

New Mexico Nurse Practitioners Council
Week Ending 1.21.2012

Welcome to the first report of the 2012 Legislative Session. Over 300 bills, memorials and constitutional amendments have been introduced in this 30-day session which by law is for the purpose of developing a state budget. Governor Martinez is following in the footsteps of Governor Richardson in authorizing a large number of non-fiscal bills to be discussed in this short session. She has issued 80 “messages” (documents authorizing bills to be discussed) for this session. Many bills which have already been introduced DO NOT have a governor “message” so they may NOT be ruled germane. It is the responsibility of the House and Senate Rules Committees to determine if a bill has “message” or if it is on a similar topic to one of the governor’s messages. If a bill does not have a “message” or is not of a messaged topic, it will be ruled NOT germane and will not be discussed.

BUDGET: One week ago all parties (governor and legislators) agreed that the State had a surplus of over \$250 million. Unfortunately one of the State’s primary revenue generators suddenly began to dramatically decline. Some of the budget surplus has been based upon natural gas remaining around \$5.70 per BTU – now the price is down to less than \$3.00 per BTU. For every \$.10 increase in natural gas prices the State receives between \$10 and \$12 million of revenue. Senator John Arthur Smith, chair of Senate Finance, estimates we may only have \$187 million or less of new revenue. We know that Medicaid has requested \$50 million to address increasing client load. State and school employees anticipate that the 1.75% of their salaries going to retirement will be replaced by state dollars – approximately \$47 million. The Legislature and the Governor have various education funding ideas which may be curtailed if revenue is not available. The House and Senate Finance Committees will be meeting this week to determine just how much money may be available. Stay tuned.

HEALTH INSURANCE EXCHANGE: According to federal law each state must have a health insurance exchange up and running by January 2014. You may recall in last year’s legislative session several bills were introduced addressing this issue. Sen. Feldman and Sen. Munoz combined their bills resulting in passage by both chambers. The combined bill was vetoed by the governor. The governor’s office did apply for federal exchange money last year and received \$34 million to create an exchange and to fund the IT system. In the grant application, they indicated that the exchange would be housed in the existing Health Insurance Alliance. Many legislators do not like this solution hence the bills introduced. It is unlikely that these bills will be ruled germane.

NURSING BUDGET ISSUE: The Legislative Finance Committee in their budget process decided it was time to **end** the grant “nursing enhancement money” going to all nursing programs at college and universities. This fund at its high in 2007 was around \$5 million and in this fiscal year is \$2.6 million. The Governor’s proposed budget does NOT reduce this funding. The House Appropriation & Finance Committee will be deciding in the next week which amount will be included in the HB2 Budget.

SB120 Medical Imaging Licensing Exception – This is our bill to attempt to exempt nurses who perform ultrasounds from having their training and education approved by the Environmental Improvement Board of the Environment Department. We met with the Governor’s Chief of Staff Keith Gardner last year. He agreed that nurses should be exempt and that we should continue to work with the sonographer’s association to reach agreement - which we have done. We thought we had an agreement with them. I drafted a bill as we discussed, but they did not like it. For two months I have request from them their language which has not been provided. I went to Keith Gardner in December relating that we did not have agreement, but needed this issue resolved or regulations (not yet written by DOE) would greatly interfere with nurses’ ability to perform their jobs especially in hospital settings. He said that he would get a message from the governor so it could be discussed this session and that he would talk to the staff at the Environment Department. We don’t have a message yet and Keith has not indicated where DOE stands on the issue. I hope to have some resolution for our direction Monday or Tuesday.

Below are the numerous health related bills introduced which may or may not be discussed at this session depending on whether they are determined germane.

Let me hear your comments/ thoughts/ questions.

