverage for each subsidized employee;
and

(e) provide the subsidized employee with benefits equal to those for new employees or as required by state and federal law, whichever is greater;

(8) the department shall make a determination of whether a participant is eligible to be a subsidized employee that includes the following criteria:

(a) sufficient work experience to obtain unsubsidized employment;

(b) completion of an employment preparation program; or

(c) benefit from this employment strategy by the department;

(9) a disregard of income earned by the subsidized employee in the subsidized job shall be applied in the eligibility determination for services;

(10) the department shall suspend regular payments of cash assistance and food stamps to the benefit group for the calendar month in which an employer makes the first subsidized wage payment to a subsidized employee who is otherwise eligible for cash assistance and food stamps;

(11) the department shall pay employers each month, from cash assistance and food stamps, the lesser of a fixed subsidy amount determined by the department or the gross wages paid to the subsidized employee;

(12) a subsidized employee shall be eligible for supplemental payments if the net monthly full-time wage paid to the subsidized employee is less than the combined monthly total of the cash assistance and food stamps the participant is eligible to receive. The department shall authorize issuance of a supplemental cash payment to compensate for the deficit. To determine if a deficit exists, the department shall adopt an equivalency scale that is adjustable to household size and other factors; and

(13) the department shall determine monthly and pay in advance supplemental payments to eligible subsidized employees. In calculating the payment, the department shall assume that the subsidized employee will work forty hours per week during the month unless an employer provides information that the number of hours to be worked by the subsidized employee will be reduced.

D. Prior to the forty-fifth legislature, first session, the department shall report the results of the wage subsidy pilot program to the appropriate interim committee.

E. For the purposes of this section "benefits" includes health care coverage, paid sick leave and holiday and vacation pay.

F. For the purposes of this section "subsidized employee" means a participant engaged in a subsidized employment activity.

G. For the purposes of this section "net monthly full-time wage" means a subsidized employee's wages after the required payroll deductions.

History: Laws 1998, ch. 8, § 19 and Laws 1998, ch. 9, § 19.

ANNOTATIONS

Bracketed material. — The bracketed material in Subsection B was inserted by the compiler for clarity. It was not enacted by the legislature and it is not part of the law.

Duplicate laws. — Laws 1998, ch. 8, § 19 and Laws 1998, ch. 9, § 19 enact identical provisions of law. Both versions are compiled at this location.

27-2B-20. Repealed.

ANNOTATIONS

Repeals. — Laws 1999, ch. 151 § 1 repeals 27-2B-20 NMSA 1978, as enacted by Laws 1998, ch. 8, § 20 and ch. 9, § 20, relating to child support trusts, effective June 18, 1999. For provisions of former section, see 1998 Supplement.

ARTICLE 2C

Pharmaceutical Supplemental Rebate

27-2C-1. Short title.

This act [27-2C-1 to 27-2C-8 NMSA 1978] may be cited as the "Pharmaceutical Supplemental Rebate Act".

History: Laws 2002, ch. 105, § 1.

ANNOTATIONS

Effective dates. — Laws 2002, ch. 105, § 9 makes the act effective on July 1, 2002.

27-2C-2. Definitions.

As used in the Pharmaceutical Supplemental Rebate Act [27-2C-1 to 27-2C-8 NMSA 1978]:

- A. "department" means the human services department;
- B. "labeler" means a person that receives prescription drugs from a manufacturer or wholesaler and repackages those drugs for later retail sale, and that has a labeler code from the federal food and drug administration;
- C. "manufacturer" means a manufacturer of prescription drugs as defined in 42 U.S.C. 1396r-8(k)(5), including a subsidiary or affiliate of a manufacturer;
- D. "medicaid" means the joint federal-state health coverage program pursuant to Title 19 or Title 21 of the federal Social Security Act;
- E. "participating retail pharmacy" means a retail pharmacy or other business licensed to dispense prescription drugs that participates in the state medicaid program;
- F. "secretary" means the secretary of human services; and

G. "wholesaler" means a business licensed to distribute prescription drugs in the state.

History: Laws 2002, ch. 105, § 2.

ANNOTATIONS

Effective dates. — Laws 2002, ch. 105, § 9 makes the act effective on July 1, 2002.

Social Security Act. — Titles XIX and XXI of the Social Security Act, referred to in Subsection D of this section, appear as 42 U.S.C.S. §§ 1396 et seq. and 1397 et seq., respectively.

27-2C-3. Medicaid formulary for prescription drugs.

A. The department shall develop or implement a formulary or preferred drug list, taking into consideration the clinical efficacy, safety and cost effectiveness of a product.

B. The department shall ensure that the administration or delivery of health care services and products under the medicaid program includes a formulary that will provide medically appropriate drug therapies for patients.

C. The department shall require a prior authorization before a drug not listed on the medicaid program formulary may be dispensed unless otherwise provided pursuant to Subsection C of Section 27-2C-4 NMSA 1978.

D. The department shall ensure that atypical antipsychotic medications are available in the same manner as conventional antipsychotic medications for medicaid patients for the treatment of severe mental illnesses that are listed in a current national diagnostic and statistical manual of mental disorders published by a national psychiatric association, including schizophrenia, clinical depression, bipolar disorder, anxiety-panic attack disorder and obsessive compulsive disorder.

History: Laws 2002, ch. 105, § 3; 2003, ch. 344, § 1.

ANNOTATIONS

The 2003 amendment, effective June 20, 2003, added Subsection D.

Effective dates. — Laws 2002, ch. 105, § 9 makes the act effective on July 1, 2002.

27-2C-4. Negotiated drug discounts and rebates.

A. The secretary shall negotiate discount prices or rebates for prescription drugs from drug manufacturers and labelers that include supplemental rebates for the medicaid program over and above those required under 42 U.S.C. 1396r-8.

B. In negotiating rebate terms, the secretary shall consider the rebate calculated under the medicaid rebate program pursuant to 42 U.S.C. 1396r-8, the price provided to eligible entities under 42 U.S.C. 256b and other available information on prescription drug prices, discounts and rebates.

C. The secretary shall prompt a review of whether to place a manufacturer's or labeler's products on the prior authorization list for the medicaid program if:

(1) the secretary and a drug manufacturer or labeler fail to reach agreement on the terms of a supplemental medicaid rebate or discount; and

(2) the discounts or rebates offered by the manufacturer or labeler are not as favorable to the state as the prices provided to eligible entities under 42 U.S.C. 256b.

D. Any prior authorization shall meet the requirements of 42 U.S.C. 1396r-8(d)(5) and be done in accordance with the Public Assistance Act [27-2-1 NMSA 1978] or department rules.

E. The names of manufacturers and labelers that do not enter into rebate agreements are public information, and the department shall release this information to the public and actively distribute it to physicians, pharmacists and other health care professionals.

History: Laws 2002, ch. 105, § 4.

ANNOTATIONS

Effective dates. — Laws 2002, ch. 105, § 9 makes the act effective on July 1, 2002.

27-2C-5. Reporting.

The department shall report the savings from the pharmaceutical supplemental rebates for the preceding fiscal year to the legislative health and human services committee by November 1 of each year.

History: Laws 2002, ch. 105, § 5.

ANNOTATIONS

Effective dates. — Laws 2002, ch. 105, § 9 makes the act effective on July 1, 2002.

27-2C-6. Coordination with other programs.

When the secretary finds that it is beneficial to the medicaid program and another state program to combine drug pricing negotiations to maximize drug rebates, the secretary may do so.

History: Laws 2002, ch. 105, § 6.

ANNOTATIONS

Effective dates. — Laws 2002, ch. 105, § 9 makes the act effective on July 1, 2002.

27-2C-7. Rulemaking.

The department shall adopt rules to implement the provisions of the Pharmaceutical Supplemental Rebate Act [27-2C-1 to 27-2C-8 NMSA 1978].

History: Laws 2002, ch. 105, § 7.

ANNOTATIONS

Effective dates. — Laws 2002, ch. 105, § 9 makes the act effective on July 1, 2002.

27-2C-8. Waivers.

The department shall seek any waivers of federal law or rule necessary to implement the provisions of the Pharmaceutical Supplemental Rebate Act [27-2C-1 to 27-2C-8 NMSA 1978].

History: Laws 2002, ch. 105, § 8.

ANNOTATIONS

Effective dates. — Laws 2002, ch. 105, § 9 makes the act effective on July 1, 2002.

ARTICLE 2D

Education Works

27-2D-1. Short title.

This act [27-2D-1 to 27-2D-9 NMSA 1978] may be cited as the "Education Works Act".

History: Laws 2003, ch. 317, § 1.

ANNOTATIONS

Emergency clauses. — Laws 2003, ch. 317, § 10 makes the act effective immediately. Approved April 8, 2003.

27-2D-2. Definitions.

As used in the Education Works Act [27-2D-1 to 27-2D-9 NMSA 1978]:

A. "benefit group" means a pregnant woman or a group of people that includes a dependent child, all of that dependent child's full, half, step- or adopted siblings living with the dependent child's parent or relative within the fifth degree of consanguinity and the parent with whom the children live;

B. "cash assistance" means cash payments funded by maintenance of effort funds appropriated to the department in compliance with the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, or its successor acts, and distributed by the department pursuant to the Education Works Act [27-2D-1 to 27-2D-9 NMSA 1978];

C. "department" means the human services department;

D. "dependent child" means a natural, adopted step-child or ward who is:

(1) seventeen years of age or younger;

(2) eighteen years of age and is enrolled in high school; or

(3) between eighteen and twenty-two years of age and is receiving special education services regulated by the state board of education;

E. "director" means the director of the income support division of the department;

F. "earned income" means cash or payment in kind that is received as wages from employment or payment in lieu of wages; and earnings from self-employment or earnings acquired from the direct provision of services, goods or property, production of goods, management of property or supervision of services;

G. "education works program" means the cash assistance, activities and services available to a recipient pursuant to the Education Works Act [27-2D-1 to 27-2D-9 NMSA 1978];

H. "federal act" means the federal Social Security Act and rules promulgated pursuant to the Social Security Act;

I. "federal poverty guidelines" means the level of income defining poverty by family size published annually in the federal register by the United States department of health and human services;

- J. "parent" means natural parent, adoptive parent, stepparent or legal guardian;
- K. "person" means an individual;
- L. "recipient" means a person who receives cash assistance or services or a member of a benefit group who has reached the age of majority;
- M. "secretary" means the secretary of human services;
- N. "services" means child-care assistance; payment for education- or employment-related transportation costs; job search assistance; employment counseling; employment, education and job training placement; an annual payment for education-related costs; case management; or other activities whose purpose is to assist transition into employment;
- O. "unearned income" means old age, survivors and disability insurance; railroad retirement benefits; veterans administration compensation or pension; military retirement; pensions, annuities and retirement benefits; lodge or fraternal benefits; shared shelter payments; settlement payments; individual Indian money; child support; unemployment compensation benefits; union benefits paid in cash; gifts and contributions; and real property income; and
- P. "vehicle" means a conveyance for the transporting of persons to or from employment or education for the activities of daily living or for the transportation of goods; "vehicle" does not include boats, trailers or mobile homes used as a principal place of residence.

History: Laws 2003, ch. 317, § 2.

ANNOTATIONS

Cross references. — For provisions regarding the human services department, see Chapter 9, Article 8.

Emergency clauses. — Laws 2003, ch. 317, § 10 makes the act effective immediately. Approved April 8, 2003.

Personal Responsibility and Work Opportunity Act of 1996. — The Personal Responsibility and Work Opportunity Act of 1996, referred to in this section, is codified throughout the U.S. Code but largely appears in Title 42.

Social Security Act. — The Social Security Act, referred to in this section, is codified at 42 U.S.C. § 301 et seq.

27-2D-3. Application; resource planning session; individual education plan; review periods.

A. Application for cash assistance or services shall be made to the department's county office in the county or district in which an applicant resides. The application shall be in writing or reduced to writing in the manner and on the form prescribed by the department. The application shall be made under oath by an applicant with whom a dependent child resides and shall contain a statement of the age of the child, residence, a complete statement of the amount of property in which the applicant has an interest, a statement of all income that he and other benefit group members have at the time of the filing of the application and other information required by the department.

B. Application for expedited food stamps shall be made to the department's county office in the county or district in which an applicant resides. The department shall process the application for expedited food stamps within twenty-four hours after the application is made.

C. At the time of application for cash assistance and services, an applicant shall identify everyone who is to be counted in the benefit group. Once an application is approved, the recipient shall advise the department if there are any changes in the membership of the benefit group.

D. No later than thirty days after an application is filed, the department shall make referrals and act on the application.

E. No later than five days after an application is approved, the department shall provide reimbursement for child care.

F. Whenever the department receives an application for assistance, a verification and record of the applicant's circumstances shall promptly be made to ascertain the facts supporting the application and to obtain other information required by the department. The verification may include a visit to the home of the applicant, as long as the department gives adequate prior notice of the visit to the applicant.

G. The department shall work with the recipient to develop an individual educational plan that:

(1) sets forth the educational goal for the recipient, identifies barriers to that goal and identifies the steps to be taken by the recipient to achieve that goal;

(2) describes the services the department may provide so that the recipient may complete his educational goal; and

(3) provides for meetings with the recipient every six months or at the end of each academic term to review the eligibility of the benefit group and to review and revise his individual education plan.

H. The recipient and a representative of the department shall sign the recipient's individual education plan. The department shall:

- (1) not allow a recipient to decline to participate in developing an individual education plan;
- (2) not waive the requirement that a recipient develop an individual education plan; and
- (3) emphasize the importance of the individual education plan to the recipient.

History: Laws 2003, ch. 317, § 3.

ANNOTATIONS

Cross references. — For provisions regarding the human services department, see Chapter 9, Article 8.

Emergency clauses. — Laws 2003, ch. 317, § 10 makes the act effective immediately. Approved April 8, 2003.

Personal Responsibility and Work Opportunity Act of 1996. — The Personal Responsibility and Work Opportunity Act of 1996, referred to in this section, is codified throughout the U.S. Code but largely appears in Title 42.

Social Security Act. — The Social Security Act, referred to in this section, is codified at 42 U.S.C. § 301 et seq.

27-2D-4. Education works program; eligibility; restrictions; requirements.

A. A person is eligible to receive education works services or cash assistance if the person demonstrates that:

- (1) at the time of the application, the person does not have a bachelor's degree;
- (2) the person has been accepted or has been determined to be eligible to enroll in a two- or four-year post-secondary degree program; and
- (3) the degree the person will receive will increase his ability to engage in full-time paid employment.

B. A recipient shall not receive cash assistance funded by the temporary assistance for needy families block grant during the period in which the recipient is receiving cash assistance pursuant to the Education Works Act.

C. A recipient shall apply for all financial aid available from the post-secondary educational institution that the recipient attends.

D. During the twenty-four months of participation in the education works program, a recipient shall engage in at least twenty hours per week of class time, studying, work, work study or volunteering. The department shall assume that a recipient spends one and one-half hours studying for every hour of class time.

E. A recipient may participate in the education works program for no more than twenty-four months, except that a recipient may participate in the education works program for one additional academic term following the twenty-four month participation limit, or for two additional academic terms following the twenty-four month participation limit at the discretion of the director, if doing so will result in the recipient earning a degree.

F. The number of recipients enrolled in the education works program is limited to the number of recipients who can be served by the funds available.

G. A recipient may earn only one degree through the education works program.

H. For purposes of this section, "work" means work study, training-related practicums, internships, paid employment, volunteering or any other activity approved by the department.

History: Laws 2003, ch. 317, § 4; 2005, ch. 265, § 1.

ANNOTATIONS

Emergency clauses. — Laws 2003, ch. 317, § 10 makes the act effective immediately. Approved April 8, 2003.

The 2005 amendment, effective June 17, 2005, provides in Subsection E that a recipient may participate in the education works program for two additional academic terms following the twenty-four month participation limit at the discretion of the director.

27-2D-5. Financial standard of need.

A. The secretary shall adopt a financial standard of need based upon the availability of state funds.

B. The following income sources are exempt from the gross income test, the net income test and the cash payment calculation:

- (1) medicaid;
- (2) food stamps;

(3) government-subsidized foster care payments if the child for whom the payment is received is also excluded from the benefit group;

(4) supplemental security income;

(5) government-subsidized housing or housing payments;

(6) federally excluded income;

(7) educational payments made directly to an educational institution;

(8) government-subsidized child care;

(9) earned income that belongs to a person seventeen years of age or younger who is not the head of household;

(10) fifty dollars (\$50.00) of collected child support passed through to the recipient by the child support enforcement division of the department; and

(11) other income sources as determined by the department.

C. The total countable gross earned and unearned income of the benefit group shall not exceed eighty-five percent of the federal poverty guidelines for the size of the benefit group.

D. For a benefit group to be eligible to participate:

(1) earned and unearned income that belongs to the benefit group shall not exceed eighty-five percent of the federal poverty guidelines for the size of the benefit group; and

(2) earned and unearned income that belongs to the benefit group shall not equal or exceed the financial standard of need after applying the disregards set out in Paragraphs (1) through (4) of Subsection E of this section.

E. Subject to the availability of state funds, the department shall determine the cash payment of the benefit group by applying the following disregards to the benefit group's earned income and then subtracting that amount from the benefit group's financial standard of need:

(1) for the first two years of receiving cash assistance or services, if a recipient works over the work requirement rate set by the department pursuant to the Education Works Act [27-2D-1 to 27-2D-9 NMSA 1978], one hundred percent of the income earned by the recipient beyond that rate;

(2) for the first two years of receiving cash assistance or services, for a two-parent benefit group, one hundred percent of income earned by each recipient beyond the work requirement rate set by the department;

(3) one hundred twenty-five dollars (\$125) of monthly earned income and one-half of the remainder, or for a two-parent family, two hundred twenty-five dollars (\$225) of monthly earned income and one-half of the remainder for each parent;

(4) monthly payments made for child care at a maximum of two hundred dollars (\$200) for a child under two years of age and a maximum of one hundred seventy-five dollars (\$175) for a child two years of age or older;

(5) costs of self-employment income; and

(6) business expenses.

F. The department may recover overpayments of cash assistance on a monthly basis not to exceed fifteen percent of the financial standard of need applicable to the benefit group.

History: Laws 2003, ch. 317, § 5.

ANNOTATIONS

Emergency clauses. — Laws 2003, ch. 317, § 10 makes the act effective immediately. Approved April 8, 2003.

27-2D-6. Resources.

A. Liquid and nonliquid resources owned by the benefit group shall be counted in the eligibility determination.

B. A benefit group may at a maximum own the following resources:

(1) two thousand dollars (\$2,000) in nonliquid resources;

(2) one thousand five hundred dollars (\$1,500) in liquid resources;

(3) the value of the principal residence of the recipient;

(4) the value of burial plots and funeral contracts for family members;

(5) individual development accounts; and

(6) the value of work-related equipment up to one thousand dollars (\$1,000).

C. Vehicles owned by the benefit group shall not be considered in the determination of resources attributed to the benefit group.

History: Laws 2003, ch. 317, § 6.

ANNOTATIONS

Emergency clauses. — Laws 2003, ch. 317, § 10 makes the act effective immediately. Approved April 8, 2003.

27-2D-7. Ineligibility.

A. The following are ineligible to be members of a benefit group:

- (1) an inmate or patient of a nonmedical institution;
- (2) a person who, in the two years preceding application, assigned or transferred real property unless he:
 - (a) received or receives a reasonable return;
 - (b) attempted to or attempts to receive a reasonable return; or
 - (c) attempted to or attempts to regain title to the real property;
- (3) a minor unmarried parent who has not successfully completed a high school education and who has a child at least twelve weeks of age in his care unless the minor unmarried parent:
 - (a) participates in educational activities directed toward the attainment of a high school diploma or its equivalent; or
 - (b) participates in an alternative educational or training program that has been approved by the department;
- (4) a minor unmarried parent who is not residing in a place of residence maintained by his parent, legal guardian or other adult relative unless the department:
 - (a) refers or locates the minor unmarried parent to a second-chance home, maternity home or other appropriate adult-supervised supportive living arrangement and takes into account the needs and concerns of the minor unmarried parent;
 - (b) determines that the minor unmarried parent has no parent, legal guardian or other appropriate adult relative who is living or whose whereabouts are known;

(c) determines that a minor unmarried parent is not allowed to live in the home of a living parent, legal guardian or other appropriate adult relative;

(d) determines that the minor unmarried parent is or has been subjected to serious physical or emotional harm, sexual abuse or exploitation in the home of the parent, legal guardian or other appropriate adult relative;

(e) finds that substantial evidence exists of an act or a failure to act that presents an imminent or serious harm to the minor unmarried parent and the child of the minor unmarried parent if they live in the same residence with the parent, legal guardian or other appropriate adult relative; or

(f) determines that it is in the best interest of the unmarried minor parent to waive this requirement;

(5) a minor child who has been absent or is expected to be absent from the home for forty-five days;

(6) a person who does not provide a social security number or who refuses to apply for one;

(7) a person who is not a resident of New Mexico;

(8) a person who fraudulently misrepresented residency to receive assistance in two or more states simultaneously, except that the person shall be ineligible only for ten years;

(9) a person who is a fleeing felon or a probation and parole violator;

(10) a person concurrently receiving supplemental security income, tribal temporary assistance for needy families or bureau of Indian affairs general assistance; and

(11) unless he demonstrates good cause, a parent who does not assist the department in establishing paternity or obtaining child support or who does not assign support rights to New Mexico as required pursuant to the federal act.

B. For the purposes of this section, "second-chance home" means an entity that provides a supportive and supervised living arrangement to a minor unmarried parent where the minor unmarried parent is required to learn parenting skills, including child development, family budgeting, health and nutrition and other skills to promote long-term economic independence and the well-being of children.

C. Pursuant to the authorization provided to the states in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 21 U.S.C. Section

862a(d)(1)(A), New Mexico elects to exempt all persons domiciled in the state from application of 21 U.S.C. Section 862a(a).

History: Laws 2003, ch. 317, § 7.

ANNOTATIONS

Cross references. — For provisions regarding the human services department, see Chapter 9, Article 8.

Emergency clauses. — Laws 2003, ch. 317, § 10 makes the act effective immediately. Approved April 8, 2003.

Personal Responsibility and Work Opportunity Act of 1996. — The Personal Responsibility and Work Opportunity Act of 1996, referred to in this section, is codified throughout the U.S. Code but largely appears in Title 42.

Social Security Act. — The Social Security Act, referred to in this section, is codified at 42 U.S.C. § 301 et seq.

27-2D-8. Fair hearing; review and appeal.

A. A recipient may request a hearing if:

(1) an application is not acted on within a reasonable time after the filing of the application;

(2) an application is denied in whole or in part; or

(3) the cash assistance or services are modified, terminated or not provided.

B. The department shall notify the recipient of his rights under this section.

C. The department shall by rule establish procedures for the filing of a request for a hearing and the time limits within which a request may be filed; provided, however, that the department may grant reasonable extensions of the time limits. If the request is filed in a timely manner, cash assistance and services shall be provided until the appeal is resolved. If the request is not filed within the specified time for appeal or within whatever extension the department may grant, the department action shall be final. Upon receipt of a timely request, the department shall give the recipient reasonable notice of an opportunity for a fair hearing in accordance with the rules of the department.

D. The hearing shall be conducted by a hearing officer designated by the director. The powers of the hearing officer shall include administering oaths or affirmations to witnesses called to testify, taking testimony, examining witnesses, admitting or excluding evidence and reopening a hearing to receive additional evidence. The

technical rules of evidence and the rules of civil procedure shall not apply. The hearing shall be conducted so that the contentions or defenses of each party to the hearing are amply and fairly presented. Each party may be represented by counsel or other representative and may conduct cross-examination. Oral or documentary evidence may be received, but the hearing officer may exclude irrelevant, immaterial or unduly repetitious evidence.

E. The director shall review the record of the proceedings and shall make his decision on the record. The recipient or his representative shall be notified in writing of the director's decision and the reasons for the decision. The written notice shall inform the recipient of his right to judicial review. The department shall be responsible for ensuring that the decision is enforced.

F. Within thirty days after receiving written notice of the decision of the director, a recipient may file a notice of appeal with the court of appeals together with a copy of the notice of the decision. The clerk of the court shall transmit a copy of the notice of appeal to the director.

G. The filing of a notice of appeal shall not stay the enforcement of the decision of the director, but the department may grant, or the court upon motion and good cause shown may order, a stay.

H. Within twenty days after receipt of the notice of appeal, the department shall file with the clerk of the court three copies and furnish to the appellant one copy of the written transcript of the record of the proceedings.

I. If, before the date set for argument, application is made to the court for leave to present additional evidence and the court is satisfied that the additional evidence is material and there was good reason for not presenting it in the hearing, the court may order the additional evidence taken before the department. If the application to present additional evidence is filed by the department and is approved by the court, the department's decision that is being appealed shall be stayed. The director may modify his findings and decision by reason of the additional evidence and shall file with the court a transcript of the additional evidence together with any modified or new findings or decision.

J. The review of the court shall be made upon the decision and the record of the proceedings.

K. The court shall set aside a decision and order of the director only if the decision is found to be:

- (1) arbitrary, capricious or an abuse of discretion;
- (2) not supported by substantial evidence in the record as a whole; or

- (3) otherwise not in accordance with law.

L. The department shall not authorize or allow expenditures in excess of the amounts previously appropriated by the legislature.

History: Laws 2003, ch. 317, § 8.

ANNOTATIONS

Emergency clauses. — Laws 2003, ch. 317, § 10 makes the act effective immediately. Approved April 8, 2003.

27-2D-9. Satisfactory participation.

A. To maintain satisfactory participation in the education works program, a recipient shall be a full-time student as defined by the school that the recipient attends.

B. A recipient may demonstrate good cause for failure to maintain satisfactory participation in the education works program, and must work with the department to address the barrier, in any month of participation for the following reasons:

- (1) extended illness or injury of the recipient;
- (2) the recipient is the primary caretaker for a special needs child or an ill or aging parent; or
- (3) the recipient has been assessed to have a learning disability or a mental or physical health problem.

