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FISCAL IMPACT REPORT

SPONSOR Lopez DATE TYPED 02/02/04 HB _____

SHORT TITLE Healthcare Workforce Development Center Study SB SJM 32

ANALYST Weber

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY04	FY05	FY04	FY05		
	NFI				

(Parenthesis () Indicate Expenditure Decreases)

Duplicates
HJM 34

SOURCES OF INFORMATION

LFC Files

Responses Received From

- New Mexico Medical Board
- Human Services Department (HSD)
- Department of Health (DOH)
- Health Policy Commission (HPC)
- New Mexico Commission on Higher Education (CHE)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 32 indicates it is necessary to establish a health care and human services workforce development center, with responsibilities including a twenty-four-hour triage practice support line for rural or isolated practitioners and authority to direct licensing boards to develop annual plans to increase reciprocity, reduce barriers to licensure, and take steps to increase the number of health care and human services professionals practicing in underserved areas of New Mexico; and

- To assess the health care and human services workforce to identify the availability of existing personnel and the need for additional health care and human services personnel;
- To enhance the existing health and human services professional workforce in New Mexico by developing career ladders and encouraging health and human services professionals to develop higher levels of specialization and proficiency, and
- To address specific recruitment and retention issues including state, federal and private resources currently used to train, license, place and support health and human services professionals in locations throughout New Mexico; and

The memorial requests that the DOH, in conjunction with the HPC, conduct a study to ascertain the need for a health care and human services workforce development center based on the requirements above.

If such a center is established it should investigate the following.

- Review and assess, on an ongoing basis, the health and human services professional workforce distribution and needs of the state, including the impact of various federal programs and requirements on the New Mexico health and human services workforce;
- Assess the state, federal and private resources currently used to recruit, train, license, place and support health and human services professionals in locations throughout New Mexico;
- Explore other resources that might be used to train, license, place and support health and human services professionals in locations throughout New Mexico;
- Make recommendations for improvements in how state, federal and private resources should be used to train, license, place and support health and human services professionals in locations throughout New Mexico;
- Perform these activities in a culturally sensitive manner, taking into account the health and human service needs of New Mexico's diverse population; and
- Conduct its activities in a coordinated manner with the New Mexico health policy commission, the department of health, the commission on higher education, the public education department, the human services department, the labor department, the regulation and licensing department, the corrections department, the children, youth and families department, independent health professional licensing boards, higher education institutions offering health professional training and statewide health professional associations; and

DOH, in conjunction with the HPC, must report the findings of this study to the Legislative Health and Human Services Committee by November 2004 and transmit two copies of the report to the Legislative Council Service Library.

Significant Issues

The Department of Health reports:

SJM 32 supports the work of the 2002 House Joint Memorial 61 (HJM 61) taskforce which was convened to explore methods to standardize the licensing and credentialing of health care providers and the 2003 House Bill 968 (HB 968) taskforce which continued the work of HJM 61 and added funding for information technology support.

Several Acts have been previously implemented to support SJM 34. They are:

- Health Service Corps Act, to recruit health professionals for rural and medically underserved areas;
- Medical Student Loan for Service Act, to meet health professional shortage needs in less populated areas of New Mexico; and
- Health Professional Loan Repayment Act, to provide educational repayment in exchange for working in health professional shortage areas.

SJM 32 would also further the work of the DOH, particularly in the implementation of several recommendations made by participants of the June 2001 Health Care Workforce Conference which included improving workforce data systems, coordinating workforce planning and policy efforts, developing state workforce partnerships, and expanding health professional education programs to meet the emerging needs of the State. SJM 34 would also require collaboration of workforce issues with other state agencies as well as health professional boards and associations.

The Health Policy Commission adds:

Numerous and varied efforts to address recruitment and retention issues, coordinated and funded by a large variety of public and private entities, are currently taking place. These efforts include, but are not limited to:

- Implementation of the Geographic Access Database by the NM Health Policy Commission under 7.1.23 NMAC 1978, a centralized system for monitoring health professional supply and distribution;
- Administration of federal and state-funded loan for service, loan repayment and educational incentive programs by the Commission of Higher Education and the Department of Health;
- Locum tenens and rural provider rotations as part of the University of NM Medical School outreach and service programs;
- Recent completion of a report and recommendations from a Licensing and Credentialing taskforce aimed at reducing barriers to healthcare licensing issues in the state;
- Recent conferences and taskforces for all or within specific professions including physicians, nurses and dentists that address workforce-related issues.

ADMINISTRATIVE IMPLICATIONS

Each agency involved would have some additional administrative functions attached to the study.

MW/dm:pr