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HB17 - Legislative Approval for Medicaid Changes

Bill Number	17
Sponsors	Rep. Eleanor Chavez (D)
Summary	(For the Legislative Health and Human Services Committee) Before seeking federal approval for amendments to the state Medicaid plan, waivers of plan requirements or amendments to existing waivers of plan requirements, the secretary of the Human Services Department must obtain prior approval from the Legislature.
Analysis - All	Analysis Type: Introduced, added 2012-01-10 (For the Legislative Health and Human Services Committee) Before seeking federal approval for amendments to the state Medicaid plan, waivers of plan requirements or amendments to existing waivers of plan requirements, the secretary of the Human Services Department must obtain prior approval from the Legislature.
	The requirement applies when proposed changes have a fiscal impact of more than \$1 million or would modify eligibility standards. Legislative approval also applies if HSD seeks federal permission to add, remove or modify benefits or add or modify cost sharing or premium obligations for recipients.
Intro Date	2011-12-15
Last Action	01/18/2012 - H - Introduced and referred to House Rules
Complete	12/15/2011 - H - Pre-filed in the House
History	01/18/2012 - H - Introduced and referred to House Rules

HB18 - Health Care Information System Data Management
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Bill Number 18
 Sponsors Rep. Mimi Stewart (D)
 Summary (For the Legislative Health and Human Services Committee) All data management duties and activities required by the Health Information System Act are transferred from the New Mexico Health Policy Commission to the Department of Health. A temporary provision transfers appropriations, funds, equipment, property and contracts directly related the Health Information Act from the commission to the department.
 Analysis - All Analysis Type: Introduced, added 2012-01-10
 (For the Legislative Health and Human Services Committee) All data management duties and activities required by the Health Information System Act are transferred from the New Mexico Health Policy Commission to the Department of Health. A temporary provision transfers appropriations, funds, equipment, property and contracts directly related the Health Information Act from the commission to the department.
 Intro Date 2011-12-16
 Last Action 01/18/2012 - H - Introduced and referred to House Rules
 Complete 12/16/2011 - H - Pre-filed in the House
 History 01/18/2012 - H - Introduced and referred to House Rules

HB19 - Health Care Data Collection

Bill Number 19
 Sponsors Rep. Mimi Stewart (D)
 Summary (For the Legislative Health and Human Services Committee.) Directs that the University of New Mexico assume all data-related duties pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act from the Department of Health. Transfers all data, appropriations, property, personnel, records and contracts related to data collection, analysis, storage or use under the act from the Department of Health to the University of New Mexico.
 Analysis - All Analysis Type: Introduced, added 2012-01-10
 (For the Legislative Health and Human Services Committee.) Directs that the University of New Mexico assume all data-related duties pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act from the Department of Health. Transfers all data, appropriations, property, personnel, records and contracts related to data collection, analysis, storage or use under the act from the Department of Health to the University of New Mexico.

 The President of UNM (rather than the Secretary of Health) is authorized to designate health care work force licensing and regulatory boards; to create and maintain the “health care work force database;” to contract and collaborate with public and private agencies to analyze data collected; and to convene a work group charged with attracting qualified persons to pursue health care education and practice in New Mexico, developing short- and long-term plans to improve health care access in the state, and building healthier communities. UNM, rather than the DOH, shall be the repository of all data, appropriations, property, personnel, records, contracts, etc.
 Intro Date 2011-12-16
 Last Action 01/18/2012 - H - Introduced and referred to House Rules
 Complete 12/16/2011 - H - Pre-filed in the House
 History 01/18/2012 - H - Introduced and referred to House Rules