C. If a recipient falls below the academic standard of the school in one academic term, he shall be placed on probationary status for one academic term to improve his grades. If a recipient's overall grade point average falls below 2.0 based on a four-point system, the department shall place him on probation for a maximum of two academic terms to allow him to bring up his overall grade point average.

D. A recipient shall:

- (1) attend classes as scheduled and participate as required by the standard of the school;
- (2) report to the department a change that may affect the benefit group's eligibility for or anything that may affect the recipients ability to participate in the education works program;
- (3) provide the department with copies of any financial aid award letters; and

(4) provide the department with copies of his grades as they become available.

E. If a recipient does not comply with Subsection C of this section or with the provisions of the Education Works Act [27-2D-1 to 27-2D-9 NMSA 1978], the department may require the recipient to apply for public assistance pursuant to the New Mexico Works Act [27-2B-1 to 27-2B-7 and 27-2B-8B to 27-2B-20 NMSA 1978]. This decision shall be made in writing and the recipient shall have the opportunity to appeal the decision.

History: Laws 2003, ch. 317, § 9.

ANNOTATIONS

Emergency clauses. — Laws 2003, ch. 317, § 10 makes the act effective immediately. Approved April 8, 2003.

ARTICLE 2E

Prescription Drug Pricing

27-2E-1. Average manufacturer price; filing; reporting.

A. A person who manufactures a prescription drug, including a generic prescription drug, that is sold in New Mexico shall file with the human services department:

- (1) the average manufacturer price for the drug;
- (2) the price that each wholesaler or pharmacy benefit manager doing business in this state pays the manufacturer to purchase the drug; and
- (3) the price paid to the manufacturer by any entity in an arrangement or contract that sells or provides prescription drugs in New Mexico without the services of a wholesaler.

B. The information required under Subsection A of this section shall be filed annually or more frequently, as determined by the human services department. The information required under Subsection A of this section is confidential and shall not be disclosed pursuant to Section 3 [27-2E-3 NMSA 1978] of this act and shall not be subject to public inspection pursuant to the provisions of Section 14-2-1 NMSA 1978.

C. A person who engages in the wholesale distribution of prescription drugs in New Mexico shall file with the human services department information showing the actual price at which the wholesaler or distributor sells a particular drug to a pharmacy.

D. As used in this section, "average manufacturer price" means the average price paid to the manufacturer for the drug in New Mexico, including rebates, discounts and market incentives, after deducting customary prompt-pay discounts.

History: Laws 2003, ch. 381, § 1.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 381, § 5, makes this act effective on January 1, 2004.

27-2E-2. Unlawful disclosure; penalties.

A. It is unlawful for an employee, former employee, contractor or former contractor of the human services department to reveal to another person, except to another employee or contractor of the department as required by the employee's or contractor's duties or responsibilities or by state or federal court order, information acquired pursuant to Section 1 [27-2E-1 NMSA 1978] of this act or any other information about a prescription drug manufacturer acquired as a result of his employment or contract by the department and not available from public sources.

B. An employee, former employee, contractor or former contractor of the human services department who reveals to another person information that he is prohibited from lawfully revealing is guilty of a misdemeanor and shall, upon conviction thereof, be fined not more than one thousand dollars (\$1,000) or imprisoned not more than one year, or both, together with costs of prosecution, and shall not be employed by the state for a period of five years after the date of the conviction.

History: Laws 2003, ch. 381, § 2.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 381, § 5 makes this section effective on January 1, 2004.

27-2E-3. Enforcement.

The office of the attorney general may take action to investigate and enforce the requirements of Sections 1 and 2 [27-2E-1 and 27-2E-2 NMSA 1978] of this act.

History: Laws 2003, ch. 381, § 3.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 381, § 381, § 5 makes this section effective on January 1, 2004.

Severability clauses. — Laws 2003, ch. 381, § 4 provides for the severability of the act if any part or application thereof is held invalid.

ARTICLE 3

Public Assistance Appeals

27-3-1. Short title.

This act [27-3-1 to 27-3-4 NMSA 1978] may be cited as the "Public Assistance Appeals Act".

History: 1953 Comp., § 13-18-1, enacted by Laws 1973, ch. 256, § 1.

ANNOTATIONS

Law reviews. — For article, "The Use of the Substantial Evidence Rule to Review Administrative Findings of Fact in New Mexico," see 10 N.M.L. Rev. 103 (1979-1980).

Am. Jur. 2d, A.L.R. and C.J.S. references. — Propriety of telephone testimony or hearings in public welfare proceedings, 88 A.L.R.4th 1094.

27-3-2. Definitions.

As used in the Public Assistance Appeals Act [27-3-1 to 27-3-4 NMSA 1978]:

A. "department" means the income support division, the medical assistance division or the social services division of the human services department;

B. "board" means the income support division, the medical assistance division or the social services division of the human services department; and

C. "director" means the director of the income support division, the medical assistance division or the social services division of the human services department.

History: 1953 Comp., § 13-18-2, enacted by Laws 1973, ch. 256, § 2; 1977, ch. 252, § 22; 1991, ch. 155, § 2.

ANNOTATIONS

The 1991 amendment, effective June 14, 1991, inserted "the medical assistance division" in Subsections A and C and "the medical assistance division or the social services division" in Subsection B.

27-3-3. Fair hearing.

A. An applicant for or recipient of assistance or services under any provisions of the Public Assistance Act [27-2-1 NMSA 1978], Social Security Act or Special Medical Needs Act [27-4-1 to 27-4-5 NMSA 1978] or regulations of the board adopted pursuant to those acts may request a hearing in accordance with regulations of the board if:

- (1) an application is not acted upon within a reasonable time after the filing of the application;
- (2) an application is denied in whole or in part; or
- (3) the assistance or services are modified, terminated or not provided.

The department shall notify the recipient or applicant of his rights under this section.

B. The board shall by regulation establish procedures for the filing of a request for a hearing and the time limits within which a request may be filed; provided, however, that the department may grant reasonable extensions of the time limits. If the request is not filed within the specified time for appeal or within whatever extension the department may grant, the department action shall be final. Upon receipt of a timely request, the department shall give the applicant or recipient reasonable notice of an opportunity for a fair hearing in accordance with the regulations of the board.

C. The hearing shall be conducted by a hearing officer designated by the director. The powers of the hearing officer shall include administering oaths or affirmations to witnesses called to testify, taking testimony, examining witnesses, admitting or excluding evidence and reopening any hearing to receive additional evidence. The technical rules of evidence and the rules of civil procedure shall not apply. The hearing shall be conducted so that the contentions or defenses of each party to the hearing are amply and fairly presented. Either party may be represented by counsel or other representative of his designation, and he or his representative may conduct cross-examination. Any oral or documentary evidence may be received, but the hearing officer may exclude irrelevant, immaterial or unduly repetitious evidence.

D. The director shall review the record of the proceedings and shall make a decision thereon. The applicant or recipient or his representative shall be notified in writing of the director's decision and the reasons for the decision. The written notice shall inform the applicant or recipient of his right to judicial review. The department shall be responsible for assuring that the decision is enforced.

History: 1953 Comp., § 13-18-3, enacted by Laws 1973, ch. 256, § 3; 1991, ch. 155, § 3.

ANNOTATIONS

The 1991 amendment, effective June 14, 1991, in Subsection A, substituted "Social Security Act" for "Social Services Act" near the beginning and added "or not provided" at the end of Paragraph (3) and made minor stylistic changes in Subsections A and D.

Social Security Act. — The federal Social Security Act, referred to in Subsection A, appears as 42 U.S.C.S. § 301 et seq.

Right to hearing. — Medicaid recipient's allegations of both a past lack of success with the type of conventional therapy offered by her HMO and a history of successful treatment by licensed physicians employing non-conventional therapy were sufficient to entitle her to a fair hearing to determine whether her HMO in fact has contracted with providers having the necessary qualifications to provide her with appropriate treatment. *Hyden v. Human Servs. Dep't*, 2000-NMCA-107, 130 N.M. 19, 16 P.3d 444.

Requirement that medical reports evidence be available for examination. — Since medical reports are written information, they cannot be made a part of a hearing record or be used in making a decision on the case unless they have been made available for examination prior to or during the hearing. *Hillman v. Health & Social Servs. Dep't*, 92 N.M. 480, 590 P.2d 179 (Ct. App. 1979).

Consideration of report not properly admitted into evidence held harmless error. — Where a report is not available to recipient before the hearing is concluded, and is not properly admitted into evidence, consideration of this report by the hearing officer violates the program manual but where the report does no more than agree with previous reports of specialists, which were properly in evidence and which provide substantial support for the decision to terminate benefits, consideration of the report is harmless error. *State ex rel. Human Servs. Dep't v. Gomez*, 99 N.M. 261, 657 P.2d 117 (1982).

Termination of benefits cannot be based upon information outside record. *Hillman v. Health & Social Servs. Dep't*, 92 N.M. 480, 590 P.2d 179 (Ct. App. 1979).

Termination hearing must protect claimant's opportunity to present case. — Any decision terminating a claimant's benefits must be based on a hearing which fully protects the claimant's opportunity to present his case; specifically, the option to examine all medical reports prior to or during the hearing. *Hillman v. Health & Social Servs. Dep't*, 92 N.M. 480, 590 P.2d 179 (Ct. App. 1979).

Hearing conducted by telephone not denial of due process. — A recipient of welfare benefits is not deprived of due process because his termination hearing is conducted by telephone and not in the presence of a hearing officer who can observe his demeanor. *State ex rel. Human Servs. Dep't v. Gomez*, 99 N.M. 261, 657 P.2d 117 (1982).

Reasons for decision. — Although the director signed a form paragraph entitled "Final Decision" and inserted a check mark indicating "[d]ecided in favor of Dept.," his

signature and the check mark failed to comply with Subsection D because they did not indicate the reason for his decision. Specifically, the director failed to indicate whether he adopted or approved the findings and conclusions of the hearing officer or whether he reached his decision on some other basis. *Green v. New Mexico Human Servs. Dep't*, 107 N.M. 628, 762 P.2d 915 (Ct. App. 1988).

Burden on department to inform about subsequent hearing opportunities. — The burden of informing an applicant/recipient of the opportunity to present his case in light of new medical reports and social summaries at subsequent hearings is placed upon the department. *Hillman v. Health & Social Servs. Dep't*, 92 N.M. 480, 590 P.2d 179 (Ct. App. 1979).

No duty to inform of right to reapply. — There is nothing in the statutes or regulations that would impose upon the department the duty to inform an applicant to reapply for benefits. *Landavazo v. New Mexico Dep't of Human Servs.*, 106 N.M. 715, 749 P.2d 538 (Ct. App. 1988).

Subsequent change of circumstance. — Where an applicant's application for food stamp benefits was originally denied by the county office because the resource maximum for his household was exceeded by the value of his vehicle, and he then modified his vehicle to accommodate his physical handicap, so as to exclude it from consideration as a resource, this modification constituted a changed condition or circumstance subsequent to the original denial of his application, so that the hearing officer did not err in refusing to consider this evidence. The applicant's proper remedy was to reapply for benefits. *Landavazo v. New Mexico Dep't of Human Servs.*, 106 N.M. 715, 749 P.2d 538 (Ct. App. 1988).

Department is bound by its own regulations. *Hillman v. Health & Social Servs. Dep't*, 92 N.M. 480, 590 P.2d 179 (Ct. App. 1979).

Judicial review. — In reviewing an administrative decision, the courts must view the evidence in the light most favorable to the decision. *New Mexico Dep't of Human Servs. v. Tapia*, 97 N.M. 632, 642 P.2d 1091 (1982).

Notice of right of review. — This section provides for joint notice of decision and notice of the right of review, and, consequently, the notice of the right of review can be sent to a representative who has represented the applicant at the hearing and who receives notice of the director's decision. *James v. New Mexico Human Serv. Dep't*, 106 N.M. 318, 742 P.2d 530 (Ct. App. 1987).

Tardy notice of appeal. — An applicant may not rely on inaccurate information in her notification from the director under this section as to the time for taking an appeal to excuse the tardy filing of her notice of appeal. *James v. New Mexico Human Serv. Dep't*, 106 N.M. 318, 742 P.2d 530 (Ct. App. 1987).

Scope of judicial review of "fair hearing" decision. — A judicial review of a "fair hearing" decision is not limited to whether the department's representative proceeded properly on the basis of information known prior to the "fair hearing". On the contrary, the evidence that is considered is the evidence contained in the record of the entire "fair hearing." *Cruz v. New Mexico Dep't of Human Servs.*, 100 N.M. 133, 666 P.2d 1280 (Ct. App. 1983).

Law reviews. — For article, "Survey of New Mexico Law, 1979-80: Administrative Law," see 11 N.M.L. Rev. 1 (1981).

Am. Jur. 2d, A.L.R. and C.J.S. references. — Representation by attorney of social security benefit claimant in administrative proceeding, 59 A.L.R. Fed. 595.

27-3-4. Appeal.

Within thirty days after receiving written notice of the decision of the director pursuant to Section 27-3-3 NMSA 1978, an applicant or recipient may file a notice of appeal with the district court pursuant to the provisions of Section 39-3-1.1 NMSA 1978.

History: 1953 Comp., § 13-18-4, enacted by Laws 1973, ch. 256, § 4; 1998, ch. 55, § 37; 1999, ch. 265, § 39.

ANNOTATIONS

The 1998 amendment, effective September 1, 1998, rewrote this section to the extent that a detailed comparison is impracticable.

The 1999 amendment, effective July 1, 1999, substituted "Section 39-3-1.1" for "Section 12-8A-1".

Time for filing notice of appeal. — Because the requirement of the time for filing notice of an appeal from a decision of an administrative board or agency lies within the supreme court's rule-making authority, and because such timing is now covered by Rule 12-601A NMRA, requiring filing notice within 30 days of the decision appealed from, not this section, requiring filing notice within 30 days of receipt of written notice of the decision, governs. *James v. New Mexico Human Serv. Dep't*, 106 N.M. 318, 742 P.2d 530 (Ct. App. 1987).

Review of administrative decisions where whole record considered. — Because of the minor departure from the customary substantial evidence rule in reviewing administrative decisions where the record as a whole must be considered, the reviewing court may act on other convincing evidence in the record and may make its own findings based thereon. *New Mexico Human Servs. Dep't v. Garcia*, 94 N.M. 175, 608 P.2d 151 (1980).

In reviewing an administrative decision, the courts must view the evidence in the light most favorable to the decision. *New Mexico Dep't of Human Servs. v. Tapia*, 97 N.M. 632, 642 P.2d 1091 (1982).

In order to determine whether a decision by the human services department is supported by substantial evidence in the record as a whole, the court must view the evidence in the light most favorable to the decision by the human services department; this does not permit accepting part of the evidence and totally disregarding other convincing evidence in the record considered as a whole. *New Mexico Human Servs. Dep't v. Garcia*, 94 N.M. 175, 608 P.2d 151 (1980).

The court of appeals does not reweigh the evidence nor resolve any conflicts in evidence. If there is substantial evidence on which a reasonable mind would have made such a decision, the court should affirm the administrative officer's decision. *Montoya v. New Mexico Human Servs. Dep't*, 108 N.M. 263, 771 P.2d 196 (Ct. App. 1989).

Nonincome producing property not bar to benefits. — When the evidence shows that the property cannot be utilized to produce income and a sale of the property would produce no income, the applicants for public assistance are eligible for benefits; therefore, the department's decision to deny aid to families with dependent children benefits has no support in the record. *Robnett v. New Mexico Dep't of Human Servs. Income Support Div.*, 93 N.M. 245, 599 P.2d 398 (Ct. App. 1979).

Denial of benefits based upon substantial evidence. — Substantial evidence in the record as a whole supported the human services department's denial of aid to families with dependent children benefits where the natural father could provide support. *New Mexico Human Servs. Dep't v. Garcia*, 94 N.M. 175, 608 P.2d 151 (1980).

Arbitrary and capricious action by administrative agency is evident when it can be said that such action is unreasonable or does not have a rational basis and is the result of an unconsidered, willful and irrational choice of conduct, and not the result of a winnowing and sifting process. *Garcia v. New Mexico Human Servs. Dep't*, 94 N.M. 178, 608 P.2d 154 (Ct. App. 1979), rev'd on other grounds, 94 N.M. 175, 608 P.2d 151 (1980).

Failure to give notice of reason for reduction in benefits. — The action of the department in not giving notice to a recipient of the reason why her benefits were reduced invalidates the decision of the department. *Taylor v. Department of Human Servs.*, 98 N.M. 314, 648 P.2d 353 (Ct. App. 1982).

Failure of department to consider certain relevant medical evidence found to be arbitrary, capricious and not in accordance with law. *Saenz v. New Mexico Dep't of Human Servs.*, 98 N.M. 805, 653 P.2d 181 (Ct. App. 1982).

Correct decision reached for wrong reason not reversed. — A correct decision of the department will not be reversed because the result was reached for the wrong

reason where the court finds another valid basis for that result. *Melton v. New Mexico Dep't of Human Servs.*, 97 N.M. 102, 637 P.2d 52 (Ct. App. 1981).

Law reviews. — For article, "The Use of the Substantial Evidence Rule to Review Administrative Findings of Fact in New Mexico," see 10 N.M.L. Rev. 103 (1979-80).

For article, "Substantial Evidence Reconsidered: The Post-Duke City Difficulties and Some Suggestions for Their Resolution," see 18 N.M.L. Rev. 525 (1988).

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 105 to 108.

Sufficiency of notice or hearing required prior to termination of welfare benefits, 47 A.L.R.3d 277.

81 C.J.S. Social Security and Public Welfare §§ 13, 26, 27, 62, 72.

27-3-5. [Expenditures for programs.]

Nothing in the Public Assistance Act [27-2-1 NMSA 1978] or the Fair Hearing Act shall be construed as authorizing or allowing expenditures for the affected programs in excess of the amounts previously appropriated by the legislature for such programs.

History: Laws 1991, ch. 155, § 4.

ANNOTATIONS

Fair Hearing Act. — The reference to the Fair Hearing Act appears to be a reference to the Public Assistance Appeals Act, 27-3-1 to 27-3-4 NMSA 1978, and specifically 27-3-3 NMSA 1978.

Durational limit on receipt of benefits. — The human services department had the implied authority to limit the receipt of general assistance to twelve continuous months by regulation. *Howell v. Heim*, 118 N.M. 500, 882 P.2d 541 (1994).

ARTICLE 4

Special Medical Needs

27-4-1. Short title.

Sections 1 through 7 of this act [27-4-1 to 27-4-5 NMSA 1978] may be cited as the "Special Medical Needs Act".

History: 1953 Comp., § 13-15-1, enacted by Laws 1973, ch. 311, § 1.

ANNOTATIONS

Cross references. — For public assistance generally, see Chapter 27, Article 2 NMSA 1978.

Law reviews. — For note, "Medical Benefits Awarded to an Illegal Alien: Perez v. Health and Social Services," see 9 N.M.L. Rev. 89 (1978-79).

27-4-2. Definitions.

As used in the Special Medical Needs Act [27-4-1 to 27-4-5 NMSA 1978]:

- A. "department" means the income support division of the human services department;
- B. "board" means the income support division of the human services department;
- C. "aged person" means one who has attained the age of sixty-five years and does not have a spouse financially able, according to regulations of the board, to furnish support;
- D. "disabled person" means one who has attained the age of eighteen years and is determined to be permanently and totally disabled according to regulations of the board; and
- E. "blind person" means one who is determined to be blind according to regulations of the board.

History: 1953 Comp., § 13-15-2, enacted by Laws 1973, ch. 311, § 2; 1977, ch. 252, § 20.

27-4-3. Persons with special needs.

A. The board shall by regulation establish a program to provide essential medical care for aged, blind or disabled persons not eligible for public assistance under the Public Assistance Act [27-2-1 NMSA 1978] and who have a serious medical condition which will as a reasonable medical probability lead to death in the near future.

B. Such medical condition will be certified by an individual licensed under state law to practice medicine or osteopathy. The medical care shall be reviewed and approved according to regulations of the board.

History: 1953 Comp., § 13-15-3, enacted by Laws 1973, ch. 311, § 3.

ANNOTATIONS

Law reviews. — For note, "Medical Benefits Awarded to an Illegal Alien: Perez v. Health and Social Services," see 9 N.M.L. Rev. 89 (1978-79).

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 32 to 41.

81 C.J.S. Social Security and Public Welfare §§ 97, 102, 103, 126.

27-4-4. Standard of need; income determination.

A. Standard of need for purposes of the Special Medical Needs Act [27-4-1 to 27-4-5 NMSA 1978] shall be determined in accordance with regulations adopted by the board.

B. The board shall define by regulation exempt and nonexempt income and resources. Medical expenses shall not be deducted from either income or resources in determining eligibility.

History: 1953 Comp., § 13-15-4, enacted by Laws 1973, ch. 311, § 4; 1975, ch. 187, § 1.

ANNOTATIONS

Community property principles should determine definition of income under section, as property acquired during marriage by either husband or wife, or both, is presumed to be community property pursuant to 40-3-12A NMSA 1978. *Herrera v. Health & Social Servs.*, 92 N.M. 331, 587 P.2d 1342 (Ct. App. 1978).

Law reviews. — For note, "Medical Benefits Awarded to an Illegal Alien: Perez v. Health and Social Services," see 9 N.M.L. Rev. 89 (1978-79).

27-4-5. Eligibility requirements.

A person is eligible for medical care under the Special Medical Needs Act [27-4-1 to 27-4-5 NMSA 1978] if:

A. pursuant to Section 27-4-4 NMSA 1978, the total amount of his nonexempt income is less than the applicable standard of need; and

B. nonexempt specific and total resources are less than the level of maximum permissible resources established by the board; and

C. he meets all qualifications for persons with special needs, pursuant to Section 27-4-3 NMSA 1978; and

D. within two years immediately prior to the filing of an application for assistance, he has not made an assignment or transfer of real property unless he has received a reasonable return for the real property; or, if he has not received such reasonable return, he is willing to attempt to obtain such return and, if such attempt proves futile, he is willing to attempt to regain title to the property; and

E. he is not an inmate of any public nonmedical institution at the time of receiving assistance; and

F. he is a resident of New Mexico.

History: 1953 Comp., § 13-15-5, enacted by Laws 1973, ch. 311, § 5; 1975, ch. 187, § 2.

ANNOTATIONS

Undocumented alien living in state is resident and is entitled to the benefits of the Special Medical Needs Act, provided he meets the statutory eligibility requirements. *Perez v. Health & Social Servs.*, 91 N.M. 334, 573 P.2d 689 (Ct. App. 1977), cert. denied, 91 N.M. 491, 576 P.2d 297 (1978).

Law reviews. — For note, "Medical Benefits Awarded to an Illegal Alien: *Perez v. Health and Social Services*," see 9 N.M.L. Rev. 89 (1978-79).

ARTICLE 5

Indigent Hospital and County Health Care

27-5-1. Short title.

Chapter 27, Article 5 NMSA 1978 may be cited as the "Indigent Hospital and County Health Care Act".

History: 1953 Comp., § 13-2-12, enacted by Laws 1965, ch. 234, § 1; 1993, ch. 321, § 1.

ANNOTATIONS

The 1993 amendment, effective July 1, 1993, substituted "Chapter 27, Article 5 NMSA 1978" for "This act" and "and County Health Care" for "Claims".

Compiler's notes. — Section 13-2-21, 1953 Comp., authorizing suit against a county on hospital claim with judgment to be collected through a levy, was held unconstitutional in *Board of Dirs. of Mem. Gen. Hosp. v. County Indigent Hosp. Claims Bd.*, 77 N.M. 475, 423 P.2d 994 (1967). The court held that the provision was an unconstitutional attempt to circumvent N.M. Const., Art. VIII, § 2 since such a judgment would not create

a "public debt" and thus did not fall within exception to constitutional limitation on property tax levies. See also 1968 Op. Att'y Gen. No. 68-107.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 38 to 41.

27-5-2. Purpose of Indigent Hospital and County Health Care Act.

The purpose of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] is:

A. to recognize that the individual county of this state is the responsible agency for ambulance transportation or the hospital care or the provision of health care to indigent patients domiciled in that county for at least three months or for such period of time, not in excess of three months, as determined by resolution of the board of county commissioners, and to provide a means whereby each county can discharge this responsibility through a system of payments to ambulance providers, hospitals or health care providers for the care and treatment of, or the provision of health care services to, indigent patients;

B. to recognize that the counties of the state are also responsible for supporting indigent patients by providing local revenues to match federal funds for the state medicaid program, including the provision of matching funds for payments to sole community provider hospitals and the transfer of funds to the county-supported medicaid fund pursuant to the Statewide Health Care Act [27-10-1 to 27-10-4 NMSA 1978]; and

C. to recognize that the counties of the state can improve the provision of health care to indigent patients by providing local revenues for countywide or multicounty health planning.

History: 1953 Comp., § 13-2-13, enacted by Laws 1965, ch. 234, § 2; 1971, ch. 72, § 1; 1983, ch. 234, § 1; 1987, ch. 88, § 1; 1993, ch. 321, § 2; 1997, ch. 51, § 1.

ANNOTATIONS

The 1993 amendment, effective July 1, 1993, substituted "and County Health Care" for "Claims" in the section heading and near the beginning of the section; added the Subsection A designation in the existing provisions and added Subsection B, making a related grammatical change; and in Subsection A, substituted "or the provision of the health care to" for "of the" near the beginning and "hospitals or health care providers for actual cost incurred for" for "or hospitals for actual cost incurred as the result of ambulance transportation provided for or" near the end.

The 1997 amendment rewrote Subsection A and added Subsection C. Laws 1997, ch. 51 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is

effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

"Hospital care". — The term "hospital care", as referred to in Subsection A, encompasses mental health treatment provided by a county hospital to indigent residents of the county. 1988 Op. Att'y Gen. No. 88-64.

Individuals committed under statutory involuntary commitment. — Individuals committed to private or county-operated facilities under statutory involuntary commitment procedures are responsible for their hospital expenses, and eligible hospitals treating indigent patients may look to the applicable county for reimbursement under the Indigent Hospital Claims Act. 1989 Op. Att'y Gen. No. 89-35.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 79 Am. Jur. 2d Welfare Laws §§ 38 to 41.

