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SENATE BILL 1159

**48TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2007**

INTRODUCED BY

John T. L. Grubestic

AN ACT

RELATING TO HEALTH; MOVING THE NEW MEXICO HEALTH POLICY COMMISSION STAFF TO THE DEPARTMENT OF HEALTH; REPLACING THE COMMISSION WITH AN ADVISORY BOARD; PROVIDING FOR TRANSFERS OF FUNCTIONS, PERSONNEL, PROPERTY, CONTRACTS AND STATUTORY REFERENCES; AMENDING, REPEALING AND ENACTING SECTIONS OF THE NMSA 1978.

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

Section 1. Section 9-7-4 NMSA 1978 (being Laws 1991, Chapter 25, Section 16, as amended) is amended to read:

"9-7-4. DEPARTMENT ESTABLISHED.--

A. There is created in the executive branch the "department of health". The department shall be a cabinet department and shall include, but not be limited to, the programs and functions of the public health division, the

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1 behavioral health services division, ~~and~~ the scientific  
2 laboratory and the office of policy and multicultural health.

3 B. All references in the law to the public health  
4 division of the health and environment department, the  
5 behavioral health services division of the health and  
6 environment department, the state department of public health,  
7 the public health department, the health services division or  
8 the state board of health shall be construed as referring to  
9 the department.

10 C. The administrative services division of the  
11 department shall provide clerical, recordkeeping and  
12 administrative support to the department, including, but not  
13 limited to, the areas of personnel, budget, procurement and  
14 contracting.

15 D. The information technology division shall have  
16 all those powers and duties conferred upon it by the secretary  
17 with the consent of the governor.

18 E. In addition to other duties assigned by the  
19 secretary, the office of policy and multicultural health shall:

20 (1) develop a plan for, monitor and evaluate  
21 progress of the implementation of the state's health policy and  
22 the comprehensive strategic plan for health and report annually  
23 to the legislative finance committee and the legislative health  
24 and human services committee;

25 (2) obtain and evaluate information from a

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1 broad spectrum of New Mexico's society to develop and monitor  
2 the implementation of the state's health policy and report  
3 annually to the legislative finance committee and the  
4 legislative health and human services committee;

5 (3) obtain and evaluate information relating  
6 to factors that affect the availability and accessibility of  
7 health services and health care personnel in the public and  
8 private sectors;

9 (4) perform needs assessments on health  
10 personnel, health education and recruitment and retention  
11 efforts and make recommendations regarding the training,  
12 recruitment, placement and retention of health professionals in  
13 underserved areas of the state;

14 (5) prepare and publish an annual report  
15 describing the progress made in addressing the state's health  
16 policy and planning issues. The report shall include a work  
17 plan of goals and objectives for addressing the state's health  
18 policy and planning issues in the upcoming year;

19 (6) distribute the annual report to the  
20 governor, appropriate state agencies and interim legislative  
21 committees and interested parties;

22 (7) establish a process to prioritize  
23 recommendations on program development, resource allocation and  
24 proposed legislation;

25 (8) provide information and analysis on health

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1 issues;

2 (9) serve as a catalyst and synthesizer of  
3 health policy in the public and private sectors;

4 (10) respond to requests by the executive and  
5 legislative branches of government;

6 (11) ensure that any behavioral health  
7 projects, including those relating to mental health and  
8 substance abuse, are conducted in compliance with the  
9 requirements of Section 9-7-6.4 NMSA 1978; and

10 (12) operate and maintain the health  
11 information system created pursuant to the Health Information  
12 System Act."

13 Section 2. Section 9-7-4.1 NMSA 1978 (being Laws 2004,  
14 Chapter 51, Section 1) is amended to read:

15 "9-7-4.1. COMPREHENSIVE STRATEGIC PLAN FOR HEALTH.--

16 A. The office of policy and multicultural health  
17 and other divisions of the department, in conjunction with [~~the~~  
18 ~~New Mexico health policy commission and~~] other state agencies,  
19 pursuant to Section 9-7-11.1 NMSA 1978, shall develop a  
20 comprehensive strategic plan for health that emphasizes  
21 prevention, personal responsibility, access and quality.

