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HOUSE BILL 784

**48TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2007**

INTRODUCED BY

Ben Lujan

AN ACT

RELATING TO NATIVE AMERICAN HEALTH CARE; ENACTING THE NATIVE AMERICAN HEALTH CARE IMPROVEMENT ACT; CREATING THE NATIVE AMERICAN HEALTH COUNCIL; CREATING A FUND; REQUIRING TRIBAL LIAISON POSITIONS IN CERTAIN DEPARTMENTS; MAKING APPROPRIATIONS.

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

Section 1. ~~[NEW MATERIAL]~~ SHORT TITLE.--Sections 1 through 9 of this act may be cited as the "Native American Health Care Improvement Act".

Section 2. ~~[NEW MATERIAL]~~ FINDINGS.--

A. The federal government has an inherent obligation to improve the health and provide for the general welfare and well-being of the citizens of the United States.

B. The federal government has a trust

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1 responsibility to provide health care for and access to health  
2 care for Native Americans.

3 C. Providing accessible health care to all citizens  
4 is an essential public health responsibility of all  
5 governments, including the government of New Mexico.

6 D. The federal government continues to withdraw  
7 support from the Indian health service, and this lack of  
8 support for health care services for Native Americans results  
9 in severe disparities in the health of and health care  
10 services available to Native Americans when compared with the  
11 health of and health care services available to other  
12 Americans.

13 Section 3. [NEW MATERIAL] PURPOSES.--The purposes of the  
14 Native American Health Care Improvement Act are to:

15 A. address the chronic health disparities existing  
16 between Native American and other populations that result, in  
17 part, from the federal government's failure to fully implement  
18 the federal trust responsibilities for Indian health care;

19 B. promote collaboration to improve disease  
20 prevention, the health of Native Americans and access to health  
21 care;

22 C. encourage, through directed funding, the use of  
23 existing and evolving technologies to improve health care  
24 delivery and services for Native Americans;

25 D. strengthen the infrastructure for health care

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1 delivery programs, health care education and health care  
2 research that benefits and improves the health of Native  
3 Americans; and

4 E. strengthen the capacity of state and tribal  
5 policymakers to improve health care delivery systems for Native  
6 Americans.

7 Section 4. [NEW MATERIAL] DEFINITIONS.--As used in the  
8 Native American Health Care Improvement Act:

9 A. "applicant" means a tribe, local tribal  
10 entities, tribal organizations, off-reservation nonprofit  
11 corporate bodies governed by an Indian-controlled board of  
12 directors, to the extent that the nonprofit organization is  
13 eligible pursuant to the constitution of New Mexico, or an  
14 organization that performs research and more than fifty percent  
15 of the organization's research is for the purpose of improving  
16 health care services to or improving the overall health of  
17 Native Americans;

18 B. "council" means the Native American health  
19 council created by the Native American Health Care Improvement  
20 Act;

21 C. "department" means the department of health;

22 D. "fund" means the Native American health care  
23 improvement fund;

24 E. "governor" means the governor of New Mexico;

25 F. "Native American" means a person who is a member

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1 of a federally recognized tribe or is an Alaskan native and is  
2 a resident of New Mexico;

3 G. "proposal" means a request for funding by an  
4 applicant to the council to implement a specific project,  
5 program, service or research that provides the Native American  
6 community that the applicant represents with:

7 (1) improved health care delivery;

8 (2) improved health of Native Americans;

9 (3) facilities and community-based programs  
10 for the provision of health care; or

11 (4) research or development of tools that can  
12 improve either health care delivery or the health of Native  
13 Americans;

14 H. "secretary" means the secretary of health;

15 I. "stakeholder departments" means the department,  
16 the human services department, the aging and long-term services  
17 department, the children, youth and families department and the  
18 Indian affairs department; and

19 J. "tribe" means a federally recognized Indian  
20 nation, tribe or pueblo, located wholly or partly in New  
21 Mexico.

22 Section 5. [NEW MATERIAL] HEALTH COUNCIL CREATED--  
23 MEMBERSHIP--DEPARTMENT OF HEALTH TO STAFF.--

24 A. The "Native American health council" is created  
25 and is administratively attached to the department. The

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1 council shall oversee the implementation of the Native American  
2 Health Care Improvement Act, and encourage, facilitate and  
3 ensure coordination between the stakeholder departments as they  
4 interact to implement the Native American Health Care  
5 Improvement Act to improve delivery and outcomes of health care  
6 for Native American people.

