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HOUSE BILL 47

**49TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2010**

INTRODUCED BY

Danice Picraux

AN ACT

RELATING TO MEDICAL ASSISTANCE; AMENDING THE PUBLIC ASSISTANCE ACT TO DIRECT THE HUMAN SERVICES DEPARTMENT TO CONDUCT AN OUTCOME STUDY ON THE MEDICAL HOME PROGRAM; MAKING AN APPROPRIATION.

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

Section 1. Section 27-2-12.15 NMSA 1978 (being Laws 2009, Chapter 143, Section 1) is amended to read:

"27-2-12.15. MEDICAID, STATE CHILDREN'S HEALTH INSURANCE PROGRAM AND STATE COVERAGE INITIATIVE PROGRAM MEDICAL HOME WAIVER--RULEMAKING--APPLICATION FOR WAIVER OR STATE PLAN AMENDMENT--OUTCOME STUDY--"

A. Subject to the availability of state funds and consistent with the federal Social Security Act, the department shall work with its contractors that administer the state's

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1 approved waiver programs to promote and, if practicable,  
2 develop a program called the "medical home program". The  
3 "medical home" is an integrated care management model that  
4 emphasizes primary medical care that is continuous,  
5 comprehensive, coordinated, accessible, compassionate and  
6 culturally appropriate. Care within the medical home includes  
7 primary care, preventive care and care management services and  
8 uses quality improvement techniques and information technology  
9 for clinical decision support. Components of the medical home  
10 model may include:

11 (1) assignment of recipients to a primary care  
12 provider, clinic or practice that will serve as a medical home;

13 (2) promotion of the health commons model of  
14 service delivery, whereby the medical home tracks recipients'  
15 primary care, specialty, behavioral health, dental health and  
16 social services needs as much as practicable;

17 (3) health education, health promotion, peer  
18 support and other services that may integrate with health care  
19 services to promote overall health;

20 (4) health risk or functional needs  
21 assessments for recipients;

22 (5) a method for reporting on the  
23 effectiveness of the medical home model and its effect upon  
24 recipients' utilization of health care services and the  
25 associated cost of utilization of those services;

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1 (6) mechanisms to reduce inappropriate  
2 emergency department utilization by recipients;

3 (7) financial incentives for the provision of  
4 after-hours primary care;

5 (8) mechanisms that ensure a robust system of  
6 care coordination for assessing, planning, coordinating and  
7 monitoring recipients with complex, chronic or high-cost health  
8 care or social support needs, including attendant care and  
9 other services needed to remain in the community;

10 (9) implementation of a comprehensive,  
11 community-based initiative to educate recipients about  
12 effective use of the health care delivery system, including the  
13 use of community health workers or promotoras;

14 (10) strategies to prevent or delay  
15 institutionalization of recipients through the effective  
16 utilization of home- and community-based support services;

17 (11) a primary care provider for each  
18 recipient, who advocates for and provides ongoing support,  
19 oversight and guidance to implement an integrated, coherent,  
20 cross-disciplinary plan for ongoing health care developed in  
21 partnership with the recipient and including all other health  
22 care providers furnishing care to the recipient;

23 (12) implementation of evidence-based medicine  
24 and clinical decision support tools to guide decision-making at  
25 the point-of-care based upon recipient-specific factors;

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1 (13) use of comparative effectiveness to make  
2 a cost-benefit analysis of health care practices;

3 (14) use of health information technology,  
4 including remote supervision, recipient monitoring and  
5 recipient registries, to monitor and track the health status of  
6 recipients;

7 (15) development and use of safe and secure  
8 health information technology to promote convenient recipient  
9 access to personal health information, health services and web  
10 sites with tools for patient self-management;

11 (16) implementation of training programs for  
12 personnel involved in the coordination of care for recipients;

13 (17) implementation of equitable financial  
14 incentive and compensation systems for primary care providers  
15 and other staff engaged in care management and the medical home  
16 model; and

17 (18) any other components that the secretary  
18 determines will improve a recipient's health outcome and that  
19 are cost-effective.

20 B. By October 1, 2010, the department shall conduct  
21 an outcome study to determine how well the medical home program  
22 has met the goals set forth in Subsection A of this section.  
23 The department shall present the findings of the outcome study  
24 to the interim legislative health and human services committee  
25 and to the legislative finance committee by November 1, 2010.

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