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SENATE BILL 564

50TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2011

INTRODUCED BY

Linda M. Lopez

AN ACT

RELATING TO HEALTH CARE WORKFORCE; AMENDING SECTIONS OF THE DEPARTMENT OF HEALTH ACT TO CHANGE THE NAME, DUTIES AND POWERS OF THE NEW MEXICO HEALTH POLICY COMMISSION TO THE NEW MEXICO HEALTH CARE PROFESSIONAL WORKFORCE COMMISSION; PROVIDING FOR THE TRANSFER OF RESOURCES, CONTRACTS AND REFERENCES IN LAW OF THE NEW MEXICO HEALTH POLICY COMMISSION TO THE NEW MEXICO HEALTH CARE PROFESSIONAL WORKFORCE COMMISSION; REPEALING A SECTION OF THE DEPARTMENT OF HEALTH ACT RELATING TO THE HEALTH CARE PROVIDERS LICENSING AND CREDENTIALING TASK FORCE OF THE NEW MEXICO HEALTH POLICY COMMISSION.

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

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

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

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1 A. The legislature finds that good health is among
2 our most cherished desires. To achieve optimal health requires
3 both individual and collective responsibility and action and,
4 therefore, state government must assume a leadership role by
5 establishing and implementing policies in all aspects of
6 health. In order to fulfill its proper leadership obligation
7 within public resource constraints, the state must perform a
8 variety of carefully tailored roles in concert with
9 individuals, the private sector and local, federal and tribal
10 governments.

11 B. The legislature also finds that health care
12 requires a growing portion of the state's public and private
13 resources and impacts a broad segment of the state's economy; a
14 need, therefore, exists to establish an entity for research,
15 guidance and recommendations on health policy and planning and
16 health care professional workforce issues.

17 C. The purpose of the New Mexico health [~~policy~~]
18 care professional workforce commission is to provide a forum
19 for the discussion of complex and controversial health policy
20 and planning and health care professional workforce issues and
21 for the creative exploration of ideas, issues and problems
22 surrounding health policy and planning [~~including the~~
23 ~~interrelations with education, the environment and economic~~
24 ~~well-being~~] as they relate to enhancing the health care
25 professional workforce in the state.

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1 D. It is the policy of the state [~~of New Mexico~~] to
2 promote optimal health; to prevent disease, disability and
3 premature death; to improve the quality of life; and to assure
4 that basic health services are available, accessible,
5 acceptable and culturally appropriate, regardless of financial
6 status. This policy shall be realized through the following
7 organized efforts:

8 (1) education, motivation and support of the
9 individual in healthy behavior;

10 (2) protection and improvement of the physical
11 and social environments;

12 (3) promotion of health services for early
13 diagnosis and prevention of disease and disability; and

14 (4) provisions of basic treatment services
15 needed by all New Mexicans."

16 SECTION 2. Section 9-7-11.2 NMSA 1978 (being Laws 1991,
17 Chapter 139, Section 2, as amended) is amended to read:

18 "9-7-11.2. NEW MEXICO HEALTH [~~POLICY~~] CARE PROFESSIONAL
19 WORKFORCE COMMISSION CREATED--COMPOSITION--DUTIES--POWERS.--

20 A. There is created the "New Mexico health [~~policy~~]
21 care professional workforce commission", which is
22 administratively attached to the department of finance and
23 administration.

24 B. The New Mexico health [~~policy~~] care professional
25 workforce commission shall consist of nine members [~~appointed~~

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1 ~~by the governor with the advice and consent of the senate to].~~

2 Five members shall be appointed by the governor, two shall be

3 appointed by the president pro tempore of the senate and two

4 shall be appointed by the speaker of the house of

5 representatives. The commission shall reflect the ethnic,

6 economic, geographic and professional diversity of the state.

7 A majority of the commission members shall have no pecuniary or

8 fiduciary interest in the health services industry while

9 serving or for three years preceding appointment to the

10 commission. Three members shall be appointed for one-year

11 terms, three members shall be appointed for two-year terms and

12 three members shall be appointed for three-year terms, and all

13 subsequent appointments shall be made for three-year terms.

14 C. The secretaries of health, human services, aging

15 and long-term services and higher education and the

16 superintendent of insurance, or their designees, shall be ex-

17 officio nonvoting members of the commission.

18 [~~G.~~] D. The New Mexico health [~~policy~~] care
19 professional workforce commission shall meet at the call of the

20 chair and shall meet not less than quarterly. The chair shall

21 be elected from among the members of the commission. Members

22 of the New Mexico health [~~policy~~] care professional workforce

23 commission shall not be paid but shall receive per diem and

24 mileage expenses as provided in the Per Diem and Mileage Act.