7 B. The department shall provide staff support for  
8 the council. The secretary shall appoint a deputy secretary  
9 for Native American health improvement to oversee, manage and  
10 implement the activities of the council.

11 C. The council shall consist of sixteen voting  
12 members as follows:

13 (1) five ex-officio members or their  
14 designees:

15 (a) the secretary, who shall serve as  
16 chair of the council;

17 (b) the secretary of Indian affairs, who  
18 shall serve as the vice chair of the council and shall chair  
19 meetings in the absence of the chair;

20 (c) the secretary of aging and long-term  
21 services;

22 (d) the secretary of human services; and

23 (e) the secretary of children, youth and  
24 families;

25 (2) eight members, each representing one or

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1 more tribes, and one designee for each appointed member who  
2 serves in place of the member in the member's absence:

3 (a) three members representing the  
4 nineteen Indian pueblos in New Mexico to be appointed by the  
5 governor from lists submitted from the eight northern Indian  
6 pueblos council, the southern Indian pueblos council and the  
7 all Indian pueblo council;

8 (b) three members from the Navajo Nation  
9 to be appointed by the governor from a list submitted by the  
10 president of the Navajo Nation representing geographic  
11 distribution of Navajo people in the Navajo Nation located in  
12 New Mexico;

13 (c) one member to be appointed by the  
14 governor from a list submitted by the president on behalf of  
15 the council of the Jicarilla Apache Nation; and

16 (d) one member to be appointed by the  
17 governor from a list submitted by the president of the  
18 Mescalero Apache Tribe;

19 (3) one member who is engaged in providing  
20 health care to Native Americans living within a tribal  
21 community to be appointed by the governor;

22 (4) one member who is engaged in providing  
23 health care services to Native Americans living within an urban  
24 environment to be appointed by the governor; and

25 (5) one member who is Native American and a

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1 representative of the behavioral health planning council.

2 D. Members, other than ex-officio members, shall be  
3 appointed to terms of two years. A member may serve for two  
4 complete terms, not including partial terms served completing a  
5 vacated position on the council. Vacancies shall be filled by  
6 appointment by the governor for the unexpired term.

7 E. Council members and designees, other than ex-  
8 officio members or their designees, are entitled to per diem  
9 and mileage paid from the fund as provided in the Per Diem and  
10 Mileage Act and shall receive no other compensation, perquisite  
11 or allowance for each day spent in the discharge of their  
12 duties.

13 F. A designee may attend all meetings of the  
14 council in order to remain informed about the actions of the  
15 council; however, a designee is only a voting member when the  
16 designee is attending a meeting in the absence of the member  
17 for whom the designee was appointed. Designees shall receive  
18 per diem and mileage pursuant to Subsection E of this section  
19 for attending a meeting of the council whether acting as a  
20 voting member or attending to remain current on the progress of  
21 the council.

22 G. Council members shall organize themselves as  
23 they deem necessary to conduct meetings and to implement the  
24 provisions of the Native American Health Care Improvement Act.  
25 The council shall meet at the call of the chair, but no fewer

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1 than four times per year.

2 H. A quorum is necessary to conduct business. A  
3 quorum consists of nine members of the council, one of whom  
4 shall be the chair or vice chair. Official action of the  
5 council shall be taken upon a majority vote of those present  
6 and voting.

7 Section 6. [NEW MATERIAL] COUNCIL--DUTIES.--The council  
8 shall:

9 A. develop a five-year strategic plan that defines  
10 a general strategy for improving health care for Native  
11 American residents of New Mexico;

12 B. identify the priorities that need to be  
13 accomplished in the next year to further the purposes of the  
14 Native American Health Care Improvement Act;

15 C. prepare and revise on an annual basis, at a  
16 minimum, an action plan that sets forth the actions to be  
17 undertaken in the next year that will lead to:

18 (1) achieving the priorities identified by the  
19 council to meet the goals set forth in the strategic plan; and

20 (2) coordinated use of available funding for  
21 improvement of health care delivery and health of Native  
22 Americans;

23 D. issue requests for proposals and review  
24 proposals submitted to be funded from grants from the fund or  
25 through other sources of capital outlay funding;

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1 E. identify and prioritize for funding, proposals  
2 that include:

