NEW MEXICO: Summary of Fraud and Abuse Statutes and Regulations

Prepared by
Kim Looney (Kim.looney@wallerlaw.com)
Nate Lykins (Nate.lykins@wallerlaw.com)

Waller Lansden Dortch & Davis LLP
Nashville, TN

CONTENT:
1) Anti-Kickback
2) Prohibitions On Self-Referral
3) False Claims/Fraud & Abuse
4) Unfair Business Practices
5) General Whistle-Blower Protections
6) Helpful Links

** Note: The statutes for New Mexico are published by the state’s Compilation Commission. The authors and editors for New Mexico’s summary of fraud and abuse laws have made every effort to provide direct links to each statute; however, many—if not all—will take you to the Compilation Commission’s home page where you must enter the specific citation in the website’s “Targeted Search” site.

1) ANTI-KICKBACK

Criminal Offenses § 30-41-1 Kickback, Bribe, or Rebate. Soliciting or receiving illegal kickback.
It is unlawful to knowingly solicit or receive any remuneration in the form of any kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind from a person:
(a) in return for referring an individual to that person for the furnishing, or arranging for the furnishing of, any item or service for which payment may be made in whole or in part with public money; or
(b) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any goods, facilities, services, or items for which payment may be made in whole or in part with public money.

A violation is punishable as a fourth degree felony.

Criminal Offenses § 30-41-2 Kickback, Bribe, or Rebate. Offering or paying illegal kickback.
It is unlawful to knowingly offer or pay any remuneration in the form of a kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind to any
person to induce such person to:
(a) refer an individual to a person for the furnishing or arranging of the furnishing of any item or service for which payment may be made in whole or in part with public money; or
(b) purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any goods, facilities, services, or items for which payment may be made in whole or in part with public money.

A violation is punishable as a fourth degree felony.

Criminal Offenses § 30-41-3 Kickback, Bribe, or Rebate. Exceptions.
Sections 30-41-1 and 30-41-2 (applicable to soliciting, receiving, offering, or paying an illegal kickback as listed above) do not apply to:
(a) a discount or other reduction in price obtained by a provider of services or other entity if the reduction in price is properly disclosed and appropriately reflected in the costs claimed or charges made by the provider or entity; or
(b) any amount paid by an employer to an employee who has a bona fide employment relationship with such employer for employment in the provision of covered items or services.

Criminal Offenses § 30-44-7(A)(1) Medicaid Fraud.
Medicaid fraud consists of paying, soliciting, offering or receiving:
(a) a kickback or bribe in connection with the furnishing of treatment, services, or goods for which payment is or may be made in whole or in part under the program, including an offer or promise to, or a solicitation or acceptance by, a health care official of anything of value with intent to influence a decision or commit a fraud affecting a state or federally funded or mandated managed health care plan;
(b) a rebate of a fee or charge made to a provider for referring a recipient to a provider;
(c) anything of value, intending to retain it and knowing it to be in excess of amounts authorized under the program, as a precondition of providing treatment, care, services, or goods or as a requirement for continued provision of treatment, care, services, or goods; or
(d) anything of value, intending to retain it and knowing it to be in excess of the rates established under the program for the provision of treatment, services, or goods.

Whoever commits Medicaid fraud as described in this section is guilty of a fourth degree felony. When the fraud results in physical or psychological harm to a recipient, the crime remains a fourth degree felony; if the fraud results in “great” physical or psychological harm, the crime is a third degree felony; and if the fraud results in death, the crime is a second degree felony. If the fraud is committed by an entity rather than an individual, the entity shall be subject to a fine of not more than $50,000 for each misdemeanor and not more than $250,000 for each felony.
Professional and Occupational Licenses § 61-6-15
The New Mexico Medical Board may refuse to license and may revoke or suspend a license that has been issued by the board or a previous board and may fine, censure or reprimand a licensee upon satisfactory proof that the applicant for or holder of the license has been guilty of “unprofessional or dishonorable conduct.”

“Unprofessional or dishonorable conduct” includes, but is not limited to, employing a person to solicit patients for the licensee or fee splitting. Fee splitting includes offering, delivering, receiving, or accepting any unearned rebate, refunds, commission preference, patronage dividend, discount, or other unearned consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to a person, irrespective of any membership, proprietary interest, or co-ownership in or with a person to whom the patients, clients, or customers are referred.