27-5-3. Public assistance provisions.

A. A hospital shall not be paid from the fund under the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] for costs of an indigent patient for services that have been determined by the department to be eligible for medicaid reimbursement. However, nothing in the Indigent Hospital and County Health Care Act shall be construed to prevent the board from transferring money from the fund to the sole community provider fund or the county-supported medicaid fund for support of the state medicaid program.

B. No action for collection of claims under the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] shall be allowed against an indigent patient who is medicaid eligible for medicaid covered services, nor shall action be allowed against the person who is legally responsible for the care of the indigent patient during the time that person is medicaid eligible.

History: 1953 Comp., § 13-2-14, enacted by Laws 1965, ch. 234, § 3; 1984, ch. 101, § 1; 1993, ch. 321, § 3; 2003, ch. 413, § 1.

ANNOTATIONS

The 1993 amendment, effective on the date that the human services department is notified in writing that the amendment to the state medicaid plan has been approved by the federal health care financing administration, rewrote the section heading and Subsection A, and substituted "and County Health Care" for "Claims" and "medicaid eligible for medicaid covered services" and "medicaid eligible" for "a welfare recipient" in Subsection B.

The 2003 amendment, effective June 20, 2003, in Subsection A, deleted "county indigent hospital claims" following "from the" twice, deleted "any" following "Care Act

for", deleted "human services" following "determined by the", and deleted "from that department" following "for Medicaid reimbursement".

Compiler's notes. — Subsection A of § 22, Laws 1993, ch. 321, provides that §§ 3, 6, 10, 15, 16 and 18 (27-5-3, 27-5-6, 27-5-6.1, 27-5-7.1, 27-5-11 and 27-5-12.2 NMSA 1978) are effective the date that the human services department is notified in writing that the amendment to the state medicaid plan has been approved by the federal health care financing administration. The human services department was advised by letter dated May 20, 1993, that the United States Department of Health and Human Services had approved the amendment of New Mexico's medicaid plan "to add a payment provision for sole community hospitals (SCH), effective July 1, 1993, and a payment provision for indirect medical education (IME) costs incurred by teaching hospitals, effective August 1, 1992". Chapter 321, Laws 1993, contained an emergency clause. The human services department published notice of the approval in the *New Mexican* on June 21, 1993.

27-5-4. Definitions.

As used in the Indigent Hospital and County Health Care Act [27-5-1 NMSA 1978]:

A. "ambulance provider" or "ambulance service" means a specialized carrier based within the state authorized under provisions and subject to limitations as provided in individual carrier certificates issued by the public regulation commission to transport persons alive, dead or dying en route by means of ambulance service. The rates and charges established by public regulation commission tariff shall govern as to allowable cost. Also included are air ambulance services approved by the board. 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;

B. "board" means a county indigent hospital and county health care board;

C. "indigent patient" means a person to whom an ambulance service, a hospital or a health care provider has provided medical care, ambulance transportation or health care services and who can normally support himself and his dependents on present income and liquid assets available to him but, taking into consideration this income and those assets and his requirement for other necessities of life for himself and his dependents, is unable to pay the cost of the ambulance transportation or medical care administered or both. If provided by resolution of a board, it shall not include any person whose annual income together with his spouse's annual income totals an amount that is fifty percent greater than the per capita personal income for New Mexico as shown for the most recent year available in the survey of current business published by the United States department of commerce. Every board that has a balance remaining in the fund at the end of a given fiscal year shall consider and may adopt at the first meeting of the succeeding fiscal year a resolution increasing the standard for indigency. The term "indigent patient" includes a minor who has received ambulance transportation or medical care or both and whose parent or the person having custody

of that minor would qualify as an indigent patient if transported by ambulance, admitted to a hospital for care or treated by a health care provider;

D. "hospital" means a general or limited hospital licensed by the department of health, whether nonprofit or owned by a political subdivision, and may include by resolution of a board the following health facilities if licensed or, in the case of out-of-state hospitals, approved by the department of health:

(1) for-profit hospitals;

(2) state-owned hospitals; or

(3) licensed out-of-state hospitals where treatment provided is necessary for the proper care of an indigent patient when that care is not available in an in-state hospital;

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

F. "fund" means a county indigent hospital claims fund;

G. "medicaid eligible" means a person who is eligible for medical assistance from the department;

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

I. "department" means the human services department;

J. "sole community provider hospital" means:

(1) a hospital that is a sole community provider hospital under the provisions of the federal medicare guidelines; or

(2) an acute care general hospital licensed by the department of health that is qualified, pursuant to rules adopted by the state agency primarily responsible for the medicaid program, to receive distributions from the sole community provider fund;

K. "drug rehabilitation center" means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates drug abuse rehabilitation programs that meet the standards and requirements set by the department of health;

L. "alcohol rehabilitation center" means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates alcohol abuse rehabilitation programs that meet the standards set by the department of health;

M. "mental health center" means a not-for-profit center that provides outpatient mental health services that meet the standards set by the department of health;

N. "health care provider" means:

(1) a nursing home;

(2) an in-state home health agency;

(3) an in-state licensed hospice;

(4) a community-based health program operated by a political subdivision of the state or other nonprofit health organization that provides prenatal care delivered by New Mexico licensed, certified or registered health care practitioners;

(5) a community-based health program operated by a political subdivision of the state or other nonprofit health care organization that provides primary care delivered by New Mexico licensed, certified or registered health care practitioners;

(6) a drug rehabilitation center;

(7) an alcohol rehabilitation center;

(8) a mental health center;

(9) a licensed medical doctor, osteopathic physician, dentist, optometrist or expanded practice nurse when providing emergency services, as determined by the board, in a hospital to an indigent patient; or

(10) a licensed medical doctor or osteopathic physician, dentist, optometrist or expanded practice nurse when providing services in an outpatient setting, as determined by the board, to an indigent patient with a life-threatening illness or disability;

O. "health care services" means treatment and services designed to promote improved health in the county indigent population, including primary care, prenatal care, dental care, provision of prescription drugs, preventive care or health outreach services, to the extent determined by resolution of the board;

P. "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; and

Q. "commission" means the New Mexico health policy commission.

History: 1953 Comp., § 13-2-15, enacted by Laws 1965, ch. 234, § 4; 1975, ch. 44, § 1; 1977, ch. 253, § 43; 1978, ch. 123, § 1; 1979, ch. 146, § 1; 1983, ch. 234, § 2; 1987, ch. 50, § 1; 1987, ch. 88, § 2; 1990, ch. 37, § 1; 1991, ch. 171, § 1; 1991, ch. 212, § 19; 1993, ch. 321, § 4; 1997, ch. 51, § 2; 1999, ch. 37, § 1; 1999, ch. 270, § 4; 2001, ch. 30, § 1; 2001, ch. 272, § 1; 2001, ch. 280, § 1; 2003, ch. 413, § 2; 2004, ch. 94, § 1.

ANNOTATIONS

1991 amendments. — Laws 1991, ch. 171, § 1, effective June 14, 1991, in Subsection D, adding a Paragraph (6), relating to drug and alcohol rehabilitation centers, and redesignating Paragraphs (6) and (7) as Paragraphs (7) and (8); adding Subsections H and I, relating to drug and alcohol rehabilitation centers; and redesignating Subsections H and I as Subsections J and K, was approved on April 4, 1991. However, Laws 1991, ch. 212, § 19, effective July 1, 1991, in Subsection C, adding the third sentence and making a minor stylistic change and, in Subsection D, adding the exception at the end of the introductory paragraph, deleting a sentence at the end of Paragraph (7) which read "All hospitals, as defined in this subsection, must comply with the provisions of the Indigent Hospital Claims Act and be licensed by the health and environment department", adding Paragraph (8) and making a related stylistic change, was approved later on April 4, 1991. The section is set out as amended by Laws 1991, ch. 212, § 19. See 12-1-8 NMSA 1978.

The 1993 amendment, effective July 1, 1993, substituted "and County Health Care" for "Claims" in the introductory language; substituted "and county health care" for "claims" in Subsection B; in Subsection C, substituted "a hospital or a health care provider" for "or a hospital" in the first sentence and "or treated by a health care provider or all three" for "or both" in the last sentence, and made a stylistic change in the second sentence; in Subsection D, rewrote the introductory language and deleted former Paragraphs (3) and (5) through (8), the provisions of which may now be found in Subsection N, renumbering former Paragraph (4) as Paragraph (3) and making a related grammatical change; substituted "health care provider" for "nursing home" near the end of Subsection E; rewrote Subsections G and H, and added Subsections J through N.

The 1997 amendment made minor stylistic changes throughout the section; in Subsection C, inserted "or health care services" following "ambulance transportation" in the first sentence; in Subsection E, substituted "or costs of providing health care services" for "including the costs of prenatal care" in the first sentence; and added Subsections O and P. Laws 1997, ch. 51 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

1999 amendments. — Laws 1999, ch. 270, § 4, effective July 1, 1999, substituting "public regulation commission" for "state corporation commission" twice in Subsection A; substituting "set by the department of health" for "pursuant to the Drug Abuse Act" in Subsection K; deleting "pursuant to the Alcoholism and Alcohol Abuse Prevention, Screening and Treatment Act" at the end of Subsection L; and deleting "pursuant to the Community Mental Health Act" at the end of Subsection M, was approved on April 8, 1999.

However, this section was also amended by Laws 1999, ch. 37, § 1, effective June 18, 1999, which would have amended the section to read as follows:

As used in the Indigent Hospital and County Health Care Act:

"A. 'ambulance provider' or 'ambulance service' means a specialized carrier based within the state authorized under provisions and subject to limitations as provided in individual carrier certificates issued by the public regulation commission to transport persons alive, dead or dying en route by means of ambulance service. The rates and charges established by public regulation commission tariff shall govern as to allowable cost. Also included are air ambulance services approved by the board. 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;

"B. 'board' means a county indigent hospital and county health care board;

"C. 'indigent patient' means a person to whom an ambulance service, a hospital or a health care provider has provided medical care, ambulance transportation or health care services and who can normally support himself and his dependents on present income and liquid assets available to him but, taking into consideration this income and those assets and his requirement for other necessities of life for himself and his dependents, is unable to pay the cost of the ambulance transportation or medical care administered or both. If provided by resolution of a board, it shall not include any person whose annual income together with his spouse's annual income totals an amount that is fifty percent greater than the per capita personal income for New Mexico as shown for the most recent year available in the survey of current business published by the United States department of commerce. Every board that has a balance remaining in the fund at the end of a given fiscal year shall consider and may adopt at the first meeting of the succeeding fiscal year a resolution increasing the standard for indigency. The term 'indigent patient' includes a minor who has received ambulance transportation or medical care or both and whose parent or the person having custody of that minor would qualify as an indigent patient if transported by ambulance or admitted to a hospital for care or treated by a health care provider or all three;

"D. 'hospital' means any general or limited hospital licensed by the department of health, whether nonprofit or owned by a political subdivision, and may include by resolution of a board the following health facilities if licensed or, in the case of out-of-state hospitals, approved, by the department of health:

"(1) for-profit hospitals;

"(2) state-owned hospitals; or

"(3) licensed out-of-state hospitals where treatment provided is necessary for the proper care of an indigent patient when that care is not available in an in-state hospital;

"E. 'cost' means all allowable ambulance transportation costs, medical care costs or costs of providing health care services, to the extent determined by resolution of a board, for an indigent patient. Allowable costs shall be determined in accordance with a uniform system of accounting and cost analysis as determined by regulation of a board, which includes cost of ancillary services but shall not include the cost of servicing long-term indebtedness of a hospital, health care provider or ambulance service;

"F. 'fund' means a county indigent hospital claims fund;

"G. 'medicaid eligible' means a person who is eligible for medical assistance from the department;

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

"I. 'department' means the human services department;

"J. 'sole community provider hospital' means a hospital that is a sole community provider hospital under the provisions of the federal medicare guidelines established in 42 C.F.R. 412.92 pursuant to Title 18 of the federal Social Security Act;

"K. 'drug rehabilitation center' means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates drug abuse rehabilitation programs that meet the standards and requirements pursuant to the Drug Abuse Act;

"L. 'alcohol rehabilitation center' means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates alcohol abuse rehabilitation programs that meet the standards set by the department of health pursuant to the Alcoholism and Alcohol Abuse Prevention, Screening and Treatment Act;

"M. 'mental health center' means a not-for-profit center that provides outpatient mental health services that meet the standards set by the department of health pursuant to the Community Mental Health Services Act;

"N. 'health care provider' means:

"(1) a nursing home;

"(2) an in-state home health agency;

"(3) an in-state licensed hospice;

"(4) a community-based health program operated by a political subdivision of the state or other nonprofit health organization that provides prenatal care delivered by New Mexico licensed, certified or registered health care practitioners;

"(5) a community-based health program operated by a political subdivision of the state or other nonprofit health care organization that provides primary care delivered by New Mexico licensed, certified or registered health care practitioners;

"(6) a drug rehabilitation center;

"(7) an alcohol rehabilitation center;

"(8) a mental health center; or

"(9) services provided in a hospital or outpatient setting by a licensed medical doctor, osteopathic physician, dentist, optometrist or expanded practice nurse that are necessary for such conditions that endanger the life of or threaten permanent disability to an indigent patient;

"O. 'health care services' means all treatment and services designed to promote improved health in the county indigent population, including primary care, prenatal care, dental care, provision of prescription drugs, preventive care or health outreach services, to the extent determined by resolution of the board;

"P. '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 which demonstrates coordination between the county and state and local health planning efforts; and

"Q. 'commission' means the New Mexico health policy commission."

The section is set out as amended by Laws 1999, ch. 270, § 4. See 12-1-18 NMSA 1978.

2001 amendments. — Three acts amended this section in 2001. Laws 2001, ch. 280, § 1, effective June 15, 2001, adding Paragraphs J(2), N(9), and adding Subsection Q, was approved April 4, 2001.

However, this section was also amended by Laws 2001, Ch. 30, § 1, effective June 15, 2001, which would have amended the section to read as follows:

As used in the Indigent Hospital and County Health Care Act:

"A. 'Ambulance provider' or 'ambulance service' means a specialized carrier based within the state authorized under provisions and subject to limitations as provided in individual carrier certificates issued by the public regulation commission to transport persons alive, dead or dying en route by means of ambulance service. The rates and charges established by public regulation commission tariff shall govern as to allowable cost. Also included are air ambulance services approved by the board. 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;

"B. 'board' means a county indigent hospital and county health care board;

"C. 'indigent patient' means a person to whom an ambulance service, a hospital or a health care provider has provided medical care, ambulance transportation or health care services and who can normally support himself and his dependents on present income and liquid assets available to him but, taking into consideration this income and those assets and his requirement for other necessities of life for himself and his dependents, is unable to pay the cost of the ambulance transportation or medical care administered or both. If provided by resolution of a board, it shall not include any person whose annual income together with his spouse's annual income totals an amount that is fifty percent greater than the per capita personal income for New Mexico as shown for the most recent year available in the survey of current business published by the United States department of commerce. Every board that has a balance remaining in the fund at the end of a given fiscal year shall consider and may adopt at the first meeting of the succeeding fiscal year a resolution increasing the standard for indigency. The term "indigent patient" includes a minor who has received ambulance transportation or medical care or both and whose parent or the person having custody of that minor would qualify as an indigent patient if transported by ambulance or admitted to a hospital for care or treated by a health care provider or all three;

"D. 'hospital' means a general or limited hospital licensed by the department of health, whether nonprofit or owned by a political subdivision, and may include by resolution of a board the following health facilities if licensed or, in the case of out-of-state hospitals, approved, by the department of health:

"(1) for-profit hospitals;

"(2) state-owned hospitals; or

"(3) licensed out-of-state hospitals where treatment provided is necessary for the proper care of an indigent patient when that care is not available in an in-state hospital;

"E. 'cost' means all allowable ambulance transportation costs, medical care costs or costs of providing health care services, to the extent determined by resolution of a board, for an indigent patient. Allowable costs shall be determined in accordance with a uniform system of accounting and cost analysis as determined by regulation of a board,

which includes cost of ancillary services but shall not include the cost of servicing long-term indebtedness of a hospital, health care provider or ambulance service;

"F. 'fund means a county indigent hospital claims fund;

"G. 'medicaid eligible' means a person who is eligible for medical assistance from the department;

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

"I. 'department' means the human services department;

"J. 'sole community provider hospital' means:

"(1) a hospital that is a sole community provider hospital under the provisions of the federal medicare guidelines established in 42 C.F.R. 412.92 pursuant to Title 18 of the federal Social Security Act; or

"(2) an acute care general hospital licensed by the department of health that is qualified, pursuant to rules adopted by the state agency primarily responsible for the medicaid program, to receive distributions from the sole community provider fund;

"K. 'drug rehabilitation center' means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates drug abuse rehabilitation programs that meet the standards and requirements set by the department of health;

"L. 'alcohol rehabilitation center' means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates alcohol abuse rehabilitation programs that meet the standards set by the department of health;

"M. 'mental health center' means a not-for-profit center that provides outpatient mental health services that meet the standards set by the department of health;

"N. 'health care provider' means:

"(1) a nursing home;

"(2) an in-state home health agency;

"(3) an in-state licensed hospice;

"(4) a community-based health program operated by a political subdivision of the state or other nonprofit health organization that provides prenatal care delivered by New Mexico licensed, certified or registered health care practitioners;

"(5) a community-based health program operated by a political subdivision of the state or other nonprofit health care organization that provides primary care delivered by New Mexico licensed, certified or registered health care practitioners;

"(6) a drug rehabilitation center;

"(7) an alcohol rehabilitation center;

"(8) a mental health center; or

"(9) a licensed medical doctor, osteopathic physician, dentist, optometrist or expanded practice nurse when providing services in a hospital or outpatient setting that are necessary for conditions that endanger the life of or threaten permanent disability to an indigent patient;

"O. 'health care services' means all treatment and services designed to promote improved health in the county indigent population, including primary care, prenatal care, dental care, provision of prescription drugs, preventive care or health outreach services, to the extent determined by resolution of the board;

"P. '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; and

"Q. 'commission' means the New Mexico health policy commission.

This section was also amended by Laws 2001, ch. 272, § 1, effective June 15, 2001, which would have amended the section to read as follows:

"As used in the Indigent Hospital and County Health Care Act:

"A. 'ambulance provider' or 'ambulance service' means a specialized carrier based within the state authorized under provisions and subject to limitations as provided in individual carrier certificates issued by the public regulation commission to transport persons alive, dead or dying en route by means of ambulance service. The rates and charges established by public regulation commission tariff shall govern as to allowable cost. Also included are air ambulance services approved by the board. 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;

"B. 'board' means a county indigent hospital and county health care board;

"C. 'indigent patient' means a person to whom an ambulance service, a hospital or a health care provider has provided medical care, ambulance transportation or health care services and who can normally support himself and his dependents on present

income and liquid assets available to him but, taking into consideration this income and those assets and his requirement for other necessities of life for himself and his dependents, is unable to pay the cost of the ambulance transportation or medical care administered or both. If provided by resolution of a board, it shall not include any person whose annual income together with his spouse's annual income totals an amount that is fifty percent greater than the per capita personal income for New Mexico as shown for the most recent year available in the survey of current business published by the United States department of commerce. Every board that has a balance remaining in the fund at the end of a given fiscal year shall consider and may adopt at the first meeting of the succeeding fiscal year a resolution increasing the standard for indigency. The term "indigent patient includes a minor who has received ambulance transportation or medical care or both and whose parent or the person having custody of that minor would qualify as an indigent patient if transported by ambulance or admitted to a hospital for care or treated by a health care provider or all three;

"D. 'hospital' means any general or limited hospital licensed by the department of health, whether nonprofit or owned by a political subdivision, and may include by resolution of a board the following health facilities if licensed or, in the case of out-of-state hospitals, approved, by the department of health:

"(1) for-profit hospitals;

"(2) state-owned hospitals; or

"(3) licensed out-of-state hospitals where treatment provided is necessary for the proper care of an indigent patient when that care is not available in an in-state hospital;

"E. 'cost' means all allowable ambulance transportation costs, medical care costs or costs of providing health care services, to the extent determined by resolution of a board, for an indigent patient. Allowable costs shall be determined in accordance with a uniform system of accounting and cost analysis as determined by regulation of a board, which includes cost of ancillary services but shall not include the cost of servicing long-term indebtedness of a hospital, health care provider or ambulance service;

"F. 'fund' means a county indigent hospital claims fund;

"G. 'medicaid eligible' means a person who is eligible for medical assistance from the department;

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

"I. 'department' means the human services department;

"J. 'sole community provider hospital' means a hospital that is a sole community provider hospital under the provisions of the federal medicare guidelines established in 42 C.F.R. 412.92 pursuant to Title 18 of the federal Social Security Act;

"K. 'drug rehabilitation center' means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates drug abuse rehabilitation programs that meet the standards and requirements set by the department of health;

"L. 'alcohol rehabilitation center' means an agency of local government, a state agency, a private nonprofit entity or combination thereof that operates alcohol abuse rehabilitation programs that meet the standards set by the department of health;

"M. 'mental health center' means a not-for-profit center that provides outpatient mental health services that meet the standards set by the department of health;

"N. 'health care provider' means:

"(1) a nursing home;

"(2) an in-state home health agency;

"(3) an in-state licensed hospice;

"(4) a community-based health program operated by a political subdivision of the state or other nonprofit health organization that provides prenatal care delivered by New Mexico licensed, certified or registered health care practitioners;

"(5) a community-based health program operated by a political subdivision of the state or other nonprofit health care organization that provides primary care delivered by New Mexico licensed, certified or registered health care practitioners;

"(6) a drug rehabilitation center;

"(7) an alcohol rehabilitation center;

"(8) a mental health center; or

"(9) a licensed medical doctor, osteopathic physician, dentist, optometrist or expanded practice nurse when providing services in a hospital or outpatient setting that are necessary for conditions that endanger the life of or threaten permanent disability to an indigent patient"

"O. 'health care services' means all treatment and services designed to promote improved health in the county indigent population, including primary care, prenatal care, dental care, provision of prescription drugs, preventive care or health outreach services, to the extent determined by resolution of the board;

"P. '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 which demonstrates coordination between the county and state and local health planning efforts; and

"Q. 'commission' means the New Mexico health policy commission."

Because Laws 2001, ch. 30 was approved on March 14, 2001, and Laws 2001, ch. 272 was approved earlier on April 4, 2001, this section is set out as amended by Laws 2001, ch. 280, § 1. See 12-1-8 NMSA 1978.

The 2003 amendment, effective June 20, 2003, in Subsection C, deleted "or" following "transported by ambulance", deleted "or all three" at the end; rewrote Subsection E; deleted "established in 42 C.F.R. 412.92 pursuant to Title 18 of the federal Social Security Act" near the end of Paragraph J(1); and substituted "providing emergency services, as determined by the board, in a hospital to an indigent patient" for "providing services in a hospital or outpatient setting that are necessary for conditions that endanger the life of or threaten permanent disability to an indigent patient" at the end of Paragraph N(9).

The 2004 amendment, effective July 1, 2004, amended Subsection N to add new Paragraph (10).

Definition of "indigent patient" was not unconstitutional under N.M. Const., art. 9, § 14. *Humana of N.M., Inc. v. Board of County Comm'rs*, 92 N.M. 34, 582 P.2d 806 (1978)(decided prior to 1978 amendment).

Validity of amendment by Laws 1999, ch. 37, § 1. — Although the amendment of this section by Laws 1999, ch. 37, § 1, was not codified pursuant to 12-1-8 NMSA 1978, the amendment is valid and in effect. 2000 Op. Att'y Gen. No. 00-05.

27-5-4.1. Applicability.

Nothing in this act shall apply to any county which has in effect, upon the effective date of this act, a county sales tax, unless the most recent county sales tax resolution provides for possible expanded use of the county indigent hospital claims fund.

History: 1953 Comp., § 13-2-15.1, enacted by Laws 1978, ch. 123, § 2.

ANNOTATIONS

Meaning of "this act". — The phrase "this act" refers to Laws 1978, ch. 123, which enacted this section and amended 27-5-4 and 27-5-13 NMSA 1978.

Effective date of this act. — The phrase "effective date of this act", referred to in this section, means February 16, 1978, the effective date of Laws 1978, ch. 123.

27-5-5. County indigent hospital and county health care board.

A. There is created within each county a "county indigent hospital and county health care board" which shall be composed of the members of the board of county commissioners of that county, and the chairman of the board of county commissioners shall be the chairman of the board.

B. Members of the board shall receive no compensation but shall be reimbursed for their actual per diem and mileage in an amount not to exceed the per diem and mileage paid to county commissioners.

C. Each member of the board shall furnish a surety bond, premium for which shall be paid from the fund, executed by a surety company licensed to do business in New Mexico, conditioned that he will faithfully perform his duties and account for the funds. The bond shall be in the penal sum of five thousand dollars (\$5,000) running to the benefit of the board for payments into the fund.

History: 1953 Comp., § 13-2-16, enacted by Laws 1965, ch. 234, § 5; 1993, ch. 321, § 5.

ANNOTATIONS

The 1993 amendment, effective July 1, 1993, substituted "and county health care" for "claims" in the section heading and Subsection A; and made stylistic changes in Subsections A and B.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 39 Am. Jur. 2d Health § 53.

Liability of governmental agency for emergency medical or surgical services rendered to poor person without its express authority, 93 A.L.R. 900.

Statute imposing duty to maintain or aid indigent relative as supporting action by third person, 116 A.L.R. 1281.

27-5-5.1. Indigent health care report; required.

Every county in New Mexico shall file an annual report on all indigent health care funding by the county with the commission. The report shall contain the county's eligibility criteria for indigent patients, services provided to indigent patients, restrictions on services provided to indigent patients, conditions for reimbursement to providers of health care, revenue sources used to pay for indigent health care and other related information as determined by the commission. The report shall be submitted by October 1 of each year on a form provided by the commission. The commission shall make the report available to interested parties.

History: Laws 1993, ch. 321, § 17; 1999, ch. 37, § 2.