HM17 - "Medicaid Appreciation Day" in the House

Bill Number	17
Sponsors	Rep. Mimi Stewart (D)
Summary	Proclaims January 24, 2012 "Medicaid Appreciation Day" in the House, in recognition of Medicaid's role as the foundation for New Mexico's health care system.
Analysis - All	Analysis Type: Introduced, added 2012-01-19 Proclaims January 24, 2012 "Medicaid Appreciation Day" in the House, in recognition of Medicaid's role as the foundation for New Mexico's health care system.
	Requests the Senate to join the House in celebrating Medicaid Appreciation Day and supporting a robust Medicaid program.
	Requests Governor Martinez and her Cabinet to support a Medicaid program that preserves all Medicaid services with no increased costs for participants and ensures that all eligible New Mexicans are enrolled, and requests the Governor to join the House in funding the program adequately to ensure its ongoing success.
	Copies of this memorial shall be transmitted to the Governor, the President Pro Tempore of the Senate, and the Secretary of Human Services.
Intro Date	2012-01-19
Last Action	01/19/2012 - H - Not referred to committee, placed on Speaker's table
Complete History	01/19/2012 - H - Not referred to committee, placed on Speaker's table

SB6 - New Mexico Health Insurance Exchange

Bill Number	6
Sponsors	Sen. Dede Feldman (D)
Summary	(Similar to 2011 SB38) (For the Legislative Health and Human Services Committee) Creates a nonprofit public corporation, the New Mexico Health Insurance Exchange, to provide qualified individuals and employers with increased access to health insurance. The Exchange is intended to assume the functions of the N.M. Health Insurance Alliance (Secs. 59A-56-1 through 59A-56-25), which offers health insurance to eligible small businesses and individuals.
Analysis - All	Analysis Type: Introduced, added 2011-12-16 (Similar to 2011 SB38) (For the Legislative Health and Human Services Committee) Creates a nonprofit public corporation, the New Mexico Health Insurance Exchange, to provide qualified individuals and employers with increased access to health insurance. The Exchange is intended to assume the functions of the N.M. Health Insurance Alliance (Secs. 59A-56-1 through 59A-56-25), which offers health insurance to eligible small businesses and individuals.
	QUALIFICATIONS. Health insurance plans are considered "qualified" if certified by the Superintendent of Insurance as meeting requirements in state and federal law for coverage through the Exchange. A "qualified" individual must be a legally domiciled, physically full-time resident in the state, a full-time student of an institution of higher education located in N.M., or a qualified resident who is a full-time student at an educational institution outside of the state. Qualified individuals also include employees of a qualified employer and dependents of qualified individuals. Individuals are considered qualified who are reasonably expected to be a citizen or national of the U.S. or are lawful aliens in the U.S. Individuals are not considered qualified if

incarcerated at the time of enrollment.

BOARD OF DIRECTORS. Creates a 13-voting member board of directors: the secretary of the Human Services Department, four members appointed by the governor who represent insurance carriers, four members appointed by the Superintendent of Insurance who are not professionally affiliated with a carrier and have purchased coverage in the Exchange, one member appointed by the President of the Senate and one member by the Senate minority leader who is an individual consumer in the individual health insurance market, one member appointed by the Speaker of the House and one member by the House minority leader who is an employee of a small employer. The Superintendent of Insurance is a nonvoting member of the board.

Ten of the initial voting members must be appointed from the membership of the N.M. Health Insurance Alliance board for the duration of their respective terms. As a whole, the board must be composed in a way that its membership assures representation of the state's Native American population ethnic, cultural and geographic diversity. Board members must have demonstrated knowledge or experiences in at least one of these health insurance area: purchasing coverage in the individual or small employer market; health care finance, economics or policy; coverage for underserved residents; and the administration of private or public health care insurance.

The board must meet within 60 days from the effective date of the act and at least once a year after that. It must appoint one or more health care coverage advisory committees to make recommendations concerning health care coverage. Another advisory committee must be made up of Native Americans to guide the implementation of Native American-specific provisions of the federal statutes affecting state health care practices.

PLAN OF OPERATION. The Exchange Board must submit a plan of operation for approval by the Superintendent of Insurance, after notice and hearing, that includes:

- procedures for implementation of the act that are consistent with state and federal law. This includes determination of qualified health plans and qualified employers, eligibility requirements, the administration of fees and assessments, a navigator program, and a quality rating system for the plans;
- procedures for handling and accounting the exchange's assets;
- regular times and meeting places for the board;
- programs to publicize the existence of the exchange and its services; and,
- consumer complaint, grievance and conflict of interest policies and procedures.

