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AN ACT

RELATING TO HEALTH; ESTABLISHING THE DIABETES COMMITTEE TO IDENTIFY GOALS AND BENCHMARKS FOR STATE ENTITIES TO REDUCE THE INCIDENCE OF DIABETES AND COSTS AND COMPLICATIONS RELATING TO DIABETES STATEWIDE.

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

SECTION 1. DIABETES COMMITTEE--CREATION--

DUTIES--DIABETES PLAN.--

A. The secretary of health shall convene a "diabetes committee" that shall consist of representatives from:

- (1) the department of health;
- (2) the corrections department;
- (3) the human services department;
- (4) the aging and long-term services department;
- (5) the Indian affairs department;
- (6) the public education department;
- (7) the interagency benefits advisory committee;
- (8) the university of New Mexico health sciences center;
- (9) a telehealth program operated by a university in New Mexico with a medical school, pursuant to

1 which a multidisciplinary team provides training, advice and
2 support to assist primary care health care providers in
3 delivering best-practice health care for underserved
4 populations with complex health problems, including diabetes;

5 (10) the New Mexico coalition for healthcare
6 value;

7 (11) the American diabetes association of
8 New Mexico community leadership board;

9 (12) each of the managed health care
10 organizations providing coverage to medicaid recipients; and

11 (13) the medical communities engaged in
12 providing diabetes care and education.

13 B. The diabetes committee shall meet at the call
14 of the secretary of health and collaborate to identify goals
15 and benchmarks while developing individual constituent entity
16 programs to reduce the incidence of diabetes in the state,
17 improve diabetes care statewide and control complications
18 associated with diabetes.

19 C. The diabetes committee shall collect data from
20 existing sources under the constituent entities' control and
21 identify:

22 (1) the incidence of diabetes statewide and
23 the incidence among constituent entities' covered populations
24 individually;

25 (2) the geographic distribution of diabetes

1 cases statewide;

2 (3) the demographic categories in which to
3 divide diabetes-related data, including, at a minimum, age,
4 gender, race and ethnicity;

5 (4) complications associated with diabetes;
6 and

7 (5) any other data that will assist the
8 diabetes committee in devising a statewide plan to execute
9 its duties pursuant to this section.

10 D. The diabetes committee shall submit a report in
11 writing, and, upon legislative request, in person, to the
12 legislative health and human services committee and the
13 legislative finance committee by December 1, 2018, and on
14 December 1 every two years thereafter. The report shall
15 include an analysis of the data collected pursuant to
16 Subsection C of this section. The report shall include a
17 description of the following:

18 (1) the financial impact of diabetes
19 statewide for each constituent entity and for each covered
20 population;

21 (2) the health impact for individuals
22 statewide and for each covered population;

23 (3) the diabetes prevention and control
24 programs that the constituent entities are currently
25 implementing, including each program's:

1 (a) purpose;
2 (b) target population;
3 (c) funding source; and
4 (d) opportunities for improving
5 diabetes care;

6 (4) the level of coordination among the
7 constituent entities in implementing their respective
8 diabetes prevention and control programs; and

9 (5) a statewide diabetes control and
10 prevention plan for the subsequent two-year reporting period,
11 including:

12 (a) any recommendations for legislation
13 or rulemaking to address diabetes statewide;

14 (b) the plan's expected outcomes;

15 (c) benchmarks controlling and
16 preventing diabetes statewide; and

17 (d) a detailed budget blueprint that
18 identifies the costs and resources required to implement the
19 plan, including a proposed legislative budget for
20 implementing the plan.

21 E. The diabetes committee shall analyze data from
22 the sources and programs in effect as of the effective date
23 of this act; provided that a constituent entity may use
24 otherwise unobligated funding to expand its review of
25 diabetes-related data and programs and share its findings

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with the diabetes committee.

F. As used in this section:

(1) "constituent entity" means the corrections department, the department of health, the human services department, the aging and long-term services department, the Indian affairs department, the public education department, the interagency benefits advisory committee, the university of New Mexico health sciences center, the telehealth program described in Paragraph (9) of Subsection A of this section, the New Mexico coalition for healthcare value, the American diabetes association of New Mexico community leadership board, each of the managed health care organizations providing coverage to medicaid recipients and the medical communities engaged in providing diabetes care and education;

(2) "covered population" means the population that each constituent entity of the diabetes committee serves and the family members of individuals in that covered population;

(3) "diabetes" means type one or type two diabetes mellitus; complications related to diabetes mellitus; or pre-diabetes;

(4) "interagency benefits advisory committee" means the group of state agencies that

1 consolidates health care purchasing pursuant to the Health
2 Care Purchasing Act, including the:

3 (a) risk management division and the
4 group benefits committee of the general services department;

5 (b) retiree health care authority;

6 (c) public school insurance authority;

7 and

8 (d) publicly funded health care program
9 of any public school district with a student enrollment in
10 excess of sixty thousand students; and

11 (5) "telehealth" means the use of electronic
12 information, imaging and communication technologies, including
13 interactive audio, video and data communications as well as
14 store-and-forward technologies, to provide and support health
15 care delivery, diagnosis, consultation, treatment, transfer of
16 medical data and education.