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SENATE BILL 670

52ND LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2015

INTRODUCED BY

Sue Wilson Beffort

AN ACT

RELATING TO HEALTH; REQUIRING THE SECRETARY OF CORRECTIONS TO ESTABLISH A CORRECTIONS HEALTH CARE TASK FORCE TO STUDY WAYS TO OPTIMIZE QUALITY AND EFFICIENCY IN THE STATE'S CORRECTIONAL HEALTH CARE SYSTEM.

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

SECTION 1. [NEW MATERIAL] CORRECTIONS HEALTH CARE TASK FORCE--DUTIES--MEMBERSHIP--REPORTING.--

A. The secretary of corrections shall convene a "corrections health care task force" to undertake a study of health care quality and cost at the corrections department.

The task force shall examine:

(1) relating to health care outcome measures:

(a) an identification of the outcome measures that the department uses to determine quality of care;

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1 (b) the health care outcomes that the
2 department has tracked for the past five years, both generally
3 and in terms of specific medical conditions, including
4 hepatitis C and human immunodeficiency virus;

5 (c) the actions that the department has
6 taken to ensure that health care services are evidence-based
7 services, as well as any other measure the department has
8 implemented since fiscal year 2011 to ameliorate health care
9 outcomes;

10 (d) a gap analysis to identify the needs
11 that exist among the department patient population and an
12 identification of the resources necessary to meet those needs,
13 by the following health care service categories: 1) physical
14 health; 2) behavioral health, including mental health and
15 substance use disorders; 3) long-term care, including chronic
16 conditions; and 4) prescription drugs and devices; and

17 (e) an analysis of the effect that
18 health care delivery within the department system has upon the
19 general public's health, safety and well-being;

20 (2) the cost of health care services that the
21 corrections department receives from all sources, including any
22 physical health, behavioral health, pharmacy and long-term
23 services reimbursed through a managed-care contract and those
24 for which the department makes direct reimbursement on a fee-
25 for-service basis. For the purpose of this study, the

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1 department shall disclose to the task force reimbursement rates
2 for:

3 (a) each health care service or product
4 for which it makes reimbursement on a fee-for-service basis;
5 and

6 (b) the capitated rate for which health
7 care services are reimbursed pursuant to a managed-care
8 contract;

9 (3) the measures the department would be
10 required to take to achieve accreditation by a national
11 corrections health care accrediting body;

12 (4) the possibilities that exist for the
13 corrections department to maximize prescription drug discounts
14 under Section 340B of the federal Public Health Service Act,
15 either for all prescription drugs for which the department
16 makes reimbursement or for specific categories of prescription
17 drugs or medical conditions, such as to treat hepatitis C,
18 human immunodeficiency virus or acquired immunodeficiency
19 syndrome;

20 (5) measures that the department and its
21 vendors and contractors have taken to maximize efficiency
22 relating to health care claim reimbursement and a gap analysis
23 to identify the barriers to maximizing efficiency in claim
24 reimbursement and the resources necessary to maximize claim
25 reimbursement efficiency;

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1 (6) opportunities for third-party
2 reimbursement for corrections department health care costs,
3 including reimbursement through federal and state medical
4 assistance programs;

5 (7) the opportunities for decreasing
6 recidivism through the effective delivery of health care
7 services to prisoners; and

8 (8) the corrections department's
9 implementation of COMPAS or another risk and needs assessment
10 mechanism relating to health care services.

11 B. The corrections health care task force shall
12 include:

13 (1) the secretary of corrections;

14 (2) the health services administrator of the
15 corrections department; and

16 (3) representatives from:

17 (a) the department of health;

18 (b) the human services department;

19 (c) legislative finance committee staff;

20 (d) the office of the state auditor;

21 (e) the university of New Mexico health
22 sciences center, including one representative from the project
23 ECHO telehealth program;

24 (f) any managed-care entity that
25 provides health care services to the corrections department;

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1 (g) New Mexico health care professional
2 organizations;

3 (h) the New Mexico sentencing
4 commission;

5 (i) a national corrections health care
6 accrediting body; and

7 (j) an advocacy organization for
8 incarcerated individuals.

9 C. The corrections health care task force shall
10 meet until November 2016. By December 1, 2015 and again by
11 December 1, 2016, the task force shall issue a written report
12 and, upon request, make an oral presentation of the report on
13 the matters identified in Subsection A of this section to the
14 governor; the courts, corrections and justice committee; the
15 legislative health and human services committee; and the
16 legislative finance committee.