RELATING TO HEALTH CARE; ENACTING THE HEALTH CARE WORK FORCE DATA COLLECTION, ANALYSIS AND POLICY ACT; DIRECTING THE DEPARTMENT OF HEALTH TO COLLECT DATA REGARDING DEMOGRAPHICS, SPECIALTIES AND PROFESSIONS IN THE STATE'S HEALTH CARE WORK FORCE; DIRECTING HEALTH CARE WORK FORCE REGULATORY BOARDS TO COLLECT DATA FROM APPLICANTS FOR LICENSURE OR RENEWAL OF LICENSURE; DIRECTING THE SECRETARY OF HEALTH TO CONVENE A WORK GROUP OF HEALTH CARE WORK FORCE EXPERTS.

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 Work Force Data Collection, Analysis and Policy Act".

SECTION 2. DEFINITIONS.--As used in the Health Care Work Force Data Collection, Analysis and Policy Act:

A. "board" means any state health care work force licensing or regulatory board, including the New Mexico medical board; the board of osteopathic medical examiners; the New Mexico board of dental health care; the board of nursing; the board of pharmacy; any other licensing or regulatory board that the secretary of health designates; any other health professional licensing board listed in Chapter 61 NMSA 1978; and the department;

B. "database" means the health care work force

2	Collection, Analysis and Policy Act;
3	C. "department" means the department of health;
4	D. "ethnicity" means an individual's self-
5	identification or affiliation as either "Hispanic or Latino"
6	or "not Hispanic or Latino" according to cultural,
7	historical, linguistic or religious ties;
8	E. "New Mexico center for health care workforce
9	analysis" means a state entity that collects, analyzes and
10	reports data regarding the state's health care work force and
11	collaborates with the federal national center for health care
12	workforce analysis pursuant to Section 5103 of the federal
13	Patient Protection and Affordable Care Act; and
14	F. "race" means an individual's self-
15	identification or affiliation with one of the following
16	categories used to identify individuals according to
17	historical or phenotypical characteristics:
18	(l) American Indian or Alaska Native;
19	(2) Asian;
20	(3) Black or African American;
21	(4) Native Hawaiian or other Pacific
22	Islander;
23	(5) White; or
24	(6) a mixture of any of the categories
25	listed in Paragraphs (1) through (5) of this subsection.

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database created pursuant to the Health Care Work Force Data

(a)

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active practices in New Mexico and

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1	other locations;
2	(b) practice type; and
3	(c) practice settings, such as
4	hospitals, public schools, higher education institutions,
5	clinics and other clinical settings;
6	(3) education, training and primary and
7	secondary specialties for all health professions as
8	appropriate;
9	(4) average hours worked per week and the
10	average number of weeks worked per year in the licensed
11	profession over the past twelve months;
12	(5) percentage of practice engaged in direct
13	patient care and in other activities, such as teaching,
14	research and administration, in the licensed profession;
15	(6) practice plans for the next five years,
16	including retiring from a health care profession, moving out
17	of state or changing health care work hours; and
18	(7) professional liability insurance costs
19	and availability as they relate to barriers to practice.
20	SECTION 4. DATABASE ESTABLISHMENT AND MAINTENANCE
21	DELEGATIONThe secretary of health may contract and
22	collaborate with a private or public entity to establish and
23	maintain the database, to analyze data collected, to develop
24	reports for the legislature or the executive branch or to

perform other duties to carry out the provisions of the

demographics, including race, ethnicity

(2) practice status, including, but not

(1)

and primary and other languages spoken;

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limited to:

1	(a) active practices in New Mexico and
2	other locations;
3	(b) practice type; and
4	(c) practice settings, such as
5	hospital, clinic or other clinical settings;
6	(3) education, training and primary and
7	secondary specialties;
8	(4) average hours worked per week and the
9	average number of weeks worked per year in the licensed
10	profession;
11	(5) percentage of practice engaged in direct
12	patient care and in other activities, such as teaching,
13	research and administration, in the licensed profession; and
14	(6) practice plans for the next five years,
15	including retiring from the health care profession, moving
16	out of state or changing health care work hours.
17	D. A board shall report health care work force
18	information collected pursuant to this section to the
19	secretary of health.
20	E. A board shall keep confidential and not release
21	personally identifiable data collected under this section for
22	any person licensed, registered or certified by the board.
23	The provisions of this subsection do not apply to the release
24	of information to a law enforcement agency for investigative
25	purposes or to the release to the secretary of health for SB 14

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state health planning purposes. A person with whom the department contracts to perform data collection, storage and analysis shall protect the privacy of that data. The secretary of health shall ensure that the responses of applicants shall be kept confidential, including taking special precautions when the identity of an applicant may be ascertained due to the applicant's location or occupation.

F. A board shall promulgate rules as necessary to perform the board's duties pursuant to this section, including rules for collecting, storing and analyzing data in addition to the information required to be collected by the Health Care Work Force Data Collection, Analysis and Policy Act.

SECTION 6. HEALTH CARE WORK FORCE WORK GROUP--WORK
FORCE DATA ANALYSIS--RECRUITMENT PLANNING--STRATEGIC PLAN FOR
IMPROVING HEALTH CARE ACCESS--WORK FORCE SURVEY.--The
secretary of health shall convene a health care work force
work group that includes representatives of health care
consumers; health care providers; organized groups
representing physicians, physician assistants, nurses, nurse
practitioners, dentists, dental hygienists and pharmacists;
health care work force training institutions; the New Mexico
health policy commission; the public education department;
the higher education department; and the boards. The work
group shall:

PURSUANT TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE

SECTION 7.

A. analyze and make recommendations to the legislature regarding incentives to attract qualified individuals, including those from minority groups underrepresented among health care professions, to pursue health care education and practice in New Mexico;

- B. develop a short-term plan and a five-year plan to improve health care access, with a draft report on the plans to be submitted to the interim legislative health and human services committee by November 1, 2011. Beginning October 1, 2012, the work group shall make detailed annual reports to the legislative health and human services committee by October 1 of each year;
- C. analyze the collected data and make recommendations to the legislature for building healthier communities and improving health outcomes; and
- D. devise an electronic survey, designed to be completed by applicants within fifteen minutes, for boards to provide to applicants for licensure or renewal of licensure, which includes questions regarding the information required pursuant to Subsection C of Section 5 of the Health Care Work Force Data Collection, Analysis and Policy Act and any other survey questions that the secretary of health and the work group deem appropriate.

TEMPORARY PROVISION--APPLICATION FOR GRANTS

CARE ACT.--In order to carry out the provisions set forth in the Health Care Work Force Data Collection, Analysis and Policy Act, the secretary of health shall seek funding pursuant to Section 5102 of the federal Patient Protection and Affordable Care Act, as well as funding from any other source, public or private, that the secretary of health deems appropriate. SECTION 8. EFFECTIVE DATE. -- The effective date of the provisions of this act is July 1, 2011._____ SB 14 Page 9