FUNDING. Creates a nonreverting New Mexico Health Insurance Exchange Fund for federal and state appropriations, and other sources of revenue to the Exchange. The board is directed to contract with the Human Services Department or other state agencies that receive federal funds for planning, implementing or operating a health insurance exchange.

OTHER PROVISIONS. Staff and board members of the Exchange are deemed public employees for purposes of the Tort Claims Act. The Exchange is exempted from all fees and taxes levied by the state or its political subdivisions. HSD is directed to cooperate with the Exchange to share information and facilitate transitions between the Exchange and Medicaid, the Children's Health Insurance Program or any other state public health coverage program. The Superintendent of Insurance is required to cooperate with the Exchange to share information and assist in implementation of its functions.

REPORTING. By November 1, 2012, the board is directed to report findings and submit recommendations to the Legislative Health and Human Services Committee, the Legislative Finance Committee and the Superintendent on how to avoid adverse selection; and to the Legislative Health and Human Services Committee and the Legislative Finance Committee on whether to change the definition of "small employer" from 50 to 100 FTE employees before January 1, 2016 (the board is also directed to formulate a transition plan for the Exchange and

insurance carriers irrespective of whether the transfer occurs prior to January 1, 2016).

By July 1, 2013, the board must provide recommendations to the LFC and appropriate interim legislative committees on mechanisms for funding the Exchange and a plan for achieving self-sufficiency.

By July 1, 2016, the board is directed to provide recommendations to the Legislative Health and Human Services Committee and the Legislative Finance Committee on whether to:

(1) continue limiting employer status to small employers or to expand it to include large employers, (2) whether to combine the large employer risk pool with the small group market; (3) combine the individual, small group and large employer markets into a single risk pool; and (4) enter into an exchange with other states or share resources or responsibilities to enhance the affordability of operating the Exchange.

TEMPORARY PROVISIONS. The N.M. Health Insurance Alliance may fund reasonably required staff and other operating expenses of the Exchange until the date is required by federal law to be self-sustaining. If federal funding becomes available to the Exchange, it is required to reimburse the Alliance for resources that were provided. The boards of the two organizations must meet to develop a plan for portability of coverage. On January 1, 2014, all personnel, equipment, functions and references in law to the Alliance are transferred to the Exchange.

REPEALED SECTIONS. Sections 59A-56-1 through 59A-56-25 (the N.M. Health Insurance Alliance Act) are repealed on January 1, 2014.

Intro Date	2011-12-15
Last Action	01/18/2012 - S - Introduced and referred to Senate Committee on Committees
Complete History	12/15/2011 - S - Pre-filed in the Senate 01/18/2012 - S - Introduced and referred to Senate Committee on Committees 01/18/2012 - S - Also referred to Senate Public Affairs 01/18/2012 - S - Also referred to Senate Finance

SB7 - Basic Health Care Insurance Program for Uninsured

Bill Number	7
Sponsors	Sen. Dede Feldman (D)
Summary	(For the Legislative Health and Human Services Committee) Appropriates \$100,000 (GF) to the Human Services Department to hire staff in fiscal years 2013 and 2014 in order to create and operate a basic health program for eligible individuals through standard health plans. Carrier is defined as an insurer, HMO, nonprofit health care plan or other entity responsible for payment of health benefits or provision of health care services. Applies to low-income persons under the age of 65 who do not qualify for the state's Medicaid program and who are not eligible to buy coverage on a state or federal health insurance or health benefits exchange.
Analysis - All	Analysis Type: Introduced, added 2012-01-10 (For the Legislative Health and Human Services Committee) Appropriates \$100,000 (GF) to the Human Services Department to hire staff in fiscal years 2013 and 2014 in order to create and operate a basic health program for eligible individuals through standard health plans. Carrier is defined as an insurer, HMO, nonprofit health care plan or other entity responsible for payment of health benefits or provision of health care services. Applies to low-income persons under the age of 65 who do not qualify for the state's Medicaid program and who are not eligible to buy coverage on a state or federal health insurance or health benefits exchange.