3 (1) projects, services or training that  
4 advance the goals of the strategic plan and are within the  
5 action plan;

6 (2) capital improvement projects necessary to  
7 achieve the goals of the strategic plan and are included in the  
8 action plan and develop a prioritized list to submit to the New  
9 Mexico finance authority for funding;

10 (3) research that corresponds to the overall  
11 purpose of the Native American Health Care Improvement Act;

12 (4) capacity building for organizations  
13 providing health care services to Native Americans; and

14 (5) replication of successful models of health  
15 care provision in tribal or other Native American communities;

16 F. conduct training sessions to familiarize  
17 applicants and grant recipients with the purposes of the Native  
18 American Health Care Improvement Act, the strategic plan and  
19 the most recent action plan developed by the council;

20 G. formalize collaborations among parties involved  
21 in Native American health or health care research and provision  
22 of Native American health care services, especially in the  
23 areas of diabetes, alcohol or substance abuse and other  
24 critical behavioral health concerns, disease prevention, post-  
25 traumatic stress disorder and other priority health care issues

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1 for Native Americans, including health care access and  
2 technology;

3 H. oversee the progress of grants authorized by the  
4 council and funded by requiring progress reports twice each  
5 fiscal year and identifying benchmarks for grantees to meet  
6 that ensure the satisfactory completion of funded projects;

7 I. disseminate information about successful  
8 programs providing Native American health care or improving  
9 Native American health to encourage program replication;

10 J. encourage through funding and other support the  
11 cooperative use of existing technology infrastructure and  
12 telehealth services;

13 K. develop collaboration and information sharing  
14 consistent with state and federal law regarding medical records  
15 and state-tribal agreements; and

16 L. ensure that all projects, including programs,  
17 services or training receiving money from the fund, are fully  
18 and satisfactorily completed prior to disbursing final payments  
19 for a project, including ensuring the submission of a final  
20 report to the council by funded applicants.

21 Section 7. [NEW MATERIAL] NATIVE AMERICAN HEALTH CARE  
22 IMPROVEMENT FUND--CREATED--DISTRIBUTIONS--REQUIREMENTS FOR  
23 FUNDING.--

24 A. The "Native American health care improvement  
25 fund" is created in the state treasury for expenditure to plan,  
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1 develop and coordinate the improvement of health care  
2 infrastructure and health care services for Native American  
3 people residing in New Mexico and to make grants for projects  
4 authorized by the council.

5 B. The department shall administer the fund.

6 C. The fund shall consist of money appropriated by  
7 the legislature and grants, bequests, gifts or money otherwise  
8 distributed to the fund from government or private sources.  
9 The earnings from investment of the fund shall be credited to  
10 the fund.

11 D. The fund may be divided into accounts as deemed  
12 necessary by the department, one of which shall be the bond  
13 account required pursuant to Subsection F of this section.

14 E. Money in the fund is appropriated to the council  
15 for expenditure in fiscal year 2008 or any subsequent fiscal  
16 year for use to implement the provisions of and to administer  
17 the Native American Health Care Improvement Act. Money in the  
18 fund may be disbursed to:

19 (1) fund grants authorized by the council; or

20 (2) provide revenue to repay bonds issued by  
21 the New Mexico finance authority for projects authorized by the  
22 council.

23 F. If the council authorizes capital outlay  
24 projects:

25 (1) the secretary shall enter into an

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1 agreement with the New Mexico finance authority to authorize  
2 the authority to issue Native American health care capital  
3 project bonds in an amount needed to implement the capital  
4 projects authorized by the council; and

5 (2) the secretary shall create an account in  
6 the fund, to be referred to as the "bond account" and:

7 (a) deposit in the bond account the  
8 money to pay for the issuance of the bonds and pay principal,  
9 interest, premiums and other expenses or obligations on the  
10 bonds;

11 (b) money in the bond account shall be  
12 pledged irrevocably to the repayment of Native American health  
13 care capital project bonds issued by the New Mexico finance  
14 authority;

15 (c) money from the bond account shall be  
16 transferred to the New Mexico finance authority Native American  
17 health care account on July 1 of each fiscal year or  
18 immediately thereafter, in an amount estimated by the New  
19 Mexico finance authority to cover the repayment costs of the  
20 Native American health care capital project bonds for the new  
21 fiscal year; and

22 (d) interest on the bond account created  
23 in this subsection shall be deposited to the credit of the bond  
24 account and shall not revert to the fund until the secretary  
25 receives certification from the New Mexico finance authority

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1 that the obligations for the Native American health care  
2 capital project bonds issued pursuant to authorization of the  
3 council have been fully discharged.