22 B. The department shall publish the comprehensive  
23 strategic plan for health by [~~July 1, 2004 and July 1 of~~  
24 ~~subsequent even-numbered years~~] September 1, 2008 and every  
25 four years thereafter. By [~~July 1 of odd-numbered years~~]

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1 September 1 of each even-numbered year, the department shall  
2 review and update or amend the plan in response to changes and  
3 developments.

4 C. The department shall include the legislature,  
5 health care providers, consumer and patient advocates, health  
6 care financing organizations, managed care organizations, major  
7 insurers in the state, the human services department, the  
8 children, youth and families department, the [~~state agency on~~  
9 aging and long-term services department, pharmaceutical  
10 manufacturers and other stakeholders in its development of the  
11 comprehensive strategic plan for health so as to give  
12 geographic representation to all areas of the state. The  
13 department shall ensure that public participation and public  
14 input are integrated into the planning process. The department  
15 shall convene regional meetings on the proposed plan to allow  
16 public review and comment, including oral and written  
17 testimony, pursuant to the Open Meetings Act.

18 D. The department shall consult with the  
19 governments of Indian nations, tribes and pueblos located  
20 wholly or partially within New Mexico to include Indian  
21 nations, tribes and pueblos in the development of the  
22 comprehensive strategic plan for health.

23 E. The department shall report its findings,  
24 recommendations and goals in its [~~biennial~~]  
25 strategic plan for health. The plan shall address the

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1 following areas and others that the governor and the  
2 legislature may from time to time request:

3 (1) a summary of the state's health care  
4 system that includes the financial, administrative and delivery  
5 structure in both the public and private sector;

6 (2) the diseases, injuries and risk factors  
7 for physical, behavioral and oral health that are the greatest  
8 cause of illness, injury or death in the state, with special  
9 attention to and recognition of the disparities that currently  
10 exist for different population groups;

11 (3) key indicators of and barriers to health  
12 care coverage and access, with specific emphasis on reducing  
13 the number of uninsured New Mexicans;

14 (4) the role of the department, other state  
15 agencies and the private sector in identifying strategies and  
16 interventions to provide health care coverage, access and  
17 quality;

18 (5) a continuum of care model that emphasizes  
19 prevention, early intervention and health promotion and that  
20 includes public health services, emergency medical services,  
21 primary care, acute care, specialized care, tertiary care and  
22 long-term care;

23 (6) health education, wellness, nutrition and  
24 exercise initiatives that emphasize personal health  
25 responsibility;

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1 (7) workforce initiatives to identify, recruit  
2 and retain health care professionals;

3 (8) health care facility infrastructure,  
4 capacity, capitalization and financial viability in both the  
5 public and private sector;

6 (9) licensing, credentialing, oversight and  
7 tracking initiatives designed to improve health care quality  
8 and outcome measurements;

9 (10) programs, services and activities  
10 designed to address the needs of the disabled, elderly and  
11 other special-needs populations;

12 (11) anticipated demands and challenges on the  
13 health care system as the need for long-term care services  
14 increases;

15 (12) data and information addressing key  
16 health status and system indicators, statistics, benchmarks,  
17 targets and goals for the state and comparing it nationally,  
18 regionally and to other states of similar size and  
19 demographics; provided that individually identifiable health  
20 information and other proprietary information is protected as  
21 required by state or federal law; and

22 (13) planning and response to public health  
23 emergencies, including bioterrorism, pandemic flu, disease  
24 outbreaks and other situations that will require a coordinated  
25 response by the health care system."