Health Program Criteria. Sets forth criteria under which the health program will be created. The health coverage must provide services that (1) hold at least 98 percent or greater equivalency of the full actuarial value of benefits provided under each participating health plan; (2) maintain a medical loss ratio of at least 85 percent; (3) provides at least three plans from which to choose; (4) pursuant to federal law, limit annual enrollee premiums in fiscal year 2013 to \$100 per individual and maximum cost-sharing of two percent of expenses, with maximum annual premiums of \$3,967 for families and \$1,983 for individuals; and (5) provide small employers with the option to pay a portion or all of the employees' cost-sharing obligations. Exempt from the cost-sharing features are members of a federally recognized Indian nation, tribe or pueblo whose household income is 133 percent below the federal poverty level and who are not eligible for state Medicaid.

Evaluation and Negotiation of Health Plans. Establishes standards for HSD secretary to adopt a uniform procedure to evaluate and negotiate proposals from insurance carriers that include (1) whether plan is similar to Medicaid program benefits; (2) quality of services are at least as "rigid" as those required of managed care health plans participating in the Medicaid program; (3) ability to meet the health care needs of people with low incomes; (4) assurance of a carrier network with sufficient number, mix of practice areas and geographic distribution to meet target population needs.

Standard Health Plan Provisions. Mandatory requirements for the plan include coordinating and managing care for enrollees; providing preventive services; establishing provider-patient relationships with focus on patient involvement in health care decision-making; providing quality care and better outcomes; and reporting to HSD secretary on each requirement.

Department and Secretary Responsibilities. Additional requirements include criteria for publication of an annual report by the HSD secretary that include enrollment statistics by county; creation of a single application to participate in the state Medicaid program, Children's Health Insurance Program, basic health program and any health insurance exchange operating in the state; and a health insurance exchange to assist eligible individuals in enrolling in the state's basic health program.

Authorizes HSD secretary to adopt rules to implement and operate the basic health program. Rules must address grievances and appeals; enrollment periods that include qualifications and procedures for enrollment; and rules to establish sources of nonstate revenue for any shortfall in federal funding for the basic health program.

Also directs HSD secretary to create a trust fund to operate the program, restricting use of the funds to reducing premiums or other cost sharing, or to provide additional benefits to enrollees. Fund is not to be used for state's determination of nonfederal funds or for federal-match purposes.

Pooling Risk. For purposes of risk adjustment, the risk in each plan that participates in the program shall be pooled with all health plans in the individual and small group markets.

Intro Date	2011-12-15
Last Action	01/18/2012 - S - Introduced and referred to Senate Committee on Committees
Complete History	12/15/2011 - S - Pre-filed in the Senate 01/18/2012 - S - Introduced and referred to Senate Committee on Committees 01/18/2012 - S - Also referred to Senate Public Affairs 01/18/2012 - S - Also referred to Senate Finance

SB8 - Primary Care Physician Conditional Tuition Waivers

Bill Number 8
 Sponsors Sen. Dede Feldman (D)
 Summary (For the Legislative Health and Human Services Committee) Appropriates \$300,000 (GF) to the Higher Education Department for FY2013 funding of the primary care physician conditional tuition waiver program.
 Analysis - Analysis Type: Introduced, added 2012-01-10
 All (For the Legislative Health and Human Services Committee) Appropriates \$300,000 (GF) to the Higher Education Department for FY2013 funding of the primary care physician conditional tuition waiver program.
 Intro Date 2011-12-15
 Last Action 01/18/2012 - S - Introduced and referred to Senate Committee on Committees
 Complete 12/15/2011 - S - Pre-filed in the Senate
 History 01/18/2012 - S - Introduced and referred to Senate Committee on Committees
 01/18/2012 - S - Also referred to Senate Education
 01/18/2012 - S - Also referred to Senate Finance