4 G. Money in the fund may be used for administration  
5 of the fund, including the costs of staffing the council,  
6 implementing the Native American Health Care Improvement Act  
7 and paying related per diem and mileage, in an amount equal to  
8 no more than ten percent of the fund, not to exceed two hundred  
9 fifty thousand dollars (\$250,000) in a fiscal year.

10 H. Expenditures shall be made from the fund on  
11 warrants issued by the secretary of finance and administration  
12 on vouchers signed by the secretary of health.

13 I. Balances in the fund shall not revert to the  
14 general fund at the end of any fiscal year.

15 Section 8. [NEW MATERIAL] COUNCIL GRANTS.--

16 A. The council shall prioritize proposals submitted  
17 pursuant to the Native American Health Care Improvement Act.  
18 The council shall authorize an amount of funding for grants in  
19 the council's priority list. The secretary shall enter into  
20 contracts with grantees and distribute money from the fund for  
21 proposals approved and funding authorized by the council.

22 B. The council shall not approve a proposal or  
23 authorize funding for a proposal unless the proposal fits  
24 within the action plan and strategic plan of the council and  
25 the applicant demonstrates knowledge of the current capacity to

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1 provide health care in the community in which the applicant  
2 will be working, the need for the project and the anticipated  
3 value of the outcome of the project in regard to the goals of  
4 the Native American Health Care Improvement Act.

5 C. A grant may be revised or terminated at the  
6 request of the council through the department if the grant as  
7 implemented is not achieving the agreed-upon goals.

8 Section 9. [NEW MATERIAL] POWERS AND DUTIES OF THE DEPUTY  
9 SECRETARY FOR NATIVE AMERICAN HEALTH IMPROVEMENT.--The deputy  
10 secretary for Native American health improvement shall:

11 A. direct the staffing of the council;

12 B. review and evaluate proposals submitted to the  
13 council and recommend either approval, modification or  
14 rejection of a proposal;

15 C. be authorized by the secretary to issue  
16 contracts or joint powers agreements with tribal governments  
17 pursuant to the Joint Powers Agreements Act on behalf of the  
18 council for grants approved and authorized by the council;

19 D. oversee the grants awarded by the council;  
20 gather information necessary to evaluate the effectiveness of  
21 programs and services funded by council grants; report the  
22 findings to the council on a monthly basis; and recommend  
23 revisions or termination of proposals as deemed necessary to  
24 achieve the objectives of the Native American Health Care  
25 Improvement Act;

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1           E. by July 31 of each year, provide the council  
2 with an assessment of the progress or shortcomings of grants  
3 authorized by the council in the previous fiscal year;

4           F. when requested by a prospective applicant,  
5 provide:

6                   (1) technical assistance to assess the needs  
7 and develop a health care improvement plan for a tribe or  
8 agency;

9                   (2) training to assist in the development of  
10 proposals to improve the health of or the delivery of health  
11 care to Native Americans of the applicant; or

12                   (3) technical assistance to implement a  
13 council-authorized proposal to help the grantee successfully  
14 complete the project or to revise the project to redirect the  
15 funding in a manner that leads to the successful completion of  
16 the project;

17           G. recommend best practices identified and  
18 successful programs that can be duplicated in other Native  
19 American communities to the council; and

20           H. propose rules for the council to adopt to  
21 implement the Native American Health Care Improvement Act that  
22 are necessary to carry out the purposes of that act.

23           Section 10. A new section of the New Mexico Finance  
24 Authority Act is enacted to read:

25           "[NEW MATERIAL] NATIVE AMERICAN HEALTH CARE CAPITAL

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1 PROJECT BONDS.--

2 A. The authority may issue and sell bonds, which  
3 may be referred to as "Native American health care capital  
4 project bonds", in compliance with the New Mexico Finance  
5 Authority Act for a term not exceeding fifteen years in an  
6 amount not exceeding ten million dollars (\$10,000,000) for the  
7 purpose of planning, designing, constructing, equipping,  
8 furnishing and landscaping health care facilities authorized by  
9 the Native American health council pursuant to the Native  
10 American Health Care Improvement Act.