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1           Section 3. Section 9-7-6.4 NMSA 1978 (being Laws 2004,  
2 Chapter 46, Section 8) is amended to read:

3           "9-7-6.4. INTERAGENCY BEHAVIORAL HEALTH PURCHASING  
4 COLLABORATIVE.--

5           A. There is created the "interagency behavioral  
6 health purchasing collaborative", consisting of the secretaries  
7 of aging and long-term services, Indian affairs, human  
8 services, health, corrections, children, youth and families,  
9 finance and administration, labor, public education and  
10 transportation; the directors of [~~the state agency on aging~~]  
11 the administrative office of the courts, [~~the New Mexico office~~  
12 ~~of Indian affairs~~] the New Mexico mortgage finance authority,  
13 the governor's [~~committee on concerns of the handicapped~~]  
14 commission on disability, the developmental disabilities  
15 planning council and the vocational rehabilitation division of  
16 the public education department [~~and the New Mexico health~~  
17 ~~policy commission~~]; and the governor's health policy  
18 coordinator, or their designees. The collaborative shall be  
19 chaired by the secretary of human services with the respective  
20 secretaries of health and children, youth and families  
21 alternating annually as co-chairs.

22           B. The collaborative shall meet regularly and at  
23 the call of either co-chair and shall:

24                   (1) identify behavioral health needs  
25 statewide, with an emphasis on that hiatus between needs and

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1 services set forth in the department of health's gap analysis  
2 and in ongoing needs assessments, and develop a master plan for  
3 statewide delivery of services;

4 (2) give special attention to regional  
5 differences, including cultural, rural, frontier, urban and  
6 border issues;

7 (3) inventory all expenditures for behavioral  
8 health, including mental health and substance abuse;

9 (4) plan, design and direct a statewide  
10 behavioral health system, ensuring both availability of  
11 services and efficient use of all behavioral health funding,  
12 taking into consideration funding appropriated to specific  
13 affected departments; and

14 (5) contract for operation of one or more  
15 behavioral health entities to ensure availability of services  
16 throughout the state.

17 C. The plan for delivery of behavioral health  
18 services shall include specific service plans to address the  
19 needs of infants, children, adolescents, adults and seniors, as  
20 well as to address workforce development and retention and  
21 quality improvement issues. The plan shall be revised every  
22 two years and shall be adopted by the department of health as  
23 part of the statewide health plan.

24 D. The plan shall take the following principles  
25 into consideration, to the extent practicable and within

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1 available resources:

2 (1) services should be individually centered  
3 and family focused based on principles of individual capacity  
4 for recovery and resiliency;

5 (2) services should be delivered in a  
6 culturally responsive manner in a home or community-based  
7 setting, where possible;

8 (3) services should be delivered in the least  
9 restrictive and most appropriate manner;

10 (4) individualized service planning and case  
11 management should take into consideration individual and family  
12 circumstances, abilities and strengths and be accomplished in  
13 consultation with appropriate family members, caregivers and  
14 other persons critical to the individual's life and well-being;

15 (5) services should be coordinated,  
16 accessible, accountable and of high quality;

17 (6) services should be directed by the  
18 individual or family served to the extent possible;

19 (7) services may be consumer or family  
20 provided, as defined by the collaborative;

21 (8) services should include behavioral health  
22 promotion, prevention, early intervention, treatment and  
23 community support; and

24 (9) services should consider regional  
25 differences, including cultural, rural, frontier, urban and

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1 border issues.

2 E. The collaborative shall seek and consider  
3 suggestions of Native American representatives from Indian  
4 nations, tribes, pueblos and the urban Indian population,  
5 located wholly or partially within New Mexico, in the  
6 development of the plan for delivery of behavioral health  
7 services."

8 Section 4. Section 9-7-11.1 NMSA 1978 (being Laws 1991,  
9 Chapter 139, Section 1) is amended to read:

10 "9-7-11.1. FINDINGS AND PURPOSE.--

11 A. The legislature finds that good health is among  
12 [~~our~~] the most cherished desires. To achieve optimal health  
13 requires both individual and collective responsibility and  
14 action and, therefore, state government must assume a  
15 leadership role by establishing and implementing policies in  
16 all aspects of health. In order to fulfill its proper  
17 leadership obligation within public resource constraints, the  
18 state must perform a variety of carefully tailored roles in  
19 concert with individuals, the private sector and local, federal  
20 and tribal governments.

