



**New Mexico  
Hospital Association**

**NMHA Committee's list, if you or someone from you facility would like to join one of the committees listed below please complete this form return. You must be a member of NMHA to be on a committee. Please fax form to Judy Hall at 343-0012 or email [jhall@nmhsc.com](mailto:jhall@nmhsc.com).**

**FROM:** Name: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Internal Services**

The Secretary-Treasurer of the Board is the Chairperson of this committee. This committee plans and facilitates the Board's Annual Strategic Planning Retreat, and is responsible for recommending any appropriate changes to the NMHA bylaws. This committee also provides input into the educational programs, including the annual membership meeting. This committee meets monthly or as needed.

**Medicaid Task Force**

This committee is responsible for identification of financing and payment issues affecting member organizations, identifying potential solutions to payment concerns, and plans for achieving and implementing solutions. This committee makes recommendations to the Board. This committee meets quarterly.

**Small and Rural Hospital CEOs Teleconference Committee**

This is a teleconference meeting with CEOs of rural hospitals. This meeting updates participants on Association activities and provides the CEOs with the opportunity to discuss issues of importance with their peers. This committee meets on an "as needed basis."

**Public Policy/Legislative Task Force**

This committee is responsible for advising the membership, NMHA Board and Executive committee and staff on specific legislative public policy issues. The Task Force's primary activities take place just prior to and during the legislative sessions, up until the final date for the Governor to sign bills. Additionally, the group will meet as needed to address interim legislative committee or Task Force activity.

**I am currently a member of a committee(s) and wish to continue to participate**

**I would like to join the committee(s) listed below:**

Committee name: \_\_\_\_\_  
\_\_\_\_\_

**I have confirmed that the following representative from my facility would like to join the committee(s) listed below:**

Rep name: \_\_\_\_\_  
Rep email/phone: \_\_\_\_\_  
Committee name(s) \_\_\_\_\_  
\_\_\_\_\_