11 B. The authority may issue and sell Native American  
12 health care capital project bonds authorized by this section  
13 when the secretary of health certifies the need for issuance of  
14 the bonds. The net proceeds from the sale of the bonds are  
15 appropriated to the authority for distribution in grants to the  
16 projects authorized by the Native American health council for  
17 the purposes described in Subsection A of this section and  
18 authorized by that council.

19 C. On an annual basis, on July 1 or immediately  
20 thereafter, the secretary of health shall distribute to the  
21 Native American health care account of the authority from the  
22 bond account of the Native American health care improvement  
23 fund the amount necessary to pay the principal, interest,  
24 premiums and other expenses or obligations related to the  
25 Native American health care capital project bonds required to

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1 be paid in the fiscal year. Money in the bond account of the  
2 Native American health care improvement fund is irrevocably  
3 pledged to the payment of obligations, including principal,  
4 interest, premiums and other expenses of Native American health  
5 care capital project bonds.

6 D. Upon payment of all principal, interest and  
7 other expenses or obligations related to the bonds, the  
8 authority shall certify to the secretary of health that all  
9 obligations for the Native American health care capital project  
10 bonds issued pursuant to this section have been fully  
11 discharged.

12 E. The authority may additionally secure the Native  
13 American health care capital project bonds issued pursuant to  
14 this section by a pledge of money in the public project  
15 revolving fund with a lien priority on the money in the public  
16 project revolving fund as determined by the authority."

17 Section 11. A new section of the New Mexico Finance  
18 Authority Act is enacted to read:

19 "[NEW MATERIAL] NATIVE AMERICAN HEALTH CARE ACCOUNT.--

20 A. The "Native American health care account" is  
21 created as a separate account within the authority for use only  
22 as provided in this section.

23 B. All distributions from the bond account of the  
24 Native American health care improvement fund made by the  
25 secretary of health to the authority for payment of principal,

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1 interest, premiums or other expenses or obligations on Native  
2 American health care capital project bonds shall be deposited  
3 in the Native American health care account of the authority.

4 C. Amounts deposited in the Native American health  
5 care account shall be pledged irrevocably for the payment of  
6 the principal, interest, premiums and expenses or other  
7 obligations on Native American health care capital project  
8 bonds issued by the authority to plan, design, construct,  
9 equip, furnish or landscape health care facilities authorized  
10 by the Native American health council pursuant to the Native  
11 American Health Care Improvement Act.

12 D. The authority shall project annually by June 30  
13 the amount of revenue required to pay the principal, interest,  
14 premiums or expenses or other obligations due in the upcoming  
15 fiscal year on Native American health care capital project  
16 bonds issued by the authority. The projection shall be  
17 submitted to the secretary of health, who shall transfer the  
18 amount projected by the authority minus any unencumbered  
19 balance remaining in the authority's Native American health  
20 care account that remains available for expenditure in the  
21 upcoming fiscal year for the purposes set forth in this section  
22 to the authority for deposit in the Native American health care  
23 account."

24 Section 12. Section 9-2A-1 NMSA 1978 (being Laws 1992,  
25 Chapter 57, Section 1) is amended to read:

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1           "9-2A-1. SHORT TITLE.--~~[Sections 1 through 16 of this~~  
2 ~~act]~~ Chapter 9, Article 2A NMSA 1978 may be cited as the  
3 "Children, Youth and Families Department Act"."

4           Section 13. A new section of the Children, Youth and  
5 Families Department Act, Section 9-2A-7.1 NMSA 1978, is enacted  
6 to read:

7           "9-2A-7.1. [NEW MATERIAL] SECRETARY'S DUTY--SPECIFIC  
8 REQUIREMENT--TRIBAL LIAISON.--

9           A. The secretary shall employ in a full-time exempt  
10 position a tribal liaison, who reports directly to the  
11 secretary, to:

12                       (1) provide a contact person to aid in  
13 communication between the department and tribal communities or  
14 Native Americans living in urban environments;

15                       (2) provide training to the staff of the  
16 department in protocol, culturally competent behaviors and  
17 cultural history to assist the department in providing  
18 effective service to tribes;

19                       (3) work with the tribes, tribal members,  
20 Native Americans living in urban environments and Native  
21 Americans representing urban Native American populations to  
22 resolve issues that arise with actions or programs of the  
23 department;

24                       (4) interact with other state agency tribal  
25 liaisons and attend meetings of legislative committees that are

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1 discussing issues that involve both the department and tribal  
2 or urban Native American communities in the state;

3 (5) suggest and implement with the secretary's  
4 approval, efforts to improve the manner and outcome of  
5 interactions with tribes and Native American populations living  
6 in urban environments; and

7 (6) perform other duties as assigned by the  
8 secretary.