21 B. The legislature also finds that health care  
22 requires a growing portion of the state's public and private  
23 resources and impacts a broad segment of the state's economy; a  
24 need, therefore, exists to establish an entity for research,  
25 guidance and recommendations on health policy and planning

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1 issues.

2 C. [~~The purpose of the New Mexico health policy~~  
3 ~~commission~~] One of the functions of the office of policy and  
4 multicultural health is to provide a forum for the discussion  
5 of complex and controversial health policy and planning issues  
6 and for the creative exploration of ideas, issues and problems  
7 surrounding health policy and planning, including the  
8 interrelations with education, the environment and economic  
9 well-being.

10 D. It is the policy of the state [~~of New Mexico~~] to  
11 promote optimal health; to prevent disease, disability and  
12 premature death; to improve the quality of life; and to  
13 [~~assure~~] ensure that basic health services are available,  
14 accessible, acceptable and culturally appropriate, regardless  
15 of financial status. This policy shall be realized through the  
16 following organized efforts:

17 (1) education, motivation and support of the  
18 individual in healthy behavior;

19 (2) protection and improvement of the physical  
20 and social environments;

21 (3) promotion of health services for early  
22 diagnosis and prevention of disease and disability; and

23 (4) provisions of basic treatment services  
24 needed by all New Mexicans."

25 Section 5. A new section of the Department of Health Act

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1 is enacted to read:

2 "[NEW MATERIAL] HEALTH POLICY ADVISORY BOARD.--

3 A. The "health policy advisory board" is created  
4 and administratively attached to the department. The board  
5 shall consist of four members appointed by the governor, two  
6 members appointed by the speaker of the house of  
7 representatives and two members appointed by the president pro  
8 tempore of the senate. Members shall serve at the pleasure of  
9 the appointing authority. Members are entitled to per diem and  
10 mileage in accordance with the Per Diem and Mileage Act, but  
11 shall receive no other compensation, perquisite or allowance.

12 B. The board shall participate with the department  
13 and the office of policy and multicultural health on the  
14 development of the comprehensive strategic plan for health.  
15 The board shall independently review health data and make  
16 recommendations related to health policy to the department."

17 Section 6. Section 24-1G-4 NMSA 1978 (being Laws 2005,  
18 Chapter 55, Section 4) is amended to read:

19 "24-1G-4. TELEHEALTH COMMISSION CREATED--POWERS AND  
20 DUTIES--MEMBERSHIP.--

21 A. The "New Mexico telehealth commission" is  
22 created. The commission is administratively attached to the  
23 department of health [~~which~~] and shall work in conjunction with  
24 the [~~New Mexico health policy commission, in accordance with~~  
25 ~~the Executive Reorganization Act~~] office of policy and

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1 multicultural health of the department.

2 B. The commission shall consist of no more than  
3 twenty-five members with members, one-third of whom shall be  
4 from rural areas, chosen from the following categories, all of  
5 whom shall be appointed by and serve at the pleasure of the  
6 governor:

- 7 (1) health care facilities;
- 8 (2) health care practitioners;
- 9 (3) health care workforce educators;
- 10 (4) telehealth technology experts;
- 11 (5) the telecommunications industry;
- 12 (6) the business community;
- 13 (7) health care insurance providers or other  
14 health care payers;
- 15 (8) Indian nations, tribes and pueblos;
- 16 (9) legislators;
- 17 (10) state agencies responsible for:
  - 18 (a) telecommunications;
  - 19 (b) public health;
  - 20 (c) medicaid and social services;
  - 21 (d) workforce development;
  - 22 (e) children's health and social  
23 services;
  - 24 (f) services for the elderly and  
25 disabled;

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- 1 (g) criminal justice;
- 2 (h) health policy and planning; and
- 3 (i) education; and

4 (11) other members as the governor may appoint  
5 to ensure appropriate cultural and geographic representation  
6 and the interests of the public.