ANNOTATIONS

The 1999 amendment, effective June 18, 1999, in the first sentence inserted "all", substituted "funding" for "funded in whole or in part" and "commission" for "local government division of the department of finance and administration"; substituted "commission" for "local government division" at the end of the second sentence; in the third sentence substituted "October 1" for "July 31" and substituted "commission" for "local government division and shall provide information from the previous fiscal year" at the end of the sentence; and in the last sentence substituted "commission" for "local government division" and "to" for "for analysis by".

27-5-6. Powers and duties of the board.

The board:

A. shall administer claims pursuant to the provisions of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978];

B. shall prepare and submit a budget to the board of county commissioners for the amount needed to defray claims made upon the fund and to pay costs of administration of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] and costs of development of a countywide or multicounty health plan. The combined costs of administration and planning shall not exceed the following percentages of revenues based on the previous fiscal year revenues for a fund that has existed for at least one fiscal year or based on projected revenues for the year being budgeted for a fund that has existed for less than one fiscal year. The percentage of the revenues in the fund that may be used for such combined administrative and planning costs is equal to the sum of the following:

(1) ten percent of the amount of the revenues in the fund not over five hundred thousand dollars (\$500,000);

(2) eight percent of the amount of the revenues in the fund over five hundred thousand dollars (\$500,000) but not over one million dollars (\$1,000,000); and

(3) four and one-half percent of the amount of the revenues in the fund over one million dollars (\$1,000,000);

C. shall make rules necessary to carry out the provisions of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978]; provided that the standards for eligibility and allowable costs for county indigent patients shall be no more restrictive than the standards for eligibility and allowable costs prior to December 31, 1992;

D. shall set criteria and cost limitations for medical care furnished by licensed out-of-state hospitals, ambulance services or health care providers;

E. shall cooperate with appropriate state agencies to use available funds efficiently and to make health care more available;

F. shall cooperate with the department in making an investigation to determine the validity of claims made upon the fund for an indigent patient;

G. may accept contributions or other county revenues, which shall be deposited in the fund;

H. may hire personnel to carry out the provisions of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978];

I. shall review all claims presented by a hospital, ambulance service or health care provider to determine compliance with the rules adopted by the board or with the provisions of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978]; determine whether the patient for whom the claim is made is an indigent patient; and determine the allowable medical, ambulance service or health care services costs; provided that the burden of proof of any claim shall be upon the hospital, ambulance service or health care provider;

J. shall state in writing the reason for rejecting or disapproving any claim and shall notify the submitting hospital, ambulance service or health care provider of the decision within sixty days after eligibility for claim payment has been determined;

K. shall pay all claims that are not matched with federal funds under the state medicaid program and that have been approved by the board from the fund and shall make payment within thirty days after approval of a claim by the board;

L. shall determine by county ordinance the types of health care providers that will be eligible to submit claims under the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978];

M. shall review, verify and approve all medicaid sole community provider hospital payment requests in accordance with rules adopted by the board prior to their submittal by the hospital to the department for payment but no later than January 1 of each year;

N. shall transfer to the state by the last day of March, June, September and December of each year an amount equal to one-fourth of the county's payment for support of sole community provider payments as calculated by the department for that county for the current fiscal year. This money shall be deposited in the sole community provider fund;

O. shall, in carrying out the provisions of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978], comply with the standards of the federal Health Insurance Portability and Accountability Act of 1996;

P. may provide for the transfer of money from the fund to the county-supported medicaid fund to meet the requirements of the Statewide Health Care Act [27-10-1 to 27-10-4 NMSA 1978]; and

Q. may contract with ambulance providers, hospitals or health care providers for the provision of health care services.

History: 1953 Comp., § 13-2-17, enacted by Laws 1965, ch. 234, § 6; 1979, ch. 146, § 2; 1983, ch. 234, § 3; 1987, ch. 88, § 3; 1991, ch. 212, § 20; 1993, ch. 321, § 6; 1997, ch. 51, § 3; 1999, ch. 37, § 3; 2003, ch. 413, § 3.

ANNOTATIONS

Cross references. — For payment of claims, see 27-5-12 NMSA 1978.

For provisions regarding the human services department, see Chapter 9, Article 8.

The 1991 amendment, effective July 1, 1991, rewrote Subsection B and deleted "human services" preceding "department" in Subsection E.

The 1993 amendment, effective on the date that the human services department is notified in writing that the amendment to the state medicaid plan has been approved by the federal health care financing administration, added Subsections E and L through O, redesignating former Subsections E through J as Subsections F through K and making a related grammatical change; substituted "and County Health Care" for "Claims" in Subsections A, B, C, H, and I; rewrote Paragraphs (1) through (3) of Subsection B, adding new introductory language for these paragraphs and closing off the former introductory language as the first sentence of the subsection; added the proviso at the end of Subsection C; substituted "ambulance services or health care providers" for "or ambulance service" in Subsection D; substituted "ambulance service or health care provider" for "or ambulance service" in two places in Subsection I and in Subsection J; and inserted "that are not matched with federal funds under the state medicaid program and" in Subsection K.

The 1997 amendment, in Subsection B, substituted "and costs of development of a countywide or multicounty health plan. The combined" for "which" following "Indigent Hospital and County Health Care Act", inserted "and planning" following "costs of administration", and made minor stylistic changes; in Subsection I, inserted "or health care services" following "ambulance service" and made a related stylistic change; in Subsection J, added "within sixty days after submission of the claim" at the end of the section; in Subsection K, added "and shall make payment within sixty days after approval of a claim by the board"; and added Subsection P. Laws 1997, ch. 51 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

The 1999 amendment, effective June 18, 1999, substituted "thirty days" for "sixty days" in Subsection K.

The 2003 amendment, effective June 20, 2003, substituted "not" for "in no event" following "and planning shall" in Subsection B; deleted "and regulations" following "rules" in Subsections C, I, and M; substituted "furnished by" for "in" following "for medical care" in Subsection D; deleted "treasurer" following "to the state" in Subsection N; added Subsection O and redesignated Subsections O and P as Subsection P and Q; and deleted "county indigent hospital claims" following "money from the" in present Subsection P.

Compiler's notes. — Subsection A of § 22, Laws 1993, ch. 321, provides that §§ 3, 6, 10, 15, 16 and 18 (27-5-3, 27-5-6, 27-5-6.1, 27-5-7.1, 27-5-11 and 27-5-12.2 NMSA 1978) are effective the date that the human services department is notified in writing that the amendment to the state medicaid plan has been approved by the federal health care financing administration. The human services department was advised by letter dated May 20, 1993, that the United States Department of Health and Human Services had approved the amendment of New Mexico's medicaid plan "to add a payment provision for sole community hospitals (SCH), effective July 1, 1993, and a payment provision for indirect medical education (IME) costs incurred by teaching hospitals, effective August 1, 1992". Chapter 321, Laws 1993, contained an emergency clause. The human services department published notice of the approval in the *New Mexican* on June 21, 1993.

Social Security Act. — The Social Security Act, referred to in this section, is codified at 42 U.S.C. § 301 et seq.

27-5-6.1. Sole community provider fund created.

A. The "sole community provider fund" is created in the state treasury. The fund, which shall be administered by the human services department, shall consist of funds provided by counties to match federal funds for medicaid sole community provider hospital payments. Money in the fund shall be invested by the state treasurer as other state funds are invested. Any unexpended or unencumbered balance remaining in the fund at the end of any fiscal year shall not revert.

B. Money in the sole community provider fund is appropriated to the human services department to make sole community provider hospital payments pursuant to the state medicaid program. No sole community provider hospital payments or money in the sole community provider fund shall be used to supplant any general fund support for the state medicaid program.

C. Money in the sole community provider fund shall be remitted back to the individual counties from which it came if federal medicaid matching funds are not received for medicaid sole community provider hospital payments.

History: Laws 1993, ch. 321, § 18.

ANNOTATIONS

Compiler's notes. — Subsection A of § 22, Laws 1993, ch. 321, provides that §§ 3, 6, 10, 15, 16 and 18 (27-5-3, 27-5-6, 27-5-6.1, 27-5-7.1, 27-5-11 and 27-5-12.2 NMSA 1978) are effective the date that the human services department is notified in writing that the amendment to the state medicaid plan has been approved by the federal health care financing administration. The human services department was advised by letter dated May 20, 1993, that the United States Department of Health and Human Services had approved the amendment of New Mexico's medicaid plan "to add a payment provision for sole community hospitals (SCH), effective July 1, 1993, and a payment provision for indirect medical education (IME) costs incurred by teaching hospitals, effective August 1, 1992". Chapter 321, Laws 1993, contained an emergency clause. The human services department published notice of the approval in the *New Mexican* on June 21, 1993.

27-5-7. County indigent hospital claims fund.

A. There is created in the county treasury of each county a "county indigent hospital claims fund".

B. Collections under the levy made pursuant to the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] and all payments shall be placed into the fund, and the amount placed in the fund shall be budgeted and expended only for the purposes specified in the Indigent Hospital and County Health Care Act, by warrant upon vouchers approved by a majority of the board and signed by the chairman of the board. Payments for indigent hospitalizations shall not be made from any other county fund.

C. The fund shall be audited in the manner that other state and county funds are audited, and all records of payments and verified statements of qualification upon which payments were made from the fund shall be open to the public.

D. Any balance remaining in the fund at the end of the fiscal year shall carry over into the ensuing year, and that balance shall be taken into consideration in the determination of the ensuing year's budget and certification of need for purposes of making a tax levy.

E. Money may be transferred to the fund from other sources, but no transfers may be made from the fund for any purpose other than those specified in the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978].

History: 1953 Comp., § 13-2-18, enacted by Laws 1965, ch. 234, § 7; 1991, ch. 212, § 21; 1992, ch. 31, § 1; 1993, ch. 321, § 7; 1996, ch. 29, § 4; 1998, ch. 71, § 1; 1999, ch. 188, § 1.

ANNOTATIONS

The 1991 amendment, effective July 1, 1991, added the second sentence in Subsection D and made minor stylistic changes throughout the section.

The 1992 amendment, effective May 20, 1992, deleted "county indigent hospital claims" preceding "fund" at the second instance of that term in Subsection B and at the first instance of that term in Subsections C, D, and E; and in Subsection D, made a section reference substitution and inserted "except voluntary contributions made during the eightieth and eighty-first fiscal years" and added the last sentence.

The 1993 amendment, effective July 1, 1993, substituted "and County Health Care" for "Claims" in two places in the first sentence of Subsection B and in Subsection E; substituted "Payments" for "Contributions" in the first sentence of Subsection B; inserted "pursuant to Subsections F and G of this section" in Subsection D and deleted the former second and third sentences of that subsection, which related to transfers and payments from the fund in the eightieth and eighty-first fiscal years; and added Subsection F.

The 1996 amendment, substituted "Subsection F" for "Subsections F and G", in Subsection D and substituted "1998" for "1996" twice in Subsection F. Laws 1996, ch. 29 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 15, 1996, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

The 1998 amendment, in Subsection F, substituted "2000" for "1998" in the first sentence and deleted the former second sentence which read: "Beginning in 1998, the transfer shall be made by September 1 of each fiscal year". Laws 1998, ch. 71, contains no effective date provision, but pursuant to N.M. Const., art. IV, § 23, is effective May 20, 1998, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

The 1999 amendment, effective June 18, 1999, deleted "pursuant to Subsection F of this section" following "fiscal year" in Subsection D and deleted former Subsection F, relating to the transfer of excessive medicaid funds.

Mill levy funds used for indigent medical care. — Colfax County could not use mill levy funds to provide indigent medical care for its non-miner residents admitted to Miners' Hospital, a state owned and operated facility, where such funds were not proceeds in the county indigent hospital claims fund but instead were proceeds from another county fund. The county could, however, use any proceeds in the indigent hospital claims fund to provide medical care for indigent patients at the Miners' Hospital if they otherwise qualify. 1988 Op. Att'y Gen. No. 88-41.

27-5-7.1. County indigent hospital claims fund; authorized uses of the fund.

A. The fund shall be used:

- (1) to meet the county's contribution for support of sole community provider payments as calculated by the department for that county;
- (2) to pay for expenses of burial or cremation of an indigent person; and
- (3) to pay all claims that have been approved by the board that are not matched with federal funds under the state medicaid program.

B. The fund may be used to meet the county's obligation under Section 27-10-4 NMSA 1978.

History: Laws 1993, ch. 321, § 16; 2001, ch. 307, § 2.

ANNOTATIONS

The 2001 amendment, effective June 15, 2001, inserted the current Paragraph A(2), redesignated the subsequent paragraph; and deleted Subsection C.

Compiler's notes. — Subsection A of § 22, Laws 1993, ch. 321, provides that §§ 3, 6, 10, 15, 16 and 18 (27-5-3, 27-5-6, 27-5-6.1, 27-5-7.1, 27-5-11 and 27-5-12.2 NMSA 1978) are effective the date that the human services department is notified in writing that the amendment to the state medicaid plan has been approved by the federal health care financing administration. The human services department was advised by letter dated May 20, 1993, that the United States Department of Health and Human Services had approved the amendment of New Mexico's medicaid plan "to add a payment provision for sole community hospitals (SCH), effective July 1, 1993, and a payment provision for indirect medical education (IME) costs incurred by teaching hospitals, effective August 1, 1992". Chapter 321, Laws 1993, contained an emergency clause. The human services department published notice of the approval in the *New Mexican* on June 21, 1993.

27-5-8. Board certification to county commissioners.

For the purpose of providing funds for the administration of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978], the board shall each year certify the amount needed to the board of county commissioners. For the first year of operation the board shall estimate the amount necessary, and in succeeding years the board may use the previous year's experience to determine the amount necessary.

History: 1953 Comp., § 13-2-19, enacted by Laws 1965, ch. 234, § 8; 1993, ch. 321, § 8.

ANNOTATIONS

The 1993 amendment, effective July 1, 1993, substituted "and County Health Care" for "Claims" in the first sentence and inserted "the board" before "may use" in the second sentence.

It is required that the amount needed to care for the indigent in any year shall be estimated and that a levy shall be made to raise sufficient money to cover the amounts estimated. Board of Dirs. of Mem. Gen. Hosp. v. County Indigent Hosp. Claims Bd., 77 N.M. 475, 423 P.2d 994 (1967).

27-5-9. Tax levies authorized.

A. Subject to the provisions of Subsection B of this section, the board of county commissioners, upon the certification of the board as to the amount needed in the fund, shall impose a levy against the net taxable value, as that term is defined in the Property Tax Code [Articles 35 to 38 of Chapter 7 NMSA 1978], of the property in the county sufficient to raise the amount certified by the board.

B. The question of imposing an indigent hospital levy for the purpose of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] shall be submitted to the electors and voted upon as a separate question at the next subsequent general election or any special election called prior thereto for such purpose.

C. Upon finding by the board of county commissioners that an election will be necessary, the board of county commissioners shall meet and order an election to be held at a designated time in the county upon the question of imposing an indigent hospital levy for the purpose of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] in the county. If the question is to be voted upon at a special election, the election shall be held not less than thirty nor more than fifty days after the finding, but in no event shall the election be held within five days preceding or succeeding any general election held in the county. The order for the election shall be made a part of the official minutes of the board of county commissioners. A copy of the order shall be published in a newspaper of general circulation in the county at least fifteen days before the date set for the election, and an affidavit of publication shall be obtained. At least five days prior to the date for holding the election, the board of county commissioners shall publish in a newspaper of general circulation in the county and post in five conspicuous places in the county a notice of election, which shall be in substantially the following form:

"NOTICE OF ELECTION ON SPECIAL INDIGENT HOSPITAL LEVY

Notice is given on the _____ day of _____, 19____, there will be held in _____ county of New Mexico an election on the question of imposing an indigent hospital levy for the purposes of the Indigent Hospital and County Health Care Act, such levy to be made annually against the taxable value of the property in the county and limited to an amount sufficient to provide funds necessary to pay claims pursuant to such act.

_____.
_____.
_____ Official Title of the Authority

The election shall be held on the date specified in the notice and shall be, if a special election, conducted and canvassed in substantially the same manner as general elections are conducted and canvassed in the county; provided that the ballot used in any election shall be a special and separate ballot and shall be in substantially the following form:

"BALLOT

On the question of imposing an indigent hospital levy for the purposes of the Indigent Hospital and County Health Care Act, such levy to be made annually against the taxable value of the property in _____ county of New Mexico, and limited to an amount sufficient to provide funds budgeted and certified as necessary to pay claims pursuant to such act:

FOR THE LEVY _____

AGAINST THE LEVY _____".

D. If the electors vote in favor of an indigent hospital levy, the levy shall become effective in the same manner prescribed by law for all levies upon property within that county, and a levy for those purposes in such an amount as will provide sufficient money for the fund shall be made for each year thereafter.

E. Any board of county commissioners that has, prior to the effective date of this section, made a valid imposition of a property tax for the purpose of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] shall not be

required to hold an election on the existing tax, and that tax may be imposed and continue to be imposed in accordance with the provisions of law existing at the time of its imposition. However, if any such tax is not imposed in a given property tax year or if the authorization for its imposition terminates or expires, the election requirements of Subsections B and C of this section shall apply to any subsequent proposed imposition of a property tax for the purpose of the Indigent Hospital and County Health Care Act.

History: 1953 Comp., § 13-2-20, enacted by Laws 1965, ch. 234, § 9; 1981, ch. 37, § 85; 1993, ch. 321, § 9.

ANNOTATIONS

Cross references. — For constitutional provisions relating to limits on taxation, see N.M. Const., art. VIII, § 2.

For class B county levy for providing health care to sick and indigent persons, see 4-38-17.1 NMSA 1978.

The 1993 amendment, effective July 1, 1993, substituted "and County Health Care" for "Claims" in Subsection B, the first sentence of Subsection C, in the two forms in Subsection C, and in the first and second sentences of Subsection E; divided the former third sentence of Subsection C into the present third and fourth sentences by deleting "and"; and made stylistic changes throughout Subsections C, D, and E.

Compiler's notes. — Some of the annotations appearing below were taken from a case decided prior to the 1981 amendment of this section, which deleted references to the constitutional limitation of twenty mills on levies for public debt.

It is required that the amount needed to care for the indigent in any year shall be estimated and that a levy shall be made to raise sufficient money to cover the amounts estimated. Board of Dirs. of Mem. Gen. Hosp. v. County Indigent Hosp. Claims Bd., 77 N.M. 475, 423 P.2d 994 (1967).

Limitations upon tax levy. — The county commissioners are required to make a tax levy sufficient to raise the amount certified as needed by the county indigent hospital claims board provided the levy for that purpose and for all other purposes authorized by law does not exceed 20 mills. Board of Dirs. of Mem. Gen. Hosp. v. County Indigent Hosp. Claims Bd., 77 N.M. 475, 423 P.2d 994 (1967).

Constitutional provision permitting levies for public debts in excess of 20-mill limitation does not contemplate judgment for hospital against board of county commissioners for cost of care of indigent persons. Board of Dirs. of Mem. Gen. Hosp. v. County Indigent Hosp. Claims Bd., 77 N.M. 475, 423 P.2d 994 (1967).

Am. Jur. 2d, A.L.R. and C.J.S. references. — Power of state or municipality to appropriate funds or incur indebtedness, in excess of poor fund, for relief of distress due to general unemployment or other unusual conditions, 73 A.L.R. 255.

27-5-10. Subrogation of claim.

Payment to a hospital from the fund of any claim shall operate as an assignment to the board of any cause of action to the extent of the payment from the fund to the hospital.

History: 1953 Comp., § 13-2-22, enacted by Laws 1965, ch. 234, § 11.

27-5-11. Hospitals and ambulance services; health care providers; required to file data; sole community provider hospital duties.

A. An ambulance service, hospital or health care provider in New Mexico or licensed out-of-state hospital, prior to the filing of a claim with the board, shall have placed on file with the board:

- (1) current data, statistics, schedules and information deemed necessary by the board to determine the cost for all patients in that hospital or cared for by that health care provider or tariff rates or charges of an ambulance service;
- (2) proof that the hospital, ambulance service or health care provider is licensed under the laws of this state or the state in which the hospital operates; and
- (3) other information or data deemed necessary by the board.

B. A sole community provider hospital requesting or receiving medicaid sole community provider hospital payments shall:

- (1) accept indigent patients and request reimbursement for those patients through the appropriate county indigent fund. The responsible county shall approve requests meeting its eligibility standards and notify the hospital of such approval;
- (2) confirm the amount of payment authorized by each county for indigent patients, to that county for the previous fiscal year, by September 30 of each calendar year;
- (3) negotiate with each county the amount of indigent hospital payments anticipated for the following fiscal year by December 31 of each year; and
- (4) provide to the department prior to January 15 of each year the amount of the authorized indigent hospital payments anticipated for the following fiscal year after an agreement has been reached on the amount with each responsible county and such other related information as the department may request.

History: 1953 Comp., § 13-2-23, enacted by Laws 1965, ch. 234, § 12; 1983, ch. 234, § 4; 1993, ch. 321, § 10; 2003, ch. 413, § 4.

ANNOTATIONS

The 1993 amendment, effective on the date that the human services department is notified in writing that the amendment to the state medicaid plan has been approved by the federal health care financing administration, inserted "health care providers" and added "sole community provider hospital duties" to the end in the catchline; designated the existing introductory language as Subsection A, redesignating former Subsections A through C as Paragraphs (1) through (3); in Subsection A, substituted "hospital or health care provider" for "or hospital", inserted "cared for by that health care provider or" in Paragraph (1), and substituted "ambulance service or health care provider" for "or ambulance service" in Paragraph (2); and added Subsection B.

The 2003 amendment, effective June 20, 2003, deleted "where required" following "provider is licensed" in Paragraph A(2); deleted "any" at the beginning of Paragraph A(3); and substituted "A" for "Every" at the beginning of Subsection B.

Compiler's notes. — Subsection A of § 22, Laws 1993, ch. 321, provides that §§ 3, 6, 10, 15, 16 and 18 (27-5-3, 27-5-6, 27-5-6.1, 27-5-7.1, 27-5-11 and 27-5-12.2 NMSA 1978) are effective the date that the human services department is notified in writing that the amendment to the state medicaid plan has been approved by the federal health care financing administration. The human services department was advised by letter dated May 20, 1993, that the United States Department of Health and Human Services had approved the amendment of New Mexico's medicaid plan "to add a payment provision for sole community hospitals (SCH), effective July 1, 1993, and a payment provision for indirect medical education (IME) costs incurred by teaching hospitals, effective August 1, 1992". Chapter 321, Laws 1993, contained an emergency clause. The human services department published notice of the approval in the *New Mexican* on June 21, 1993.

27-5-12. Payment of claims.

A. A hospital, ambulance service or health care provider filing a claim with the board shall:

(1) file claim with the board of the county in which the indigent patient is domiciled;

(2) file claim for each patient separately, with an itemized detail of the total cost; and

(3) file with the claim a verified statement of qualification for ambulance service, indigent hospital care or care from a health care provider signed by the patient or by the parent or person having his custody to the effect that he qualifies under the

provisions of the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] as an indigent patient and is unable to pay the cost for the care administered and listing all assets owned by the patient or any person legally responsible for his care. The statement shall constitute an oath of the person signing it, and any false statements in the statement made knowingly constitute a felony.

B. A hospital, ambulance service or health care provider that has contracted with a board for provision of health care services shall provide evidence of health care services rendered for payment for services in accordance with the procedures specified in the contract.

History: 1953 Comp., § 13-2-24, enacted by Laws 1965, ch. 234, § 13; 1983, ch. 234, § 5; 1984, ch. 101, § 2; 1993, ch. 321, § 11; 1997, ch. 51, § 4.

ANNOTATIONS

The 1993 amendment, effective July 1, 1993, substituted "ambulance service or health care provider" for "or ambulance service" in the introductory language and "ambulance service, indigent hospital care or care from a health care provider" for "indigent hospital care" and "and County health Care" for "Claims" in Subsection C.

The 1997 amendment designated the introductory paragraph as Subsection A; redesignated former Subsections A, B, and C as Paragraphs A(1), A(2), and A(3); and added Subsection B. Laws 1997, ch. 51 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-5-12.1. Appeal.

Any hospital or ambulance service aggrieved by any decision of the board may appeal to the district court pursuant to the provisions of Section 39-3-1.1 NMSA 1978.

History: 1978 Comp., § 27-5-12.1, enacted by Laws 1979, ch. 146, § 3; 1983, ch. 234, § 6; 1998, ch. 55, § 38; 1999, ch. 265, § 40.

ANNOTATIONS

Cross references. — For procedures governing administrative appeals to the district court, see Rule 1-074 NMRA.

The 1998 amendment, effective September 1, 1998, rewrote this section to the extent that a detailed comparison is impracticable.

The 1999 amendment, effective July 1, 1999, substituted "Section 39-3-1.1" for "Section 12-8A-1".

Compiler's notes. — For scope of review of the district court, see *Zamora v. Village of Ruidoso Downs*, 120 N.M. 778, 907 P.2d 182 (1995).

27-5-12.2. Duties of the county; sole community provider hospital payments.

A county that authorizes payment for services to a sole community provider hospital shall:

- A. determine eligibility for benefits and determine an amount payable on each claim for services to indigent patients from sole community provider hospitals;
- B. notify the sole community provider hospital of its decision on each request for payment while not actually reimbursing the hospital for the services that are reimbursed with federal funds under the state medicaid program;
- C. confirm the amount of the sole community provider hospital payments authorized for each hospital for the past fiscal year by September 30 of the current fiscal year based on a report prepared by the hospital using a format jointly prescribed by the counties and hospitals that provides aggregate data, including the number of indigent patients served and the total cost of uncompensated care provided by the hospital;
- D. negotiate agreements with each sole community provider hospital providing services for county residents on the anticipated amount of the payments for the following fiscal year; provided that the agreements shall be in compliance with federal regulations regarding intergovernmental transfers and provider contributions and shall not include provisions for reimbursements to counties of matching and sole community provider fund allocations; and
- E. provide the department by January 15 of each year with the budgeted amount of sole community provider hospital payments, by hospital, for the following fiscal year.

History: Laws 1993, ch. 321, § 15; 2003, ch. 413, § 5.

