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HOUSE BILL 26

49TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2010

INTRODUCED BY

Danice Picraux

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO MEDICAL ASSISTANCE; AMENDING A SECTION OF THE
PUBLIC ASSISTANCE ACT TO ALLOW DOCTORS OF OSTEOPATHY TO MANAGE
CARE IN THE MEDICAL-ASSISTANCE MEDICAL HOME PROGRAM.

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

Section 1. Section 27-2-12.15 NMSA 1978 (being Laws 2009,
Chapter 143, Section 1) is amended to read:

"27-2-12.15. MEDICAID, STATE CHILDREN'S HEALTH INSURANCE
PROGRAM AND STATE COVERAGE INITIATIVE PROGRAM MEDICAL HOME
WAIVER--RULEMAKING--APPLICATION FOR WAIVER OR STATE PLAN
AMENDMENT.--

A. Subject to the availability of state funds and
consistent with the federal Social Security Act, the department
shall work with its contractors that administer the state's
approved waiver programs to promote and, if practicable,

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1 develop a program called the "medical home program". The
2 "medical home" is an integrated care management model that
3 emphasizes primary medical care that is continuous,
4 comprehensive, coordinated, accessible, compassionate and
5 culturally appropriate. Care within the medical home includes
6 primary care, preventive care and care management services and
7 uses quality improvement techniques and information technology
8 for clinical decision support. Components of the medical home
9 model may include:

10 (1) assignment of recipients to a primary care
11 provider, clinic or practice that will serve as a medical home;

12 (2) promotion of the health commons model of
13 service delivery, whereby the medical home tracks recipients'
14 primary care, specialty, behavioral health, dental health and
15 social services needs as much as practicable;

16 (3) health education, health promotion, peer
17 support and other services that may integrate with health care
18 services to promote overall health;

19 (4) health risk or functional needs
20 assessments for recipients;

21 (5) a method for reporting on the
22 effectiveness of the medical home model and its effect upon
23 recipients' utilization of health care services and the
24 associated cost of utilization of those services;

25 (6) mechanisms to reduce inappropriate

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1 emergency department utilization by recipients;

2 (7) financial incentives for the provision of
3 after-hours primary care;

4 (8) mechanisms that ensure a robust system of
5 care coordination for assessing, planning, coordinating and
6 monitoring recipients with complex, chronic or high-cost health
7 care or social support needs, including attendant care and
8 other services needed to remain in the community;

9 (9) implementation of a comprehensive,
10 community-based initiative to educate recipients about
11 effective use of the health care delivery system, including the
12 use of community health workers or promotoras;

13 (10) strategies to prevent or delay
14 institutionalization of recipients through the effective
15 utilization of home- and community-based support services;

16 (11) a primary care provider for each
17 recipient, who advocates for and provides ongoing support,
18 oversight and guidance to implement an integrated, coherent,
19 cross-disciplinary plan for ongoing health care developed in
20 partnership with the recipient and including all other health
21 care providers furnishing care to the recipient;

22 (12) implementation of evidence-based medicine
23 and clinical decision support tools to guide decision-making at
24 the point-of-care based upon recipient-specific factors;

25 (13) use of comparative effectiveness to make

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1 a cost-benefit analysis of health care practices;

2 (14) use of health information technology,
3 including remote supervision, recipient monitoring and
4 recipient registries, to monitor and track the health status of
5 recipients;

6 (15) development and use of safe and secure
7 health information technology to promote convenient recipient
8 access to personal health information, health services and web
9 sites with tools for patient self-management;

10 (16) implementation of training programs for
11 personnel involved in the coordination of care for recipients;

12 (17) implementation of equitable financial
13 incentive and compensation systems for primary care providers
14 and other staff engaged in care management and the medical home
15 model; and

16 (18) any other components that the secretary
17 determines will improve a recipient's health outcome and that
18 are cost-effective.

19 B. For the purposes of this section, "primary care
20 provider" means a medical doctor or physician assistant
21 licensed under the Medical Practice Act to practice medicine in
22 New Mexico, an osteopathic physician licensed pursuant to
23 Chapter 61, Article 10 NMSA 1978, an osteopathic physician's
24 assistant licensed pursuant to the Osteopathic Physicians'
25 Assistants Act or a certified nurse practitioner as defined in

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1 the Nursing Practice Act who provides first contact and
2 continuous care [~~for individuals under the physician's care~~]
3 and who has the staff and resources to manage the comprehensive
4 and coordinated health care of each individual under the
5 primary care provider's care."

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