25 [~~D.~~] E. The New Mexico health [~~policy~~] care

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1 professional workforce commission shall establish task forces
2 as needed to make recommendations to the commission on various
3 health and health care professional workforce issues. Task
4 force members may include individuals who have expertise or a
5 pecuniary or fiduciary interest in the health services
6 industry. Voting members of a task force may receive mileage
7 expenses if they:

8 (1) are members who represent consumer
9 interests;

10 (2) are individuals who were not appointed to
11 represent the views of the organization or agency for which
12 they work; or

13 (3) represent an organization that has a
14 policy of not reimbursing travel expenses of employees or
15 representatives for travel to meetings.

16 [~~E.~~] F. The New Mexico health [~~policy~~] care
17 professional workforce commission shall:

18 (1) [~~develop a plan for and monitor the~~
19 ~~implementation of the state's health policy~~] serve as a
20 resource for the governor, the legislature, local government
21 entities and the people of New Mexico by:

22 (a) disseminating information on current
23 and projected health care professional workforce supply and
24 demand;

25 (b) disseminating information on health

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1 care professional workforce education and training capacity and
2 instruction for delivery models and best practices;

3 (c) identifying the efforts of federal,
4 state and local partnerships to develop and offer health care
5 career pathways of proven effectiveness;

6 (d) disseminating information on
7 promising retention practices for health care professionals;

8 (e) communicating information on
9 important policies and practices that affect the recruitment,
10 education and training and retention of the health care
11 professional workforce; and

12 (f) disseminating recommendations on the
13 development of a fiscally sustainable integrated workforce that
14 supports a high-quality health care delivery system that meets
15 the needs of patients and the public;

16 (2) communicate and coordinate with the
17 department of health, human services department, aging and
18 long-term services department, workforce solutions department,
19 veterans' services department, public education department and
20 higher education department and the insurance division of the
21 public regulation commission on related activities that one or
22 more of these agencies administers;

23 (3) encourage innovations to address
24 population needs, constant changes in technology and other
25 environmental factors;

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1 [~~2~~] (4) obtain and evaluate information from
2 a broad spectrum of New Mexico's society to develop and monitor
3 the implementation of the state's health policy, with a focus
4 on health care professional workforce policy. In order to
5 carry out its functions pursuant to this paragraph, the
6 commission shall:

7 (a) use existing information, both
8 published and unpublished, and where possible, collected and
9 assessed either by the commission's staff or under other
10 arrangements made in accordance with this section;

11 (b) undertake, or award contracts for
12 the undertaking of, original research and development where
13 existing information is inadequate;

14 (c) adopt procedures allowing interested
15 parties to submit information for the commission's use in
16 making reports and recommendations;

17 (d) consult with state agencies,
18 including the department of health, human services department,
19 aging and long-term services department, workforce solutions
20 department, veterans' services department, public education
21 department and higher education department and the insurance
22 division of the public regulation commission; and

23 (e) consult with federal agencies as
24 appropriate;

25 [~~3~~] (5) obtain and evaluate information

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1 relating to factors that affect the availability and
2 accessibility of health services and health care personnel in
3 the public and private sectors;

4 [~~(4)~~] (6) perform needs assessments on health
5 personnel, health education and recruitment and retention and
6 make recommendations regarding the training, recruitment,
7 placement and retention of health professionals in underserved
8 areas of the state;

9 [~~(5)~~] (7) prepare and publish an annual report
10 describing the progress in addressing the state's health policy
11 and planning issues. The report shall include a [~~workplan~~]
12 work plan of goals and objectives for addressing the state's
13 health policy and planning issues in the upcoming year;

14 [~~(6)~~] (8) distribute the annual report to the
15 governor, appropriate state agencies and interim legislative
16 committees and interested parties;

17 [~~(7)~~] (9) establish a process to prioritize
18 recommendations on program development, resource allocation and
19 proposed legislation;

20 [~~(8)~~] (10) provide information and analysis on
21 health [~~issues~~] care professional workforce issues such as
22 effective mechanisms for financing education and training for
23 careers in health care, including public health and allied
24 health;

25 [~~(9)~~] (11) serve as a catalyst and synthesizer

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1 of health policy in the public and private sectors, with a
2 focus on the health care professional workforce;

3 (12) monitor changes to the national health
4 care workforce commission's purpose, scope and priorities in
5 order to recommend necessary changes at the state level;

6 [~~(10)~~] (13) respond to requests by the
7 executive and legislative branches of government; [and

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

12 (14) make recommendations to the governor and
13 legislature concerning the following national health care
14 workforce priorities, goals and policies:

15 (a) current and projected health care
16 workforce supply and distribution, including demographics,
17 skill sets and demands, with demands projected for the
18 subsequent ten and twenty-five years;