ANNOTATIONS

The 2003 amendment, effective June 20, 2003, substituted "A county" for "Every county in New Mexico" at the beginning of the introductory paragraph; added "based on a report prepared by the hospital using a format jointly prescribed by the counties and hospitals that provides aggregate data, including the number of indigent patients served and the total cost of uncompensated care provided by the hospital" at the end of Subsection C; added "provided that the agreements shall be in compliance with federal regulations regarding intergovernmental transfers and provider contributions and shall not include provisions for reimbursements to counties of matching and sole community

provider fund allocations" at the end of Subsection D; and deleted "human services" near the beginning of Subsection E.

Compiler's notes. — Subsection A of § 22, Laws 1993, ch. 321, provides that §§ 3, 6, 10, 15, 16 and 18 (27-5-3, 27-5-6, 27-5-6.1, 27-5-7.1, 27-5-11 and 27-5-12.2 NMSA 1978) are effective the date that the human services department is notified in writing that the amendment to the state medicaid plan has been approved by the federal health care financing administration. The human services department was advised by letter dated May 20, 1993, that the United States Department of Health and Human Services had approved the amendment of New Mexico's medicaid plan "to add a payment provision for sole community hospitals (SCH), effective July 1, 1993, and a payment provision for indirect medical education (IME) costs incurred by teaching hospitals, effective August 1, 1992". Chapter 321, Laws 1993, contained an emergency clause. The human services department published notice of the approval in the *New Mexican* on June 21, 1993.

27-5-13. Claim shall not expire because of lack of funds; priority of claims.

A claim made to the board for payment for the care of an indigent patient shall not expire or become invalid because of the lack of money in the fund during any fiscal year but shall be carried over into the ensuing fiscal year and, notwithstanding the provisions of any other law, shall be paid in the ensuing year. Whenever the balance of the fund is inadequate to pay all qualified claims as they become due, the claims of in-state hospitals providing acute medical care shall have priority for payment over all other claims regardless of the dates the other claims were submitted. The board shall, however, on a regular basis, estimate future demands upon the fund, based on past experience, and set aside sufficient funds to assure payment for in-state hospitals providing acute medical care and shall then address, on a regular basis, the claims from other hospitals or ambulance services.

History: 1953 Comp., § 13-2-25, enacted by Laws 1965, ch. 234, § 14; 1978, ch. 123, § 3; 1983, ch. 234, § 7.

27-5-14. Board to recover costs; presumption of payment.

A. The payment of any claim to an ambulance service, a hospital or health care provider on behalf of an indigent patient creates a preferred claim in favor of the fund against the estate of the indigent patient and a lien against all real property or interest in real property vested in or later acquired by the indigent patient or any person legally responsible for his debts for the amount of the payment made from the fund to the ambulance service, hospital or health care provider, without interest. Such claims shall be preferred over all claims except charges of the last sickness and funeral of the deceased and allowances made by the court for the maintenance of the widow and children, taxes, municipal levies, cost of administration and attorneys' fees.

B. Proceeds recovered from such claims shall be placed into the fund.

C. The board shall file a certificate of payment to the ambulance service, hospital or health care provider on behalf of the indigent patient. The certificate shall constitute notice to the public that the lien created by the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978] has attached. County clerks shall receive, index and file certificates and releases of liens created by the certificate, free of charge.

D. In all cases where a lien has been created under Subsection A of this section and a period of fourteen years has passed from the date the lien was created by the payment of any claim to an ambulance service, a hospital or health care provider on behalf of an indigent patient, the payment for which the lien is claimed shall be discharged due to the passage of time and the board shall file a certificate releasing the lien due to the lapse of time.

History: 1953 Comp., § 13-2-26, enacted by Laws 1965, ch. 234, § 15; 1975, ch. 178, § 1; 1987, ch. 88, § 4; 1993, ch. 321, § 12.

ANNOTATIONS

Cross references. — For payment of claims generally, see 27-5-12 NMSA 1978.

The 1993 amendment, effective July 1, 1993, substituted "an ambulance service, a hospital or health care provider" for "a hospital" near the beginning of Subsection A and in Subsection D; substituted "ambulance service, hospital or health care provider" for "hospital" near the end of the first sentence of Subsection A and near the beginning of Subsection C; substituted "attorneys" for "attorney's" near the end of Subsection A; and substituted "and County Health Care" for "Claims" in the second sentence of Subsection C.

Am. Jur. 2d, A.L.R. and C.J.S. references. — Constitutionality, construction, and application of statute releasing or authorizing release of claim or lien of public on account of aid extended to indigent person, 130 A.L.R. 1149.

Right of public to reimbursement from recipient, his estate or relatives, of old age assistance payments, 29 A.L.R.2d 731.

27-5-15. Limitation on lien.

The provisions of Subsections A through C of Section 27-5-14 NMSA 1978 shall not apply to any county having adopted a sales tax for the support of indigent hospital patients pursuant to the provisions of Sections 7-21-1 through 7-21-7 NMSA 1978.

History: 1953 Comp., § 13-2-26.1, enacted by Laws 1971, ch. 72, § 2; 1975, ch. 178, § 2.

ANNOTATIONS

Compiler's notes. — Sections 7-21-1 to 7-21-7 NMSA 1978, referred to in this section, were repealed by Laws 1986, ch. 20, § 136. For provisions relating to county gross receipts tax, see 7-20E-9 NMSA 1978.

27-5-16. Department; payments; cooperation.

A. The department shall not decrease the amount of any assistance payments made to the hospitals or health care providers of this state pursuant to law because of any financial reimbursement made to ambulance services, hospitals or health care providers for indigent or medicaid eligible patients as provided in the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978].

B. The department shall cooperate with each board in furnishing information or assisting in the investigation of any person to determine whether he meets the qualifications of an indigent patient as defined in the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978].

C. The department shall ensure that the sole community provider payment and the reimbursement to hospitals made under the state medicaid program do not exceed what would have been paid for under medicare payment principles. In the event the sole community provider payment and medicaid reimbursement to hospitals would exceed medicare payment principles, the department shall reduce the sole community provider payment prior to making any reduction in reimbursement to hospitals made under the state medicaid program.

History: 1953 Comp., § 13-2-27, enacted by Laws 1965, ch. 234, § 16; 1987, ch. 88, § 5; 1993, ch. 321, § 13.

ANNOTATIONS

The 1993 amendment, effective July 1, 1993, deleted "human services" before "department" near the beginning and substituted "and County Health Care" for "Claims" near the end in Subsections A and B; inserted "or health care providers" before "of this state" and substituted "ambulance services, hospitals or health care providers for indigent or medicaid eligible patients" for "hospitals for indigent or welfare patients" in Subsection A; and added Subsection C.

27-5-17. Repealed.

ANNOTATIONS

Repeals. — Laws 1986, ch. 20, § 136A repeals former 27-5-17 NMSA 1978, as amended by Laws 1975, ch. 44, § 2, relating to exclusion of class A counties from the

provisions of the Indigent Hospital Claims Act, effective July 1, 1986. For provisions of former section, see 1983 Replacement Pamphlet.

27-5-18. Date of implementation.

No money shall be paid from the fund, and no judgment shall be rendered under the Indigent Hospital and County Health Care Act [Chapter 27, Article 5 NMSA 1978], for any services rendered to any indigent patient prior to the effective date of the Indigent Hospital and County Health Care Act.

History: 1953 Comp., § 13-2-29, enacted by Laws 1965, ch. 234, § 20; 1993, ch. 321, § 14.

ANNOTATIONS

The 1993 amendment, effective July 1, 1993, deleted "created by the Indigent Hospital Claims Act" after "paid from the fund" and substituted "and County Health Care" for "Claims" in two places.

ARTICLE 6

Utility Supplements and Assistance

27-6-1 to 27-6-10. Deleted.

ANNOTATIONS

Compiler's notes. — Sections 27-6-1 to 27-6-10, the Utility Supplement Act, were enacted by Laws 1975, Chapter 300, contingent upon the passage and approval of the Electrical Energy Tax Act. The Electrical Energy Tax Act was enacted by Laws 1975, Chapter 263 and approved April 10, 1975. Laws 1975, ch. 300, § 10, compiled as 27-6-10 NMSA 1978, provides that no payments shall be made under the Utility Supplement Act if the Electrical Energy Tax Act is held invalid in any suit. The Electrical Energy Tax Act was held invalid under the Supremacy Clause of the United States Constitution in *Arizona Pub. Serv. Co. v. Snead*, 441 U.S. 141, 99 S. Ct. 1629, 60 L. Ed. 2d 106 (1979). Laws 1982, ch. 18, § 27 later repealed the Electrical Energy Tax Act, effective July 1, 1982. The provisions of 27-6-1 to 27-6-10 NMSA 1978, the Utility Supplement Act, have been deleted from the statutes compilation as they no longer have any force or effect.

27-6-11. Short title.

This act [27-6-11 to 27-6-16 NMSA 1978] may be cited as the "Low Income Utility Assistance Act".

History: Laws 1979, ch. 290, § 1.

27-6-12. Legislative intent and purpose.

It is the intent of the legislature and the purpose of the Low Income Utility Assistance Act [27-6-11 to 27-6-16 NMSA 1978] to assist indigent residents to meet the increased costs for gas and electrical utilities, liquefied petroleum fuel, wood and coal to the maximum extent possible, particularly the cost of fuel adjustments and the cost of service indexing.

History: Laws 1979, ch. 290, § 2; 1980, ch. 118, § 1.

27-6-13. Administration of Low Income Utility Assistance Act.

A. As used in the Low Income Utility Assistance Act [27-6-11 to 27-6-16 NMSA 1978], "department" means the agency of the state designated by the governor.

B. The department is authorized to determine eligibility, establish payment amounts, make utility assistance payments to or on behalf of eligible recipients and otherwise administer the Low Income Utility Assistance Act.

C. The department is also called upon to utilize funds appropriated under the Low Income Utility Assistance Act to the maximum extent to generate available federal and local government funds and to mobilize other resources which may be applied to the concepts of that act.

History: Laws 1979, ch. 290, § 3; 1980, ch. 118, § 2.

27-6-14. Persons eligible for utility assistance.

A. Utility assistance supplements shall be paid to or on behalf of those individuals who are determined to be eligible by regulation of the department.

B. The department shall determine the amount of payment to be made; provided that no payment shall be made if a payment for the same services or incurred bills has been made to the household under a federal program for a similar purpose.

History: Laws 1979, ch. 290, § 4; 1980, ch. 118, § 3; 1984, ch. 94, § 1.

27-6-15. Utility assistance supplement program established; distribution to eligible recipients.

A. The department is authorized to establish a utility assistance supplement program for purposes of the Low Income Utility Assistance Act [27-6-11 to 27-6-16 NMSA 1978].

B. Beginning on July 1, 1980 and each year thereafter the department shall pay utility assistance supplement payments, subject to the availability of funds from the low income utility assistance fund created under the provisions of Section 27-6-16 NMSA 1978.

History: Laws 1979, ch. 290, § 5; 1980, ch. 118, § 4.

27-6-16. Fund created.

There is created in the state treasury the "low income utility assistance fund." Payments shall be made from the low income utility assistance fund upon warrants drawn by the secretary of finance and administration pursuant to vouchers signed by the head of the department. Such payments shall be made for the costs and administration of the Low Income Utility Assistance Act [27-6-11 to 27-6-16 NMSA 1978].

History: Laws 1979, ch. 290, § 6; 1980, ch. 118, § 5.

ANNOTATIONS

Partial veto valid. — Governor's partial veto of the provision in Laws 1981, ch. 168, designating the income support division of the human services department as the agency responsible for administering this fund, is valid. 1981 Op. Att'y Gen. No. 81-12.

Appropriations. — Laws 2005 (1st S.S.), ch. 2, § 3, effective October 13, 2005, appropriates \$23,000,000 from the general fund to the human services department for expenditure in fiscal year 2006 for the low income home energy assistance program and provides that any unexpended or unencumbered balance remaining at the end of fiscal year 2006 shall revert to the general fund.

27-6-17. Utility service; procedures to follow prior to service being discontinued.

A. Unless requested by the customer, no gas or electric utility shall discontinue service to any residential customer for nonpayment during the period from November 15 through March 15 unless the following procedures are followed:

(1) at least fifteen days prior to the date scheduled for utility service to be discontinued, unless the New Mexico public utility commission [public regulation commission] provides for a shorter period, the utility shall mail or hand-deliver to the customer a notice printed in both English and Spanish and in simple language, which notice clearly explains that:

(a) utility service shall stop on a specific date;

(b) the customer may be eligible for financial assistance to pay for the utility service; and

(c) for assistance, the customer should contact the utility or the department;

(2) any utility subject to this section shall attempt to advise customers who contact the utility seeking financial assistance of the program administered under the Low Income Utility Assistance Act [27-6-11 to 27-6-17 NMSA 1978] and of assistance programs the utility may administer on its own or in conjunction with others;

(3) the utilities subject to this section and the department shall provide application forms for utility service payment assistance at billing and agency offices; and

(4) before the service is actually discontinued, the utility shall attempt to make contact in person or by telephone to remind the customer of the pending date of discontinuance of service and that financial assistance for utility payments may be available.

B. Unless requested by the customer, no gas or electric utility shall discontinue service to any residential customer for nonpayment during the period from November 15 through March 15 until at least fifteen days after the date scheduled for discontinuance of service if the department has certified to the utility that a customer is eligible for utility payment assistance under the Low Income Utility Assistance Act and that payment for the utility service provided to the customer will be made within the fifteen-day period.

C. The department and the New Mexico public utility commission [public regulation commission] shall coordinate and adopt, as they deem appropriate, either separate or joint rules and regulations necessary to implement the provisions of this section; provided that nothing in this section authorizes the department to revise tariffs or rate filings subject to the jurisdiction of the New Mexico public utility commission.

History: Laws 1991, ch. 81, § 1; 1993, ch. 282, § 17.

ANNOTATIONS

Bracketed material. — The bracketed material in Subsections A(1) and C was inserted by the compiler; it was not enacted by the legislature and it is not part of the law. For references to the New Mexico public utility commission meaning the public regulation commission, see 8-8-21 NMSA 1978.

The 1993 amendment, effective June 18, 1993, substituted "New Mexico public utility commission" for "New Mexico public service commission" in Subsection A(1) and Subsection C.

27-6-18. Disconnection of utility service; prohibition; limited time.

A utility company shall not discontinue or disconnect service to a residential customer for any billing cycle from November 15 through March 15 for nonpayment if the customer meets the qualifications for the low income home energy assistance program. The utility company shall report the customer's need for assistance to the human services department and the department shall take immediate action to mitigate the problem.

History: Laws 2005 (1st S.S.) ch. 2, § 2.

ANNOTATIONS

Cross references. — For the low income home energy assistance program, see 58-18-5.5 NMSA 1978.

Effective dates. — Laws 2005 (1st S.S.), ch. 2, § 5 makes the act effective October 13, 2005.

ARTICLE 6A

Low Income Water, Sewer and Solid Waste Service Assistance

27-6A-1. Short title.

This act [27-6A-1 to 27-6A-5 NMSA 1978] may be cited as the "Low Income Water, Sewer and Solid Waste Service Assistance Act".

History: Laws 1993, ch. 206, § 1.

27-6A-2. Purpose.

It is the purpose of the Low Income Water, Sewer and Solid Waste Service Assistance Act [27-6A-1 to 27-6A-5 NMSA 1978]:

A. to assure that water, sewer or solid waste user rate increases do not force many low-income individuals to discontinue necessary water, sewer or solid waste service; and

B. to increase the availability or affordability of basic water, sewer and solid waste service to low-income individuals by providing assistance to meet the cost of basic water, sewer and solid waste service.

History: Laws 1993, ch. 206, § 2.

27-6A-3. Definitions.

As used in the Low Income Water, Sewer and Solid Waste Service Assistance Act [27-6A-1 to 27-6A-5 NMSA 1978]:

A. "department" means the human services department; and

B. "utility" means any individual, firm, partnership, company, district, including but not limited to solid waste district, water and sanitation district and special district, cooperative, association, public or private corporation, lessee, trustee or receiver appointed by any court, municipality and municipal utility as defined in the Municipal Code [Chapter 3 NMSA 1978], incorporated county or county that may or does own, operate, lease or control any plant, property or facility for:

(1) the supply, storage, distribution or furnishing of water to or for the public;

(2) the supply and furnishing of sanitary sewer service to or for the public; or

(3) the supply and furnishing of collection, transportation, treatment or disposal of solid waste to or for the public. "Utility" does not include a public utility subject to the jurisdiction of the New Mexico public service commission.

History: Laws 1993, ch. 206, § 3.

ANNOTATIONS

Public service commission. — The New Mexico public service commission was a predecessor of the public utility commission, which has been succeeded by the public regulation commission. See 8-8-21 NMSA 1978.

27-6A-4. Low income assistance rates.

A utility may provide assistance in the form of reduced or subsidized rates to or on behalf of those individuals who meet the eligibility criteria of one or more need-based assistance programs administered by the department and who are not living in nursing homes or intermediate care facilities or not living in circumstances that do not require them to pay, directly or indirectly, for water, sewer or solid waste service.

History: Laws 1993, ch. 206, § 4.

27-6A-5. Department cooperation.

Subject to state and federal statutes and regulations governing the sharing of confidential information, the department shall cooperate with a participating utility in identifying those persons eligible for assistance pursuant to the Low Income Water, Sewer and Solid Waste Service Assistance Act [27-6A-1 to 27-6A-5 NMSA 1978].

History: Laws 1993, ch. 206, § 5.

ARTICLE 7

Adult Protective Services

27-7-1 to 27-7-13. Repealed.

ANNOTATIONS

Repeals. — Laws 1989, ch. 389, § 20 repeals 27-7-1 through 27-7-13 NMSA 1978, as enacted by Laws 1982, ch. 36, §§ 1, 2, and 4 to 13, and as amended by Laws 1987, ch. 72, § 1, relating to adult protective services, effective June 16, 1989. For provisions of former sections, see 1984 Replacement Pamphlet and 1988 Cumulative Supplement. For present comparable provisions, see 27-7-14 NMSA 1978 et seq.

27-7-14. Short title.

Sections 27-7-14 through 27-7-31 NMSA 1978 may be cited as the "Adult Protective Services Act".

History: Laws 1989, ch. 389, § 1; 1990, ch. 79, § 1.

ANNOTATIONS

Cross references. — For criminal records screening for caregivers employed by care providers, see 29-17-2 to 29-17-5 NMSA 1978.

Am. Jur. 2d, A.L.R. and C.J.S. references. — 41 Am. Jur. 2d Incompetent Persons § 31 et seq.

57 C.J.S. Mental Health §§ 45 et seq., 108 et seq.

27-7-15. Legislative findings; purpose.

A. The legislature recognizes that many adults in the state are unable to manage their own affairs or protect themselves from exploitation, abuse or neglect. Often such adults cannot find others able or willing to render assistance.

B. It is the purpose of the Adult Protective Services Act [27-7-14 to 27-7-31 NMSA 1978] to establish a system of protective services designed to fill this need and to assure the availability of those services to all adults. It is also the purpose of the Adult Protective Services Act to authorize only the least possible restriction on the exercise of personal and civil rights and religious beliefs consistent with the adult's need for services and to require that due process be followed in imposing those restrictions.

C. Nothing in this act shall be construed to mean an adult, including an incapacitated adult or a protected adult, is abused, neglected, being denied essential

services or in need of protective services for the sole reason he relies upon or is being furnished with spiritual treatment through prayer alone in accordance with the express or implied intent of the adult; nor shall anything in this act be construed to authorize or require any medical care or treatment in contravention of the express or implied wish of that adult.

History: Laws 1989, ch. 389, § 2; 1997, ch. 132, § 1.

ANNOTATIONS

The 1997 amendment inserted "and religious beliefs" in Subsection B and added Subsection C. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

Meaning of "this act". — The phrase "this act", referred to in Subsection C, means Laws 1997, ch. 132, which is codified as 27-7-15 to 27-7-21, 27-7-23 to 27-7-27, and 27-7-29 to 27-7-31 NMSA 1978.

27-7-16. Definitions.

As used in the Adult Protective Services Act [27-7-14 to 27-7-31 NMSA 1978]:

- A. "abuse" means:
 - (1) knowingly, intentionally or negligently and without justifiable cause inflicting physical pain, injury or mental anguish; or
 - (2) the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of an adult;
- B. "adult" means a person eighteen years of age or older;
- C. "appropriate facility" means any facility other than a jail or detention facility;
- D. "caretaker" means an individual or institution that has assumed the responsibility for the care of an adult;
- E. "conservator" means a person who is appointed by a court to manage the property or financial affairs or both of an incapacitated person or a minor ward;
- F. "court" means the district court having jurisdiction;
- G. "department" means the children, youth and families department;

H. "emergency" means that an adult is living in conditions that present a substantial risk of death or immediate and serious physical harm to himself or others;

I. "exploitation" means an unjust or improper use of an adult's money or property for another person's profit or advantage, pecuniary or otherwise;

J. "guardian" means a person who has qualified to provide for the care, custody or control of the person or a minor or incapacitated person pursuant to testamentary or court appointment, but excludes one who is merely a guardian ad litem;

K. "inability to manage his personal care" means the inability, as evidenced by recent behavior, to meet one's needs for medical care, nutrition, clothing, shelter, hygiene or safety so that physical injury, illness or disease has occurred or is likely to occur in the near future;

L. "inability to manage his property or financial affairs" means gross mismanagement, waste or dissipation, as evidenced by recent behavior, of an adult's income and resources which has led or is likely in the near future to lead to financial vulnerability, which threatens the adult's ability to obtain or pay for his basic requirements for living;

M. "incapacitated adult" means any adult who demonstrates over time partial or complete functional impairment by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication or other causes to the extent that he is unable to manage his personal affairs or he is unable to manage his estate or financial affairs, but does not include a person who refuses services without other evidence of incapacity;

N. "independent living arrangements" means a mode of life maintained on a continuing basis outside of a hospital, veterans' administration hospital, nursing home or other facility licensed by or under the jurisdiction of any state agency;

O. "interested person" means any adult relative, any person who has an interest in the welfare of the adult to be protected under the Adult Protective Services Act or any official or representative of a protective services agency or of any public or nonprofit agency, corporation, board or organization eligible for designation as a protective services agency;

P. "neglect" means failure of the caretaker of an adult to provide basic needs such as clothing, food, shelter, supervision and care for the physical and mental health for that adult or failure by an adult to provide such basic needs for himself;

Q. "protected adult" means an adult for whom a guardian or conservator has been appointed or other protective order has been made or an abused, neglected or exploited adult who has requested protective services;

R. "protective placement" means the transfer of an adult from independent living arrangements to a hospital, nursing home, domiciliary or residential care facility or from one such institution to another;

S. "protective services" means the services furnished by the department or a protective services agency or its delegate, as described in Section 27-7-21 NMSA 1978; and

T. "protective services agency" means a corporation, board or organization authorized by the department pursuant to the Adult Protective Services Act to furnish protective services to protected or incapacitated adults or to serve as conservators or guardians of protected or incapacitated adults upon appointment by a court.

History: Laws 1989, ch. 389, § 3; 1990, ch. 79, § 2; 1997, ch. 132, § 2.

ANNOTATIONS

The 1997 amendment substituted the language beginning "property or financial" for "estate of a protected adult" in Subsection E; substituted "children, youth and families" for "human services" in Subsection G; substituted "money or property for another person's" for "resources for another's" in Subsection I; substituted the language beginning "has qualified" for "is a guardian of an incapacitated adult pursuant to a court order" in Subsection J; added Subsections K and L, and redesignated the remaining subsections accordingly; in Subsection M, substituted "affairs" for "care", substituted "estate or" for "personal property and", and added the language beginning "but does"; and added the language beginning "or an abused" in Subsection Q. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-17. Adult protective services system.

A. The department shall develop a coordinated system of protective services for incapacitated or protected adults. In planning this system, the department shall obtain the advice of agencies, corporations, boards and associations involved in the provision of social, health, legal, nutritional and other services to adults, as well as of organizations of adults.

B. Upon establishment of the adult protective services system, the department shall be responsible for continuing coordination and supervision of the system. In carrying out these duties, the department shall:

(1) adopt rules and regulations necessary to implement and operate the system;

(2) monitor and evaluate the effectiveness of the system; and

(3) use to the extent available grants from federal, state and other public and private sources to support the system.

C. The department shall administer a public information program regarding the problem, reporting and prevention of adult abuse, neglect and exploitation and the availability of treatment and protective services for those adults.

History: Laws 1989, ch. 389, § 4; 1997, ch. 132, § 3.

ANNOTATIONS

The 1997 amendment inserted "or protected" in the first sentence of Subsection A. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-18. Repealed.

History: Laws 1989, ch. 389, § 5; 1997, ch. 132, § 4; repealed Laws 2005, ch. 321, § 14.

ANNOTATIONS

Repeals. — Laws 2005, ch. 321, § 14 repeals 27-7-18 NMSA 1978, relating to creation of adult protective services advisory board, effective June 17, 2005. For provisions of former section, see 2003 Replacement Pamphlet.

27-7-19. Department; investigations; orders; services and contracts.

A. The department shall investigate all reports of suspected abuse, neglect or exploitation of adults. Upon receipt of a report, the department shall determine whether the adult is abused, neglected or exploited and in need of protective services and what services are needed, unless the department determines that the adult is knowingly and voluntarily refusing services or that the report is frivolous or is patently without a factual basis. In determining the need for protective services, the department shall visit the person and gather information from others having knowledge of the facts of the particular case. After making the determination, the department or the protective services agency shall make a written report of its findings and recommendations and take whatever action is necessary.

B. The department may petition the court for a protective order or an order for appointment of a guardian or conservator.

C. The department may provide direct protective services and may contract with any protective services agency for the provision of protective services. To the extent

appropriate and available, the department shall utilize existing resources and services of public and nonprofit private agencies in providing protective services.

