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AN ACT  
RELATING TO HEALTH DISPARITIES AND DATA COLLECTION; AMENDING  
A SECTION OF THE NMSA 1978.

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

Section 1. Section 24-14A-3 NMSA 1978 (being Laws 1989,  
Chapter 29, Section 3, as amended) is amended to read:

"24-14A-3. HEALTH INFORMATION SYSTEM--CREATION--DUTIES  
OF COMMISSION.--

A. The "health information system" is created for  
the purpose of assisting the commission, legislature and  
other agencies and organizations in the state's efforts in  
collecting, analyzing and disseminating health information to  
assist:

(1) in the performance of health planning  
and policymaking functions, including identifying personnel,  
facility, education and other resource needs and allocating  
financial, personnel and other resources where appropriate;

(2) consumers in making informed decisions  
regarding health care; and

(3) in administering, monitoring and  
evaluating a statewide health plan.

B. In carrying out its powers and duties pursuant  
to the Health Information System Act, the commission shall  
not duplicate databases that exist in the public sector or

1 databases in the private sector to which it has electronic  
2 access. Every governmental entity shall provide the  
3 commission with access to its health-related data as needed  
4 by the commission. The commission shall collect data from  
5 data sources in the most cost-effective and efficient manner.

6 C. The commission shall establish, operate and  
7 maintain the health information system.

8 D. In establishing, operating and maintaining the  
9 health information system, the commission shall:

10 (1) obtain information on the following  
11 health factors:

12 (a) mortality and natality, including  
13 accidental causes of death;

14 (b) morbidity;

15 (c) health behavior;

16 (d) disability;

17 (e) health system costs, availability,  
18 utilization and revenues;

19 (f) environmental factors;

20 (g) health personnel;

21 (h) demographic factors;

22 (i) social, cultural and economic  
23 conditions affecting health, including language preference;

24 (j) family status;

25 (k) medical and practice outcomes as

1 measured by nationally accepted standards and quality of  
2 care; and

3 (1) participation in clinical research  
4 trials;

5 (2) give the highest priority in data  
6 gathering to information needed to implement and monitor  
7 progress toward achievement of the state health policy,  
8 including determining where additional health resources such  
9 as personnel, programs and facilities are most needed, what  
10 those additional resources should be and how existing  
11 resources should be reallocated;

12 (3) standardize collection and specific  
13 methods of measurement across databases and use scientific  
14 sampling or complete enumeration for collecting and reporting  
15 health information;

16 (4) take adequate measures to provide health  
17 information system security for all health data acquired  
18 under the Health Information System Act and protect  
19 individual patient and provider confidentiality. The right  
20 to privacy for the individual shall be a major consideration  
21 in the collection and analysis of health data and shall be  
22 protected in the reporting of results;

23 (5) adopt and promulgate rules necessary to  
24 establish and administer the provisions of the Health  
25 Information System Act, including an appeals process for data

1 sources and procedures to protect data source proprietary  
2 information from public disclosure;

3 (6) establish definitions, formats and other  
4 common information standards for core health data elements of  
5 the health information system in order to provide an  
6 integrated financial, statistical and clinical health  
7 information system, including a geographic information  
8 system, that allows data sharing and linking across databases  
9 maintained by data sources and federal, state and local  
10 public agencies;

11 (7) develop and maintain health and  
12 health-related data inventories and technical documentation  
13 on data holdings in the public and private sectors;

14 (8) collect, analyze and make available  
15 health data to support preventive health care practices and  
16 to facilitate the establishment of appropriate benchmark data  
17 to measure performance improvements over time;

18 (9) establish and maintain a systematic  
19 approach to the collection and storage of health data for  
20 longitudinal, demographic and policy impact studies;

21 (10) use expert system-based protocols to  
22 identify individual and population health risk profiles and  
23 to assist in the delivery of primary and preventive health  
24 care services;

25 (11) collect health data sufficient for

1 consumers to be able to evaluate health care services, plans,  
2 providers and payers and to make informed decisions regarding  
3 quality, cost and outcome of care across the spectrum of  
4 health care services, providers and payers;

5 (12) collect comprehensive information on  
6 major capital expenditures for facilities, equipment by type  
7 and by data source and significant facility capacity  
8 reductions; provided that for the purposes of this paragraph  
9 and Section 24-14A-5 NMSA 1978, "major capital expenditure"  
10 means purchases of at least one million dollars (\$1,000,000)  
11 for construction or renovation of facilities and at least  
12 five hundred thousand dollars (\$500,000) for purchase or  
13 lease of equipment, and "significant facility capacity  
14 reductions" means those reductions in facility capacities as  
15 defined by the advisory committee established by the  
16 commission;

17 (13) serve as a health information  
18 clearinghouse, including facilitating private and public  
19 collaborative, coordinated data collection and sharing and  
20 access to appropriate data and information, maintaining  
21 patient and client confidentiality in accordance with state  
22 and federal requirements;

23 (14) collect data in the most cost-efficient  
24 and effective method feasible and adopt regulations, after  
25 receiving recommendations from the advisory committee, that

1 place a limit on the maximum amount of unreimbursed costs  
2 that a data source can incur in any year for the purposes of  
3 complying with the data requirements of the Health  
4 Information System Act; and

5 (15) identify disparities in health care  
6 access and quality by aggregating the information collected  
7 pursuant to Paragraph (1) of Subsection D of this section by  
8 population subgroups to include race, ethnicity, gender and  
9 age."

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