

AN ACT
RELATING TO HEALTH; ENACTING THE CHILD HEALTH ACT; CREATING
A PROGRAM; MAKING AN APPROPRIATION.

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

Section 1. SHORT TITLE. --This act may be cited as the "Child Health Act".

Section 2. PURPOSE. --The purpose of the Child Health Act is to enable the state of New Mexico to provide child health assistance to uninsured low-income children and their families in an effective and efficient manner.

Section 3. DEFINITIONS. --As used in the Child Health Act:

A. "child" means a natural person who has not reached his nineteenth birthday;

B. "department" means the human services department;

C. "low-income children and their families" means a family with a dependent child with income at or below the level specified in Section 6 of the Child Health Act; and

D. "secretary" means the secretary of human services.

Section 4. PROGRAM CREATED. --After consultation with the secretary of health and the secretary of children, youth and families, the secretary is directed to design and

implement a program to provide health services to low-income children and their families in accordance with the provisions of the Child Health Act. The program shall meet the requirements for obtaining allotted federal funds pursuant to the provisions of Title 21 of the federal Social Security Act. In accordance with those requirements and the requirements of the Child Health Act, the secretary shall prepare and submit a child health plan to the federal secretary of health and human services. The department is the designated state agency to administer the program and cooperate with the federal government in its administration.

Section 5. PROGRAM OBJECTIVES--DEVELOPMENT OF PLAN AND ADOPTION OF RULES.--

A. The child health plan and the program shall be designed to achieve the following objectives:

(1) expand access to and coverage for full or partial payment for a comprehensive array of personal health services for low-income children and their families who do not have those services at present;

(2) increase measurably the quality of life and well-being for the state's citizens by ensuring the good health of children and adults in low-income families;

(3) reduce substantially the occurrence rates of preventable illness and disease, morbidity and mortality in the state's population;

(4) increase positively the benefit-to-cost ratios of health services provided in the state to the population as a whole while at the same time improving the quality of service when measured by both scientifically objective and beneficiary-perceived criteria;

(5) retard escalation of health care costs in all segments of the health care industry;

(6) provide through demonstration projects, coupled with any necessary and appropriate federal waivers of conditions for expenditure approval, innovative and imaginative methods of providing health care to all eligible segments of the state's population; and

(7) comply with the terms and conditions set forth in the state children's health insurance program established pursuant to Title 21 of the federal Social Security Act.

B. Implementation of an approved child health plan shall be in accordance with rules adopted by the secretary after consultation with the department of health and the children, youth and families department. The rules shall be designed to achieve and be consistent with the objectives specified in Subsection A of this section. Those objectives are stated as mandatory standards by which the validity of proposed rules shall be tested. Additionally, the rules must be consistent with those provisions of the

Child Health Act that mandate program requirements.

Section 6. PLAN CONTENT--REQUIRED ELEMENTS.--The child health plan and the program of services to be provided by it shall include:

A. appropriate methods of outreach to increase the enrollment of eligible children;

B. a "phase one" that shall include providing health insurance to children living in households at or below two hundred thirty-five percent of the federal poverty level;

C. a "phase two" that may consist of those federally approved specialized services included in the child health plan by the secretary, a continuum of prevention and intervention services that may be developed and implemented, including applications for any federal waivers of conditions that are necessary and consisting of at least the following:

(1) implementation of a voluntary home visiting program available statewide for mothers having their first child, beginning during pregnancy and extending for two years, with a frequency of use as indicated by maternal desire and home visiting team recommendations;

(2) provision for home- and community-based early intervention developmental services;

(3) provision for a behavioral health

identification, assessment and management system;

(4) provision for school-based health services in the network of health care programs;

(5) provision for the existing healthier kids fund administered by the department of health to enable children to have effective access to health care;

(6) development of ways to increase children's dental services, including such prevention services as periodic examinations, radiographs, prophylactic cleanings, fluoride treatments and sealants; and

(7) development of ways to increase children's vision services including periodic professional eye examinations and prescription eyewear;

D. provision for inhibiting or preventing both employer crowd-out and employee crowd-in;

E. requirements that in the development and implementation of the plan the interests of Native American children are identified, and that appropriate provisions for their enrollment are made with recognition that the application process and the delivery of services with respect to those children present special cultural and other considerations;

F. provision for coordination of the administration of the program with other public and private health programs;

G. identification and implementation of methods, including monitoring used to ensure the quality and appropriateness of care, particularly with respect to well baby care, well child care and immunizations provided pursuant to the plan and to ensure access to covered services, including emergency services;

H. methods by which the state will collect data, maintain the records and furnish required reports to the secretary or his designees;

I. specific requirements for and description of the means to be used to ensure that members of the public will be involved in the design and implementation of the plan and a description of a method to ensure ongoing public involvement; and

J. operation and management of the program by the department in the most fiscally responsible manner, subject to all available legislative appropriations and federal contributions for the program, so that low-income children and their families receive the optimum health care possible.

Section 7. CREATION OF LEGISLATIVE OVERSIGHT COMMITTEE-- AUTHORITY AND DUTIES. --

A. There is created a joint interim legislative committee, which shall be known as the "program oversight committee".

B. The committee shall be composed of eight

members. Four members of the house of representatives shall be appointed by the speaker of the house of representatives and four members of the senate shall be appointed by the committees' committee of the senate or, if the senate appointments are made in the interim, by the president pro tempore of the senate after consultation with and agreement of a majority of the members of the committees' committee. Members shall be appointed so that there is a member from each of the major political parties from each house. No member who has a financial interest in an insurance company or health care provider shall be appointed to the committee.

C. The program oversight committee shall oversee the development and operations of the program created pursuant to the Child Health Act. It shall fulfill any responsibilities delegated to it pursuant to that act.

D. The committee shall report annually its findings and recommendations regarding the program to each regular session of the legislature and shall include in that report any recommendations for changes in the laws pertaining to the program.

Section 8. APPROPRIATION. -- Two million nine hundred thousand dollars (\$2,900,000) is appropriated from the general fund to the human services department for expenditure in fiscal years 1998 through 2000 for the purpose of providing the state match to establish a new

state children's health insurance program authorized in the federal Budget Reconciliation Act of 1997. In addition, the human services department, the department of health and the children, youth and families department are authorized to expend in fiscal years 1998, 1999 and 2000, in contributions toward a higher state match, up to a total of three million six hundred thousand dollars (\$3,600,000) from department balances, toward the establishment of the state children's health insurance program. Pursuant to Sections 6-3-23 through 6-3-25 NMSA 1978, the departments are specifically authorized to request any budget adjustments necessary to make the contributions. Any unexpended or unencumbered balance remaining at the end of fiscal year 2003 shall revert to the general fund.

Section 9. DELAYED REPEAL. -- Effective July 1, 2002, the Child Health Act is repealed. _____