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SENATE BILL 403

**51ST LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2013**

INTRODUCED BY

Linda M. Lopez

AN ACT

RELATING TO HEALTH CARE; ESTABLISHING THE ALL-PAYER CLAIMS  
DATABASE TASK FORCE; MAKING AN APPROPRIATION.

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

SECTION 1. ALL-PAYER CLAIMS DATABASE TASK FORCE--DUTIES--  
MEMBERSHIP--REPORTING.--

A. By August 1, 2013, the general services  
department shall contract with an entity with expertise in the  
field of health care cost and quality analysis and charge that  
entity with convening an all-payer claims database task force  
to identify the following:

- (1) the sources among public and private  
entities for health care claims data in the state and the  
manner in which the database may receive data from these  
entities;

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1                   (2) sources of funding for the establishment  
2 and operation of an all-payer claims database, including fees  
3 for the use of data;

4                   (3) the possibilities afforded in state and  
5 other applicable law for a governance structure and operational  
6 entity that will provide for:

7                               (a) the safe collection, management,  
8 storage and sharing of health care claims data;

9                               (b) a public-private partnership to  
10 manage the database's duties; and

11                              (c) accountability to the public and  
12 state government;

13                   (4) criteria for deeming persons eligible to  
14 receive data from the database and protocols for applying for  
15 the use of data;

16                   (5) applications for the data in the database  
17 that will achieve the goal of high-quality health care while  
18 cutting health care costs; and

19                   (6) entities with which the database may  
20 partner to achieve improvements in the quality and cost of  
21 health care services in the state.

22                   B. The entity that convenes the all-payer claims  
23 database task force pursuant to Subsection A of this section  
24 shall invite, at a minimum, representatives of the following:

25                              (1) the medical assistance division of the

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1 human services department;

2 (2) the office of health care reform of the  
3 human services department;

4 (3) the interagency behavioral health  
5 purchasing collaborative;

6 (4) the public health division of the  
7 department of health;

8 (5) the developmental disabilities supports  
9 division of the department of health;

10 (6) the corrections department;

11 (7) the New Mexico interagency benefits  
12 advisory committee;

13 (8) an entity with experience in the  
14 establishment or operation of a statewide electronic medical  
15 records system;

16 (9) the university of New Mexico;

17 (10) New Mexico state university;

18 (11) each private insurer that offers  
19 insurance in the state, including representatives from both  
20 major medical insurers and limited insurers;

21 (12) self-insured private employers;

22 (13) the New Mexico primary care association;

23 (14) the New Mexico hospital association;

24 (15) the New Mexico medical society;

25 (16) the New Mexico osteopathic medical

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1 association;

2 (17) the New Mexico nurses association; and

3 (18) a health care consumer advocacy

4 organization.

5 C. By November 1, 2014, the task force shall  
6 compile its findings and develop recommendations pursuant to  
7 those findings and report its findings and recommendations to:

8 (1) the governor;

9 (2) the legislative health and human services  
10 committee; and

11 (3) the legislative finance committee.

12 D. As used in this section:

13 (1) "limited insurer" means a person  
14 authorized pursuant to the New Mexico Insurance Code to offer  
15 only a limited-benefit policy intended to supplement major  
16 medical coverage, including medicare supplement, vision,  
17 dental, disease-specific, accident-only or hospital  
18 indemnity-only insurance policies, or that only issues policies  
19 for long-term care or disability income; and

20 (2) "major medical insurer" means a person  
21 authorized pursuant to the New Mexico Insurance Code as a  
22 health insurer, nonprofit health service provider, health  
23 maintenance organization, managed care organization, fraternal  
24 benefit society or provider service organization to offer a  
25 hospital and medical expense-incurred policy, plan or contract

1 in the state.

2 SECTION 2. APPROPRIATION.--Twenty thousand dollars  
3 (\$20,000) is appropriated from the general fund to the general  
4 services department for expenditure in fiscal year 2014 to  
5 contract with an entity, located in a class A county with a  
6 population of at least six hundred thousand individuals as of  
7 the last decennial census, with expertise in health care  
8 quality and cost analysis to convene and operate an all-payer  
9 claims database task force pursuant to Section 1 of this act.  
10 Any unexpended or unencumbered balance remaining at the end of  
11 fiscal year 2014 shall revert to the general fund.

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