Professional and Occupational Licenses § 61-9-13(A)(5)
The New Mexico State Board of Psychologist Examiners will withhold, deny, revoke, or suspend a psychologist or psychologist associate license issued or applied for or otherwise discipline a licensed psychologist or psychologist associate upon proof that the applicant, licensed psychologist or psychologist associate has accepted commissions or rebates or other forms of remuneration for referring clients to other professional persons.

2) PROHIBITIONS ON SELF-REFERRAL

Health & Safety Code § 24-1-5.8
To be licensed as an acute-care, general, or limited services hospital, a hospital must agree to require physician owners and health care providers to disclose financial interests in the hospital before referring a patient to the hospital.

Title 7 New Mexico Administrative Code § 7.7.2.8(B)(3)
Addresses the requirements of Health & Safety Code § 24-1-5.8. Applies to local communities in which an acute-care hospital or a limited services hospital applies to be licensed or becomes initially licensed by the department at any time after January 1, 2003. To be licensed as an acute-care hospital or a limited services hospital, the hospital must agree to require physician owners and health care providers to disclose and document in the patient’s medical record financial interests in the hospital before referring a patient to the hospital.

Title 7 New Mexico Administrative Code § 7.7.2.8(N)-(P)
A physician owner of a limited services hospital or an acute-care hospital initially licensed by the department after January 1, 2003 shall not make a referral of a patient for the provision of health care items or services to a limited services or acute-care hospital unless, in advance of the referral, the referring physician owner discloses to the patient the existence and the nature of the physician’s ownership interest.
The financial interest disclosure must be made in writing prior to the referral and must be furnished to the patient or the patient’s authorized representative and the acute-care or limited services hospital in which the referring physician has a financial interest for inclusion in the hospital's permanent medical record for the patient.

The written disclosure must include: the physician’s name, address, and telephone number; the name and address of the limited services or acute-care hospital to which the patient is being referred by the physician; the nature of the items or services that the patient is to receive from the hospital to which the patient is being referred; the existence, nature, and extent of the physician’s financial interest in the hospital to which the patient is being referred; and a signed acknowledgement by the patient or the patient’s authorized representative that the required disclosure has been furnished.

**Professional and Occupational Licenses § 61-6-15**
The New Mexico Medical Board may refuse to license and may revoke or suspend a license that has been issued by the board or a previous board and may fine, censure or reprimand a licensee upon satisfactory proof that the applicant for or holder of the license has been guilty of “unprofessional or dishonorable conduct.”

“Unprofessional or dishonorable conduct” includes, but is not limited to, employing a person to solicit patients for the licensee or fee splitting. Fee splitting includes offering, delivering, receiving, or accepting any unearned rebate, refunds, commission preference, patronage dividend, discount, or other unearned consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to a person, irrespective of any membership, proprietary interest, or co-ownership in or with a person to whom the patients, clients, or customers are referred.

**Professional and Occupational Licenses § 61-9-13(A)(5)**
The New Mexico State Board of Psychologist Examiners will withhold, deny, revoke, or suspend a psychologist or psychologist associate license issued or applied for or otherwise discipline a licensed psychologist or psychologist associate upon proof that the applicant, licensed psychologist or psychologist associate has accepted commissions or rebates or other forms of remuneration for referring clients to other professional persons.

3) **FALSE CLAIMS/FRAUD & ABUSE**

**Public Assistance §§ 27-14-1 to 27-14-15 New Mexico Medicaid False Claims Act.**
Purpose is to deter persons from causing or assisting to cause the state to pay Medicaid claims that are false. Provides remedies for obtaining treble damages and civil recoveries of money when money is obtained from the state by reason of a false
claim. The New Mexico Human Services Department may bring a civil action (with approval of the New Mexico Attorney General), or a private civil qui tam action may be brought by an affected person. Allows for whistleblower employee protection.

**Public Assistance § 27-14-4 New Mexico Medicaid False Claims Act. False claims against the state; liability for certain acts.**

A person commits an unlawful 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.

A person committing an unlawful act under this section shall be liable to the state for three times the amount of damages that the state sustains as a result of the act.

