

**SUMMARY OF KEY PROVISIONS  
OF  
NEW MEXICO HEALTH INSURANCE EXCHANGE ACT  
(NMHIX Act)**

- Created as nonprofit public corporation with a board of 13 members:
  - Superintendent of Insurance (or designee),
  - 6 voting directors appointed by the Governor, including
    - Secretary of Human Services (or designee),
    - A health insurance issuer
    - A consumer advocate
    - No more than 4 gubernatorial appointments from one political party
  - 6 voting directors including
    - 3 appointed by the president pro tempore of the Senate including
      - A health care provider
    - 3 appointed by the speaker of the house including
      - A health insurance issuer
    - Legislative appointments shall include at least 2 candidates from lists provided by both houses' minority leaders, i.e., no more than 4 appointments from one party
  - Except for specific exemptions in statute, Governmental Conduct Act applies
  - Directors have fiduciary duty to the NMHIX
  - New Mexico's ethnic, racial, cultural and geographic diversity shall be taken into account, including Native American population
  - Majority of directors constitute a quorum
- Governmental Conduct Act, Inspection of Public Records Act, Financial Disclosure Act and Open Meetings Act apply; Procurement Code and Personnel Act do not apply
- Board must be convened by Superintendent within 30 days of effective date of NMHIX Act; shall elect a chair and vice chair
- Directors may be removed by 2/3rds majority vote for lack of attendance, neglect of duty or malfeasance in office. 10 day prior notice of removal proceedings required.
- Advisory committee(s) of stakeholders, medical insurance pool and health insurance alliance insureds required; Native American advisory committee and liaison also required.
- Board Powers:
  - seek & receive grants from all sources to defray operating costs;
  - generate funds via assessments or fees to support its operations
  - establish a Native American Service Center
  - seek assistance and enter into contracts as needed to carry out NMHIX Act
  - MUST prepare a preliminary plan of operation within 60 days of effective date of NMHIX Act (effective date March 28, 2013), **June 27, 2013**
    - Plan shall include: procedures to implement NMHIX Act; procedures for handling & accounting for NMHIX funds; set regular times & Meeting places for NMHIX board. (Final plan requirements also set out in statute, Sec. 5.D.)
    - Must provide quarterly reports to legislature, governor and superintendent; see Sec. 6A-E for added reporting requirements
- Superintendent shall promulgate rules to establish criteria for qualified health plans (QHPs)
- All QHPs approved by Superintendent must be eligible to be offered on NMHIX

(over)

- NMHIX board, HSD and any other state agency receiving federal funds for NMHIX shall mutually contract to provide such funds to NMHIX
- HSD medical assistance division and office of superintendent of insurance shall cooperate with NMHIX in their areas of overlapping duties
- NMHIX board shall henceforth govern the NM Health Insurance Alliance (NMHIA); all NMHIA contracts shall be binding and effective on the NMHIX as of July 1, 2013.
- NMHIX Act became effective on signature due to emergency clause (March 28, 2013).