SB106 - Methadone Replacement Therapy Coverage

Bill Number 106
 Sponsors Sen. Richard C. Martinez (D)
 Summary Requires the Human Services Department to provide coverage for patients undergoing methadone replacement therapy.
 Analysis - All Analysis Type: Introduced, added 2012-01-19
 Requires the Human Services Department to provide coverage for patients undergoing methadone replacement therapy.
 Intro Date 2012-01-19
 Last Action 01/19/2012 - S - Introduced and referred to Senate Committee on Committees
 Complete 01/19/2012 - S - Introduced and referred to Senate Committee on Committees
 History 01/19/2012 - S - Also referred to Senate Public Affairs
 01/19/2012 - S - Also referred to Senate Judiciary

SB108 - Notice to Enrollees before Reclassifying Prescription Drugs

Bill Number 108
 Sponsors Sen. Timothy Z. Jennings (D)
 Summary (For the Legislative Health and Human Services Committee). Proposes to amend sections of the New Mexico Insurance Code, the Health Maintenance Organization Law and the Nonprofit Health Care Plan to require notice to enrollees before reclassifying prescription drugs or removing them from the formulary.
 Analysis - All Analysis Type: Introduced, added 2012-01-19
 (For the Legislative Health and Human Services Committee). Proposes to amend sections of the New Mexico Insurance Code, the Health Maintenance Organization Law and the Nonprofit Health Care Plan to require notice to enrollees before reclassifying prescription drugs or removing them from the formulary.

Specifies that insurance providers may not, prior to the annual anniversary date of a policy, plan or certificate, reclassify a drug to a higher tier of the formulary; reclassify a drug from a preferred

classification to a nonpreferred classification, unless the reclassification results in the drug moving to a lower tier; or increase cost-sharing, copayment, deductible or coinsurance charges for the drug. Directs administrators for policies, plans and certificates to give enrollees 60 days' notice before reclassifying a drug or removing it from the formulary.

Does not apply if federal law requires the state to make payments on behalf of enrollees to cover the cost difference between preferred and non-preferred drugs.

Intro Date 2012-01-19
Last Action 01/19/2012 - S - Introduced and referred to Senate Committee on Committees
Complete 01/19/2012 - S - Introduced and referred to Senate Committee on Committees
History 01/19/2012 - S - Also referred to Senate Public Affairs
01/19/2012 - S - Also referred to Senate Corporations and Transportation

SB113 - UNM Responsible for the Health Care Work Force Database

Bill Number 113
Sponsors Sen. Sue Wilson Beffort (R)
Summary Transfers responsibility for collection of data pursuant to the Health Care Work Force Data Collection Act from the Department of Health to the University of New Mexico. Provides for data, appropriations, contracts, property, personnel and records related to data collection to be transferred to the university on July 1, 2012. Specifies that the department will continue to have access to data that is maintained by the university and that the data will be maintained in a manner that conforms to department rules.
Analysis - All Analysis Type: Introduced, added 2012-01-19
Transfers responsibility for collection of data pursuant to the Health Care Work Force Data Collection Act from the Department of Health to the University of New Mexico. Provides for data, appropriations, contracts, property, personnel and records related to data collection to be transferred to the university on July 1, 2012. Specifies that the department will continue to have access to data that is maintained by the university and that the data will be maintained in a manner that conforms to department rules.
Intro Date 2012-01-19
Last Action 01/19/2012 - S - Introduced and referred to Senate Committee on Committees
Complete 01/19/2012 - S - Introduced and referred to Senate Committee on Committees
History 01/19/2012 - S - Also referred to Senate Public Affairs
01/19/2012 - S - Also referred to Senate Judiciary

