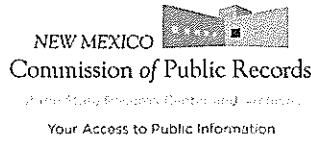


NMAC Transmittal Form



NEW MEXICO
STATE RECORDS
JUN 20 11 AM '18

Volume: Issue: Publication date: Number of pages: (ALD Use Only) Sequence No.

Issuing agency name and address: Agency DFA code:

Contact person's name: Phone number: E-mail address:

Type of rule action: New Amendment Repeal Emergency Renumber (ALD Use Only) Most recent filing date:

Title number: Title name:

Chapter number: Chapter name:

Part number: Part name:

Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment):

Are there any materials incorporated by reference? Yes No Please list attachments or Internet sites if applicable.
If materials are attached, has copyright permission been received? Yes No Public domain

Concise Explanatory Statement For Rulemaking Adoption:

Specific statutory or other authority authorizing rulemaking:

Notice date(s): Hearing date(s): Rule adoption date: Rule effective date:

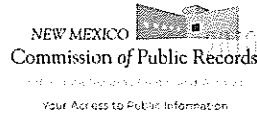
Findings required for rulemaking adoption:

- Findings MUST include:**
- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
 - Reasons for any change between the published proposed rule and the final rule; and
 - Reasons for not accepting substantive arguments made through public comment.

This rule is being repealed/replaced due to the amount of changes and for cost efficiency. The Department added additional language to exclude individuals who are pregnant per 42 CFR 435.119(b)(2). New language was added to explain that individuals with household income above 100% FPL will be subject to a premium and are enrolled into the Other Adults category prospectively starting July 1, 2019. Native Americans are exempt from premium requirements. There were

Findings required for rulemaking adoption:

continued



RECORDED
INDEXED
DEC 19 9 21 AM '24

[Large empty rectangular box for findings]

Issuing authority (If delegated, authority letter must be on file with ALD):

Name:

Brent Earnest

Check if authority has been delegated

Title:

Secretary

Signature: (BLACK ink only)

Date signed:

2/10/18