7 C. The commission shall:

8 (1) identify how telehealth can be used to  
9 increase access to care and implement state comprehensive  
10 health plans;

11 (2) identify barriers to telehealth  
12 utilization and expansion, including payment, infrastructure,  
13 training and workforce availability;

14 (3) inventory the state's telehealth assets,  
15 map available telecommunications infrastructure and examine the  
16 financial impact of failing to develop the state's telehealth  
17 capacities;

18 (4) coordinate public and private sector  
19 initiatives to enhance networking, portal development and  
20 connectivity and to expand telehealth and telecommunications  
21 capacity;

22 (5) establish such subcommittees as the  
23 commission deems necessary to fulfill its purpose, powers and  
24 duties or to address specific telehealth issues;

25 (6) identify specific actions to increase

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1 collaborative efforts and public-private partnerships to  
2 increase the use of telehealth for health care access  
3 development, patient outcome improvement, patient and workforce  
4 education and health care practitioner recruitment and  
5 development;

6 (7) develop and disseminate specific  
7 telehealth standards and guidelines to ensure quality of care,  
8 positive health outcomes, appropriate use of technology and  
9 protection of privacy and confidentiality;

10 (8) review and comment on initiatives,  
11 projects or grant applications to ensure telehealth standards  
12 and guidelines are met and maximum collaboration and  
13 cooperation across the state is encouraged;

14 (9) meet at least once each quarter at the  
15 call of the chair or vice chair, who shall be designated by the  
16 governor from among the membership; and

17 (10) report annually to the governor and the  
18 legislature on the state of the telehealth system and the  
19 adequacy and allocation of telehealth services throughout the  
20 state, providing the governor and the legislature with specific  
21 recommendations for improving telehealth and related service  
22 systems.

23 D. A majority of the members of the commission  
24 constitutes a quorum for the transaction of business."

25 Section 7. Section 24-14-27 NMSA 1978 (being Laws 1961,

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1 Chapter 44, Section 25, as amended) is amended to read:

2 "24-14-27. DISCLOSURE OF RECORDS.--

3 A. It is unlawful for any person to permit  
4 inspection of or to disclose information contained in vital  
5 records or to copy or issue a copy of all or part of any record  
6 except as authorized by law.

7 B. The department shall provide access to record  
8 level data required by the [~~New Mexico health policy~~  
9 ~~commission~~] office of policy and multicultural health of the  
10 department and the health information system created in the  
11 Health Information System Act. The [~~New Mexico health policy~~  
12 ~~commission~~] office and the health information system may only  
13 release record level data obtained from vital records in the  
14 aggregate. For the purposes of this subsection, "record level  
15 data" means one or more unique and non-aggregated data elements  
16 relating to a single identifiable individual. The department  
17 may authorize the disclosure of data contained in vital records  
18 for other research purposes.

19 C. When one hundred years have elapsed after the  
20 date of birth or fifty years have elapsed after the date of  
21 death, the vital records of these events in the custody of the  
22 state registrar shall become open public records and  
23 information shall be made available in accordance with  
24 [~~regulations~~] rules that provide for the continued safekeeping  
25 of the records; provided that vital records of birth shall not

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1 become open public records prior to the individual's death."

2 Section 8. Section 24-14A-2 NMSA 1978 (being Laws 1989,  
3 Chapter 29, Section 2, as amended) is amended to read:

4 "24-14A-2. DEFINITIONS.--As used in the Health  
5 Information System Act:

6 A. "aggregate data" means data ~~[which]~~ that is  
7 obtained by combining like data in a manner ~~[which]~~ that  
8 precludes specific identification of a single client or  
9 provider;

10 B. "commission" or "office" means the ~~[New Mexico~~  
11 ~~health policy commission]~~ office of policy and multicultural  
12 health of the department;

13 C. "department" means the department of health;

14 D. "health information" or "health data" means any  
15 data relating to health care; health status, including  
16 environmental, social and economic factors; the health system;  
17 or health costs and financing;

18 E. "hospital" means any general or special hospital  
19 licensed by the department, whether publicly or privately  
20 owned;

21 F. "long-term care facility" means any skilled  
22 nursing facility or nursing facility licensed by the  
23 department, whether publicly or privately owned;

24 G. "data source" includes those categories of  
25 persons or entities that possess health information, including

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1 any public or private sector licensed health care practitioner,  
2 primary care clinic, ambulatory surgery center, ambulatory  
3 urgent care center, ambulatory dialysis unit, home health  
4 agency, long-term care facility, hospital, pharmacy, third-  
5 party payer and any public entity that has health information;  
6 and

7 H. "third-party payer" means any public or private  
8 payer of health care services and includes health maintenance  
9 organizations and health insurers."

