SENATE BILL 14

50TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2011

INTRODUCED BY

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FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH CARE; ENACTING THE HEALTH CARE WORK FORCE
DATA COLLECTION, ANALYSIS AND POLICY ACT; DIRECTING THE
DEPARTMENT OF HEALTH TO COLLECT DATA REGARDING DEMOGRAPHICS,
SPECIALTIES AND PROFESSIONS IN THE STATE'S HEALTH CARE WORK
FORCE; DIRECTING HEALTH CARE WORK FORCE REGULATORY BOARDS TO
COLLECT DATA FROM APPLICANTS FOR LICENSURE OR RENEWAL OF
LICENSURE; DIRECTING THE SECRETARY OF HEALTH TO CONVENE A WORK
GROUP OF HEALTH CARE WORK FORCE EXPERTS.

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

SECTION 1. SHORT TITLE.--This act may be cited as the "Health Care Work Force Data Collection, Analysis and Policy Act".

SECTION 2. DEFINITIONS.--As used in the Health Care Work Force Data Collection, Analysis and Policy Act:

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- Α. "board" means any state health care work force licensing or regulatory board, including the New Mexico medical board; the board of osteopathic medical examiners; the New Mexico board of dental health care; the board of nursing; the board of pharmacy; any other licensing or regulatory board that the secretary of health designates; any other health professional licensing board listed in Chapter 61 NMSA 1978; and the department;
- "database" means the health care work force database created pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act;
 - С. "department" means the department of health;
- "ethnicity" means an individual's self-D. identification or affiliation as either "Hispanic or Latino" or "not Hispanic or Latino" according to cultural, historical, linguistic or religious ties;
- "New Mexico center for health care workforce analysis" means a state entity that collects, analyzes and reports data regarding the state's health care work force and collaborates with the federal national center for health care workforce analysis pursuant to Section 5103 of the federal Patient Protection and Affordable Care Act; and
- F. "race" means an individual's self-identification or affiliation with one of the following categories used to identify individuals according to historical or phenotypical

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- (1) American Indian or Alaska Native;
- (2) Asian;
- Black or African American; (3)
- Native Hawaiian or other Pacific Islander; (4)
- White; or (5)
- (6) a mixture of any of the categories listed in Paragraphs (1) through (5) of this subsection.
- SECTION 3. HEALTH CARE WORK FORCE DATABASE -- COLLECTION OF DATA--HOUSING OF DATA--ANALYSIS AND REPORTING.--
- Subject to the availability of state, federal or private foundation funding or other sources of funding, the secretary of health shall create and maintain the "health care work force database". The secretary of health shall:
- enter into agreements with entities to create, house and provide information to state agencies, the legislature and the governor and, as the legislature or governor deems appropriate, any others regarding the state's health care work force; and
- (2) seek federal or other sources of funding to create a New Mexico center for health care workforce analysis and to ensure the additional funding and staffing needed to achieve the anticipated outcomes.
- A board shall supply the department with data pertaining to licensed health care providers for inclusion in .182459.4

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the database. A board shall collect a core essential data set at the time of new licensure or licensure renewal, including, but not limited to, a provider's:

- demographics, including race, ethnicity (1) and primary and other languages spoken;
- practice status, including, but not limited to:
- (a) active practices in New Mexico and other locations;
 - (b) practice type; and
- practice settings, such as (c) hospitals, public schools, higher education institutions, clinics and other clinical settings;
- education, training and primary and secondary specialties for all health professions as appropriate;
- average hours worked per week and the average number of weeks worked per year in the licensed profession over the past twelve months;
- (5) percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration, in the licensed profession; and
- (6) practice plans for the next five years, including retiring from a health care profession, moving out of state or changing health care work hours.

SECTION 4. DATABASE ESTABLISHMENT AND MAINTENANCE-DELEGATION.--The secretary of health may contract and
collaborate with a private or public entity to establish and
maintain the database, to analyze data collected, to develop
reports for the legislature or the executive branch or to
perform other duties to carry out the provisions of the Health
Care Work Force Data Collection, Analysis and Policy Act.

