

1 SENATE BILL 388

2 **54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019**

3 INTRODUCED BY

4 Gerald Ortiz y Pino

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10 AN ACT

11 RELATING TO HEALTH; REQUIRING THE SECRETARY OF HUMAN SERVICES
12 TO CONVENE A PEDIATRIC SUBSPECIALTY TASK FORCE TO WORK WITH
13 INSTITUTIONS THAT PROVIDE PEDIATRIC SUBSPECIALTY CARE TO
14 IMPROVE THE QUALITY, EFFICIENCY AND COORDINATION OF PEDIATRIC
15 SUBSPECIALTY CARE STATEWIDE; REQUIRING THE HUMAN SERVICES
16 DEPARTMENT TO SUPPORT THE TASK FORCE THROUGH FUNDING AND
17 MEDICAL, TECHNICAL AND LEGAL SUPPORT; REQUIRING PERIODIC
18 REPORTS TO THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE.

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

21 SECTION 1. TEMPORARY PROVISION--PEDIATRIC SUBSPECIALTY
22 TASK FORCE CREATED--DUTIES--REPORTING.--

23 A. The secretary shall convene a "pediatric
24 subspecialty task force" to work with institutions to
25 collaboratively improve the quality, safety, efficiency and

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1 coordination of pediatric subspecialty practice statewide based
2 upon findings and recommendations made by the task force
3 created pursuant to House Memorial 14 of the second session of
4 the fifty-third legislature. The pediatric subspecialty task
5 force is administratively attached to the department pursuant
6 to Section 9-1-7 NMSA 1978. The task force shall:

7 (1) require regular reporting from
8 institutions regarding the progress toward collaborative
9 pediatric subspecialty care statewide;

10 (2) advise and assist institutions in
11 developing effective collaborative pediatric subspecialty care
12 practices;

13 (3) develop a short-term plan to improve
14 sharing of patients, calls and medical records between
15 institutions;

16 (4) develop a feasibility study concerning the
17 creation of a unified physical or virtual children's hospital
18 that would include all pediatric subspecialties, a pediatric
19 complex care clinic and at least two pediatric subspecialty
20 centers in rural regions of the state, including a time line;
21 and

22 (5) consult with experts who practice outside
23 the state in the delivery or provision of pediatric
24 subspecialty care.

25 B. The task force shall consist of at least twelve

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1 members, including the following ex-officio members:

2 (1) the president of the New Mexico pediatric
3 society or the president's designee;

4 (2) the president of the New Mexico medical
5 society or the president's designee;

6 (3) the secretary of health or the secretary's
7 designee;

8 (4) the secretary of human services or the
9 secretary's designee;

10 (5) the medical director of the children and
11 youth with special health care needs program in the children's
12 medical services unit of the department of health; and

13 (6) the chair and vice chair of the
14 legislative health and human services committee.

15 C. Remaining members shall be appointed by the
16 secretary and shall consist of the following:

17 (1) one representative from a family with a
18 child with special health care needs;

19 (2) one representative of a parent advocacy
20 organization;

21 (3) a representative from each institution who
22 practices in a pediatric medical subspecialty;

23 (4) a representative from each institution who
24 practices in a pediatric surgical subspecialty;

25 (5) one representative from a community

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1 nonprofit organization that advocates for children; and

2 (6) one primary care pediatrician from a
3 health professional shortage area who resides more than one
4 hundred miles from Albuquerque.

5 D. The members shall designate a chair and vice
6 chair from the members of the task force.

7 E. A majority of the members constitutes a quorum
8 for the conduct of business. The task force shall meet at the
9 call of the chair, and the chair shall coordinate the
10 activities of the task force.

11 F. The task force may form subcommittees or task
12 forces as needed that may make recommendations to the task
13 force. Members of subcommittees and task forces may include
14 individuals who are not members of the task force but have an
15 interest or expertise in pediatric health care or related
16 matters.

17 G. The secretary shall support the operations of
18 the task force by annually requesting funding for its work and
19 providing department assistance with medical, technical and
20 legal issues as needed, through department staff or outside
21 consultants.

22 H. The task force shall:

23 (1) make a progress report with findings and
24 recommendations to the legislative health and human services
25 committee on or before November 30, 2019; and

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1 (2) meet until November 30, 2020, by which
2 time the task force shall make a final report of its progress,
3 findings and recommendations to the legislative health and
4 human services committee.

5 I. Public members of the task force may receive per
6 diem and mileage pursuant to the Per Diem and Mileage Act.

7 J. For the purposes of this section:

8 (1) "department" means the human services
9 department;

10 (2) "health professional shortage area" means
11 an area in the state of New Mexico designated as having a
12 shortage of primary medical care, dental or mental health
13 providers by the United States department of health and human
14 services health resources and services administration;

15 (3) "institution" means a health care
16 institution in the state that provides pediatric subspecialty
17 care, including treating children in the areas of cardiology,
18 critical care medicine, emergency medicine, nephrology,
19 pulmonology, rheumatology, surgery and transplant hepatology;
20 and

21 (4) "secretary" means the secretary of human
22 services.