19 (b) health care workforce education and
20 training capacity, including: 1) the number of students who
21 have completed education and training in health care workforce
22 programs and completed registered apprenticeships; 2) the
23 number of faculty in the state qualified to teach or train in
24 health care workforce education and training programs; 3) an
25 assessment of the education and training infrastructure; 4) the

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1 state's current and projected health care professional
2 workforce education and training demands, with projected
3 demands for the subsequent ten and twenty-five years; and 5)
4 identification of models of education and training delivery and
5 best practices;

6 (c) analyzing the implications of new
7 and existing federal policies that affect the state's health
8 care professional workforce, and making recommendations for
9 aligning these policies with the state's health professional
10 workforce priorities and goals. These policies shall include
11 medicare and medicaid graduate medical education policies;
12 Title 7 and Title 8 of the federal Public Health Service Act;
13 the federal national health service corps and other health care
14 workforce programs, including those supported through the
15 federal Workforce Investment Act of 1998; the Carl D. Perkins
16 Career and Technical Education Act of 2006; and the Higher
17 Education Act of 1965; and

18 (d) analyzing and making recommendations
19 for new and existing federal policies to meet the state's
20 health care professional workforce need to serve special
21 populations, including racial, ethnic and linguistic
22 minorities; rural populations; medically underserved
23 populations; gender-specific needs; and geriatric and pediatric
24 populations; and

25 (15) study effective mechanisms for financing

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1 education and training for careers in health care in the state,
2 including public health and allied health.

3 G. The commission shall give priority to the
4 following matters:

5 (1) integrated health care professional
6 workforce planning that identifies health care professional
7 skills needed and maximizes the skill sets of health care
8 professionals across disciplines;

9 (2) an analysis of the nature, scopes of
10 practice and demands for health care professionals in the
11 enhanced information technology and management workplace;

12 (3) medicare and medicaid graduate medical
13 education policies and recommendations for aligning with the
14 state's workforce goals;

15 (4) nursing workforce capacity at all levels,
16 including the state's education and training capacity,
17 projected demand for nurses and integration of nurses within
18 the health care delivery system;

19 (5) oral health care workforce capacity,
20 including education and training capacity, projected demands
21 and integration within the health care delivery system;

22 (6) mental and behavioral health care
23 professional workforce capacity, including education and
24 training capacity, projected demands and integration within the
25 general health care delivery system;

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1 (7) allied health and public health care
2 workforce capacity, including education and training capacity,
3 projected demands and integration within the health care
4 delivery system;

5 (8) the geographic distribution of health care
6 professionals as compared to the identified health care
7 professional workforce needs of the state and regions; and

8 (9) whatever other matters the commission
9 identifies as matters of priority.

10 H. In accordance with state and federal privacy
11 laws, the commission may:

12 (1) obtain directly from any department or
13 agency of the state information necessary to enable the
14 commission to carry out its duties pursuant to this section;

15 (2) seek such assistance and support from
16 federal departments and agencies as the performance of its
17 duties requires;

18 (3) enter into contracts or make other
19 arrangements as necessary in the execution of its duties;

20 (4) make advance payments, progressive
21 payments and other payments in consideration of work performed
22 for the commission; and

23 (5) provide transportation and subsistence for
24 persons serving without compensation.

25 I. The commission may adopt rules as necessary with

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1 respect to the internal organization and administration of the
2 commission.

3 J. In order to carry out its functions under this
4 section, the commission shall:

5 (1) use existing information, both published
6 and unpublished, where possible, collected and assessed either
7 by the commission's staff or pursuant to other arrangements
8 made in accordance with this section, including coordination
9 with the bureau of labor statistics of the federal department
10 of labor;

11 (2) obtain original research and development,
12 where existing information is inadequate, by conducting the
13 research itself or by obtaining the research through the
14 awarding of grants or contracts for research services; and

15 (3) adopt procedures allowing interested
16 persons to submit information for the commission's use in
17 making reports and recommendations."

18 **SECTION 3. TEMPORARY PROVISION--TRANSFER OF RESOURCES,**
19 **CONTRACTS AND REFERENCES IN LAW OF THE NEW MEXICO HEALTH POLICY**
20 **COMMISSION TO THE NEW MEXICO HEALTH CARE PROFESSIONAL WORKFORCE**
21 **COMMISSION.--**

22 **A. All personnel, appropriations, money, records,**
23 **equipment, supplies and other property of the New Mexico health**
24 **policy commission shall be transferred to the New Mexico health**
25 **care professional workforce commission.**

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B. All contracts currently binding and effective upon the New Mexico health policy commission shall be binding and effective upon the New Mexico health care professional workforce commission.

C. All references in law to the New Mexico health policy commission shall be construed to be references to the New Mexico health care professional workforce commission.

SECTION 4. REPEAL.--Section 9-7-11.3 NMSA 1978 (being Laws 2003, Chapter 235, Section 2) is repealed.