

9-7-11.1. Findings and purpose. (1991)

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

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

C. The purpose of the New Mexico health policy commission is to provide a forum for the discussion of complex and controversial health policy and planning issues and for the creative exploration of ideas, issues and problems surrounding health policy and planning, including the interrelations with education, the environment and economic well-being.

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

- (1) education, motivation and support of the individual in healthy behavior;
- (2) protection and improvement of the physical and social environments;
- (3) promotion of health services for early diagnosis and prevention of disease and disability; and
- (4) provisions of basic treatment services needed by all New Mexicans.

History: Laws 1991, ch. 139, § 1.

9-7-11.2. New Mexico health policy commission created; composition; duties. (2005)

A. There is created the "New Mexico health policy commission", which is administratively attached to the department of finance and administration.

B. The New Mexico health policy commission shall consist of nine members appointed by the governor with the advice and consent of the senate to reflect the ethnic, economic, geographic and professional diversity of the state. A majority of the commission members shall have no pecuniary or fiduciary interest in the health services industry while serving or for three years preceding appointment to the commission. Three members shall be appointed for one-year terms, three members shall be appointed for two-year terms, three members shall be appointed for three-year terms and all subsequent appointments shall be made for three-year terms.

C. The New Mexico health policy commission shall meet at the call of the chair and shall meet not less than quarterly. The chair shall be elected from among the members of the commission. Members of the New Mexico health policy commission shall not be paid but shall receive per diem and mileage expenses as provided in the Per Diem and Mileage Act [10-8-1 NMSA 1978].

D. The New Mexico health policy commission shall establish task forces as needed to make recommendations to the commission on various health issues. Task force members may include individuals who have expertise or a pecuniary or fiduciary interest in the health services industry. Voting members of a task force may receive mileage expenses if they:

- (1) are members who represent consumer interests;
- (2) are individuals who were not appointed to represent the views of the organization or agency for which they work; or
- (3) represent an organization that has a policy of not reimbursing travel expenses of employees or representatives for travel to meetings.

E. The New Mexico health policy commission shall:

- (1) develop a plan for and monitor the implementation of the state's health policy;
- (2) obtain and evaluate information from a broad spectrum of New Mexico's society to develop and monitor the implementation of the state's health policy;
- (3) obtain and evaluate information relating to factors that affect the availability and accessibility of health services and health care personnel in the public and private sectors;
- (4) perform needs assessments on health personnel, health education and recruitment and retention and make recommendations regarding the training, recruitment, placement and retention of health professionals in underserved areas of the state;
- (5) prepare and publish an annual report describing the progress in addressing the state's health policy and planning issues. The report shall include a workplan of goals and objectives for addressing the state's health policy and planning issues in the upcoming year;
- (6) distribute the annual report to the governor, appropriate state agencies and interim legislative committees and interested parties;
- (7) establish a process to prioritize recommendations on program development, resource allocation and proposed legislation;
- (8) provide information and analysis on health issues;
- (9) serve as a catalyst and synthesizer of health policy in the public and private sectors;
- (10) respond to requests by the executive and legislative branches of government; and
- (11) ensure that any behavioral health projects, including those relating to mental health and substance abuse, are conducted in compliance with the requirements of Section 9-7-6.4 NMSA 1978.

History: Laws 1991, ch. 139, § 2; 1994, ch. 62, § 17; 2004, ch. 46, § 9; 2005, ch. 72, § 1.
Annotations

Cross reference. — For the New Mexico Telehealth Commission Act, see section 24-1G-1 NMSA 1978.

The 1994 amendment, effective March 4, 1994, deleted "health and environment" following "attached to the", and inserted "of finance and administration", in Subsection A; inserted "and shall meet", and deleted "and not more than once a month" following "quarterly", in the first sentence of Subsection C; rewrote Subsection D and inserted Paragraphs D(1) to D(3); substituted "monitor the implementation of" for "implement" in Paragraph E(2); inserted "and health care personnel" and made a minor stylistic change in Paragraph E(3); and rewrote Paragraph E(4), which formerly read: "identify the elements necessary to coordinate an effective system to meet the state's need for health care personnel".

The 2004 amendment, effective May 19, 2004, added Paragraph (11) of Subsection E.

The 2005 amendment, effective June 17, 2005, increases the number of members on the health policy commission to nine members; provides that a majority of members cannot have a pecuniary or fiduciary interest in the health services industry while serving as a member or three years preceding appointment to the commission and provides that three members shall be appointed for one year terms.

9-7-11.3. Task force created; responsibilities; participants; funding. (2003)

A. The "health care providers licensing and credentialing task force" is created under the direction of the New Mexico health policy commission to study and make recommendations for the consolidation and simplification of the health care licensure processes. The task force shall make recommendations for the establishment of a web site portal for licensure to facilitate and complement or replace the present system conducted by individual health care provider boards and for a central database for credentialing information to simplify and eliminate duplication of effort.

B. The task force shall study and make recommendations to the superintendent of insurance on health care provider credentialing issues and obstacles to one-time efforts by providers to meet all necessary requirements to practice independently or as a provider for any appropriately licensed health care organization or facility. The task force shall study and recommend, if practicable, use of credentialing expertise developed by a statewide association of hospitals.

C. The task force shall include participation by the New Mexico health policy commission; the department of health; the New Mexico board of medical examiners; the board of nursing; other health care provider boards; the regulation and licensing department; the insurance division of the public regulation commission; the human services department; the office of the attorney general; other affected state agencies; members of the health care industry, including statewide associations and societies representing providers, hospitals and other affected facilities; insurers; and other third-party payers as well as health care advocates and members of the public.

D. The New Mexico health policy commission, together with the New Mexico board of medical examiners and the board of nursing, shall hire an information technology project manager to work under the commission to design, implement and maintain a web site portal for licensure and a central database for credentialing of health care providers.

History: Laws 2003, ch. 235, § 2.

Annotations

Effective dates. — Laws 2003, ch. 235 contains no effective date provision, but, pursuant to N.M. Const., art. IV, § 23, is effective June 30, 2003, 90 days after adjournment of the legislature.

Temporary provisions. — Laws 2003, ch. 235 § 1, effective June 30, 2003, provides that: The legislature finds that licensed professionals in New Mexico, particularly those in the health care field are severely burdened by multiple layers of mandatory credentialing obligations, costing them, their patients and third-party payers needless expense and wasted time. Further, the legislature notes that New Mexico's health care licensure provisions may be contributing to harmful delays in access to health care throughout the state, particularly in areas with acute professional shortages. The legislature believes that efforts begun pursuant to House Joint Memorial 61 of the second session of the forty-fifth legislature and the continued cooperation among respective licensing boards, the regulation and licensing department, various statewide professional associations and societies, insurers and national accrediting and standard setting organizations will produce a system satisfactory to all concerned while maintaining the primary goal of ensuring the health and safety of New Mexico residents.