**Public Assistance § 27-2-12.13(A)(12) Medicaid Reform; Program Changes.**

The department of human services has the responsibility to 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.

**Criminal Offenses § 30-40-1 Public Assistance. Failing to disclose facts or change of circumstances to obtain public assistance.**

A person who knowingly fails to disclose a material fact known to be necessary to determine eligibility for public assistance or knowingly fails to disclose a change in circumstances for the purpose of obtaining or continuing to receive public assistance to which the person is not entitled, or in amounts greater than that to which the person
is entitled, will be guilty of a crime ranging from a petty misdemeanor to a second degree felony, depending on the amount of public assistance wrongfully received.

**Criminal Offenses § 30-40-2 Public Assistance. Unlawful use of food stamp identification card or medical identification card.**

It is illegal to use a food stamp or medical identification card to obtain a food stamp allotment unless you are the person to whom it has been issued or that person’s authorized representative. The penalty ranges from a petty misdemeanor to a second degree felony, depending on the value of food stamps or medical services wrongfully received.

**Criminal Offenses § 30-40-3 Public Assistance. Misappropriating public assistance.**

It is unlawful for a public officer or public employee to fraudulently misappropriate, attempt to misappropriate, or aid and abet another in the misappropriation of food stamp coupons; WIC checks pertaining to the special supplemental food program for women, infants, and children administered by the human services department; food stamp or medical identification cards; public assistance benefits; or funds received in exchange for food stamp coupons. The penalty ranges from a petty misdemeanor to a second degree felony, depending on the value of food stamps or medical services wrongfully received.

**Criminal Offenses § 30-40-4 Public Assistance. Making or permitting a false claim for reimbursement for public assistance services.**

It is unlawful to knowingly make, cause to be made, or permit to be made a claim for reimbursement for services provided to a recipient of public assistance for services not rendered or to make a false material statement or forged signature upon any claim for services, with the intent that the claim will be relied upon for the expenditure of public money. A violation is punishable as a fourth degree felony.

**Criminal Offenses § 30-40-5 Public Assistance. Unlawful seeking of payment from public assistance recipients.**

It is unlawful to knowingly seek payment from public assistance recipients or their families for any unpaid portion of a bill for which reimbursement has been or will be received from the human services department or for claims or services denied by the human services department because of provider administrative error. A violation is punishable as a misdemeanor.

**Criminal Offenses § 30-40-6 Public Assistance. Failure to reimburse the human services department upon receipt of third party payment.**

It is unlawful for a Medicaid provider to knowingly fail to reimburse the human services department or the department’s fiscal agent for the amount of payment received from the department when the provider receives payment for the same services from a third party. The penalty imposed ranges from a petty misdemeanor to a second degree felony, depending on the value of the payment.
**Criminal Offenses § 30-40-7 Public Assistance. Failure to notify the department of receipt of anything of value from public assistance recipient.**
Any employee of the human services department who knowingly receives anything of value, other than as provided by law, from either a recipient of public assistance or from the family of a public assistance recipient, must notify the department within ten days. Failure to notify the department within ten days is punishable as a petty misdemeanor.

**Criminal Offenses §§ 30-44-1 to 30-44-8 Medicaid Fraud Act.**
Gives the New Mexico Attorney General, the district attorneys, the Medicaid fraud control unit, and the human services department the power and authority to investigate violations of the Medicaid Fraud Act and bring actions to enforce civil remedies. The attorney general and district attorneys (or appointees) have the power and authority to prosecute persons for the violation of criminal provisions of the Medicaid Fraud Act and for criminal offenses that are not defined in the Medicaid Fraud Act but involve or are directly related to the use of Medicaid program funds or services. May result in the imposition of criminal or civil penalties.

**Criminal Offenses § 30-44-4 Medicaid Fraud. Falsification of documents.**
Falsification consists of:
(a) knowingly making or causing to be made a misrepresentation of a material fact required to be furnished under the Medicaid program or knowingly failing or causing the failure to include a material fact required to be furnished under the program in any record required to be retained in connection with the program pursuant to the Medicaid Fraud Act or regulations issued by the department of human services for the administration of the program, or both; or

(b) knowingly submitting or causing to be submitted false or incomplete information for the purpose of receiving benefits or qualifying as a provider.