SECTION 5. HEALTH CARE WORK FORCE DATA COLLECTION BY
BOARDS--MANDATORY COMPLIANCE FOR APPLICANTS--REPORTING BY
BOARDS--CONFIDENTIALITY OF DATA--RULEMAKING.--

A. An applicant for a license from a board or renewal of a license by a board shall provide the information prescribed by the secretary of health pursuant to Subsection C of this section. This section applies to applicants for health professional licensure or renewal of health professional licensure pursuant to Chapter 61 NMSA 1978.

- B. A board shall not approve a subsequent application for a license or renewal of a license until the applicant provides the information pursuant to Subsection C of this section.
- C. A board shall adopt rules regarding the manner, form and content of reporting data; the consistency of data entry fields used; and the information that an applicant, pursuant to Subsection A of this section, shall provide to a board. At a minimum, the rules shall provide for a core .182459.4

1	essential data set, including the applicant's:
2	(1) demographics, including race, ethnicity
3	and primary and other languages spoken;
4	(2) practice status, including, but not
5	limited to:
6	(a) active practices in New Mexico and
7	other locations;
8	(b) practice type; and
9	(c) practice settings, such as hospital,
10	clinic or other clinical settings;
11	(3) education, training and primary and
12	secondary specialties;
13	(4) average hours worked per week and the
14	average number of weeks worked per year in the licensed
15	profession;
16	(5) percentage of practice engaged in direct
17	patient care and in other activities, such as teaching,
18	research and administration, in the licensed profession; and
19	(6) practice plans for the next five years,
20	including retiring from the health care profession, moving out
21	of state or changing health care work hours.
22	D. A board shall report health care work force
23	information collected pursuant to this section to the secretary
24	of health.
25	E. A board shall keep confidential and not release
	.182459.4

personally identifiable data collected under this section for any person licensed, registered or certified by the board. The provisions of this subsection do not apply to the release of information to a law enforcement agency for investigative purposes or to the release to the secretary of health for state health planning purposes. A person with whom the department contracts to perform data collection, storage and analysis shall protect the privacy of that data. The secretary of health shall ensure that the responses of applicants shall be kept confidential, including taking special precautions when the identity of an applicant may be ascertained due to the applicant's location or occupation.

F. A board shall promulgate rules as necessary to perform the board's duties pursuant to this section, including rules for collecting, storing and analyzing data in addition to the information required to be collected by the Health Care Work Force Data Collection, Analysis and Policy Act.

SECTION 6. HEALTH CARE WORK FORCE WORK GROUP--WORK FORCE
DATA ANALYSIS--RECRUITMENT PLANNING--STRATEGIC PLAN FOR
IMPROVING HEALTH CARE ACCESS--WORK FORCE SURVEY.--The secretary
of health shall convene a health care work force work group
that includes representatives of health care consumers; health
care providers; organized groups representing physicians,
physician assistants, nurses, nurse practitioners, dentists,
dental hygienists and pharmacists; health care work force

training institutions; the New Mexico health policy commission; the public education department; the higher education department; and the boards. The work group shall:

- A. analyze and make recommendations to the legislature regarding incentives to attract qualified individuals, including those from minority groups underrepresented among health care professions, to pursue health care education and practice in New Mexico;
- B. develop a short-term plan and a five-year plan to improve health care access, with a draft report on the plans to be submitted to the interim legislative health and human services committee by November 1, 2011. Beginning October 1, 2012, the work group shall make detailed annual reports to the legislative health and human services committee by October 1 of each year;
- C. analyze the collected data and make recommendations to the legislature for building healthier communities and improving health outcomes; and
- D. devise an electronic survey, designed to be completed by applicants within fifteen minutes, for boards to provide to applicants for licensure or renewal of licensure, which includes questions regarding the information required pursuant to Subsection C of Section 5 of the Health Care Work Force Data Collection, Analysis and Policy Act and any other survey questions that the secretary of health and the work

group deem appropriate.

SECTION 7. TEMPORARY PROVISION--APPLICATION FOR GRANTS
PURSUANT TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE
ACT.--In order to carry out the provisions set forth in the
Health Care Work Force Data Collection, Analysis and Policy
Act, the secretary of health shall seek funding pursuant to
Section 5102 of the federal Patient Protection and Affordable
Care Act, as well as funding from any other source, public or
private, that the secretary of health deems appropriate.

SECTION 8. EFFECTIVE DATE.--The effective date of the provisions of this act is July 1, 2011.

- 9 -