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FISCAL IMPACT REPORT

SPONSOR Hickey **ORIGINAL DATE** 02/15/21
LAST UPDATED _____ **HB** _____
SHORT TITLE Health Info System Definitions **SB** 222
ANALYST Klundt

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	NFI	NFI	NFI			

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Aging and Long-Term Services Department (ALTSD)

SUMMARY

Synopsis of Bill

Senate Bill 222 (SB222) amends the definitions in the Health Information System Act (HISA) for aggregate data to remove the word “provider” and amends the definition of record-level data to remove the word “hospital” from the Act.

FISCAL IMPLICATIONS

No Fiscal impact has been identified at this time.

SIGNIFICANT ISSUES

In 2015, HISA was amended to allow the Department of Health (DOH) to release data that is aggregated (grouped) by specific healthcare providers or hospitals. However, the current HISA definitions for “aggregate data” and “record-level data” conflict with that intent.

First, the current definition for “aggregate data” prevents DOH from identifying a provider (which includes hospitals). DOH releases health data aggregated by geographic area (county) and other factors such as sex and race/ethnicity, but it is also important to have health data grouped by individual hospitals. HISA was amended in 2015 to reflect this intent.

Second, the current definition of “record-level data” includes “provider or hospital” as a criterion. Record-level data identifying an individual patient or practitioner are never released by DOH, but the current definition also prevents DOH from identifying a “provider or hospital”. As an example, under the current HISA definitions, DOH would not be able to release the number of diabetes hospitalizations aggregated by each hospital because identifying a hospital by name qualifies as a release of record-level data.

SB222 proposes a solution by removing the words “provider” or “hospital” as criteria in both definitions, and thus brings the two definitions into agreement with the intent of the 2015 amendment.

This would also support other important efforts. For example, DOH is in the early stages of developing a healthcare cost and quality transparency website known as an All-Payer Claims Database (APCD). Aggregating data by hospital is a basic requirement for an APCD and is essential for the comparison of healthcare costs and quality measures between hospitals and healthcare providers. New Mexico will be joining eighteen other states that have an APCD in place. APCDs have been shown to decrease health care costs and improve quality of care.

<https://apcdouncil.org/state/map>

<https://apcdouncil.org/publication/abcs-apcds-how-states-are-using-claims-data-understand-and-improve-care>

<https://apcdouncil.org/publication/informing-health-system-change-use-all-payer-claims-databases>

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