10 Section 9. Section 27-5-4 NMSA 1978 (being Laws 1965,  
11 Chapter 234, Section 4, as amended) is amended to read:

12 "27-5-4. DEFINITIONS.--As used in the Indigent Hospital  
13 and County Health Care Act:

14 A. "ambulance provider" or "ambulance service"  
15 means a specialized carrier based within the state authorized  
16 under provisions and subject to limitations as provided in  
17 individual carrier certificates issued by the public regulation  
18 commission to transport persons alive, dead or dying en route  
19 by means of ambulance service. The rates and charges  
20 established by public regulation commission tariff shall govern  
21 as to allowable cost. Also included are air ambulance services  
22 approved by the board. The air ambulance service charges shall  
23 be filed and approved pursuant to Subsection D of Section  
24 27-5-6 NMSA 1978 and Section 27-5-11 NMSA 1978;

25 B. "board" means a county indigent hospital and

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1 county health care board;

2 C. "indigent patient" means a person to whom an  
3 ambulance service, a hospital or a health care provider has  
4 provided medical care, ambulance transportation or health care  
5 services and who can normally support ~~himself~~ the person's  
6 self and ~~his~~ the person's dependents on present income and  
7 liquid assets available to ~~him~~ the person but, taking into  
8 consideration this income and those assets and ~~his~~ the  
9 person's requirement for other necessities of life for  
10 ~~himself~~ the person and ~~his~~ the person's dependents, is  
11 unable to pay the cost of the ambulance transportation or  
12 medical care administered or both. If provided by resolution  
13 of a board, it shall not include any person whose annual income  
14 together with ~~his~~ the person's spouse's annual income totals  
15 an amount that is fifty percent greater than the per capita  
16 personal income for New Mexico as shown for the most recent  
17 year available in the survey of current business published by  
18 the United States department of commerce. Every board that has  
19 a balance remaining in the fund at the end of a given fiscal  
20 year shall consider and may adopt at the first meeting of the  
21 succeeding fiscal year a resolution increasing the standard for  
22 indigency. The term "indigent patient" includes a minor who  
23 has received ambulance transportation or medical care or both  
24 and whose parent or the person having custody of that minor  
25 would qualify as an indigent patient if transported by

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1 ambulance, admitted to a hospital for care or treated by a  
2 health care provider;

3 D. "hospital" means a general or limited hospital  
4 licensed by the department of health, whether nonprofit or  
5 owned by a political subdivision, and may include by resolution  
6 of a board the following health facilities if licensed or, in  
7 the case of out-of-state hospitals, approved by the department  
8 of health:

9 (1) for-profit hospitals;

10 (2) state-owned hospitals; or

11 (3) licensed out-of-state hospitals where  
12 treatment provided is necessary for the proper care of an  
13 indigent patient when that care is not available in an  
14 in-state hospital;

15 E. "cost" means all allowable costs of providing  
16 health care services, to the extent determined by resolution of  
17 a board, for an indigent patient. Allowable costs shall be  
18 based on medicaid fee-for-service reimbursement rates for  
19 hospitals, licensed medical doctors and osteopathic physicians;

20 F. "fund" means a county indigent hospital claims  
21 fund;

22 G. "medicaid eligible" means a person who is  
23 eligible for medical assistance from the department;

24 H. "county" means a county except a class A county  
25 with a county hospital operated and maintained pursuant to a

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1 lease with a state educational institution named in Article 12,  
2 Section 11 of the constitution of New Mexico;