9 B. As used in this section:

10 (1) "tribal" means of or belonging to a tribe;  
11 and

12 (2) "tribe" means a federally recognized  
13 Indian nation, tribe or pueblo located wholly or partly in New  
14 Mexico."

15 Section 14. A new section of the Department of Health  
16 Act, Section 9-7-6.7 NMSA 1978, is enacted to read:

17 "9-7-6.7. [NEW MATERIAL] SECRETARY'S DUTY--SPECIFIC  
18 REQUIREMENTS--DEPUTY SECRETARY FOR NATIVE AMERICAN HEALTH  
19 IMPROVEMENT--TRIBAL LIAISON.--

20 A. The secretary shall employ in a full-time exempt  
21 position a deputy secretary of Native American health  
22 improvement to administer and implement the Native American  
23 Health Care Improvement Act, direct the staff provided by the  
24 department for the Native American health council and perform  
25 other duties as assigned by the secretary.

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1           B. The secretary shall employ in a full-time exempt  
2 position a tribal liaison, who reports directly to the  
3 secretary, to:

4                   (1) provide a contact person to aid in  
5 communication between the department and tribal communities or  
6 Native Americans living in urban environments;

7                   (2) provide training to the staff of the  
8 department in protocol, culturally competent behaviors and  
9 cultural history to assist the department in providing  
10 effective service to tribes;

11                   (3) work with the tribes, tribal members,  
12 Native Americans living in urban environments and Native  
13 Americans representing urban Native American populations to  
14 resolve issues that arise with actions or programs of the  
15 department;

16                   (4) interact with other state agency tribal  
17 liaisons and attend meetings of legislative committees that are  
18 discussing issues that involve both the department and tribal  
19 or urban Native American communities in the state;

20                   (5) suggest and implement with the secretary's  
21 approval, efforts to improve the manner and outcome of  
22 interactions with tribes and Native American populations living  
23 in urban environments; and

24                   (6) perform other duties as assigned by the  
25 secretary.

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1 C. As used in this section:

2 (1) "tribal" means of or belonging to a tribe;  
3 and

4 (2) "tribe" means a federally recognized  
5 Indian nation, tribe or pueblo located wholly or partly in New  
6 Mexico."

7 Section 15. Section 9-8-1 NMSA 1978 (being Laws 1977,  
8 Chapter 252, Section 1) is amended to read:

9 "9-8-1. SHORT TITLE.--~~[Sections 1 through 14 of this act]~~  
10 Chapter 9, Article 8 NMSA 1978 may be cited as the "Human  
11 Services Department Act"."

12 Section 16. A new section of the Human Services  
13 Department Act, Section 9-8-6.1 NMSA 1978, is enacted to read:

14 "9-8-6.1. [NEW MATERIAL] SECRETARY'S DUTY--SPECIFIC  
15 REQUIREMENT--TRIBAL LIAISON.--

16 A. The secretary shall employ in a full-time exempt  
17 position a tribal liaison, who reports directly to the  
18 secretary, to:

19 (1) provide a contact person to aid in  
20 communication between the department and tribal communities or  
21 Native Americans living in urban environments;

22 (2) provide training to the staff of the  
23 department in protocol, culturally competent behaviors and  
24 cultural history to assist the department in providing  
25 effective service to tribes;

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1 (3) work with the tribes, tribal members,  
2 Native Americans living in urban environments and Native  
3 Americans representing urban Native American populations to  
4 resolve issues that arise with actions or programs of the  
5 department;

6 (4) interact with other state agency tribal  
7 liaisons and attend meetings of legislative committees that are  
8 discussing issues that involve both the department and tribal  
9 or urban Native American communities in the state;

10 (5) suggest and implement with the secretary's  
11 approval, efforts to improve the manner and outcome of  
12 interactions with tribes and Native American populations living  
13 in urban environments; and

14 (6) perform other duties as assigned by the  
15 secretary.

