HOUSE BILL 267

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

INTRODUCED BY

Mimi Stewart

AN ACT

RELATING TO HEALTH CARE; CREATING THE HEALTH CARE AUTHORITY;

CREATING A BOARD OF DIRECTORS FOR THE HEALTH CARE AUTHORITY;

PROVIDING FOR DUTIES OF THE HEALTH CARE AUTHORITY; ENACTING AND REPEALING SECTIONS OF THE NMSA 1978.

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

Section 1. SHORT TITLE.--This act may be cited as the "Health Care Authority Act".

Section 2. DEFINITIONS.--As used in the Health Care Authority Act:

- A. "authority" means the health care authority;
- B. "board" means the board of directors of the authority;
- C. "health care services" means services rendered by a licensed provider, including:

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- (1) the furnishing to any individual of medical, behavioral health, dental, pharmaceutical or optometric care;
 - hospitalization or long-term care; and
- the furnishing to any person of services for the purpose of preventing, alleviating, curing or healing human physical or mental illness or injury; and
- "health coverage" means a system of financing D. health care services, including a hospital or medical expense-incurred policy; a nonprofit health care plan service contract; a health maintenance organization subscriber contract; a short-term, accident, fixed indemnity or specified disease policy; a disability income contract; limited health benefit insurance; credit health insurance; employer or group self-insured arrangements; and public or other governmental programs; provided, however that "health coverage" does not include coverage issued pursuant to provisions of the Workers' Compensation Act or similar law, automobile medical payment insurance or provisions by which benefits are payable with or without regard to fault and are required by law to be contained in any liability insurance policy.
- Section 3. HEALTH CARE AUTHORITY--CREATION--BOARD OF DIRECTORS. --
- The "health care authority" is created as an adjunct agency pursuant to Section 9-1-6 NMSA 1978.

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	В.	The	board	of	direc	ctors	of	the	author	ity	sha1	1
consist of	f ele	ven '	voting	men	nbers	and	two	non	oting	memb	ers	as
follows.												

- (1) five voting members appointed by the governor; provided, however, that each appointed board member shall have at least three years' experience in at least one of the following areas; and provided further that at least one board member shall be a licensed physician pursuant to the Medical Practice Act:
- (a) executive-level experience in management or finance in a business not related to health care;
- (b) executive-level experience in a business not related to health care that employs ten or fewer individuals;
- (c) executive-level experience in a business not related to health care that employs eleven or more individuals;
- (d) experience in health care finance, economics or actuarial analysis; and
- (e) professional experience in the federal Indian health service or a tribal health delivery system; provided that the member is an American Indian;
- (2) five voting members appointed by the New Mexico legislative council, one from each of the five public regulation commission districts; provided, however, that each .174991.3

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2	experience in at least one of the following areas; and provided					
3	further that at least one board member shall be a licensed					
4	nurse having a graduate-level education in nursing:					
5	(a) experience in the field of health or					
6	human services consumer advocacy;					
7	(b) experience related to health policy;					
8	(c) experience related to health care					
9	delivery;					
10	(d) experience in labor organization and					
11	advocacy; and					
12	(e) experience in public health;					
13	(3) the superintendent of insurance as a					
14	voting member;					
15	(4) the secretary of health as a nonvoting					
16	member; provided, however, that the secretary shall not preside					
17	over the board at any time or attend meetings in executive					
18	session; and					
19	(5) the secretary of human services as a					
20	nonvoting member; provided, however, that the secretary shall					
21	not preside over the board at any time or attend meetings in					
22	executive session.					
23	C. The voting members appointed to the board shall					
24	have terms chosen by lot as follows: three members shall serve					

appointed board member shall have at least three years'

two-year terms; three members shall serve three-year terms; and

four members shall serve four-year terms. Thereafter, appointed members shall serve four-year terms. An appointed member shall serve until the member's successor is appointed, but in no case shall the appointed member serve longer than an additional twelve months. An appointed member shall not serve more than two terms.

- D. A vacancy on the board shall be filled by appointment by the original appointing authority for the remainder of the unexpired term.
- E. A majority of the eleven voting members shall constitute a quorum. Decisions by the board shall require a majority vote of the eleven voting members.
- F. The board may allow members' participation in meetings by any electronic medium.
- G. At its first meeting and every two years thereafter, the board shall elect in open session a chair and vice chair from any of the appointed members. A chair shall serve no more than two terms as chair. A vice chair shall serve no more than two terms as vice chair.
- H. An appointed board member or any member of an appointed board member's immediate family or household shall not have any income derived from current or active employment, contract or consultation with the private health care delivery, financing or coverage sector while serving on the board and for twelve months preceding appointment to the board; provided,

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however, that this subsection shall not apply to the licensed physician and licensed nurse appointed pursuant to Subsection B of this section.

