HOUSE BILL

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

INTRODUCED BY

DISCUSSION DRAFT

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. [<u>NEW MATERIAL</u>] 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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department;

                  (5)   the Indian affairs department;

                  (6)   the public education department;

                  (7)   the interagency benefits advisory committee;

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

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

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

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

                  (1)   the incidence of diabetes statewide and the incidence among constituent entities' covered populations 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.

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