16 B. As used in this section:

17 (1) "tribal" means of or belonging to a tribe;  
18 and

19 (2) "tribe" means a federally recognized  
20 Indian nation, tribe or pueblo located wholly or partly in New  
21 Mexico."

22 Section 17. Section 9-23-1 NMSA 1978 (being Laws 2004,  
23 Chapter 23, Section 1) is amended to read:

24 "9-23-1. SHORT TITLE.--~~[Sections 1 through 11 of this~~  
25 ~~act]~~ Chapter 9, Article 23 NMSA 1978 may be cited as the "Aging

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1 and Long-Term Services Department Act".

2 Section 18. A new section of the Aging and Long-Term  
3 Services Department Act, Section 9-23-6.1 NMSA 1978, is enacted  
4 to read:

5 "9-23-6.1. [NEW MATERIAL] SECRETARY'S DUTY--SPECIFIC  
6 REQUIREMENT--TRIBAL LIAISON.--

7 A. The secretary shall employ in a full-time exempt  
8 position a tribal liaison, who reports directly to the  
9 secretary, to:

10 (1) provide a contact person to aid in  
11 communication between the department and tribal communities or  
12 Native Americans living in urban environments;

13 (2) provide training to the staff of the  
14 department in protocol, culturally competent behaviors and  
15 cultural history to assist the department in providing  
16 effective service to tribes;

17 (3) work with the tribes, tribal members,  
18 Native Americans living in urban environments and Native  
19 Americans representing urban Native American populations to  
20 resolve issues that arise with actions or programs of the  
21 department;

22 (4) interact with other state agency tribal  
23 liaisons and attend meetings of legislative committees that are  
24 discussing issues that involve both the department and tribal  
25 or urban Native American communities in the state;

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1 (5) suggest and implement with the secretary's  
2 approval, efforts to improve the manner and outcome of  
3 interactions with tribes and Native American populations living  
4 in urban environments; and

5 (6) perform other duties as assigned by the  
6 secretary.

7 B. As used in this section:

8 (1) "tribal" means of or belonging to a tribe;  
9 and

10 (2) "tribe" means a federally recognized  
11 Indian nation, tribe or pueblo located wholly or partly in New  
12 Mexico."

13 Section 19. APPROPRIATION.--

14 A. Ten million dollars (\$10,000,000) is  
15 appropriated from the general fund to the Native American  
16 health care improvement fund for expenditure in fiscal year  
17 2008 and subsequent fiscal years for the following purposes:

18 (1) two million two hundred thousand dollars  
19 (\$2,200,000) to support the development of local plans for  
20 improvement of the delivery of health care to Native American  
21 people and to improve the health of Native American people and  
22 their communities;

23 (2) five million dollars (\$5,000,000) to  
24 support, supplement or expand the existing components of the  
25 health care system providing services to Native American people

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1 to improve delivery of health care to the Native American  
2 population;

3 (3) five hundred thousand dollars (\$500,000)  
4 to expand the scope of investigation and research of the center  
5 for Native American health of the health sciences center of the  
6 school of medicine of the university of New Mexico;

7 (4) six hundred thousand dollars (\$600,000)  
8 for recruitment and retention of students training for careers  
9 in medicine or ancillary fields to become medical practitioners  
10 or medical researchers;

11 (5) five hundred thousand dollars (\$500,000)  
12 for research and epidemiological studies;

13 (6) four hundred thousand dollars (\$400,000)  
14 for technical assistance and outreach to implement the  
15 components of the Native American Health Care Improvement Act;

16 (7) four hundred thousand dollars (\$400,000)  
17 for information systems and technology support for tribal  
18 health care delivery systems; and

19 (8) four hundred thousand dollars (\$400,000)  
20 to complete an assessment of unmet behavioral health needs in  
21 tribal communities, including assessing the availability of and  
22 need for juvenile and adult behavioral health treatment  
23 facilities.

24 B. Any unexpended or unencumbered balance remaining  
25 at the end of a fiscal year shall not revert to the general

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1 fund but shall remain in the Native American health care  
2 improvement fund for future expenditure pursuant to the Native  
3 American Health Care Improvement Act.

4 Section 20. EFFECTIVE DATE.--The effective date of the  
5 provisions of this act is July 1, 2007.

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