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HOUSE BILL 876

47TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2005

INTRODUCED BY

Terry T. Marquardt

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH CARE; REQUIRING THAT A MAJORITY OF MEMBERS OF THE HEALTH POLICY COMMISSION HAVE NO FINANCIAL INTEREST IN THE HEALTH CARE INDUSTRY; REQUIRING THE COMMISSION TO PRODUCE A BIENNIAL HEALTH CARE FINANCING REPORT; MAKING AN APPROPRIATION.

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

Section 1. Section 9-7-11.2 NMSA 1978 (being Laws 1991, Chapter 139, Section 2, as amended) is amended to read:

"9-7-11.2. NEW MEXICO HEALTH POLICY COMMISSION CREATED-- COMPOSITION--DUTIES.--

A. There is created the "New Mexico health policy commission", which is administratively attached to the department of finance and administration.

B. The New Mexico health policy commission shall consist of ~~eight~~ nine members appointed by the governor with

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1 the advice and consent of the senate to reflect the ethnic,
2 economic, geographic and professional diversity of the state.
3 [~~No member~~] A majority of the commission shall have [~~a~~] no
4 pecuniary or fiduciary interest in the health services industry
5 while serving or for three years preceding [~~his~~] appointment to
6 the commission. [~~Two~~] Three members shall be appointed for
7 one-year terms, three members shall be appointed for two-year
8 terms, three members shall be appointed for three-year terms
9 and all subsequent appointments shall be made for three-year
10 terms.

11 C. The New Mexico health policy commission shall
12 meet at the call of the [~~chairman~~] chair and shall meet not
13 less than quarterly. The [~~chairman~~] chair shall be elected
14 from among the members of the commission. Members of the New
15 Mexico health policy commission shall not be paid but shall
16 receive per diem and mileage expenses as provided in the Per
17 Diem and Mileage Act.

18 D. The New Mexico health policy commission shall
19 establish task forces as needed to make recommendations to the
20 commission on various health issues. Task force members may
21 include individuals who have expertise or a pecuniary or
22 fiduciary interest in the health services industry. Voting
23 members of a task force may receive mileage expenses if they:

24 (1) are members who represent consumer
25 interests;

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1 (2) are individuals who were not appointed to
2 represent the views of the organization or agency for which
3 they work; or

4 (3) represent an organization that has a
5 policy of not reimbursing travel expenses of employees or
6 representatives for travel to meetings.

7 E. The New Mexico health policy commission shall:

8 (1) develop a plan for and monitor the
9 implementation of the state's health policy;

10 (2) obtain and evaluate information from a
11 broad spectrum of New Mexico's society to develop and monitor
12 the implementation of the state's health policy;

13 (3) obtain and evaluate information relating
14 to factors that affect the availability and accessibility of
15 health services and health care personnel in the public and
16 private sectors;

17 (4) perform needs assessments on health
18 personnel, health education and recruitment and retention and
19 make recommendations regarding the training, recruitment,
20 placement and retention of health professionals in underserved
21 areas of the state;

22 (5) prepare and publish an annual report
23 describing the progress in addressing the state's health policy
24 and planning issues. The report shall include a workplan of
25 goals and objectives for addressing the state's health policy

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1 and planning issues in the upcoming year;

2 (6) distribute the annual report to the
3 governor, appropriate state agencies and interim legislative
4 committees and interested parties;

5 (7) establish a process to prioritize
6 recommendations on program development, resource allocation and
7 proposed legislation;

8 (8) provide information and analysis on health
9 issues;

10 (9) serve as a catalyst and synthesizer of
11 health policy in the public and private sectors;

12 (10) respond to requests by the executive and
13 legislative branches of government; and

14 (11) ensure that any behavioral health
15 projects, including those relating to mental health and
16 substance abuse, are conducted in compliance with the
17 requirements of Section 9-7-6.4 NMSA 1978.

18 F. The New Mexico health policy commission shall
19 issue a biennial health care financing report on the costs,
20 expenditures, trends and economic factors related to the public
21 and private health care industry. The report shall include
22 state data and information that allows comparison between New
23 Mexico and other states and the nation and provides state
24 policymakers with state-specific information on which to base
25 health care policy decisions. The report shall identify the

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1 sources of health care financing and the types of services and
2 providers on which the financing was expended. The report
3 shall include an economic impact and trend analysis of health
4 care financing on the health care industry as well as the
5 state's economy in general. The report shall be issued by
6 September 1 of every even-numbered year and presented to the
7 legislative health and human services committee, the
8 legislative finance committee and the governor."

9 Section 2. Section 24-14A-3 NMSA 1978 (being Laws 1989,
10 Chapter 29, Section 3, as amended) is amended to read:

11 "24-14A-3. HEALTH INFORMATION SYSTEM--CREATION--DUTIES OF
12 COMMISSION.--

13 A. The "health information system" is created for
14 the purpose of assisting the commission, legislature and other
15 agencies and organizations in the state's efforts in
16 collecting, analyzing and disseminating health information to
17 assist:

18 (1) in the performance of health planning and
19 policymaking functions, including identifying personnel,
20 facility, education and other resource needs and allocating
21 financial, personnel and other resources where appropriate;

22 (2) consumers in making informed decisions
23 regarding health care; and

24 (3) in administering, monitoring and
25 evaluating a statewide health plan.