D. Except when prohibited by law, the department shall have immediate access to and may reproduce any record, including medical, personal, psychological and financial records, of the patient, resident or client of any private or public facility or agency which the department determines is necessary to pursue any investigation mandated by this section or by Sections 30-47-1 through 30-47-10 NMSA 1978:

if the patient, resident or client:

(1) has the ability to consent, access may only be obtained by the written consent of the patient, resident or client;

(2) is unable to consent in writing, oral consent may be given in the presence of a third party as witness;

(3) is under a New Mexico guardianship or conservatorship that provides the guardian or conservator with the authority to approve review of the records, the department shall obtain the permission of the guardian or conservator for review of the record, unless any of the following applies:

(a) the existence of the guardianship or conservatorship is unknown to the department or facility; or

(b) the guardian or conservator cannot be reached within five working days;
and

(4) is unable to express written or oral consent and there is no guardian or conservator or the guardian or conservator refuses to give consent or notification of the guardian or conservator is not applicable for reasons set forth in Paragraph (3) of this subsection or the patient, resident or client is deceased, inspection of records may be made by employees of the department upon petition to the district court for an order requiring appropriate access if the department can demonstrate that access is denied because of the incapacity, coercion, extortion or justifiable fear of future abuse, neglect, exploitation or abandonment of the adult client.

E. Upon request by the department, a long-term care facility shall provide to the department the name, address and telephone number of the guardian, conservator, attorney-in-fact, legal representative or next of kin of any patient, resident or client.

F. The department shall have immediate access to the person who is alleged to be abused, neglected or exploited to determine the accuracy of the report and the necessity of protective services and placement, to evaluate the client's needs and develop a service plan to meet those needs and to provide for the delivery of services by the department or by other service providers that the department deems to be

appropriate. If the department is denied access to the person alleged to be abused, neglected or exploited, the department's investigator may gain access upon petition to the district court for an order requiring appropriate access if the department can demonstrate that a care provider or third party has interfered with the department's attempts to access the adult client under investigation.

G. Anyone interfering with an investigation of adult abuse, neglect or exploitation, pursuant to this section, is guilty of a misdemeanor. Interference under this section shall include investigations by facilities or individuals of alleged abuse, neglect or exploitation within their facilities, operation and control without first reporting that alleged abuse, neglect or exploitation to the department. Interference under this section shall not include efforts by facilities or individuals to establish whether there is reasonable cause to believe that there is adult abuse, neglect or exploitation.

History: Laws 1989, ch. 389, § 6; 1997, ch. 132, § 5.

ANNOTATIONS

The 1997 amendment, in Subsection A, in the second sentence, inserted "abused, neglected or exploited and" and "adult is knowingly and voluntarily refusing services or that the", substituted "gather information from" for "consult with" and inserted "and recommendations" in the third sentence; and added Subsections D through G. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-20. Protective services agencies designation; powers.

A. The department may designate any corporation, board or organization as a protective services agency. The department shall adopt and promulgate regulations establishing criteria and procedures for the designation of protective services agencies.

B. A protective services agency is authorized to:

- (1) furnish protective services to an adult with his consent;
- (2) petition the court for an appointment of a conservator or guardian, issuance of an emergency order for protective services or an order for protective placement;
- (3) furnish protective services to an adult without his consent in an emergency pursuant to Section 27-7-25 NMSA 1978;
- (4) furnish protective services to an incapacitated or protected adult with the consent of the person or his guardian;

(5) serve as conservator, guardian or temporary guardian of a protected or incapacitated adult; and

(6) make such reports as the department or a court may require.

C. The department shall designate for each county the department itself or at least one protective services agency that shall be responsible for rendering protective services in an emergency.

History: Laws 1989, ch. 389, § 7; 1990, ch. 79, § 3; 1997, ch. 132, § 6.

ANNOTATIONS

The 1997 amendment deleted former Subsection C, which read: "No corporation, board or organization, other than one designated by the department as a protective services agency, shall furnish protective services to an adult", and redesignated former Subsection D as Subsection C. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-21. Nature of protective services; costs.

A. Protective services are services furnished by the department or a protective services agency or its delegate to an incapacitated or protected person with the person's consent or appropriate legal authority.

B. The services furnished in a protective services system may include social case work, psychiatric and health evaluation, home care, day care, legal assistance, social services, health care, case management, guardianship, conservatorship and other services consistent with the Adult Protective Services Act [27-7-14 to 27-7-31 NMSA 1978].

C. In order to provide the services listed in Subsection B of this section, the adult protective services system established by the department may include outreach, identifying persons in need of services, counseling, referring persons for services, evaluating individuals, arranging for services, tracking and following up cases, petitioning the courts for the appointment of a conservator or guardian of the person and other activities consistent with the Adult Protective Services Act.

D. The costs of providing protective services shall be borne by the provider of those services or the department or other appropriate agency, subject to available appropriations and resources, unless the adult agrees to pay for them or a court authorizes the provider or the department or other agency to receive reasonable reimbursement from the adult's assets after a finding that the person is financially able to make payment.

History: Laws 1989, ch. 389, § 8; 1990, ch. 79, § 4; 1997, ch. 132, § 7.

ANNOTATIONS

The 1997 amendment deleted "but are not limited to" preceding "social case" in Subsection B; deleted "but is not limited to" preceding "outreach" in Subsection C; and inserted "or the department or other agency" in Subsection D. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-22. Evaluation.

A. The department shall establish an evaluation process for the conduct of a comprehensive physical, mental and social evaluation of an adult for whom a petition has been filed in a court for an order for non-emergency protective placement or for whom an application for renewal of an original emergency order has been made.

B. The evaluation of an adult shall include at a minimum:

(1) the name and address of the place where the adult is residing and of the person or agency, if any, who is currently providing care, treatment or services;

(2) a summary description of the care, treatment and services, if any, currently being provided to the adult in connection with the problem creating the need for protective services or protective placement;

(3) an evaluation of the adult's present physical, mental and social conditions, including, as necessary, a medical, psychological, psychiatric or social evaluation and review; and

(4) a recommendation for the least restrictive alternatives for services, care, treatment or placement consistent with the person's needs.

C. Unless the adult can afford to pay, the cost of the evaluation provided for in this section shall be borne by the provider or the department or other appropriate agency, subject to available appropriations and resources.

History: Laws 1989, ch. 389, § 9; 1990, ch. 79, § 5.

27-7-23. Voluntary protective services; protective placement.

A. Any adult who has been abused, neglected or exploited and is in need of protective services or protective placement as determined by the department and who requests those services shall receive them, subject to available appropriations and resources. If the person withdraws or refuses consent, voluntary protective services or

protective placement shall not be provided. No legal rights are relinquished as a result of acceptance of voluntary protective services or protective placement.

B. No person shall interfere with the provision of protective services or protective placement to an adult who requests and consents to receive those services or placement. In the event that interference occurs on a continuing basis, the department or a protective services agency may petition the court to enjoin that interference or, at the department's discretion, may request criminal prosecution.

History: Laws 1989, ch. 389, § 10; 1997, ch. 132, § 8.

ANNOTATIONS

The 1997 amendment added "Protective Placement" in the section heading; in Subsection A, inserted "or protective placement" in the first and second sentences, and added the third sentence; in Subsection B, in the first sentence, inserted "or protective placement" and added "or placement", and added the language beginning "or, at the" in the second sentence. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-24. Involuntary protective services.

A. If an adult is unable to consent to receive protective services, those services may be ordered by a court on an involuntary basis through an emergency order pursuant to the Adult Protective Services Act [27-7-14 through 27-7-31 NMSA 1978] or through appointment of a guardian or conservator.

B. In ordering involuntary protective services, the court shall authorize only that intervention which it finds to be least restrictive of the adult's liberty and rights consistent with the adult's welfare and safety. The basis for such a finding shall be stated in the record by the court.

C. The incapacitated or protected adult shall not be required to pay for involuntary protective services unless that payment is authorized by the court upon a showing that the adult is financially able to pay. In this event, the court shall provide for reimbursement of the reasonable costs of the services. The costs of involuntary protective services shall be borne by the provider of those services or the department or other appropriate agency, subject to available appropriations and resources, if the adult is not financially able to cover those costs.

D. No person shall interfere with the provision of involuntary protective services to an adult. In the event that interference occurs on a continuing basis, the department or protective services agency may petition the court to enjoin interference.

History: Laws 1989, ch. 389, § 11; 1997, ch. 132, § 9.

ANNOTATIONS

The 1997 amendment added "or conservator" in Subsection A and added Subsection D. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-25. Ex-parte orders for emergency protective services or emergency protective placement; notice; petition.

A. Upon petition by the department, the court may issue an order authorizing the provision of involuntary protective services or protective placement on an emergency basis to an adult under the criteria set forth in Subsection B of this section.

B. At the time a petition is filed or any time thereafter, the court may issue an ex-parte order authorizing the provision of involuntary protective services or involuntary protective placement upon a sworn written statement of facts showing probable cause exists to believe that:

- (1) the adult is incapacitated;
- (2) an emergency exists;
- (3) the adult lacks the capacity to consent to receive protective services; and
- (4) no person authorized by law or court order to give consent for the adult is available or willing to consent to the provision of protective services or protective placement on an emergency basis.

C. An affidavit for an ex-parte order for emergency protective services or emergency protective placement may be signed by any person who has knowledge of the facts alleged or is informed of them and believes that they are true.

D. The Rules of Evidence do not apply to the issuance of an emergency ex-parte protective services or protective placement order or to hearings held on an application for renewal of the original emergency order.

E. In issuing an emergency ex-parte order, the court shall adhere to the following limitations:

- (1) only the protective services or protective placement necessary to remove the conditions creating the emergency shall be ordered, and the order shall specifically designate the proposed protective services or protective placement;

(2) protective services or protective placement authorized by an emergency ex-parte order shall not include hospitalization or a change of residence, unless the order gives specific approval for the action;

(3) protective services or protective placement may be provided by emergency ex-parte order only for ten days; provided that the original order may be renewed once for a period of twenty additional days upon application to the court showing that continuation of the original order is necessary to remove the conditions creating the emergency. An application for renewal of the original order shall be supported by a written report of the results of the evaluation required by Section 27-7-22 NMSA 1978 and copies of the actual evaluations;

(4) the issuance of an emergency ex-parte order shall not deprive the adult of any rights except those provided for in the order;

(5) the department and its employees are prohibited from:

(a) taking custody;

(b) acting as guardians or conservators for any adult in need of protective services, except that an employee may serve in that capacity when related by affinity or consanguinity to an adult;

(c) acting as treatment guardians under the Mental Health and Developmental Disabilities Code [Chapter 43, Article 1 NMSA 1978] except that an employee may serve in that capacity when related by affinity or consanguinity to an adult;

(d) acting as qualified health care professionals pursuant to the Probate Code [Chapter 45 NMSA 1978]; and

(e) acting as visitors under the Probate Code for any adult in need of protective services;

(6) to implement an emergency ex-parte order, the court may authorize forcible entry of premises for the purposes of rendering protective services or transporting the adult to another location for the provision of services only if facts contained in the affidavit supporting the petition for ex-parte order show that attempts to gain voluntary access to the premises have failed and forcible entry is necessary. Persons making an authorized forcible entry shall be accompanied by a law enforcement officer; and

(7) service of an ex-parte order authorizing forcible entry shall be according to the following procedure. The order shall be served on the alleged incapacitated adult by a person authorized to serve arrest warrants and shall direct the officer to advise the adult of the nature of the protective services that have been ordered by the court. If the

order authorizes emergency protective placement, the order shall direct the officer to assist in transfer of the adult to a place designated by the court.

F. The petition for an emergency ex-parte order shall set forth:

- (1) the name, address and interest of the petitioner;
- (2) the name, age and address of the adult in need of protective services;
- (3) facts describing the nature of the emergency;
- (4) facts describing the nature of the adult's incapacity;
- (5) the proposed protective services;
- (6) the petitioner's reasonable belief, together with supporting facts, about the need for emergency intervention; and
- (7) facts showing the petitioner's attempts to obtain the adult's consent to the proposed services and the outcome of those attempts.

G. Notice of the filing of the petition and the issuance of the emergency ex-parte order, including a copy of the petition and the affidavit for ex-parte order, shall be given to the adult and the adult's spouse or, if none, his adult children or next of kin, or guardian, if any. The notice shall be given in language reasonably understandable by its intended recipients within twenty-four hours, excluding Saturdays, Sundays and legal holidays, from the time that the ex-parte order authorizing protective services is served upon the incapacitated adult. The notice shall inform the recipients that a hearing will be held no later than ten days after the date the petition is filed to determine whether the conditions creating the emergency have been removed and whether the adult should be released from the court's order for protective services.

H. Within ten days from the filing of a petition for an emergency order for protective services or protective placement, the court shall hold a hearing upon any application for renewal of the emergency order. The hearing upon an application for renewal shall be held pursuant to the provisions of Section 27-7-27 NMSA 1978.

I. The protected adult or any interested person may petition the court to have the emergency order set aside or modified at any time, notwithstanding any prior findings by the court that the adult is incapacitated.

J. If the adult continues to need protective services or protective placement after the renewal order provided in Paragraph (3) of Subsection E of this section has expired, the department or original petitioner shall immediately petition the court to appoint a conservator or guardian or to order non-emergency protective placement pursuant to Section 27-7-26 NMSA 1978.

K. The petitioner shall not be liable for filing the petition if he acted in good faith.

History: 1978 Comp., § 27-7-25, enacted by Laws 1990, ch. 79, § 6; 1997, ch. 132, § 10.

ANNOTATIONS

Cross references. — For Rules of Evidence, see Rule 11-101 NMRA et seq.

Repeals and reenactments. — Laws 1990, ch. 79, § 6 repeals former 27-7-25 NMSA 1978, as enacted by Laws 1989, ch. 389, § 12, effective March 2, 1989. For provisions of former section, see 1989 Replacement Pamphlet.

The 1997 amendment, in Paragraph E(5), added Subparagraph (a), designated the former provisions as Subparagraph (b), and added Subparagraphs (c) through (e). Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-25.1. Emergency placement by a law enforcement officer without a court order.

A. When, from personal observation of a law enforcement officer, it appears probable that an incapacitated adult will suffer immediate and irreparable physical injury or death if not immediately placed in an appropriate facility, that the adult is unable to give consent and that it is not possible to follow the procedures of Section 27-7-25 NMSA 1978, the law enforcement officer making that observation may transport the adult to an appropriate facility. No court order is required to authorize the law enforcement officer to act upon his observation pursuant to this section.

B. A law enforcement officer who transports an incapacitated adult to an appropriate facility pursuant to the provisions of this section shall immediately notify the department of the placement.

C. The department shall file a petition pursuant to Subsection A of Section 27-7-25 NMSA 1978 within two working days after the placement of the adult by the law enforcement officer has occurred unless the department determines that the criteria for emergency removal and placement have not been met or that there is no further need for involuntary protective services or placement.

D. Upon receipt of notice from a law enforcement officer that an adult has been placed in a facility pursuant to the authority of this section, the department shall give notice pursuant to Subsection G of Section 27-7-25 NMSA 1978 within two working days after the transfer of the adult has taken place.

E. The court shall hold a hearing on the petition filed by the department as a result of the law enforcement officer's emergency placement within ten days of the filing of the petition, pursuant to the provisions of Section 27-7-27 NMSA 1978, to determine whether the conditions creating the need for the emergency placement have been removed and whether the adult should be released from the protective placement.

History: 1978 Comp., § 27-7-25.1, enacted by Laws 1990, ch. 79, § 7; 1997, ch. 132, § 11.

ANNOTATIONS

The 1997 amendment added the language beginning "unless the department" in Subsection C. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-26. Non-emergency protective placement; findings; petition; order.

A. If the adult is unable to consent, non-emergency protective placement or services shall not take place unless ordered by a court after a finding on the record based on clear and convincing evidence that:

- (1) the adult is incapacitated;
- (2) the adult is incapable of providing for his own care or custody and his condition creates a substantial risk of serious physical harm to himself or others;
- (3) the adult needs care or treatment;
- (4) the proposed order is substantially supported by the evaluation provided for in Subsection E of this section or, if not so supported, there are compelling reasons for ordering that placement; and
- (5) no less restrictive alternative course of care or treatment is available that is consistent with the incapacitated person's welfare and safety.

B. The petition for non-emergency protective placement or protective services shall state with particularity the factual basis for the allegations specified in Subsection A of this section and shall be based on the most reliable information available to the petitioner.

C. Written notice of a petition for non-emergency protective placement shall be served upon the adult by personal service at least fourteen days prior to the time set for a hearing. Notice shall also be given to the adult's legal counsel, care providers,

guardian, spouse and adult children or next of kin, whose names and addresses are known to the petitioner or can with reasonable diligence be ascertained. The person serving the notice shall certify to the court that the petition has been delivered and how the required notice was given. The notice shall be in language reasonably understandable by the adult who is the subject of the petition and also shall be given orally if necessary. The notice shall include:

- (1) the names of all petitioners;
- (2) the factual basis of the belief that protective placement is needed;
- (3) the rights of the adult in the court proceedings; and
- (4) the name and address of the proposed placement or services.

D. Upon the filing of a petition for non-emergency protective placement, the court shall hold a hearing pursuant to the provisions of Section 27-7-27 NMSA 1978.

E. In order to make the findings required in Paragraphs (2) through (5) of Subsection A of this section, the court shall direct that a comprehensive evaluation of the adult alleged to be in need of placement be conducted as provided in Section 27-7-22 NMSA 1978.

F. In ordering non-emergency protective placement, the court shall give consideration to the choice of residence of the adult. The court may order placement in facilities such as hospitals, nursing homes, domiciliary or personal care facilities, sheltered care residences or other appropriate facilities licensed by the state.

G. The court may authorize non-emergency protective placement of or protective services for an adult for a period not to exceed six months.

H. At the time of expiration of an order for non-emergency protective placement or protective services, the original petitioner may petition the court to extend its order for protective placement or protective services for an additional period not to exceed six months. The contents of the petition shall conform to the provisions of Subsections A and B of this section. Notice of the petition for the extension of placement or services shall be made in conformity with Subsection C of this section. The court shall hold a hearing to determine whether to renew the order. Any person entitled to a notice under Subsection C of this section may appear at the hearing and challenge the petition. In this event, the court shall conduct the hearing pursuant to the provisions in Section 27-7-27 NMSA 1978.

I. The residence of or services provided to an adult that had been established pursuant to an order for non-emergency protective placement or protective services shall not be changed unless the court authorizes the transfer of residence or change of services.

J. Prior to the expiration of the non-emergency protective placement or protective services, the department shall review the need for continued protective services, including the necessity for appointment of a conservator or guardian, and shall make such recommendation to the court.

History: Laws 1989, ch. 389, § 13; 1990, ch. 79, § 8; 1997, ch. 132, § 12.

ANNOTATIONS

The 1997 amendment inserted "or protective services" throughout the section; in the introductory language of Subsection A, substituted "is unable" for "refuses" and inserted "or services"; deleted former Subsection B, which read: "The department, a protective services agency, a conservator, a guardian or any interested person may petition the court for non-emergency protective placement" and redesignated the remaining subsections and references thereto accordingly; in Subsection C, substituted "fourteen" for "ten" in the first sentence, substituted "care providers, guardian, spouse and adult children or next of kin" for "and persons having physical custody of the adult" in the second sentence, and added "or services" in Paragraph (4); in Subsection H, in the first sentence, deleted "the guardian" preceding "the original" and deleted "or any interested person" following "petitioner" and inserted "or services" in the second sentence; in Subsection I, inserted "or services provided to" and substituted "or change of services" for "after finding compelling reasons to justify the transfer"; in Subsection J, added the language beginning "and shall make" and deleted the former second sentence, relating to the making of the report to all persons notified of the original petition; and deleted former Subsection L, which read: "Any adult may request non-emergency protective placement under the Adult Protective Services Act. No legal rights are relinquished or modified as a result of that placement." Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-27. Hearing on petition.

A. The hearing on a petition for renewal of an emergency ex-parte order for protective services or for an order for non-emergency protective placement or services shall be held under the following conditions:

(1) the adult shall be present unless the court determines it is impossible for the adult to be present or it is not in the adult's best interest because of a threat to that adult's health and safety;

(2) the adult has the right to counsel whether or not the adult is present at the hearing. If the person is indigent, the court shall appoint counsel no later than the time of the filing of the petition;

(3) counsel appointed by the court pursuant to Paragraph (2) of this subsection shall interview the allegedly incapacitated adult prior to any hearing on the petition or any application for renewal of the original emergency order;

(4) the adult shall have the right to trial by jury upon request by the adult or his counsel only in hearings held on petitions for non-emergency protective placement or services; and

(5) the adult has the right at his own expense or, if indigent, at the expense of the state to secure an independent medical, psychological or psychiatric examination relevant to the issue involved in any hearing under this section and to present a report of this independent evaluation or the evaluator's personal testimony as evidence at the hearing.

B. The duty of counsel representing an adult for whom a petition for an order for emergency protective services or for non-emergency protective placement or services has been filed shall be to represent the adult by presenting his declared position to the court.

C. The court shall issue for the record a statement of its findings in support of any order for renewal of emergency protective services or for non-emergency protective placement or services.

History: Laws 1989, ch. 389, § 14; 1990, ch. 79, § 9; 1997, ch. 132, § 13.

ANNOTATIONS

The 1997 amendment inserted "or services" throughout the section. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-28. Legal proceedings; filing.

For all legal proceedings called for in the Adult Protective Services Act [27-7-14 to 27-7-31 NMSA 1978], attorneys for the department or the district attorney's office shall file all proceedings on behalf of the petitioner.

History: Laws 1989, ch. 389, § 15.

27-7-29. Confidentiality of records; penalty.

A. All records of the department, the court, state and local agencies and protective services agencies that are created or maintained pursuant to investigations under the Adult Protective Services Act [27-7-14 to 27-7-31 NMSA 1978] or for whom application

has ever been made for protection shall be confidential and shall not be disclosed directly or indirectly to the public.

B. The records described in Subsection A of this section shall be open to inspection only by the following:

- (1) the alleged abused, neglected or exploited person, except as to the identity of the referral source and second source information such as medical psychological evaluations;
- (2) court personnel;
- (3) personnel of any state agency with a legitimate interest in the records;
- (4) law enforcement officials;
- (5) department personnel;
- (6) any state government social services agency in any other state;
- (7) health care or mental health professionals involved in the evaluation, treatment, residential care or protection of the adult;
- (8) parties and their counsel in all legal proceedings pursuant to the Adult Protective Services Act or legal actions pursuant to the Probate Code [Chapter 45 NMSA 1978];
- (9) persons who have been, or will be in the immediate future, providing care or services to the adult except the alleged abuser;
- (10) persons appointed by the court pursuant to the Probate Code to be the adult's guardian ad litem, guardian, conservator, visitor or qualified health care professional;
- (11) any of the persons who the department petitions the court appoint pursuant to the Probate Code;
- (12) any other person or entity, by order of the court, having a legitimate interest in the case or the work of the court; and
- (13) protection and advocacy representatives pursuant to the federal Developmental Disabilities Assistance and Bill of Rights Act and Protection and Advocacy for Mentally Ill Individuals Act.

C. Records of cases involving substantiated abuse, neglect or exploitation shall be provided as appropriate to the department of health, the district attorney's office, the

medicaid fraud control unit in New Mexico and the office of the long-term care ombudsman for appropriate additional action.

D. Whoever intentionally and unlawfully releases any information or records closed to the public pursuant to this section or releases or makes other unlawful use of records in violation of this section is guilty of a misdemeanor.

History: Laws 1989, ch. 389, § 16; 1997, ch. 132, § 14.

ANNOTATIONS

The 1997 amendment substituted "the court, state and local agencies and protective services agencies that are created or maintained pursuant to investigations" for "that are protected" in Subsection A; rewrote Subsection B; substituted "department of health, the district attorney's office" for "health and environment department" in Subsection C; and deleted "petty" preceding "misdemeanor" in Subsection D. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

Developmental Disabilities Assistance and Bill of Rights Act. — The federal Developmental Disabilities Assistance and Bill of Rights Act, referred to in Paragraph B(13), is codified as 42 U.S.C.S. § 6000 et seq.

Protection and Advocacy for Mentally Ill Individuals Act. — The federal Protection and Advocacy for Mentally Ill Individuals Act, referred to in Paragraph B(13), is codified as 42 U.S.C.S. § 10801 et seq.

27-7-30. Duty to report.

A. Any person having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to the department.

B. The report required in Subsection A of this section may be made orally or in writing. The report shall include the name, age and address of the adult, the name and address of any other person responsible for the adult's care, the nature and extent of the adult's condition, the basis of the reporter's knowledge and other relevant information.

C. Any person failing or refusing to report, or obstructing or impeding any investigation, as required by Subsection A of this section is guilty of a misdemeanor.

History: Laws 1989, ch. 389, § 17; 1990, ch. 79, § 10; 1997, ch. 132, § 15.

ANNOTATIONS

The 1997 amendment, in Subsection A, inserted "incapacitated" and "immediately", and deleted "or other appropriate agency" following "department"; and inserted "or obstructing or impeding any investigation" in Subsection C. Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-7-31. Immunity.

Any person making a report pursuant to Section 27-7-30 NMSA 1978, testifying in any judicial proceeding arising from the report or participating in a required evaluation pursuant to the Adult Protective Services Act [27-7-14 to 27-7-31 NMSA 1978] or any law enforcement officer carrying out his responsibilities under that act or any person providing records or information as required under that act shall be immune from civil or criminal liability on account of that report, testimony or participation, unless the person acted in bad faith or with a malicious purpose.

History: Laws 1989, ch. 389, § 18; 1997, ch. 132, § 16.

ANNOTATIONS

The 1997 amendment substituted "Section 27-7-30 NMSA 1978" for "Section 17 of the Adult Protective Services Act", substituted "the Adult Protective Services" for "that", and inserted "or any person providing records or information as required under that act". Laws 1997, ch. 132 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 1997, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

Severability clauses. — Laws 1989, ch. 389, § 19, provides for the severability of the act if any part or application thereof is held invalid.

ARTICLE 7A

Employee Abuse Registry Act

27-7A-1. Short title.

This act may be cited as the "Employee Abuse Registry Act".

History: Laws 2005, ch. 256, § 1.

ANNOTATIONS

Effective dates. — Laws 2005, ch. 256 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 17, 2005, 90 days after adjournment of the legislature.

