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SENATE BILL 473

47TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2005

INTRODUCED BY

Steve Komadina

AN ACT

RELATING TO TELEHEALTH; ESTABLISHING A TELEHEALTH COMMISSION;
PRESCRIBING POWERS, DUTIES AND MEMBERSHIP.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. SHORT TITLE. -- This act may be cited as the
"New Mexico Telehealth Commission Act".

Section 2. PURPOSE. -- The purpose of creating a telehealth
commission is to encourage a single, coordinated statewide
effort to create a telehealth system that:

- A. provides and supports health care delivery,
diagnosis, consultation, treatment, transfer of medical data
and education when distance separates a patient and a health
care provider; multiple health care providers involved in
patient care; and health care providers and educational or
professional activities;

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1 B. addresses the problems of provider distribution
2 in medically underserved areas of the state;

3 C. strengthens the health infrastructure;

4 D. attracts and retains health care providers in
5 rural areas; and

6 E. helps reduce costs associated with health care
7 and make health care more affordable.

8 Section 3. DEFINITIONS. -- As used in the New Mexico
9 Telehealth Commission Act:

10 A. "commission" means the New Mexico telehealth
11 commission; and

12 B. "telehealth" means the use of electronic
13 information, imaging and communication technologies, including
14 interactive audio, video, data communications as well as
15 store-and-forward technologies, to provide and support health
16 care delivery, diagnosis, consultation, treatment, transfer of
17 medical data and education when distance separates the patient
18 and the health care provider.

19 Section 4. TELEHEALTH COMMISSION CREATED-- POWERS AND
20 DUTIES-- MEMBERSHIP. --

21 A. The "New Mexico telehealth commission" is
22 created. The commission is administratively attached to the
23 department of health, which shall work in conjunction with the
24 New Mexico health policy commission, in accordance with the
25 Executive Reorganization Act.

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1 B. The commission shall consist of no more than
2 twenty-five members with members chosen from the following
3 categories, all of whom shall be appointed by and serve at the
4 pleasure of the governor:

- 5 (1) health care facilities;
- 6 (2) health care practitioners;
- 7 (3) health care workforce educators;
- 8 (4) telehealth technology experts;
- 9 (5) the telecommunications industry;
- 10 (6) the business community;
- 11 (7) health care insurance providers or other
12 health care payers;
- 13 (8) Indian nations, tribes and pueblos;
- 14 (9) legislators;
- 15 (10) state agencies responsible for:
 - 16 (a) telecommunications;
 - 17 (b) public health;
 - 18 (c) medicaid and social services;
 - 19 (d) workforce development;
 - 20 (e) children's health and social
21 services;
 - 22 (f) services for the elderly and
23 disabled;
 - 24 (g) criminal justice;
 - 25 (h) health policy and planning; and

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(i) education; and

(11) other members as the governor may appoint to ensure appropriate cultural and geographic representation and the interests of the public.

C. The commission shall:

(1) identify how telehealth can be used to increase access to care and implement state comprehensive health plans;

(2) identify barriers to telehealth utilization and expansion, including payment, infrastructure, training and workforce availability;

(3) inventory the state's telehealth assets, map available telecommunications infrastructure and examine the financial impact of failing to develop the state's telehealth capacities;

(4) coordinate public and private sector initiatives to enhance networking, portal development and connectivity and to expand telehealth and telecommunications capacity;

(5) establish such subcommittees as the commission deems necessary to fulfill its purpose, powers and duties or to address specific telehealth issues;

(6) identify specific actions to increase collaborative efforts and public-private partnerships to increase the use of telehealth for health care access

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1 development, patient outcome improvement, patient and workforce
2 education and health care practitioner recruitment and
3 development;

4 (7) develop and disseminate specific
5 telehealth standards and guidelines to ensure quality of care,
6 positive health outcomes, appropriate use of technology and
7 protection of privacy and confidentiality;

8 (8) review and comment on initiatives,
9 projects or grant applications to ensure telehealth standards
10 and guidelines are met and maximum collaboration and
11 cooperation across the state is encouraged;

12 (9) meet at least once each quarter at the
13 call of the chair or vice chair, who shall be designated by the
14 governor from among the membership; and

15 (10) report annually to the governor and the
16 legislature on the state of the telehealth system and the
17 adequacy and allocation of telehealth services throughout the
18 state, providing the governor and the legislature with specific
19 recommendations for improving telehealth and related service
20 systems.

21 D. A majority of the members of the commission
22 constitutes a quorum for the transaction of business. "