

Public comment on proposed 7.35.4 NMAC and amendments to 7.35.2.7 NMAC

To: New Mexico Department of Health, Office of General Counsel, attention Jacob Clark

Re: Proposed 7.35.4 NMAC, Medical Psilocybin Treatment Equity Fund, and proposed amendments to 7.35.2.7 NMAC (hearing November 20, 2026)

To the New Mexico Department of Health:

I am a licensed professional clinical counselor and clinical supervisor in New Mexico, and I live in Taos County. I also work as a clinical facilitator in Colorado's regulated natural medicine program. I support the Treatment Equity Fund and the Department's work on this rule.

I am writing about one issue: who may submit applications and claims to the fund. I ask that the rule allow a claimant to submit applications and claims through an authorized billing agent, while payment continues to go only to the claimant through the claimant's own SHARE vendor account.

Disclosure of interest: I own Satura Practice, a business that provides billing and credentialing services to clinicians in rural New Mexico. Services like mine would be affected by this change. I describe safeguards below so the Department can weigh the request on its merits.

The current language

- Proposed 7.35.2.7(C)(7): "Claimant" means an authorized certifying clinician, practitioner, healing center, producer, or other vendor who submits a claim for payment from the fund.
- 7.35.4.9(A): "An applicant for funding from the treatment equity fund shall submit an application via the electronic system designated by the department." The term "applicant" is not defined in 7.35.4 NMAC or in the proposed 7.35.2.7 NMAC.
- 7.35.4.10(A): "Before submitting a reimbursement request, the claimant shall make a reasonable and documented effort to obtain payment from all other payers who may be legally responsible for the covered treatment."
- 7.35.4.12(A): "Certifying clinicians, practitioners, producers, healing centers and other authorized claimants shall submit claims through the electronic system designated by the department."

- 7.35.4.13(B): "Payment shall be made through SHARE or a successor system designated by the department."

Read together, these sections tie the act of submitting a claim to the provider who is paid. They do not say whether anyone may submit on a provider's behalf, and they do not say who the applicant is.

Why this matters

1. Small practices already bill this way. Solo and small-group clinicians often submit Medicaid and commercial claims through a billing service or clearinghouse, and the payer pays the provider. Under the proposed rule, the fund would be the one payer in an episode of care where this is not allowed.
2. The fund is the payer of last resort. Section 7.35.4.10 requires a documented effort with every other payer, along with a denial, explanation of benefits, or remittance advice, before a fund claim. The person who submitted the Medicaid and insurance claims holds that documentation. When that person is a billing agent, the agent is the one best placed to assemble the record the Department needs and attach it to the fund claim.
3. Rural access. The clinicians most likely to serve fund patients in rural and frontier counties run small practices with no billing staff. If every clinician must prepare fund applications and claims personally, fewer will accept fund patients. That works against the equity goals in 7.35.4.6 and 7.35.4.19 NMAC.
4. Clarity for patients. Defining "applicant" tells a patient who starts the process and who to call.

Proposed language

1. Amend 7.35.2.7(C)(7) to read: "Claimant" means an authorized certifying clinician, practitioner, healing center, producer, or other vendor who submits a claim for payment from the fund, either directly or through an authorized billing agent. Payment of a claim shall be made only to the claimant.
2. Add a definition to Subsection A of 7.35.2.7 NMAC, renumbering as needed:
"Authorized billing agent" means a person or entity that a claimant has authorized in writing, through a form or process designated by the department, to prepare and submit applications and claims to the fund on the claimant's behalf. An authorized billing agent is not a claimant and shall not receive payment from the fund.

3. Amend 7.35.4.9(A) to read: An applicant for funding from the treatment equity fund shall submit an application via the electronic system designated by the department. An applicant may be the qualified patient, the patient's legal guardian or authorized representative, a claimant who will furnish covered treatment to the patient, or that claimant's authorized billing agent. Every application shall include the patient's signed authorization under Paragraph (5) of Subsection B of this section, regardless of who submits it.
4. Amend 7.35.4.12(A) by adding at the end: A claimant may submit claims directly or through an authorized billing agent.
5. Add a new Paragraph (12) to 7.35.4.12(B), and renumber the current Paragraph (12) as (13): (12) when an authorized billing agent submits the claim, the agent's name and contact information and the department's record of the claimant's authorization.
6. Add to 7.35.4.12(B)(11): When an authorized billing agent submits a claim, the claimant shall attest that the treatment was furnished as reported, and the agent shall attest that the claim accurately reflects the records the claimant provided and the agent's documented efforts with other payers.
7. Amend 7.35.4.13(B) to read: Payment shall be made through SHARE or a successor system designated by the department, and only to the claimant's SHARE vendor account. The department shall not issue payment to an authorized billing agent.
8. Add a new Subsection E to 7.35.4.15 NMAC: An authorized billing agent shall retain records of the applications and claims it submitted for the period in Subsection A of this section, shall make them available to the department on request, and is subject to review and audit under 7.35.4.16 NMAC.
9. Add a new Subsection G to 7.35.4.12 NMAC: A claimant may revoke an authorization at any time through the electronic system designated by the department. An authorized billing agent's compensation shall not be based on a percentage of payments from the fund.

These changes keep every payment going to the provider of record, keep the provider responsible for the care reported, and make the person who prepares the claim accountable to the Department for its accuracy. They also give rural clinicians the same billing support for fund claims that they use for Medicaid and insurance claims.

Thank you for considering this comment.

Anne L. Metz, PhD, LPCC

Arroyo Seco, New Mexico