27-7A-2. Definitions.

As used in the Employee Abuse Registry Act [27-1-1 NMSA 1978]:

- A. "abuse" means:
- (1) knowingly, intentionally or negligently and without justifiable cause inflicting physical pain, injury or mental anguish; or
 - (2) the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person;
- B. "department" means the department of health;
- C. "direct care" means face-to-face services provided or routine and unsupervised physical or financial access to a recipient of services;
- D. "employee" means a person employed by or on contract with a provider, either directly or through a third party arrangement to provide direct care. "Employee" does not include a New Mexico licensed health care professional practicing within the scope of the profession's license or a certified nurse aide;
- E. "exploitation" means an unjust or improper use of a person's money or property for another person's profit or advantage, pecuniary or otherwise;
- F. "neglect" means, subject to a person's right to refuse treatment and subject to a provider's right to exercise sound medical discretion, the failure of an employee to provide basic needs such as clothing, food, shelter, supervision and care for the physical and mental health of a person or failure by a person that may cause physical or psychological harm;
- G. "provider" means an intermediate care facility for the mentally retarded; a rehabilitation facility; a home health agency; a homemaker agency; a home for the aged or disabled; a group home; an adult foster care home; a case management entity that provides services to elderly people or people with developmental disabilities; a corporate guardian; a private residence that provides personal care, adult residential care or natural and surrogate family services provided to persons with developmental disabilities; an adult daycare center; a boarding home; an adult residential care home; a residential service or habilitation service authorized to be reimbursed by medicaid; any licensed or medicaid-certified entity or any program funded by the aging and long-term services department that provides respite, companion or personal care services; programs funded by the children, youth and families department that provide homemaker or adult daycare services; and any other individual, agency or organization that provides respite care or delivers home- and community-based services to adults or children with developmental disabilities or physical disabilities or to the elderly, but excluding a managed care organization unless the employees of the managed care

organization provide respite care, deliver home- and community-based services to adults or children with developmental disabilities or physical disabilities or to the elderly;

H. "registry" means an electronic database that provides information on substantiated employee abuse, neglect or exploitation; and

I. "secretary" means the secretary of health.

History: Laws 2005, ch. 256, § 2.

ANNOTATIONS

Effective dates. — Laws 2005, ch. 256 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 17, 2005, 90 days after adjournment of the legislature.

Cross reference. — For the department of health, see Sections 9-7-1 through 9-7-17 NMSA 1978. For the secretary of health, see Section 9-7-5 NMSA 1978.

27-7A-3. Employee abuse registry.

A. The department shall establish an "employee abuse registry" of employees and enter into the registry names of employees with substantiated abuse, neglect or exploitation charges as determined by the department pursuant to the Employee Abuse Registry Act [27-1-1 NMSA 1978].

B. Before a provider hires or contracts with an employee, the provider shall inquire of the department's registry as to whether the employee is included in the registry.

C. When the department's registry receives an inquiry, the department shall inform the provider whether an employee is included in the employee abuse registry.

D. Providers that hire employees shall document that they have checked the abuse registry for each applicant being considered for employment or contract.

E. A provider shall not hire or contract with an employee in a direct care setting who is included in the employee abuse registry.

F. The department or other governmental agency may, at its discretion, terminate or not enter into or renew a contract with a provider that fails to comply with the provisions of Subsection E of this section.

G. A provider, including its administrators and employees, is not civilly liable to an applicant or an employee for a good faith decision to employ, not employ or terminate employment pursuant to the Employee Abuse Registry Act.

H. After a period of three years, an employee placed on the employee abuse registry may petition the department for removal of the employee's name from the employee abuse registry. Petitions for removal shall be in writing and mailed or hand delivered to the department. Within thirty days of the department's receipt of a petition, the secretary shall issue a written decision on the petition and provide that decision to the employee in person or by certified mail. If the secretary denies the petition, the employee may, within ten days of receipt of that decision, request a hearing. If an employee requests a hearing, that hearing shall be conducted by an independent hearing officer. An employee aggrieved by the final decision following a hearing shall have the right to judicial review pursuant to the provisions of Section 39-3-1.1 NMSA 1978.

History: Laws 2005, ch. 256, § 3.

ANNOTATIONS

Effective dates. — Laws 2005, ch. 256 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 17, 2005, 90 days after adjournment of the legislature.

27-7A-4. Investigation and substantiation of abuse, neglect or exploitation by the department.

A. In addition to other actions required by law, the department shall review all reports of abuse, neglect or exploitation against employees of providers that are licensed by or under contract with the department and shall investigate such reports as necessary to determine whether there is a reasonable basis to believe that an employee committed abuse, neglect or exploitation.

B. If the department determines that abuse, neglect or exploitation has occurred, the department shall notify the employee and the provider of that determination, and such determination shall include a determination of whether the abuse, neglect or exploitation was the result of conduct by the employee, the provider or both.

History: Laws 2005, ch. 256, § 4.

ANNOTATIONS

Effective dates. — Laws 2005, ch. 256 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 17, 2005, 90 days after adjournment of the legislature.

27-7A-5. Adult protective services division report of abuse, neglect or exploitation.

A. The adult protective services division of the aging and long-term services department shall investigate allegations of abuse, neglect and exploitation consistent with its statutory responsibilities.

B. If the adult protective services division determines that abuse, neglect or exploitation has occurred, it shall notify the employee and the provider of that determination, and such determination shall include a determination of whether the abuse, neglect or exploitation was the result of conduct by the employee, the provider or both.

C. The adult protective services division shall report to the department of health any substantiated finding of abuse, neglect or exploitation made against an employee of a provider under waiver or other programs administered by the aging and long-term services department and not otherwise licensed by or under contract with the department.

History: Laws 2005, ch. 256, § 5.

ANNOTATIONS

Effective dates. — Laws 2005, ch. 256 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 17, 2005, 90 days after adjournment of the legislature.

Cross reference. — For the adult protective services division of the aging and long-term services department, see Sections 9-23-1 through 9-23-12 NMSA 1978.

27-7A-6. Placement on registry and hearing process.

A. If the department or the adult protective services division of the aging and long-term services department determines that abuse, neglect or exploitation by an employee has occurred, the department making that determination shall notify the employee and the provider, in person or by certified mail, of the following:

- (1) the nature of the determination of the abuse, neglect or exploitation;
- (2) the date and time of the occurrence;
- (3) the employee's right to a hearing;
- (4) the department's intent to report the substantiated findings, once the employee has had the opportunity for a hearing, to the registry; and
- (5) that the employee's failure to request a hearing in writing within thirty days from the date of the notice shall result in the department reporting substantiated findings to the registry and the provider.

B. If an employee requests a hearing, that hearing shall be conducted by an independent hearing officer of the department that made the determination of abuse, neglect or exploitation.

C. After expiration of the time period for requesting a hearing, or if a determination of abuse, neglect or exploitation is substantiated through the hearing process, the substantiated finding of abuse, neglect or exploitation shall be placed on the registry through a report of the appropriate department.

D. An employee aggrieved by the final decision following a hearing shall have the right to judicial review pursuant to the provisions of Section 39-3-1.1 NMSA 1978.

History: Laws 2005, ch. 256, § 6.

ANNOTATIONS

Effective dates. — Laws 2005, ch. 256 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 17, 2005, 90 days after adjournment of the legislature.

Cross reference. — For the adult protective services division of the aging and long-term services department, see Sections 9-23-1 through 9-23-12 NMSA 1978.

27-7A-7. Adoption of rules.

By January 1, 2006, the department of health and the aging and long-term services department shall jointly establish and adopt rules necessary to carry out the provisions of the Employee Abuse Registry Act [27-1-1 NMSA 1978], including procedures for determining abuse, neglect and exploitation that consider the severity of the alleged abuse, neglect and exploitation and procedures for reporting for the administrative hearing process and for sanctions for failure to comply with the Employee Abuse Registry Act.

History: Laws 2005, ch. 256, § 7.

ANNOTATIONS

Effective dates. — Laws 2005, ch. 256 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 17, 2005, 90 days after adjournment of the legislature.

Cross reference. — For the department of health, see Sections 9-7-1 through 9-7-17 NMSA 1978. For the secretary of health, see Section 9-7-5 NMSA 1978.

27-7A-8. Penalties.

The department shall administer sanctions for a provider's failure to comply with the Employee Abuse Registry Act [27-1-1 NMSA 1978], including a directed plan of correction or civil monetary penalty not to exceed five thousand dollars (\$5,000) per instance.

History: Laws 2005, ch. 256, § 8.

ANNOTATIONS

Effective dates. — Laws 2005, ch. 256 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 17, 2005, 90 days after adjournment of the legislature.

ARTICLE 8

Community Action

27-8-1. Short title.

This act [27-8-1 to 27-8-9 NMSA 1978] may be cited as the "Community Action Act".

History: Laws 1983, ch. 139, § 1.

ANNOTATIONS

Legislator contracting with agency must ascertain how agency organized. — A legislator contracting with a community action agency will have to ascertain how the agency is organized to determine whether the prohibitions of N.M. Const., art. IV, § 28 will apply. If it is a county, county agency or a private agency, the contract will not be covered by the provision, but if it is a municipality or municipal agency, the contract will be prohibited if it was authorized by law during the legislator's term. 1989 Op. Att'y Gen. No. 89-34.

27-8-2. Policy; purpose.

Although in recent years New Mexico has shown improvement in indices such as personal income and the number of families below the poverty level, the state continues to compare poorly with other states. New Mexico has risen from 48th in 1974 to 41st in per capita personal income; however, poverty continues to be the lot of a substantial number of New Mexicans. New Mexico can achieve its full economic and social potential only if every individual has the opportunity to contribute to the full extent of his capabilities and to participate in the working of our society. It is, therefore, the policy of this state to eliminate the paradox of poverty in the midst of plenty in this state by opening to everyone the opportunity to live in decency and dignity. It is the purpose of the Community Action Act [27-8-1 to 27-8-9 NMSA 1978] to strengthen, supplement and coordinate efforts in furtherance of that policy.

History: Laws 1983, ch. 139, § 2.

27-8-3. Definitions.

As used in the Community Action Act [27-8-1 to 27-8-9 NMSA 1978]:

A. "poverty level" means the official poverty level established by the federal director of the office of management and budget and revised periodically by the federal secretary of health and human services; and

B. "secretary" means the secretary of human services.

History: Laws 1983, ch. 139, § 3.

27-8-4. Financial assistance for community action agencies.

A. The secretary may provide financial assistance to community action agencies for the planning, conduct, administration and evaluation of community action programs as described in the Community Action Act [27-8-1 to 27-8-9 NMSA 1978] in accordance with state and federal law and regulations.

B. No funds provided pursuant to Subsection A of this section shall be distributed to a community action agency unless the agency has submitted to the secretary a plan on the proposed use of the funds and the secretary has approved that plan.

C. Subject to applicable federal law or regulation, community action agencies shall be eligible to receive federal funds, including but not limited to community services block grant funds, which have been previously designated as antipoverty funds.

D. Each community action agency receiving funds pursuant to this section shall report annually to the secretary concerning the use of the funds.

E. The secretary shall provide annually for an audit of funds distributed pursuant to this section to community action agencies and shall make any requirements necessary to insure fiscal responsibility and accountability and effective, efficient handling of funds.

History: Laws 1983, ch. 139, § 4.

27-8-5. Community action agencies; designation; powers.

A. A community action agency is a political subdivision of the state, a combination of political subdivisions or a public or private nonprofit agency that:

(1) has the power and authority to enter into contracts with public and private nonprofit agencies and organizations in fulfilling the purposes of the Community Action Act [27-8-1 to 27-8-9 NMSA 1978];

(2) is capable of planning, conducting, administering and evaluating a community action program;

(3) has a service area at least equivalent to the geographic boundaries of a county; and

(4) is designated a community action agency by the governor or by federal law or was officially designated a community action agency, community action program or limited purpose agency under the provisions of the federal Economic Opportunity Act of 1964 on September 30, 1981.

B. The governor is empowered to declare that an entity designated as a community action agency under Subsection A of this section is no longer a community action agency upon a determination that such entity is unable or unwilling to carry out its responsibilities under the Community Action Act.

C. A community action agency is empowered to:

(1) receive, administer and transfer funds in support of a community action program under the Community Action Act; and

(2) delegate powers to other agencies and programs subject to the powers of its governing board and its overall program responsibilities.

History: Laws 1983, ch. 139, § 5.

ANNOTATIONS

Economic Opportunity Act. — The federal Economic Opportunity Act of 1964, referred to in Subsection A(4), appears as 42 U.S.C.S. § 2704 et seq.

27-8-6. Community action agencies; board; local participation.

A. Each community action agency shall administer its community action program through a community action board consisting of fifteen members. Board members shall be selected as follows:

(1) one-third of the members of the board shall be elected public officials currently holding office in the geographical area to be served by the community action agency or their representatives, except that if the number of elected officials reasonably available and willing to serve is less than one-third of the membership of the board, membership on the board of appointive officials may be counted in meeting this one-third requirement;

(2) at least one-third of the members shall be persons chosen in accordance with democratic selection procedures adequate to assure that they are representative of the poor in the area served; and

(3) the other members shall be officials or members of business, industry, labor, religious, welfare, education or other major groups and interests in the community.

B. Each member of the board selected to represent a specific geographic area within a community shall reside in the area represented.

C. No person selected under Paragraph (2) or (3) of Subsection A of this section shall serve for more than five consecutive years or more than a total of ten years.

History: Laws 1983, ch. 139, § 6.

27-8-7. Community action programs.

Each community action agency shall use available funds for a community action program which:

A. provides a range of services and activities which have a measurable and potentially major impact on causes of poverty in the community;

B. provides activities designed to assist low-income participants, including the elderly poor, to:

(1) secure and retain meaningful employment;

(2) attain an adequate education;

(3) make better use of available income;

(4) provide and maintain adequate housing and a suitable living environment;

(5) obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including the need for health services, nutritious food, housing and employment-related assistance;

(6) remove obstacles and solve problems which block the achievement of self-sufficiency;

(7) achieve greater participation in the affairs of the community; and

(8) make more effective use of other programs related to the purposes of the Community Action Act [27-8-1 to 27-8-9 NMSA 1978];

C. provides on an emergency basis for the provision of such supplies and services, nutritious food and related services as may be necessary to counteract conditions of starvation and malnutrition among the poor;

D. coordinates and establishes linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals;

E. encourages the use of entities in the private sector of the community in efforts to alleviate poverty in the community; and

F. furthers any other purpose consistent with federal or state law or regulations.

History: Laws 1983, ch. 139, § 7.

27-8-8. Regulations.

The secretary shall adopt such rules and regulations as may be necessary to carry out the provisions of the Community Action Act [27-8-1 to 27-8-9 NMSA 1978].

History: Laws 1983, ch. 139, § 8.

27-8-9. Financial assistance; limitations.

The secretary, consistent with federal law, shall make grants of not less than ninety percent of the annual allocation of funds available under the community services block grant to community action agencies defined in Subsection A of Section 5 [27-8-5 NMSA 1978] of the Community Action Act. The human services department is authorized to implement, by regulation or contract, a limitation on the amount of community services block grant funds allocated to administrative costs.

History: Laws 1983, ch. 139, § 9.

ARTICLE 9 Community Care

27-9-1. Program; demonstrations.

The human services department, in cooperation with the health and environment department [department of health], is authorized to administer demonstration programs which provide in-home and coordinated community care services to the frail elderly and to disabled individuals who would otherwise require institutionalization. The programs authorized by this section shall serve both those eligible and not eligible for federal medical assistance programs.

History: Laws 1983, ch. 323, § 1.

ANNOTATIONS

Bracketed material. — The bracketed reference to the department of health was inserted by the compiler, as Laws 1991, ch. 25, § 16 repeals former 9-7-4 NMSA 1978, relating to the department of health and environment, and enacts a new 9-7-4 NMSA 1978, creating the department of health. The bracketed material was not enacted by the legislature and is not part of the law.

27-9-2. Implementation.

The secretary of human services shall, by regulation, specify the areas in which the programs shall operate, specify the services to be provided, establish eligibility criteria of persons to be served and provide for cost sharing, where possible, with individuals and participating communities.

History: Laws 1983, ch. 323, § 2.

ARTICLE 10 Statewide Health Care

27-10-1. Short title.

Sections 1 through 4 [27-10-1 to 27-10-4 NMSA 1978] of this act may be cited as the "Statewide Health Care Act".

History: Laws 1991, ch. 212, § 1.

ANNOTATIONS

Cross references. — For County Local Option Gross Receipts Tax Act, see Chapter 7, Article 20E NMSA 1978.

For imposition of intermediate sanctions and civil penalty for health facility's noncompliance with any departmental licensing requirement, see 24-1-5.2 NMSA 1978.

27-10-2. Findings and purpose.

A. Access to health care reduces long-term medical and social costs. The effectiveness of statewide health care has been decreased by excessive fragmentation and failure to maximize the use of existing in-state revenues and to develop effective ways of drawing upon potential federal revenue sources. An effective statewide health care system must retain local health care efforts, stimulate local innovations for meeting

particular health care needs and use existing resources to expand health care options, especially for those citizens unable to pay for their own care.

B. The purpose of the county-supported medicaid fund is to leverage existing resources to better address the state's health care needs. The county-supported medicaid fund will be used to accomplish this purpose by using local revenues to support the state medicaid program and to institute or support primary care health care services pursuant to Section 24-1A-3.1 NMSA 1978. Money appropriated from the county-supported medicaid fund to institute or support primary care health care services pursuant to Section 24-1A-3.1 NMSA 1978 shall be supplemental to general fund appropriations.

History: Laws 1991, ch. 212, § 2; 1993, ch. 321, § 19; 1996, ch. 29, § 5.

ANNOTATIONS

The 1993 amendment, effective July 1, 1993, substituted "to support the state medicaid program" for "solely to expand eligibility for federal medicaid optional coverages in supplementation to mandated federal medicaid services" in the second sentence of Subsection B.

The 1996 amendment, in Subsection B, inserted "or support" in the second sentence and added the last sentence. Laws 1996, ch. 29 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 15, 1996, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-10-3. County-supported medicaid fund created; use; appropriation by the legislature.

A. There is created in the state treasury the "county-supported medicaid fund". The fund shall be invested by the state treasurer as other state funds are invested. Income earned from investment of the fund shall be credited to the county-supported medicaid fund. The fund shall not revert in any fiscal year.

B. Money in the county-supported medicaid fund is subject to appropriation by the legislature to support the state medicaid program and to institute or support primary care health care services pursuant to Subsections D and E of Section 24-1A-3.1 NMSA 1978. Of the amount appropriated each year, nine percent shall be appropriated to the department of health to institute or support primary care health care services pursuant to Subsections D and E of Section 24-1A-3.1 NMSA 1978.

C. Up to three percent of the county-supported medicaid fund each year may be expended for administrative costs related to medicaid or developing new primary care health care centers or facilities.

D. In the event federal funds for medicaid are not received by New Mexico for any eighteen-month period, the unencumbered balance remaining in the county-supported medicaid fund and the sole community provider fund at the end of the fiscal year following the end of any eighteen-month period shall be paid within a reasonable time to each county for deposit in the county indigent hospital claims fund in proportion to the payments made by each county through tax revenues or transfers in the previous fiscal year as certified by the local government division of the department of finance and administration. The department will provide for budgeting and accounting of payments to the fund.

History: Laws 1991, ch. 212, § 3; 1992, ch. 31, § 2; 1993, ch. 321, § 20; 1996, ch. 29, § 6.

ANNOTATIONS

Cross references. — For the sole community provider fund, see 27-5-6.1 NMSA 1978.

The 1992 amendment, effective May 20, 1992, in Subsection B, substituted "department of health" for "health and environment department"; in Subsection D, substituted references to "any" eighteen-month period for references to "the" eighteen-month period in two places, inserted "in the county-supported medicaid fund", and made stylistic changes.

The 1993 amendment, effective July 1, 1993, in Subsection B, substituted "to support the state medicaid program" for "for expanding eligibility for federal medicaid optional coverages in supplementation to mandated federal medicaid services" in the first sentence and the language beginning "nine percent shall be appropriated" for "up to nine percent may be appropriated to the department of health" in the second sentence; in Subsection C, deleted "amounts appropriated and expended from" after "three percent of"; and in Subsection D, deleted "optional coverages" after "federal funds for medicaid" and inserted "and the sole community provider fund" in the first sentence and substituted "budgeting and accounting of payments" for "accounting and enforcing the deposits" in the second sentence.

The 1996 amendment, in Subsection B, inserted "or support" twice and substituted "Subsections D and E" for "Subsection E" in two places. Laws 1996, ch. 29 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 15, 1996, 90 days after adjournment of the legislature. See Volume 14 NMSA 1978 for "Adjournment Dates of Sessions of Legislature" table.

27-10-4. Alternative revenue source to imposition of county health care gross receipts tax; transfer to county-supported medicaid fund.

A. In the event a county does not enact an ordinance imposing a county health care gross receipts tax pursuant to Section 7-20D-3 [7-20E-18] NMSA 1978, the county

shall, by ordinance to be effective July 1, 1993, dedicate to the county-supported medicaid fund an amount equal to a gross receipts tax rate of one-sixteenth of one percent applied to the taxable gross receipts reported during the prior fiscal year by persons engaging in business in the county. For purposes of this subsection, a county may use funds from any existing authorized revenue source of the county.

B. For each county that has in effect an ordinance enacted pursuant to Subsection A of this section on July 1 of each year, the taxation and revenue department shall certify to the county by September 15, 1993 and by September 15 of each subsequent fiscal year the amount of gross receipts reported for the county for purposes of the gross receipts tax during the prior fiscal year. Upon certification by the department, any county enacting an ordinance pursuant to Subsection A of this section shall transfer to the county-supported medicaid fund by the last day of March, June, September and December of each year an amount equal to a rate of one-sixty-fourth of one percent applied to the certified amount.

C. The requirements of an ordinance enacted pursuant to this section may be terminated for a county only on the effective date of an ordinance enacted by the county imposing the county health care gross receipts tax; provided that if the effective date of the ordinance imposing the tax is January 1, the termination does not apply to the payments required for September and December of that year.

History: Laws 1991, ch. 212, § 4; 1992, ch. 31, § 3; 1993, ch. 321, § 21.

ANNOTATIONS

Bracketed material. — The bracketed section reference in Subsection A was inserted by the compiler since 7-20D-3 NMSA 1978 was recompiled as 7-20E-18 NMSA 1978 by Laws 1993, ch. 354, § 18. The bracketed material was not enacted by the legislature and is not a part of the law.

The 1992 amendment, effective May 20, 1992, substituted references to fiscal year for calendar year in three places; in Subsection A, substituted "pursuant to Section 7-20D-3 NMSA 1978" for "pursuant to Section 3 of the County Health Care Gross Receipts Tax Act and if no balance remains in the county indigent hospital claims fund for the current fiscal year" and "July 1, 1993" for "January 1, 1992"; in Subsection B, substituted "July 1 of each year" for "January 1 of each year", "by September 15, 1993 and by September 15" for "by March 15, 1992 and by March"; and, in Subsection C, substituted "January 1" for "July 1" and "payments required for September and December" for "payments required for March and June".

The 1993 amendment, effective July 1, 1993, deleted "except as may be otherwise provided in Section 27-5-7 NMSA 1978" from the end of Subsection A.

ARTICLE 11

Medicaid Providers

27-11-1. Short title.

This act [27-11-1 to 27-11-5 NMSA 1978] may be cited as the "Medicaid Provider Act".

History: Laws 1998, ch. 30, § 1.

27-11-2. Definitions.

As used in the Medicaid Provider Act [27-11-1 to 27-11-5 NMSA 1978]:

- A. "department" means the human services department;
- B. "managed care organization" means a person eligible to enter into risk-based prepaid capitation agreements with the department to provide health care and related services;
- C. "medicaid" means the medical assistance program established pursuant to Title 19 of the federal Social Security Act and regulations issued pursuant to that act;
- D. "medicaid provider" means a person, including a managed care organization, operating under contract with the department to provide medicaid-related services to recipients;
- E. "person" means an individual or other legal entity;
- F. "recipient" means a person whom the department has determined to be eligible to receive medicaid-related services;
- G. "secretary" means the secretary of human services; and
- H. "subcontractor" means a person who contracts with a medicaid provider to provide medicaid-related services to recipients.

History: Laws 1998, ch. 30, § 2.

ANNOTATIONS

Social Security Act. — The provisions of the federal Social Security Act, referred to in Subsection C of this section, appear as 42 U.S.C.S. § 301 et seq.

27-11-3. Review of medicaid providers; contract remedies; penalties.

A. Consistent with the terms of any contract between the department and a medicaid provider, the secretary shall have the right to be afforded access to such of the medicaid provider's records and personnel, as well as its subcontracts and that subcontractor's records and personnel, as may be necessary to ensure that the medicaid provider is complying with the terms of its contract with the department.

B. Upon not less than two days' written notice to a medicaid provider the secretary may, consistent with the provisions of the Medicaid Provider Act [27-11-1 to 27-11-5 NMSA 1978] and rules issued pursuant to that act, carry out an administrative investigation or conduct administrative proceedings to determine whether a medicaid provider has:

(1) materially breached its obligation to furnish medicaid-related services to recipients, or any other duty specified in its contract with the department;

(2) violated any provision of the Public Assistance Act [27-2-1 NMSA 1978] or the Medicaid Provider Act or any rules issued pursuant to those acts;

(3) intentionally or with reckless disregard made any false statement with respect to any report or statement required by the Public Assistance Act [27-2-1 NMSA 1978] or the Medicaid Provider Act, rules issued pursuant to either of those acts or a contract with the department;

(4) intentionally or with reckless disregard advertised or marketed, or attempted to advertise or market, its services to recipients in a manner as to misrepresent its services or capacity for services, or engaged in any deceptive, misleading or unfair practice with respect to advertising or marketing;

(5) hindered or prevented the secretary from performing any duty imposed by the Public Assistance Act [27-2-1 NMSA 1978], the Human Services Department Act [9-8-1 to 9-8-12 NMSA 1978] or the Medicaid Provider Act or any rules issued pursuant to those acts; or

(6) fraudulently procured or attempted to procure any benefit from medicaid.

