



The Legislature  
of the  
State of New Mexico

49th Legislature, 2nd Session

LAWS 2010

CHAPTER 43

HOUSE BILL 26, as amended

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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."

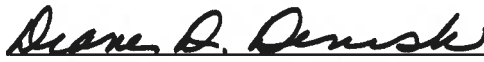
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BEN LUJAN, SPEAKER  
HOUSE OF REPRESENTATIVES



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HOUSE OF REPRESENTATIVES



DIANE D. DENISH, PRESIDENT  
SENATE



LENORE M. NARANJO, CHIEF CLERK  
SENATE

Approved by me this 8<sup>th</sup> day of March, 2010



BILL RICHARDSON, GOVERNOR  
CHIEF STATE OF NEW MEXICO

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