SB114 - Birth Defects Prevention and Surveillance

Bill Number 114
Sponsors Sen. Sue Wilson Beffort (R)
Summary Appropriates \$100,000 (GF) to the Department of Health to fund the Birth Defects Prevention and Surveillance System.
Analysis - All Analysis Type: Introduced, added 2012-01-19
Appropriates \$100,000 (GF) to the Department of Health to fund the Birth Defects Prevention and Surveillance System.
Intro Date 2012-01-19

Last Action	01/19/2012 - S - Introduced and referred to Senate Committee on Committees
Complete	01/19/2012 - S - Introduced and referred to Senate Committee on Committees
History	01/19/2012 - S - Also referred to Senate Public Affairs
	01/19/2012 - S - Also referred to Senate Finance

SB119 - Transfers Health Policy Commission Data Management Duties

Bill Number	119
Sponsors	Sen. Sue Wilson Beffort (R)
Summary	(Similar to HB18). Transfers the data management duties of the Health Policy Commission, along with property, records and contracts directly relating to data management, to the Department of Health.
Analysis - All	Analysis Type: Introduced, added 2012-01-19 (Similar to HB18). Transfers the data management duties of the Health Policy Commission, along with property, records and contracts directly relating to data management, to the Department of Health.
	Unlike HB18 this bill contains an exception for the Health Care Work Force database. The University of New Mexico shall maintain this database, but is directed to provide access to the data to the Department of Health. This provision is contingent upon the enactment of legislation by this session of the Legislature to transfer administration of health care work force data from the Department of Health to UNM.
Intro Date	2012-01-19
Last Action	01/19/2012 - S - Introduced and referred to Senate Committee on Committees
Complete	01/19/2012 - S - Introduced and referred to Senate Committee on Committees
History	01/19/2012 - S - Also referred to Senate Public Affairs
	01/19/2012 - S - Also referred to Senate Judiciary

SB120 - Ultrasound and Other Medical Imaging Modalities

Bill Number	120
Sponsors	Sen. Howie C. Morales (D)
Summary	Revises sections of the Medical Imaging and Radiation Therapy Health and Safety Act and other statutes pertaining to ultrasound imaging education, licensure and standards. The revisions permit certain licensed health care professionals and students to perform point-of-care ultrasound imaging procedures. A new section of the Public Health Act requires the Department of Health to adopt rules for the education and training of nurse-midwife licensees to provide ultrasound services.
Analysis - All	Analysis Type: Introduced, added 2012-01-19 Revises sections of the Medical Imaging and Radiation Therapy Health and Safety Act and other statutes pertaining to ultrasound imaging education, licensure and standards. The revisions permit certain licensed health care professionals and students to perform point-of-care ultrasound imaging procedures. A new section of the Public Health Act requires the Department of Health to adopt rules for the education and training of nurse-midwife licensees to provide ultrasound services.
	The Department of Environment is authorized to establish limited practice licensure standards for restricted diagnostic radiography. In doing so, it may require students in medical imaging and radiation therapy educational programs to register with the department while enrolled in an

approved education program. It also may adopt rules and regulations for the education and licensure of advanced medical imaging professionals. Medical imaging license requirements do not apply to students who perform medical imaging or radiation therapy modalities in practice while attending an accredited college of medicine, osteopathy, chiropractic, podiatry, dentistry or dental hygiene. Medical imaging or radiation therapy performed by a student must be under the supervision of a licensed practitioner. Also exempt from imaging license requirements are a licensed practitioner, nurse or a certified nurse-midwife performing ultrasound procedures.

A limited practice license is authorized for persons who perform nonmobile restricted diagnostic radiography that is limited to the following procedures: applying radiation for diagnostic purposes in the practice of dentistry or applying radiation to the viscera of the thorax, extremities, axial or appendicular skeleton, or the foot, ankle or lower leg.