C. Subject to the provisions of Subsection D of this section, after affording a medicaid provider written notice of hearing not less than ten days before the hearing date and an opportunity to be heard, and upon making appropriate administrative findings, the secretary may take any or any combination of the following actions against the provider:

(1) impose an administrative penalty of not more than five thousand dollars (\$5,000) for engaging in any practice described in Paragraphs (1) through (6) of

Subsection B of this section; provided that each separate occurrence of such practice shall constitute a separate offense;

(2) issue an administrative order requiring the provider to:

(a) cease or modify any specified conduct or practices engaged in by it or its employees, subcontractors or agents;

(b) fulfill its contractual obligations in the manner specified in the order;

(c) provide any service that has been denied;

(d) take steps to provide or arrange for any service that it has agreed or is otherwise obligated to make available; or

(e) enter into and abide by the terms of a binding or nonbinding arbitration proceeding, if agreed to by any opposing party, including the secretary; or

(3) suspend or revoke the contract between the provider and the department pursuant to the terms of that contract.

D. If a contract between the department and a medicaid provider explicitly specifies a dispute resolution mechanism for use in resolving disputes over performance of that contract, the dispute resolution mechanism specified in the contract shall be used to resolve such disputes in lieu of the mechanism set forth in Subsection C of this section.

E. If a medicaid provider's contract so specifies, the medicaid provider shall have the right to seek de novo review in district court of any decision by the secretary regarding a contractual dispute.

History: Laws 1998, ch. 30, § 3; 1999, ch. 229, § 1.

ANNOTATIONS

The 1999 amendment, effective June 18, 1999, in Subsection B, deleted "Upon not less than seven days' written notice to a medicaid provider" preceding "The secretary may"; and in Subsection C(1), substituted "Paragraphs (1) through (6)" for "Paragraphs (1) through (7)".

27-11-4. Retention and production of records.

A. Medicaid providers and their subcontractors shall retain, for a period of at least six years from the date of creation, all medical and business records that are necessary to verify the:

(1) treatment or care of any recipient for which the medicaid provider received payment from the department to provide that benefit or service;

(2) services or goods provided to any recipient for which the medicaid provider received payment from the department to provide that benefit or service;

(3) amounts paid by medicaid or the medicaid provider on behalf of any recipient; and

(4) records required by medicaid under any contract between the department and the medicaid provider.

B. Upon written request by the department to a medicaid provider or any subcontractor for copies or inspection of records pursuant to the Public Assistance Act [27-2-1 NMSA 1978], the medicaid provider or subcontractor shall provide the copies or permit the inspection, as applicable within two business days after the date of the request unless the records are held by a subcontractor, agent or satellite office, in which case the records shall be made available within ten business days after the date of the request.

C. Failure to provide copies or to permit inspection of records requested pursuant to this section shall constitute a violation of the Medicaid Provider Act [27-11-1 to 27-11-5 NMSA 1978] within the meaning of Paragraph (3) of Subsection B of Section 27-11-3 NMSA 1978.

History: Laws 1998, ch. 30, § 4; 1999, ch. 229, § 2.

ANNOTATIONS

The 1999 amendment, effective June 18, 1999, in Subsection B, substituted "Upon request" for "Upon written request" and deleted "within five business days after the date of the request unless the records are held by a subcontractor, agent or satellite office, in which case the records shall be made available within ten business days after the date of the request"; in Subsection C, substituted "Section 27-11-3 NMSA 1978" for "Section 3 of that act".

27-11-5. Rules.

The secretary shall adopt and promulgate rules appropriate to administer, carry out and enforce the provisions of the Medicaid Provider Act [27-11-1 to 27-11-5 NMSA 1978].

History: Laws 1998, ch. 30, § 5.

27-11-6. Daily bed surcharge; imposition; administration. (Repealed effective June 30, 2007.)

A. A daily bed surcharge is imposed on each licensed nursing home, licensed intermediate care facility for the mentally retarded and licensed residential treatment center. Unless exempted pursuant to Subsection C of this section, the surcharge shall be per day for each occupied bed of the nursing home, intermediate care facility for the mentally retarded or residential treatment center. The rate of the surcharge shall be annually determined by the human services department pursuant to Subsection B of this section.

B. No later than June 1 of each year, the human services department shall, pursuant to the provisions of this subsection, determine the rate of the daily bed surcharge to be paid by each licensed nursing home, licensed intermediate care facility for the mentally retarded and licensed residential treatment center during the subsequent fiscal year and shall notify the taxation and revenue department and each such nursing home, intermediate care facility and treatment center of the applicable rates. In determining the rates, the human services department shall:

(1) set a uniform rate on the maximum number of nursing homes, intermediate care facilities for the mentally retarded and residential treatment centers as allowed by any federal law or rule governing the approval of the state medicaid plan or any waiver from that plan; and

(2) structure the rates for each nursing home, intermediate care facility for the mentally retarded and residential treatment center so that the total estimated revenue received in the subsequent fiscal year from all such nursing homes, intermediate care facilities and treatment centers will equal six percent of the gross revenue, calculated on an accrual basis, received by the nursing homes, intermediate care facilities and treatment centers in the previous calendar year.

C. The human services department shall study the feasibility of applying for a federal waiver to exempt medicare and private beds from the daily bed surcharge. If, upon application of the department, such a waiver is granted, medicare and private beds are exempt from the surcharge.

D. The surcharge imposed pursuant to this section may be referred to as the "daily bed surcharge". Each licensed nursing home, licensed intermediate care facility for the mentally retarded and licensed residential treatment center is responsible for remitting the daily bed surcharge to the taxation and revenue department. The surcharge shall be remitted on or before the twenty-fifth day of the month following the month for which the surcharge is due. The taxation and revenue department shall administer and enforce the collection of the surcharge pursuant to the provisions of the Tax Administration Act [7-1-1 NMSA 1978].

History: Laws 2004, ch. 4, § 1.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 4 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

Applicability. — Laws 2004, ch. 4, § 5 makes the daily bed surcharge imposed by this section applicable to beds occupied on or after July 1, 2004.

Delayed repeals. — Laws 2004, ch. 4, § 4, repeals this section effective June 30, 2007.

Cross references. — See 7-1-6.45 NMSA 1978 for the distribution of the daily bed surcharge.

ARTICLE 12

Child Health

(Repealed by Laws 1998, ch. 52, § 9.)

27-12-1 to 27-12-7. Repealed.

ANNOTATIONS

Repeals. — Laws 1998, ch. 52, § 9 repeals 27-12-1 to 27-12-7 NMSA 1978, the Child Health Act, as enacted by Laws 1998, ch. 52, §§ 1 to 7, effective July 1, 2002. For provisions of former sections, see 1999 Replacement Pamphlet.

ARTICLE 13

Consumer Direction

27-13-1. Short title.

This act [27-13-1 to 27-13-6 NMSA 1978] may be cited as the "Consumer Direction Act".

History: Laws 2003, ch. 210, § 1.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 210, § 7 makes the act effective on July 1, 2003.

27-13-2. Purpose.

The purpose of the Consumer Direction Act [Chapter 27, Article 13, NMSA 1978] is to ensure a consumer the right to direct his personal assistance services if he so

chooses by selecting an attendant appropriate to his needs and to maximize personal assistance service availability and satisfaction.

History: Laws 2003, ch. 210, § 2.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 210, § 7 makes the act effective on July 1, 2003.

27-13-3. Definitions.

As used in the Consumer Direction Act [Chapter 27, Article 13 NMSA 1978]:

A. "attendant" means a person, including an allowable family member, who provides personal assistance services;

B. "consumer" means a person receiving personal assistance services through any personal assistance programs offered by the state of New Mexico;

C. "department" means any department or agency of the state offering personal assistance service to individuals;

D. "fiscal intermediary" means a person or entity selected by agreement between the consumer and the department under contract to the department to assist the consumer to perform certain employment functions, including payroll responsibilities for the attendant and filing necessary eligibility information with the department;

E. "personal assistance services" means a prescribed course of regular personal care, including hygiene, mobility and daily living assistance that permits a person to live in his home rather than an institution, including bathing, dressing, grooming, eating, toileting, shopping, transporting, cueing medication administration and communicating;

F. "plan" means a written and signed agreement between a consumer or surrogate and the department for the provision of personal assistance services; and

G. "surrogate" means a family member, legal guardian or other person approved by the consumer and identified in the personal assistance services plan to assist in direction of personal assistance services and choice of attendant.

History: Laws 2003, ch. 210, § 3.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 210, § 7 makes the act effective on July 1, 2003.

27-13-4. Consumer direction programs authorized.

Consistent with the federal Social Security Act and subject to the appropriation and availability of federal and state funds, each administering department or agency shall by rule provide a program permitting a consumer or surrogate to direct personal assistance services through the hiring, supervision and training of an attendant or attendants paid through a fiscal intermediary under contract with the department.

History: Laws 2003, ch. 210, § 4.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 210, § 7 makes the act effective on July 1, 2003.

Social Security Act. — The Social Security Act, referred to in this section, is codified as 42 U.S.C. § 301 et seq.

27-13-5. Department duties.

A department shall:

- A. establish by rule the criteria and procedures for developing and amending a personal assistance services plan with a consumer;
- B. develop criteria and procedures for selection of a fiscal intermediary to contract with the department to provide fiscal intermediary services to a consumer; and
- C. establish rates for reimbursement of an attendant providing personal assistance services to a consumer and for the compensation of a fiscal intermediary.

History: Laws 2003, ch. 210, § 5.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 210, § 7 makes the act effective on July 1, 2003.

27-13-6. Report.

Annually by October 1, each department shall deliver a report to the legislative finance committee and the legislative health and human services committee on services provided pursuant to the Consumer Direction Act [Chapter 27, Article 13 NMSA 1978] and a comparison of those services and services provided by the department through other means and an evaluation of the effectiveness and consumer satisfaction with the respective means of service delivery.

History: Laws 2003, ch. 210, § 6.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 210, § 7 makes the act effective on July 1, 2003.

27-13-7. Fiscal intermediary; exemptions; workers' compensation.

A. A fiscal intermediary shall not be subject to vicarious liability as an employer or principal for a wrongful act committed by a personal care attendant if the attendant:

- (1) is not a current or former employee of the fiscal intermediary;
- (2) has not received training or instruction from the fiscal intermediary with respect to providing personal care services to a disabled person, not including administrative paper work;
- (3) has been hired by and received training or instruction from the consumer or his authorized representative to provide personal care to the consumer; and
- (4) provides basic assistance with daily living activities that do not require the education, certification or training of a licensed health care practitioner.

B. A fiscal intermediary may identify a personal care attendant as a covered employee with the fiscal intermediary's workers' compensation carrier solely to provide workers' compensation coverage in the event of a work-related injury. Nothing in this subsection shall be construed to create an employer-employee relationship between the fiscal intermediary and the personal care attendant.

C. Nothing in this section shall be construed to provide the fiscal intermediary with immunity from a claim for a wrongful act committed by the fiscal intermediary or its employees.

D. As used in this section:

- (1) "consumer" means a person who is eligible for and receives state-funded or -operated services based on the person's disabilities;
- (2) "fiscal intermediary" means a provider that furnishes administrative assistance for a consumer who selects a consumer-directed, rather than consumer-delegated, personal care program;
- (3) "personal care attendant" means a person who provides assistance to a consumer with activities of daily living, including bathing, dressing, eating, transportation, shopping and similar activities; and

(4) "personal care program" means a state-funded or -operated support program, including medicaid, that provides the services of a personal care attendant for certain disabled individuals.

History: Laws 2003, ch. 207, § 1.

ANNOTATIONS

Effective dates. — Laws 2003, ch. 207 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 20, 2003, 90 days after adjournment of the legislature.

ARTICLE 14

Medicaid False Claims Act

27-14-1. Short title.

This [act] may be cited as the "Medicaid False Claims Act" .

History: Laws 2004, ch. 49, § 1.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

ANNOTATIONS

Cross references. — For the Medicaid Fraud Act, see Chapter 30, Article 44 NMSA 1978.

Bracketed material. — The bracketed word "act" was added by the compiler and is not a part of the law enacted by the legislature.

27-14-2. Purpose.

The purpose of the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978] is to deter persons from causing or assisting to cause the state to pay medicaid claims that are false and to provide remedies for obtaining treble damages and civil recoveries for the state when money is obtained from the state by reason of a false claim.

History: Laws 2004, ch. 49, § 2.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-3. Definitions.

As used in the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978]:

- A. "claim" means a written or electronically submitted request for payment of health care services pursuant to the medicaid program;
- B. "department" means the human services department;
- C. "medicaid" means the federal-state program administered by the human services department pursuant to Title 19 or Title 21 of the federal Social Security Act;
- D. "medicaid recipient" means an individual on whose behalf a person claims or receives a payment from the medicaid program, regardless of whether the individual was eligible for the medicaid program; and
- E. "qui tam" means an action brought under a statute that allows a private person to sue for a recovery, part of which the state will receive.

History: Laws 2004, ch. 49, § 3.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-4. False claims against the state; liability for certain acts.

A person commits an unlawful act and shall be liable to the state for three times the amount of damages that the state sustains as a result of the act if the person:

- A. presents, or causes to be presented, to the state a claim for payment under the medicaid program knowing that such claim is false or fraudulent;
- B. presents, or causes to be presented, to the state a claim for payment under the medicaid program knowing that the person receiving a medicaid benefit or payment is not authorized or is not eligible for a benefit under the medicaid program;
- C. makes, uses or causes to be made or used a record or statement to obtain a false or fraudulent claim under the medicaid program paid for or approved by the state knowing such record or statement is false;

D. conspires to defraud the state by getting a claim allowed or paid under the medicaid program knowing that such claim is false or fraudulent;

E. makes, uses or causes to be made or used a record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the state, relative to the medicaid program, knowing that such record or statement is false;

F. knowingly applies for and receives a benefit or payment on behalf of another person, except pursuant to a lawful assignment of benefits, under the medicaid program and converts that benefit or payment to his own personal use;

G. knowingly makes a false statement or misrepresentation of material fact concerning the conditions or operation of a health care facility in order that the facility may qualify for certification or recertification required by the medicaid program; or

H. knowingly makes a claim under the medicaid program for a service or product that was not provided.

History: Laws 2004, ch. 49, § 4.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

ANNOTATIONS

Cross references. — For the Medicaid Fraud Act, see Chapter 30, Article 44 NMSA 1978.

27-14-5. Documentary material in possession of state agency.

A. The department shall have access to all documentary materials of persons and medicaid recipients to which a state agency has access. Documentary material provided pursuant to this subsection is provided to allow investigation of an alleged unlawful act or for use or potential use in an administrative or judicial proceeding.

B. Except for disclosure to any person under investigation or who is the subject of allegations made pursuant to the Medicaid False Claim Act [Chapter 27, Article 14 NMSA 1978] or as ordered by a court for good cause shown, the department shall not produce for inspection or copying or otherwise disclose the contents of documentary material obtained pursuant to this section to a person other than:

- (1) an authorized employee of the attorney general;

- (2) an agency of this state, the United States or another state;
- (3) a district attorney, city attorney or county attorney of this state;
- (4) the United States attorney general; or
- (5) a state or federal grand jury.

History: Laws 2004, ch. 49, § 5.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-6. Immunity.

Notwithstanding any other law, a person is not civilly or criminally liable for providing access to documentary material pursuant to the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978] to a person identified in Subsection B of Section 5 of that act.

History: Laws 2004, ch. 49, § 6.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-7. Civil action for false claims.

A. The department shall diligently investigate suspected violations. If the department finds that a person has violated or is violating the provisions of the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978], the department may bring a civil action pursuant to Subsection F of this section.

B. A private civil action may be brought by an affected person for a violation of the Medicaid False Claims Act on behalf of the person bringing suit and for the state. The action shall be brought in the name of the state. The action may be dismissed if the court and the department, pursuant to Subsection F of this section, give written consent to the dismissal and their reasons for consenting.

C. For private civil actions, a copy of the complaint and written disclosure of substantially all material evidence and information the person possesses shall be served on the department. The complaint shall be filed in writing and shall remain under

seal for at least sixty days. The complaint shall not be served on the defendant until the expiration of sixty days or any extension approved. Within sixty days after receiving a copy of the complaint, the department shall conduct an investigation of the factual allegations and legal contentions made in the complaint, shall make a written determination of whether there is substantial evidence that a violation has occurred and shall provide the person against which a complaint has been made with a copy of the determination. If the department determines that there is not substantial evidence that a violation has occurred, the complaint shall be dismissed.

D. The department may, for good cause shown, move the court for extensions of time during which the complaint remains under seal. Any such motion may be supported by affidavits or other submissions in camera. The defendant shall not be required to respond to a complaint filed pursuant to this section until twenty days after the complaint is unsealed and served to the defendant. The complaint shall be deemed unsealed at the expiration of the sixty-day period in the absence of a court-approved extension.

E. Before the expiration of the sixty-day period or any extensions obtained, the department, pursuant to Subsection F of this section, shall:

(1) proceed with the action, in which case the action shall be conducted by the department; or

(2) notify the court and the person who brought the action that it declines to take over the action, in which case the person bringing the action shall have the right to conduct the action if the department determined that there is substantial evidence that a violation of the Medicaid False Claims Act has occurred.

F. The department shall notify the attorney general prior to filing a civil action pursuant to the Medicaid False Claims Act and shall not proceed with the action except with the written approval of the attorney general. The attorney general shall, within twenty working days from the notification by the department, notify the department whether it may proceed with the civil action. Failure by the attorney general to notify the department of its determination within the specified time period shall be construed as consent to proceed. The department shall, after filing the civil action, notify the attorney general of any proposed dismissal or settlement and the department shall not proceed with the dismissal or settlement except with the written approval of the attorney general.

History: Laws 2004, ch. 49, § 7.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-8. Rights of the parties to qui tam actions.

A. If the department proceeds with the action, it shall have the exclusive responsibility for prosecuting the action and shall not be bound by an act of the person bringing the action. The person bringing the action shall have the right to continue as a nominal party to the action and shall not have the right to participate in the litigation except as a witness.

B. The department may dismiss the action, pursuant to Subsection F of Section 7 of the Medicaid False Claims Act [27-14-7 NMSA 1978], notwithstanding the objections of the person bringing the action if the person has been notified by the department of the filing of the motion and the court has provided the person with an opportunity for a hearing on the motion.

C. The department may settle the action with the defendant, pursuant to Subsection F of Section 7 of the Medicaid False Claims Act, notwithstanding the objections of the person bringing the action if the court determines, after the hearing, that the proposed settlement is fair, adequate and reasonable under all the circumstances. Upon a showing of good cause, such hearing may be held in camera.

D. If the state elects not to proceed with the action, the person bringing the action shall have the right to conduct the action. If the department requests, it shall be served with copies of the pleadings filed in the action and shall be supplied with copies of all deposition transcripts at the department's expense. When a person proceeds with the action, the court, without limiting the status and rights of the person bringing the action, may allow the department to intervene at a later date upon a showing of good cause.

E. Whether or not the department proceeds with the action, upon a showing by the department that certain actions of discovery by the person bringing the action would interfere with the department's investigation or prosecution of a civil matter arising out of the same facts, the court may stay such discovery for a period not to exceed sixty days. Such a showing shall be conducted in camera. The court may extend the sixty-day period upon a further showing in camera that the department has pursued the civil investigation or proceedings with reasonable diligence and any proposed discovery in the civil action will interfere with the ongoing civil investigation or proceedings.

History: Laws 2004, ch. 49, § 8.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-9. Award to qui tam plaintiff.

A. If the department proceeds with an action brought by a person pursuant to the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978], the person shall, subject to the limitations in this subsection, receive at least fifteen percent but not more than twenty-five percent of the proceeds of the action or settlement of the claim, depending upon the extent to which the person substantially contributed to the prosecution of the action. Where the action is one that the court finds to be based primarily on disclosures of specific information other than information provided by the party bringing the action relating to allegations or transactions in a criminal, civil or administrative hearing or from the news media, the court shall award a sum as it considers appropriate; provided that the sum does not exceed ten percent of the proceeds and takes into account the significance of the information and the role of the person bringing the action in advancing the case to litigation. A payment to a person pursuant to this subsection shall be made from the proceeds. The person shall also receive an amount for reasonable expenses that the court finds to have been necessarily incurred, plus reasonable attorney fees and costs. In determining the amount of reasonable attorney fees and costs, the court shall consider whether such fees and costs were necessary to the prosecution of the action, were incurred for activities that were duplicative of the activities of the department in prosecuting the case or were repetitious, irrelevant or for purposes of harassment or caused the defendant undue burden or unnecessary expense. All such expenses, fees and costs shall be awarded against the defendant.

B. If the department does not proceed with an action pursuant to the Medicaid False Claims Act, the person bringing the action or settling the claim shall receive an amount that the court decides is reasonable for collecting the civil recovery and damages recoverable by the state. The amount shall be not less than twenty-five percent and not more than thirty percent of the proceeds of the action or settlement and shall be paid out of such proceeds. The person shall also receive an amount for reasonable expenses that the court finds to have been necessarily incurred, plus reasonable attorney fees and costs. In determining the amount of reasonable attorney fees and costs, the court shall consider whether such fees and costs were necessary to the prosecution of the action, were incurred for activities, which were repetitious, irrelevant or for purposes of harassment or caused the defendant undue burden or unnecessary expense. All such expenses, fees and costs shall be awarded against the defendant.

C. Whether or not the department proceeds with the action, if the court finds that the action was brought by a person who planned and initiated the violation upon which the action was brought, then the court may, to the extent the court considers appropriate, reduce the share of the proceeds of the action that the party would otherwise receive pursuant to Subsection A or B of this section, taking into account the role of that person in advancing the case to litigation and any relevant circumstances pertaining to the violation. If the person bringing the action is convicted of criminal conduct arising from the person's role in the violation of the Medicaid False Claims Act, that person shall be dismissed from the civil action and shall not receive any share of the proceeds of the action. Such dismissal shall not prejudice the right of the state to continue the action represented by the department. If the department does not proceed with the action and

the person bringing the action conducts the action, the court may award to the defendant its reasonable attorney fees and costs if the defendant prevails in the action and the court finds that the claim of the party bringing the action was:

- (1) filed for an improper purpose;
- (2) not warranted by existing law or by a nonfrivolous argument for the extension, modification or reversal of existing law or the establishment of new law; or
- (3) was based on allegations or factual contentions not supported.

History: Laws 2004, ch. 49, § 9.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-10. Certain actions barred.

A. A court shall not have jurisdiction of an action brought pursuant to the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978] against a department official if the action is substantially based on evidence or information known to the department when the action was brought.

B. A person shall not bring an action pursuant to the Medicaid False Claims Act that is substantially based upon allegations or transactions that are the subject of a civil suit or an administrative proceeding in which the department is already a party.

C. A court shall not have jurisdiction over an action pursuant to the Medicaid False Claims Act substantially based upon the public disclosure of allegations or actions in a criminal, civil or administrative hearing or from the news media, unless the action is brought by the department or the person bringing the action is an original source of the information. For the purposes of this subsection, "original source" means the person bringing suit that has independent knowledge, including knowledge based on the person's own investigation of the defendant's conduct, of the information on which the allegations are based and has voluntarily provided or verified the information on which the allegations are based or has voluntarily provided the information to the department before filing an action pursuant to this section that is based on the information.

History: Laws 2004, ch. 49, § 10.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-11. Department not liable for certain expenses.

The department shall not be liable for expenses that a person incurs in bringing an action pursuant to the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978].

History: Laws 2004, ch. 49, § 11.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-12. Employee protection.

Any employee who is discharged, demoted, suspended, threatened, harassed or otherwise discriminated against in the terms and conditions of employment by the employer because of lawful acts done by the employee on behalf of the employee or others in disclosing information to the department or in furthering a false claims action pursuant to the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978], including investigation for, initiation of, testimony for or assistance in an action filed or to be filed pursuant to that act, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status that the employee would have had but for the discrimination, two times the amount of back pay, interest on the back pay and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorney fees. An employee may bring an action in the appropriate court of the state for the relief provided in this subsection.

History: Laws 2004, ch. 49, § 12.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-13. False claims and reporting procedure.

A. A civil action shall be brought within the limitations set forth in Section 37-1-4 NMSA 1978.

B. In any action brought pursuant to the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978], the department or the person bringing the action shall be required to prove all essential elements of the cause of action, including damages, by a preponderance of the evidence.

C. Notwithstanding any other provision of law, a final judgment rendered in favor of the department in any criminal proceeding charging fraud or false statements, whether upon a verdict after trial or upon a plea of guilty, shall preclude the defendant from denying the essential elements of the offense in any action that involves the same transaction as in the criminal proceeding and that is brought pursuant to the Medicaid False Claims Act.

History: Laws 2004, ch. 49, § 13.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-14. Application of other law.

The application of a civil remedy pursuant to this law does not preclude the application of other laws, statutes or regulatory remedy, except that a person may not be liable for a civil remedy pursuant to the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978] and civil damages or recovery pursuant to the Medicaid Fraud Act [30-44-1 NMSA 1978] if the civil remedy and the civil damages or recoveries are assessed for the same conduct by another government agency.

History: Laws 2004, ch. 49, § 14.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.

27-14-15. Use of funds.

A. Damages collected pursuant to the Medicaid False Claims Act [Chapter 27, Article 14 NMSA 1978] on behalf of the state shall be remitted to the state treasurer for deposit in the general fund to be used for the state's medicaid program.

B. Penalties, legal fees or costs of investigation recovered pursuant to the Medicaid False Claims Act on behalf of the state shall be remitted to the state treasurer for deposit in the general fund to be used for the state's medicaid program.

C. Pursuant to Subsection C of Section 30-44-8 NMSA 1978, penalties recovered pursuant to the Medicaid False Claims Act on behalf of the state may be claimed by the attorney general pursuant to procedures established by the department and the attorney general.

History: Laws 2004, ch. 49, § 15.

ANNOTATIONS

Effective dates. — Laws 2004, ch. 49 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective May 19, 2004, 90 days after adjournment of the legislature.