A violation is punishable as a fourth degree felony.

**Criminal Offenses § 30-44-7(A)(1) Medicaid Fraud.**
It is Medicaid fraud to pay, solicit, offer, or receive:
(a) a kickback or bribe in connection with the furnishing of treatment, services, or goods for which payment is or may be made in whole or in part under the program, including an offer or promise to, or a solicitation or acceptance by, a health care official of anything of value with intent to influence a decision or commit a fraud affecting a state or federally funded or mandated managed health care plan;
(b) a rebate of a fee or charge made to a provider for referring a recipient to a provider;
(c) anything of value, intending to retain it and knowing it to be in excess of amounts authorized under the program, as a precondition of providing treatment, care, services, or goods or as a requirement for continued provision of treatment, care, services, or goods; or
(d) anything of value, intending to retain it and knowing it to be in excess of the rates established under the program for the provision of treatment, services, or goods.

Whoever commits Medicaid fraud as described in this section is guilty of a fourth degree felony. When the fraud results in physical or psychological harm to a recipient, the crime remains a fourth degree felony; if the fraud results in “great” physical or psychological harm, the crime is a third degree felony; and if the fraud results in death, the crime is a second degree felony. If the fraud is committed by an entity rather than an individual, the entity shall be subject to a fine of not more than $50,000 for each misdemeanor and not more than $250,000 for each felony.

**Criminal Offenses § 30-44-7(A)(2) Medicaid Fraud.**

It is Medicaid fraud to provide the following with intent that a claim be relied on for the expenditure of public money:

- (a) treatment, services, or goods that have not been ordered by a treating physician;
- (b) treatment that is substantially inadequate when compared to generally recognized standards within the discipline or industry; or
- (c) merchandise that has been adulterated, debased or mislabeled or is outdated.

The possible criminal penalty imposed for committing Medicaid fraud as described in this section depends on the value of the benefit, treatment, services, or goods improperly provided. The possible penalty ranges from a petty misdemeanor to a second degree felony. If the fraud results in physical or psychological harm, the crime is a fourth degree felony; if the fraud results in “great” physical or psychological harm, the penalty is a third degree felony; and if the fraud results in death, the penalty is a second degree felony. If the fraud is committed by an entity rather than an individual, the entity shall be subject to a fine of not more than $50,000 for each misdemeanor and not more than $250,000 for each felony.

**Criminal Offenses Code § 30-44-7(A)(3) Medicaid Fraud.**

It is Medicaid fraud to present or cause to be presented for allowance or payment any false, fraudulent, excessive, multiple or incomplete claim for furnishing treatment, services or goods with intent that a claim be relied upon for the expenditure of public money.

Whoever commits Medicaid fraud as described in this section is guilty of a fourth degree felony. When the fraud results in physical or psychological harm to a recipient, the crime remains a fourth degree felony; if the fraud results in “great” physical or psychological harm, the crime is a third degree felony; and if the fraud results in death, the crime is a second degree felony. If the fraud is committed by an entity rather than an individual, the entity shall be subject to a fine of not more than $50,000 for each misdemeanor and not more than $250,000 for each felony.

**Criminal Offenses Code § 30-44-7(A)(4) Medicaid Fraud.**

It is Medicaid fraud to execute or conspire to execute a plan or action to: (a) defraud a state or federally funded or mandated managed health care plan in connection with
the delivery of or payment for health care benefits, including engaging in any intentionally deceptive marketing practice in connection with proposing, offering, selling, soliciting, or providing any health care service in a state or federally funded or mandated managed health care plan; or

(b) obtain by means of false or fraudulent representation or promise anything of value in connection with the delivery of or payment for health care benefits that are in whole or in part paid for or reimbursed or subsidized by a state or federally funded or mandated managed health care plan. This includes representations or statements of financial information, enrollment claims, demographic statistics, encounter data, health services available or rendered and the qualifications of persons rendering health care or ancillary services.

The possible criminal penalty imposed for committing Medicaid fraud as described in this section depends on the value of the benefit, treatment, services, or goods improperly provided. The possible penalty ranges from a petty misdemeanor to a second degree felony. If the fraud results in physical or psychological harm, the crime is a fourth degree felony; if the fraud results in “great” physical or psychological harm, the penalty is a third degree felony; and if the fraud results in death, the penalty is a second degree felony. If the fraud is committed by an entity rather than an individual, the entity shall be subject to a fine of not more than $50,000 for each misdemeanor and not more than $250,000 for each felony.