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1 B. In carrying out its powers and duties pursuant
2 to the Health Information System Act, the commission shall not
3 duplicate databases that exist in the public sector or
4 databases in the private sector to which it has electronic
5 access. Every governmental entity shall provide the commission
6 with access to its health-related data as needed by the
7 commission. The commission shall collect data from data
8 sources in the most cost-effective and -efficient manner.

9 C. The commission shall establish, operate and
10 maintain the health information system.

11 D. In establishing, operating and maintaining the
12 health information system, the commission shall:

13 (1) obtain information on the following health
14 factors:

15 (a) mortality and natality, including
16 accidental causes of death;

17 (b) morbidity;

18 (c) health behavior;

19 (d) disability;

20 (e) health system costs, availability,
21 utilization and revenues;

22 (f) environmental factors;

23 (g) health personnel;

24 (h) demographic factors;

25 (i) social, cultural and economic

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1 conditions affecting health;

2 (j) family status; and

3 (k) medical and practice outcomes as
4 measured by nationally accepted standards and quality of care;

5 (2) give the highest priority in data
6 gathering to information needed to implement and monitor
7 progress toward achievement of the state health policy,
8 including determining where additional health resources such as
9 personnel, programs and facilities are most needed, what those
10 additional resources should be and how existing resources
11 should be reallocated;

12 (3) standardize collection and specific
13 methods of measurement across databases and use scientific
14 sampling or complete enumeration for collecting and reporting
15 health information;

16 (4) take adequate measures to provide health
17 information system security for all health data acquired under
18 the Health Information System Act and protect individual
19 patient and provider confidentiality. The right to privacy for
20 the individual shall be a major consideration in the collection
21 and analysis of health data and shall be protected in the
22 reporting of results;

23 (5) adopt and promulgate regulations necessary
24 to establish and administer the provisions of the Health
25 Information System Act, including an appeals process for data

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1 sources and procedures to protect data source proprietary
2 information from public disclosure;

3 (6) establish definitions, formats and other
4 common information standards for core health data elements of
5 the health information system in order to provide an integrated
6 financial, statistical and clinical health information system,
7 including a geographic information system, that allows data
8 sharing and linking across databases maintained by data sources
9 and federal, state and local public agencies;

10 (7) develop and maintain health and health-
11 related data inventories and technical documentation on data
12 holdings in the public and private sectors;

13 (8) collect, analyze and make available health
14 data to support preventive health care practices and to
15 facilitate the establishment of appropriate benchmark data to
16 measure performance improvements over time;

17 (9) establish and maintain a systematic
18 approach to the collection and storage of health data for
19 longitudinal, demographic and policy impact studies;

20 (10) use expert system-based protocols to
21 identify individual and population health risk profiles and to
22 assist in the delivery of primary and preventive health care
23 services;

24 (11) collect health data sufficient for
25 consumers to be able to evaluate health care services, plans,

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1 providers and payers and to make informed decisions regarding
2 quality, cost and outcome of care across the spectrum of health
3 care services, providers and payers;

4 (12) collect comprehensive information on
5 major capital expenditures for facilities, equipment by type
6 and by data source and significant facility capacity
7 reductions; provided that for the purposes of this paragraph
8 and Section 24-14A-5 NMSA 1978, "major capital expenditure"
9 means purchases of at least one million dollars (\$1,000,000)
10 for construction or renovation of facilities and at least five
11 hundred thousand dollars (\$500,000) for purchase or lease of
12 equipment, and "significant facility capacity reductions" means
13 those reductions in facility capacities as defined by the
14 advisory committee established by the commission;

15 (13) serve as a health information
16 clearinghouse, including facilitating private and public
17 collaborative, coordinated data collection and sharing and
18 access to appropriate data and information, maintaining patient
19 and client confidentiality in accordance with state and federal
20 requirements; [~~and~~]

21 (14) collect data in the most cost-efficient
22 and -effective method feasible and adopt regulations, after
23 receiving recommendations from the advisory committee, that
24 place a limit on the maximum amount of unreimbursed costs that
25 a data source can incur in any year for the purposes of

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1 complying with the data requirements of the Health Information
2 System Act; and

3 (15) pursuant to this section and Subsection F
4 of Section 9-7-11.2 NMSA 1978, collect and analyze data for a
5 biennial health care financing report."

6 Section 3. APPROPRIATION.--Five hundred thousand dollars
7 (\$500,000) is appropriated from the general fund to the New
8 Mexico health policy commission for expenditure in fiscal years
9 2006 and 2007 to collect and analyze data for the biennial
10 health care financing report pursuant to Sections 1 and 2 of
11 this act. Any unexpended or unencumbered balance remaining at
12 the end of fiscal year 2007 shall revert to the general fund.

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