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## FISCAL IMPACT REPORT

ORIGINAL DATE 01/18/11  
 SPONSOR Feldman LAST UPDATED 02/06/11 HB \_\_\_\_\_  
 SHORT TITLE Healthcare Workforce Data Collection SB 14/aSPAC  
 ANALYST Hanika-Ortiz

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY11	FY12	FY13	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
<b>Total</b>		\$10.0 - \$100.0			Recurring	General Funds & Various

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Higher Education Department (HED)  
 Department of Health (DOH)  
 Health Policy Commission (HPC)  
 Department of Workforce Solutions (DWS)  
 Regulation and Licensing Department (RLD)  
 New Mexico Medical Board (NMMB)  
 Human Services Department (HSD)

### SUMMARY

#### Synopsis of Amended Bill

The Senate Public Affairs Committee Amendment adds *professional liability insurance costs and availability as they relate to barriers to practice* to the list of data a licensing or regulatory board will supply DOH for inclusion in the proposed “health care work force database”.

#### Synopsis of Original Bill

Senate Bill 14 (SB14) directs DOH to collect and analyze data on the state’s health care work force.

The bill directs all health care licensing/regulatory boards to collect additional data from applicants for licensure.

The bill further directs DOH to convene a health care workforce work group and charges it with

exploring the use of provider incentives, and developing a short-term and five-year plan that would improve health care access by addressing provider recruitment and retention.

### **FISCAL IMPLICATIONS**

SB14 provides that the creation and maintenance of a health care workforce database would be subject to the availability of state, federal or private foundation funding.

DOH will be required to seek federal or other sources of funding to create and staff a New Mexico center for health care workforce analysis. This activity has the potential to require a GF appropriation.

Licensing and regulatory boards will incur costs for collecting, storing, analyzing, and sharing demographic and practice information under the expanded survey questions.

### **SIGNIFICANT ISSUES**

DOH reports that the data would be provided by the health care professional when applying for licensure or renewal of licensure.

DOH further reports that state health professional licensing or regulatory boards would collect said data, and make it available to DOH. Data to be collected would include: a health care provider's demographics, practice status, education and/or training, hours worked, time spent providing direct patient care, and practice plans for the next five years including if retiring, moving out of state, or changing work hours.

### **PERFORMANCE IMPLICATIONS**

HED reports that at issue is compliance with federal standards as outlined in the Patient Protection and Affordable Care Act/Title V. Section 5103. This section outlines the need for data collection for longitudinal evaluations and analysis of performance measures.

### **ADMINISTRATIVE IMPLICATIONS**

SB14 would require staff and state resources to develop, maintain, and use effectively a health care workforce database within DOH.

### **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

The NMMB believes that the state may be hindered in its efforts to adopt policies designed to recruit and retain the health care work force needed to provide care to its citizens.

AHO/bym