**Miscellaneous Civil Law Matters §§ 44-9-1 to 44-9-14 Fraud against taxpayers.**

Prohibits, among other things, making any false or fraudulent claim for payment or approval of state funds. Proof of specific intent to defraud is not required for a violation. Provides remedies for obtaining treble damages and civil penalties for each violation. The New Mexico Attorney General may bring a civil action, or a private civil qui tam action may be brought by an affected person. Allows for whistleblower employee protection.

**Professional and Occupational Licenses § 61-6-15**

The New Mexico Medical Board may refuse to license and may revoke or suspend a license that has been issued by the board or a previous board and may fine, censure or reprimand a licensee upon satisfactory proof that the applicant for or holder of the license has been guilty of “unprofessional or dishonorable conduct.”

“Unprofessional or dishonorable conduct” includes, but is not limited to, the following:
(a) representing to a patient that a manifestly incurable condition of sickness, disease, or injury can be cured;
(b) obtaining a fee by fraud or misrepresentation;
(c) fraud or misrepresentation in applying for or procuring a license to practice in New Mexico or in connection with applying for or procuring renewal, including cheating on or attempting to subvert the licensing examinations;
(d) making false or misleading statements regarding the skill of the licensee or the efficacy or value of the medicine, treatment or remedy prescribed or administered by
the licensee or at the direction of the licensee in the treatment of a disease or other condition of the human body or mind;
(e) impersonating another licensee, permitting or allowing a person to use the license of the licensee or practicing as a licensee under a false or assumed name;
(f) aiding or abetting the practice of a person not licensed by the board;
(g) the use of a false, fraudulent or deceptive statement in a document connected with the practice of a licensee; or
(h) conduct likely to deceive, defraud, or harm the public.

Key State Health Care Cases:

State v. Fleming, 149 P.3d 113 (N.M. Ct. App. 2006), pet. for cert. denied (N.M. Dec. 8, 2006 (151 P.3d 65)).
Case: Defendant was convicted of four counts of failure to disclose material facts or a change of circumstances to obtain public assistance, in violation of N.M. Stat. Ann. § 30-40-1. She had failed to disclose the fact that she received business income while she was living in public housing.
Holding: Convictions were affirmed. The statute was not vague under the Fifth and Fourteenth Amendments to the United States Constitution or under N.M. Const. art. II § 18 due to its penalty provisions.

Case: Defendant and his family received assistance through the Aid to Families with Dependent Children (AFDC) program. This program required the parent determined to be the primary wage earner to actively seek employment, and if unable to find employment, the wage earner was placed in a workfare program. Defendant was placed with the county Human Services Department Income Support Division. There he had access to Medicaid cards that had been returned by the post office as undeliverable. The State alleged that the defendant sold Medicaid cards to officials in a sting operation. He was found guilty of one count of misappropriation of public assistance in violation of N.M. Stat. Ann. § 30-40-3(A) and six counts of tampering with public records in violation of N.M. Stat. Ann. § 30-26-1(E). On appeal, defendant claimed that there was insufficient evidence to convict him on the charges of misappropriation of public assistance because he was not a public employee.
Holding: Defendant’s conviction for misappropriating public assistance was reversed because defendant was not a public employee. The six tampering convictions were reversed. The case was remanded to the trial court for a determination of whether defendant received ineffective assistance of counsel at trial.

Case: action by the attorney general’s Medicaid Fraud Control Unit alleging violations of the New Mexico Medicaid Fraud Act (N.M. Stat. Ann. §§ 30-44-1 to 30-44-8). The State alleged that the defendant’s billing for personal care services was fraudulent or false because the defendant had not performed background checks on its employees as required by the Caregivers Criminal History Screening Act (CCHSA).
**Holding:** Relying heavily on federal courts’ interpretations of the False Claims Act, the New Mexico Court of Appeals affirmed the dismissal of the State’s case because compliance with the CCHSA was a condition of participation, not a condition of payment.