A temporary license may be issued to a person who satisfactorily completes an approved program in medical imaging or radiation therapy. It may be applied for no more than 60 days before graduation or with one year following graduation. The license may be valid for up to one year unless the licensee fails to graduate from the educational program. Temporary endorsements may be issued to allow a temporary licensee to perform medical imaging or radiation therapy in one or more additional specialty areas of the licensee's authorized modality. An endorsement may be issued for a period of up to a nonrenewable two years for a specific specialty area and is valid only when used under the supervision of a licensed practitioner in the medical imaging or radiation therapy modality being performed. Different degrees of supervision are defined.

“Modality” is given a specific meaning as used in the Medical Imaging and Radiation Therapy Health and Safety Act. It refers to:

- diagnostic medical sonography;
- magnetic resonance imaging;
- nuclear medicine technology;
- radiation therapy; and
- radiography

The term modality applies also to specialty areas within a medical imaging or radiation therapy that has been designated by the applicable certification or credentialing organization.

Changes the name of the Radiologic Technology Fund to the Medical Imaging and Radiation Therapy Fund.

Intro Date	2012-01-19
Last Action	01/19/2012 - S - Introduced and referred to Senate Committee on Committees
Complete	01/19/2012 - S - Introduced and referred to Senate Committee on Committees
History	01/19/2012 - S - Also referred to Senate Public Affairs 01/19/2012 - S - Also referred to Senate Judiciary

SJM6 - Low Income Health Program Study

Bill Number	6
Sponsors	Sen. Gerald Ortiz y Pino (D)
Summary	(For the Legislative Health and Human Services Committee) Requests the Human Services Department to study the benefits of implementing a basic health program for individuals with low incomes who do not qualify for Medicaid.
Analysis -	Analysis Type: Introduced, added 2012-01-10

All (For the Legislative Health and Human Services Committee) Requests the Human Services Department to study the benefits of implementing a basic health program for individuals with low incomes who do not qualify for Medicaid.

Intro Date 2012-01-04

Last Action 01/17/2012 - S - Also referred to Senate Public Affairs

Complete 01/03/2012 - S - Pre-filed in the Senate

History 01/17/2012 - S - Introduced and referred to Senate Rules
01/17/2012 - S - Also referred to Senate Public Affairs

SJM9 - Institutional Patient Reintegration

Bill Number 9

Sponsors Sen. Linda M. Lopez (D)

Summary (For the Legislative Health and Human Services Committee) Calls upon the Human Services Department to fully implement the Money Follows the Person in New Mexico Act that became effective July 1, 2011 and use federal funds granted to the department to move eligible disabled persons from institutional care and reintegrate them into their homes so as to improve their quality of life as well as to cut costs.

Analysis - All Analysis Type: Introduced, added 2012-01-10
(For the Legislative Health and Human Services Committee) Calls upon the Human Services Department to fully implement the Money Follows the Person in New Mexico Act that became effective July 1, 2011 and use federal funds granted to the department to move eligible disabled persons from institutional care and reintegrate them into their homes so as to improve their quality of life as well as to cut costs.

Cites the backlog of thousands of disabled persons awaiting placement in home- and community-based services, some for as long as eight years. However, the current HSD policy prohibits individuals from receiving services unless they are first removed from their homes and placed in nursing facilities. But failure of the department to follow the act, which allows institutional care Medicaid funds to be used for community services, increases the backlog and results in higher patient costs. The LFC pegged the average monthly institutional per patient cost to be over \$3,300, whereas the cost of community based services are a little over \$2,000 per month.

Intro Date 2012-01-10

Last Action 01/17/2012 - S - Also referred to Senate Public Affairs

Complete 01/06/2012 - S - Pre-filed in the Senate

History 01/17/2012 - S - Introduced and referred to Senate Rules
01/17/2012 - S - Also referred to Senate Public Affairs