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HOUSE BILL 87

**53RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2017**

INTRODUCED BY

Deborah A. Armstrong

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH; ESTABLISHING THE DIABETES COMMITTEE TO IDENTIFY GOALS AND BENCHMARKS FOR STATE ENTITIES TO REDUCE THE INCIDENCE OF DIABETES AND COSTS AND COMPLICATIONS RELATING TO DIABETES STATEWIDE.

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

**SECTION 1.** [NEW MATERIAL] DIABETES COMMITTEE--CREATION-- DUTIES--DIABETES PLAN.--

A. The secretary of health shall convene a "diabetes committee" that shall consist of representatives from:

- (1) the department of health;
- (2) the corrections department;
- (3) the human services department;
- (4) the aging and long-term services

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1 department;

2 (5) the Indian affairs department;

3 (6) the public education department;

4 (7) the interagency benefits advisory  
5 committee;

6 (8) the university of New Mexico health  
7 sciences center; and

8 (9) a telehealth program operated by a  
9 university in New Mexico with a medical school, pursuant to  
10 which a multidisciplinary team provides training, advice and  
11 support to assist primary care health care providers in  
12 delivering best-practice health care for underserved  
13 populations with complex health problems, including diabetes.

14 B. The diabetes committee shall meet at the call of  
15 the secretary of health and collaborate to identify goals and  
16 benchmarks while developing individual constituent entity  
17 programs to reduce the incidence of diabetes in the state,  
18 improve diabetes care statewide and control complications  
19 associated with diabetes.

20 C. The diabetes committee shall collect data from  
21 existing sources under the constituent entities' control and  
22 identify:

23 (1) the incidence of diabetes statewide and  
24 the incidence among constituent entities' covered populations  
25 individually;

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1 (2) the geographic distribution of diabetes  
2 cases statewide;

3 (3) the demographic categories in which to  
4 divide diabetes-related data, including, at a minimum, age,  
5 gender, race and ethnicity;

6 (4) complications associated with diabetes;  
7 and

8 (5) any other data that will assist the  
9 diabetes committee in devising a statewide plan to execute its  
10 duties pursuant to this section.

11 D. The diabetes committee shall submit a report in  
12 writing, and, upon legislative request, in person, to the  
13 legislative health and human services committee and the  
14 legislative finance committee by December 1, 2018, and on  
15 December 1 every two years thereafter. The report shall  
16 include an analysis of the data collected pursuant to  
17 Subsection C of this section. The report shall include a  
18 description of the following:

19 (1) the financial impact of diabetes statewide  
20 for each constituent entity and for each covered population;

21 (2) the health impact for individuals  
22 statewide and for each covered population;

23 (3) the diabetes prevention and control  
24 programs that the constituent entities are currently  
25 implementing, including each program's:

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- 1 (a) purpose;
- 2 (b) target population;
- 3 (c) funding source; and
- 4 (d) opportunities for improving diabetes
- 5 care;

6 (4) the level of coordination among the  
7 constituent entities in implementing their respective diabetes  
8 prevention and control programs; and

9 (5) a statewide diabetes control and  
10 prevention plan for the subsequent two-year reporting period,  
11 including:

12 (a) any recommendations for legislation  
13 or rulemaking to address diabetes statewide;

14 (b) the plan's expected outcomes;

15 (c) benchmarks controlling and  
16 preventing diabetes statewide; and

17 (d) a detailed budget blueprint that  
18 identifies the costs and resources required to implement the  
19 plan, including a proposed legislative budget for implementing  
20 the plan.

21 E. The diabetes committee shall exclusively analyze  
22 data from the sources and programs in effect as of the  
23 effective date of this act; provided that a constituent entity  
24 may use otherwise unobligated funding to expand its review of  
25 diabetes-related data and programs and share its findings with

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1 the diabetes committee.

2 F. As used in this section:

3 (1) "constituent entity" means the corrections  
4 department, the department of health, the human services  
5 department, the aging and long-term services department, the  
6 Indian affairs department, the public education department, the  
7 interagency benefits advisory committee, the university of New  
8 Mexico health sciences center or the telehealth program  
9 described in Paragraph (9) of Subsection A of this section;

10 (2) "covered population" means the population  
11 that each constituent entity of the diabetes committee serves  
12 and the family members of individuals in that covered  
13 population;

14 (3) "diabetes" means type one or type two  
15 diabetes mellitus; complications related to diabetes mellitus;  
16 or pre-diabetes;

17 (4) "interagency benefits advisory committee"  
18 means the group of state agencies that consolidates health care  
19 purchasing pursuant to the Health Care Purchasing Act,  
20 including the:

21 (a) risk management division and the  
22 group benefits committee of the general services department;

23 (b) retiree health care authority;

24 (c) public school insurance authority;

25 and

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1 (d) publicly funded health care program  
2 of any public school district with a student enrollment in  
3 excess of sixty thousand students; and

4 (5) "telehealth" means the use of electronic  
5 information, imaging and communication technologies, including  
6 interactive audio, video and data communications as well as  
7 store-and-forward technologies, to provide and support health  
8 care delivery, diagnosis, consultation, treatment, transfer of  
9 medical data and education.