Note that this decision pre-dates the U.S. Supreme Court’s decision in *Universal Health Servs. v. Escobar*, 136 S.Ct. 1989, 195 L. Ed. 348 (2016). In *Escobar*, the Court held that misrepresentations about compliance with statutory requirements can result in False Claims Act liability when the requirement is “material” to the government’s decision to pay a claim. 136 S.Ct. at 2002. In so holding, the Court stated that the government’s decision to identify a provision as a condition of participation is only one factor to be used when determining whether a misrepresentation is material to payment. *Id.* at 2003-04. It is unclear what impact the Supreme Court’s decision has on the reasoning of the New Mexico Court of Appeals.

**Press release from New Mexico AG:**
On July 26, 2017, the New Mexico Attorney General issued a press release that announced a new statewide Medicaid fraud and facility abuse and neglect detection initiative. Under this initiative, the Medicaid Fraud Control Division of the Attorney General’s Office will proactively search through Medicaid bills and other data to identify suspicious activity rather than wait for complaints to be filed.

4) **UNFAIR BUSINESS PRACTICES**

**Trade Practices and Regulations §§ 57-12-1 to 57-12-26  New Mexico Unfair Trade Practices Act.**
The New Mexico Attorney General is responsible for enforcement of the Unfair Practices Act. However, private individuals who suffer damages or are likely to be damaged by another’s use of unfair or deceptive trade practices may obtain injunctions and recover damages, as appropriate.

**Trade Practices and Regulations §§ 57-12-2 to 57-12-3  Unfair or deceptive and unconscionable trade practices prohibited.**
Unfair or deceptive trade practices and unconscionable trade practices in the conduct of any trade or commerce are unlawful. Unfair or deceptive trade practices include, but are not limited to, practices that cause confusion about one’s affiliation, connection, or association with another entity and representations that goods or services have sponsorship, approval, characteristics, uses, or benefits that they do not have.

An unconscionable trade practice is an act or practice in connection with the sale, lease, or rental of any goods or services, including services provided by licensed professionals, that, to a person’s detriment, takes advantage of the lack of knowledge, ability, experience, or capacity of a person to a grossly unfair degree; or results in a gross disparity between the value received by a person and the price paid.
Trade Practices and Regulations § 57-12-5 Prohibits chain referral sales techniques.
It is an unlawful practice within the meaning of the Unfair Practices Act to use or employ any chain referral sales technique, plan, arrangement, or agreement whereby the buyer is induced to purchase merchandise or services upon the seller’s representation or promise that if the buyer will furnish the seller names of other prospective buyers of like or identical merchandise that the seller will contact the named prospective buyers and the buyer will receive a reduction in the purchase price by means of a cash rebate, commission, credit toward balance due, or any other consideration.

Insurance Code § 59A-16-11.1
It is an unfair trade practice for an insurer or other person to refer an individual employee or an employee’s eligible dependent to the plan offered pursuant to the New Mexico Insurance Pool Act or to arrange for an individual employee or an employee’s eligible dependent to apply to the plan, for the purpose of separating that employee or dependent from group health insurance coverage provided in connection with the employee’s employment.

5) GENERAL WHISTLE-BLOWER PROTECTIONS

Public Assistance § 27-14-12 New Mexico Medicaid False Claims Act. 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 New Mexico Human Services Department or in furthering a false claims action pursuant to the Medical False Claims Act, 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.

The relief includes reinstatement with the same seniority status, 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.

Miscellaneous Civil Law Matters § 44-9-11 Fraud against taxpayers. Employer interference with employee disclosure.
Prohibits an employer from making, adopting, or enforcing a rule, regulation, or policy that prevents an employee from disclosing information to a government or law enforcement agency or from acting in furtherance of a fraud-against-taxpayers action, including investigating, initiating, testifying, or assisting in an action filed or to be filed.
pursuant to the Fraud Against Taxpayers Act. Additionally, the employer is prohibited from discharging, demoting, suspending, threatening, harassing, denying a promotion to, or discriminating against the employee.

6) HELPFUL LINKS
• New Mexico Health Policy Commission
• New Mexico Department of Health
• New Mexico Department of Health, Division of Health Improvement Regulations Governing New Mexico Healthcare Facilities
• New Mexico Attorney General’s Office
• New Mexico Human Services Department Medicaid, Medical Assistance Division
• New Mexico Statutes