



The Legislature
of the
State of New Mexico

49th Legislature, 2nd Session

LAWS 2010

CHAPTER 43

HOUSE BILL 26, as amended

Introduced by

REPRESENTATIVE DANICE PICRAUX



FOR THE LEGISLATIVE HEALTH AND
HUMAN SERVICES COMMITTEE

Chapter 43

AN ACT

RELATING TO MEDICAL ASSISTANCE; AMENDING A SECTION OF THE
PUBLIC ASSISTANCE ACT TO ALLOW DOCTORS OF OSTEOPATHY AND
PHARMACIST CLINICIANS TO MANAGE CARE IN THE MEDICAL-ASSISTANCE
MEDICAL HOME PROGRAM.

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

Section 1. Section 27-2-12.15 NMSA 1978 (being Laws
2009, Chapter 143, Section 1) is amended to read:

"27-2-12.15. MEDICAID, STATE CHILDREN'S HEALTH
INSURANCE PROGRAM AND STATE COVERAGE INITIATIVE PROGRAM
MEDICAL HOME WAIVER--RULEMAKING--APPLICATION FOR WAIVER OR
STATE PLAN AMENDMENT.--

A. Subject to the availability of state funds and
consistent with the federal Social Security Act, the
department shall work with its contractors that administer the
state's approved waiver programs to promote and, if
practicable, develop a program called the "medical home
program". The "medical home" is an integrated care management
model that emphasizes primary medical care that is continuous,
comprehensive, coordinated, accessible, compassionate and
culturally appropriate. Care within the medical home includes
primary care, preventive care and care management services and
uses quality improvement techniques and information technology
for clinical decision support. Components of the medical home

1 model may include:

2 (1) assignment of recipients to a primary
3 care provider, clinic or practice that will serve as a medical
4 home;

5 (2) promotion of the health commons model of
6 service delivery, whereby the medical home tracks recipients'
7 primary care, specialty, behavioral health, dental health and
8 social services needs as much as practicable;

9 (3) health education, health promotion, peer
10 support and other services that may integrate with health care
11 services to promote overall health;

12 (4) health risk or functional needs
13 assessments for recipients;

14 (5) a method for reporting on the
15 effectiveness of the medical home model and its effect upon
16 recipients' utilization of health care services and the
17 associated cost of utilization of those services;

18 (6) mechanisms to reduce inappropriate
19 emergency department utilization by recipients;

20 (7) financial incentives for the provision
21 of after-hours primary care;

22 (8) mechanisms that ensure a robust system
23 of care coordination for assessing, planning, coordinating and
24 monitoring recipients with complex, chronic or high-cost
25 health care or social support needs, including attendant care

1 and other services needed to remain in the community;

2 (9) implementation of a comprehensive,
3 community-based initiative to educate recipients about
4 effective use of the health care delivery system, including
5 the use of community health workers or promotoras;

6 (10) strategies to prevent or delay
7 institutionalization of recipients through the effective
8 utilization of home- and community-based support services;

9 (11) a primary care provider for each
10 recipient, who advocates for and provides ongoing support,
11 oversight and guidance to implement an integrated, coherent,
12 cross-disciplinary plan for ongoing health care developed in
13 partnership with the recipient and including all other health
14 care providers furnishing care to the recipient;

15 (12) implementation of evidence-based
16 medicine and clinical decision support tools to guide
17 decision-making at the point-of-care based upon recipient-
18 specific factors;

19 (13) use of comparative effectiveness to
20 make a cost-benefit analysis of health care practices;

21 (14) use of health information technology,
22 including remote supervision, recipient monitoring and
23 recipient registries, to monitor and track the health status
24 of recipients;

25 (15) development and use of safe and secure

1 health information technology to promote convenient recipient
2 access to personal health information, health services and web
3 sites with tools for patient self-management;

4 (16) implementation of training programs for
5 personnel involved in the coordination of care for recipients;

6 (17) implementation of equitable financial
7 incentive and compensation systems for primary care providers
8 and other staff engaged in care management and the medical
9 home model; and

10 (18) any other components that the secretary
11 determines will improve a recipient's health outcome and that
12 are cost-effective.

13 B. For the purposes of this section, "primary care
14 provider" means a medical doctor or physician assistant
15 licensed under the Medical Practice Act to practice medicine
16 in New Mexico, an osteopathic physician licensed pursuant to
17 Chapter 61, Article 10 NMSA 1978, an osteopathic physician's
18 assistant licensed pursuant to the Osteopathic Physicians'
19 Assistants Act, a pharmacist clinician licensed or certified
20 to prescribe and administer drugs that are subject to the New
21 Mexico Drug, Device and Cosmetic Act; or a certified nurse
22 practitioner as defined in the Nursing Practice Act who
23 provides first contact and continuous care and who has the
24 staff and resources to manage the comprehensive and
25 coordinated health care of each individual under the primary

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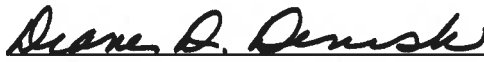
care provider's care."



BEN LUJAN, SPEAKER
HOUSE OF REPRESENTATIVES



STEPHEN R. ARIAS, CHIEF CLERK
HOUSE OF REPRESENTATIVES



DIANE D. DENISH, PRESIDENT
SENATE



LENORE M. NARANJO, CHIEF CLERK
SENATE

Approved by me this 8th day of March, 2010



BILL RICHARDSON, GOVERNOR
CHIEF STATE OF NEW MEXICO

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