- The board may only remove a board member from the board for lack of attendance, neglect of duty or malfeasance in office and in accordance with policies adopted by the board.
- Board members and members of the advisory J. councils may receive per diem and mileage in accordance with the Per Diem and Mileage Act.
- The board shall meet on a regular basis and no fewer than ten times before September 2010. The board shall comply with all statutes and rules applicable to state agencies and public boards; provided, however, that the authority shall not promulgate any rule unless, and only to the extent, specifically provided that power by the legislature.
- The board shall create the following advisory councils, and may create other ad hoc councils, to provide the board with analyses and expert policy and program recommendations. The board shall appoint members with demonstrated experience and expertise in the area for which the council is responsible, and each council shall be composed of no more than fifteen members. A member of an advisory council shall serve at the pleasure of the board, but in no case shall a member of an advisory council remain on a council for more .174991.3

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than four years. The authority shall provide staff support for the work of the advisory councils and any ad hoc councils created by the authority. At least once each calendar quarter, each council shall present its findings and make recommendations on issues requested by the board. The councils shall include:

- (1) a delivery system policy council;
- (2) a cost containment and finance council;
- (3) a benefits and services council;
- (4) a federal issues review council; and
- (5) a health disparities council.
- M. Prior to any action by the board, the findings and recommendations of an advisory council shall be open for public comment for a period of no less than thirty days. If an emergency requires action in a time frame that will not accommodate the period for public comment, any action of the board shall be temporary until such time as the public comment period can occur.
- $\ensuremath{\text{N.}}$ The authority may request staff assistance from any state agency.

Section 4. HEALTH CARE AUTHORITY--DUTIES.--The authority shall, by September 1, 2010 and after receiving recommendations from the advisory councils, develop and present to the governor and the legislature a comprehensive action plan for accessible and affordable health care for all people living in New Mexico.

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rne	ртап	snall	inciude	tne	following:

- a sustainable methodology for the financing of a health care system that incorporates strategies from the public and private sectors;
- strategies for health coverage or insurance reform that include guaranteed issue, community rating and measures that increase portability;
- C. the defining of a set of essential health care services;
- structural reforms that would improve efficiency in public health coverage programs, including consideration of the feasibility of administrative consolidation of pools and group purchasing of durable medical equipment, health care supplies and pharmaceuticals;
- assessment of the impact of state or federal laws and rules and any state or federal changes in the structure of health coverage or policies;
- statutory and regulatory initiatives necessary to provide cost-effective health care services, including:
- access to information that would enable (1) providers, consumers and purchasers to evaluate cost data fairly, including contractual terms such as reimbursement rates, provider charges and health benefit plans; and
- (2) a statewide uniform health care provider credentialing process;

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- G. restructuring of the current health care delivery system, including:
- (1) evidence-based approaches to providing acute medical care, behavioral health care, chronic medical care and disease management, preventive care and wellness, public health and patient education;
- (2) a system that realigns provider and insurer incentives, reduces duplication, enhances primary care and focuses on evidence-based long-term health improvement; and
- (3) accountability by providers and health coverage plans for health outcomes;
- H. recommendations for setting of affordability guidelines for individuals and families, including subsidies, co-payments, premiums and other patient cost sharing or out-of-pocket expenditures for essential health services;
- I. strategies to reduce racial and ethnic health care disparities and identify underserved populations, taking into account the role of American Indian health systems and financing; and
- J. other information requested by the board or deemed necessary by the authority.
- Section 5. EXECUTIVE DIRECTOR.--The board shall appoint an executive director of the authority. The executive director shall carry on the day-to-day operations of the authority. The executive director shall have at least seven years of .174991.3

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experience in health care delivery, policy, management or financing. The executive director is exempt from the Personnel Act. The executive director shall employ or contract with those persons necessary to administer and implement the powers and duties of the authority.

Section 6. TERMINATION OF AGENCY LIFE--DELAYED REPEAL. --The health care authority is terminated July 1, 2014 pursuant to the Sunset Act. The authority shall continue to operate according to the provisions of the Health Care Authority Act until July 1, 2015. Effective July 1, 2016, the Health Care Authority Act is repealed.

Section 7. TEMPORARY PROVISION -- NEW MEXICO HEALTH POLICY COMMISSION -- TRANSFER OF PERSONNEL, PROPERTY, CONTRACTS AND REFERENCES IN LAW. -- On July 1, 2009:

- all personnel, appropriations, money, records, equipment, legislative requests, supplies and other property of the New Mexico health policy commission shall be transferred to the health care authority;
- В. all contracts of the New Mexico health policy commission shall be binding and effective on the health care authority;
- C. all references in law to the New Mexico health policy commission shall be deemed to be references to the health care authority; and
- the executive director of the New Mexico health .174991.3

policy commission shall be appointed as interim director of the health care authority until the board of directors of the health care authority appoints an executive director.

Section 8. REPEAL.--Section 9-7-11.2 NMSA 1978 (being Laws 1991, Chapter 139, Section 2, as amended) is repealed effective July 1, 2009.

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