

SENATE PUBLIC AFFAIRS COMMITTEE SUBSTITUTE FOR
SENATE BILL 388

54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019

AN ACT

RELATING TO HEALTH; REQUIRING THE SECRETARY OF HUMAN SERVICES
TO CONVENE A PEDIATRIC SUBSPECIALTY TASK FORCE TO WORK WITH
INSTITUTIONS THAT PROVIDE PEDIATRIC SUBSPECIALTY CARE TO
IMPROVE THE QUALITY, EFFICIENCY AND COORDINATION OF PEDIATRIC
SUBSPECIALTY CARE STATEWIDE, INCLUDING BEHAVIORAL HEALTH;
REQUIRING THE HUMAN SERVICES DEPARTMENT TO SUPPORT THE TASK
FORCE THROUGH FUNDING AND MEDICAL, TECHNICAL AND LEGAL SUPPORT;
REQUIRING PERIODIC REPORTS TO THE LEGISLATIVE HEALTH AND HUMAN
SERVICES COMMITTEE.

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

**SECTION 1. TEMPORARY PROVISION--PEDIATRIC SUBSPECIALTY
TASK FORCE CREATED--DUTIES--REPORTING.--**

A. The secretary shall convene a "pediatric
subspecialty task force" to work with institutions to

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1 collaboratively improve the quality, safety, efficiency and
2 coordination of pediatric subspecialty practice statewide,
3 including behavioral health, based upon findings and
4 recommendations made by the task force created pursuant to
5 House Memorial 14 of the second session of the fifty-third
6 legislature and community needs as identified by providers
7 statewide. The pediatric subspecialty task force is
8 administratively attached to the department pursuant to Section
9 9-1-7 NMSA 1978. The task force shall:

10 (1) require regular reporting from
11 institutions regarding the progress toward collaborative
12 pediatric subspecialty care statewide, including behavioral
13 health;

14 (2) advise and assist institutions in
15 developing effective collaborative pediatric subspecialty care
16 practices;

17 (3) develop a short-term plan to improve
18 sharing of patients, calls and medical records between
19 institutions;

20 (4) develop a short-term plan and a long-term
21 plan for addressing pediatric and adolescent behavioral health
22 care and subspecialty care needs in the state; and

23 (5) consult with experts who practice outside
24 the state in the delivery or provision of pediatric
25 subspecialty care.

1 B. The task force shall consist of at least sixteen
2 members, including the following ex-officio members:

3 (1) the president of the New Mexico pediatric
4 society or the president's designee;

5 (2) the president of the New Mexico medical
6 society or the president's designee;

7 (3) the secretary of health or the secretary's
8 designee;

9 (4) the secretary of human services or the
10 secretary's designee; and

11 (5) the medical director of the children and
12 youth with special health care needs program in the children's
13 medical services unit of the department of health.

14 C. Remaining members shall be appointed by the
15 secretary and shall consist of the following:

16 (1) one representative from a family with a
17 child with special health care needs;

18 (2) one representative of a parent advocacy
19 organization;

20 (3) a representative from each institution who
21 practices in a pediatric medical subspecialty;

22 (4) a representative from each institution who
23 practices in a pediatric surgical subspecialty;

24 (5) one representative from a community
25 nonprofit organization that advocates for children;

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1 (6) one primary care pediatrician from a
2 health professional shortage area who resides more than one
3 hundred miles from Albuquerque;

4 (7) a representative from a behavioral health
5 care provider who treats children; and

6 (8) one representative from each institution
7 that provides care to children experiencing behavioral health
8 care needs.

9 D. The members shall designate a chair and vice
10 chair from the members of the task force.

11 E. A majority of the members constitutes a quorum
12 for the conduct of business. The task force shall meet at the
13 call of the chair, and the chair shall coordinate the
14 activities of the task force.

15 F. The task force may form subcommittees or task
16 forces as needed that may make recommendations to the task
17 force. Members of subcommittees and task forces may include
18 individuals who are not members of the task force but have an
19 interest or expertise in pediatric health care or related
20 matters.

21 G. The secretary shall support the operations of
22 the task force by annually requesting funding for its work and
23 providing department assistance with medical, technical and
24 legal issues as needed, through department staff or outside
25 consultants.

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1 H. The task force shall:

2 (1) make a progress report with findings and
3 recommendations to the legislative health and human services
4 committee on or before November 30, 2019; and

5 (2) meet until November 30, 2020, by which
6 time the task force shall make a final report of its progress,
7 findings and recommendations to the legislative health and
8 human services committee.

9 I. Public members of the task force may receive per
10 diem and mileage pursuant to the Per Diem and Mileage Act.

11 J. For the purposes of this section:

12 (1) "department" means the human services
13 department;

14 (2) "health professional shortage area" means
15 an area in the state of New Mexico designated as having a
16 shortage of primary medical care, dental or mental health
17 providers by the United States department of health and human
18 services health resources and services administration;

19 (3) "institution" means a health care
20 institution in the state that provides pediatric subspecialty
21 care, including treating children in the areas of cardiology,
22 critical care medicine, emergency medicine, nephrology,
23 pulmonology, rheumatology, surgery and transplant hepatology;
24 and

25 (4) "secretary" means the secretary of human

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