3 I. "department" means the human services  
4 department;

5 J. "sole community provider hospital" means:

6 (1) a hospital that is a sole community  
7 provider hospital under the provisions of the federal medicare  
8 guidelines; or

9 (2) an acute care general hospital licensed by  
10 the department of health that is qualified, pursuant to rules  
11 adopted by the state agency primarily responsible for the  
12 medicaid program, to receive distributions from the sole  
13 community provider fund;

14 K. "drug rehabilitation center" means an agency of  
15 local government, a state agency, a private nonprofit entity or  
16 combination thereof that operates drug abuse rehabilitation  
17 programs that meet the standards and requirements set by the  
18 department of health;

19 L. "alcohol rehabilitation center" means an agency  
20 of local government, a state agency, a private nonprofit entity  
21 or combination thereof that operates alcohol abuse  
22 rehabilitation programs that meet the standards set by the  
23 department of health;

24 M. "mental health center" means a not-for-profit  
25 center that provides outpatient mental health services that

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1 meet the standards set by the department of health;

2 N. "health care provider" means:

3 (1) a nursing home;

4 (2) an in-state home health agency;

5 (3) an in-state licensed hospice;

6 (4) a community-based health program operated  
7 by a political subdivision of the state or other nonprofit  
8 health organization that provides prenatal care delivered by  
9 New Mexico licensed, certified or registered health care  
10 practitioners;

11 (5) a community-based health program operated  
12 by a political subdivision of the state or other nonprofit  
13 health care organization that provides primary care delivered  
14 by New Mexico licensed, certified or registered health care  
15 practitioners;

16 (6) a drug rehabilitation center;

17 (7) an alcohol rehabilitation center;

18 (8) a mental health center;

19 (9) a licensed medical doctor, osteopathic  
20 physician, dentist, optometrist or expanded practice nurse when  
21 providing emergency services, as determined by the board, in a  
22 hospital to an indigent patient; or

23 (10) a licensed medical doctor or osteopathic  
24 physician, dentist, optometrist or expanded practice nurse when  
25 providing services in an outpatient setting, as determined by

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underscored material = new  
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1 the board, to an indigent patient with a life-threatening  
2 illness or disability;

3 O. "health care services" means treatment and  
4 services designed to promote improved health in the county  
5 indigent population, including primary care, prenatal care,  
6 dental care, provision of prescription drugs, preventive care  
7 or health outreach services, to the extent determined by  
8 resolution of the board;

9 P. "planning" means the development of a countywide  
10 or multicounty health plan to improve and fund health services  
11 in the county based on the county's needs assessment and  
12 inventory of existing services and resources and that  
13 demonstrates coordination between the county and state and  
14 local health planning efforts; and

15 Q. "commission" or "office" means the ~~[New Mexico~~  
16 ~~health policy commission]~~ office of policy and multicultural  
17 health of the department of health."

18 Section 10. TEMPORARY PROVISIONS--TRANSFER OF FUNCTIONS,  
19 PERSONNEL, PROPERTY, CONTRACTS AND STATUTORY REFERENCES.--

20 A. On July 1, 2007, all functions, personnel,  
21 money, appropriations, records, files, furniture, equipment and  
22 other property of the New Mexico health policy commission shall  
23 be transferred to the department of health.

24 B. On July 1, 2007, all contractual obligations of  
25 the New Mexico health policy commission shall be obligations of

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underscored material = new  
~~[bracketed material] = delete~~

1 the department of health.

2 C. On July 1, 2007, all references in the law to  
3 the New Mexico health policy commission shall be deemed to be  
4 references to the office of policy and multicultural health of  
5 the department of health.

6 Section 11. REPEAL.--Sections 9-7-11.2 and 9-7-11.3 NMSA  
7 1978 (being Laws 1991, Chapter 139, Section 2 and Laws 2003,  
8 Chapter 235, Section 2, as amended) are repealed.

9 Section 12. EFFECTIVE DATE.--The effective date of the  
10 provisions of this act is July 1, 2007.