MINUTES
of the
SECOND MEETING
of the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

July 9, 2018
Fort Bayard Medical Center Chapel
Building F
41 Fort Bayard Road
Santa Clara, NM 88026

July 10, 2018
Hidalgo Medical Services
1007 N. Pope Street
Silver City, NM 88061

July 11, 2018
Tu Casa
3200 32nd Street Bypass
Silver City, NM 88061

The second meeting for the 2018 interim of the Legislative Health and Human Services Committee (LHHS) was called to order on July 9, 2018 by Representative Deborah A. Armstrong, chair, at 9:08 a.m. in the Fort Bayard Medical Center (FBMC) Chapel.

Present
Rep. Deborah A. Armstrong, Chair
Sen. Gerald Ortiz y Pino, Vice Chair
Rep. Rebecca Dow
Sen. Mark Moores
Rep. Elizabeth "Liz" Thomson

Absent
Rep. Gail Armstrong
Sen. Bill B. O'Neill
Sen. Cliff R. Pirtle

Advisory Members
Rep. Joanne J. Ferrary
Sen. Linda M. Lopez
Rep. Rodolpho "Rudy" S. Martinez
Sen. Cisco McSorley
Sen. Nancy Rodriguez
Sen. William P. Soules
Sen. Bill Tallman (7/9)
Rep. Christine Trujillo
Rep. Miguel P. Garcia
Sen. Gay G. Kernan
Rep. Tim D. Lewis
Sen. Howie C. Morales
Sen. Mary Kay Papen
Rep. Patricia Roybal Caballero
Rep. Angelica Rubio
Rep. Nick L. Salazar
Sen. Elizabeth "Liz" Stefanics

Behavioral Health Subcommittee
Rep. Sharon Clahchischilliage (7/10, 7/11)

Guest Legislator
Rep. Debbie A. Rodella (7/10)

(Attendance dates are noted for those members not present for the entire meeting.)

Staff
Michael Hely, Staff Attorney, Legislative Council Service (LCS)
Karen Wells, Contract Staff, LCS

Guests

The guest list is in the meeting file.

Handouts

Handouts and other written testimony are in the meeting file.

Monday, July 9

Representative Armstrong called the meeting to order and offered welcoming remarks. Members introduced themselves.

Department of Health (DOH) Update

Lynn Gallagher, secretary, DOH, described the programs and services that the DOH provides throughout the state. The health conditions that the DOH has prioritized in its population health focus include obesity, diabetes, substance abuse and teen births. Secretary Gallagher described clinical and other public health services provided by the DOH. She identified the financial support that is provided to the 70 school-based health centers (SBHCs) statewide, as well as the number and types of services provided in those centers. The DOH estimates that for every $1.00 spent on SBHCs, there is a $7.00 return on investment.

Secretary Gallagher referred to a "winnable battles" initiative in which the DOH is participating pursuant to a National Conference of State Legislatures initiative that began in June 2016. New Mexico is focusing its winnable battles initiative on reducing the rate of unplanned teen pregnancies through increasing access to long-acting reversible contraceptives (LARCs), telehealth access to clinic services and, using private funding, the creation of a digital media campaign aimed at 15- to 19-year-olds. Progress in this area is demonstrated through increased LARC use in Medicaid and Title X services. Secretary Gallagher introduced Jeff Lara, the new deputy director of the Public Health Division of the DOH, who provided additional information regarding the media campaign, which utilizes social media.

Committee members had questions and comments in the following areas:

- clarification regarding what the DOH is doing to serve the 40% of New Mexico residents who live in health care shortage areas: partnerships and programs are targeted at providing clinicians in these areas and strengthening trauma response;
- whether SBHCs are being expanded in rural areas: yes, where there is support from local school boards and sufficient funding;
- whether the DOH is collecting information on the incidence of adverse childhood events (ACEs): yes, but the DOH could do more;
- an observation that the ACEs questionnaire is quite long, burdensome and very invasive and has the potential to disrupt the very important goal of developing trust with families;
- an observation that the youth resilience questionnaire might serve as a model for ACEs, particularly the fact that it is conducted in schools where professionals are available, if needed;
- an observation regarding the importance of broad availability of naloxone, a drug that reverses opioid overdose;
- clarification regarding the DOH process for approving applications for participation in the state's medical cannabis program: the DOH is working hard to streamline and expedite the approval process;
- whether the home-visiting demonstration program is being approved in the Medicaid waiver application: this is not known, but the DOH will follow up;
- whether the needle exchange harm-reduction program accurately counts both distributed and returned needles: yes, the DOH counts both and is working to address discrepancies;
- clarification regarding the transition process of the New Mexico State Veterans' Home to the DOH's control;
- an observation about opportunities to improve the business image of New Mexico and prevent the exodus of health care providers from the state;
- clarification regarding the intent of the media campaign: it is focused on life planning, education and the use of LARCs to prevent pregnancies;
- which entity is doing advertisement placement on social media to ensure appropriate access by the intended population: it was developed with a private consultant;
- whether data are being gathered on veterans and prostate cancer: this is not known, but the DOH will provide information;
- clarification regarding DOH support for developing student interest in pursuing health care professions: the DOH reports that it strongly supports this;
- clarification on efforts to sustain and grow SBHCs: the DOH is providing outreach and is partnering with federally qualified health centers and hospitals;
- whether all SBHCs have behavioral health and oral health services: yes, all DOH-sponsored SBHCs have these services;
- clarification regarding the reason that there are fewer SBHCs in recent years: there are many factors, including limited funding and lack of providers;
- whether students' family members can access services at SBHCs: it depends on the individual school;

- clarification regarding access to reimbursement to SBHCs by private insurance: centers without a medical sponsor are ineligible to receive insurance reimbursement; visits that are confidential are not billed to insurance;
- whether progress is being made to resolve the *Jackson* lawsuit: the DOH has satisfied all but four requirements of the lawsuit; the courts are reviewing whether the state has any unresolved items; the DOH is hopeful that at the next hearing it will receive a judgment that there are no outstanding issues with which the state is out of compliance;
- a request for specific information on how the DOH has demonstrated compliance with the *Jackson* lawsuit;
- clarification on the process of budget development for the upcoming fiscal year, given the change in leadership: Secretary Gallagher is trying to anticipate the needs of the DOH, especially emphasizing what she sees as a critical need for upgrades to the vital records system;
- a request for additional funding for public health services;
- whether the DOH has recommendations for right-sizing the system of public health offices: the DOH is looking at the best way to provide medical homes and whether it is possible to provide practitioners, given serious workforce shortages;
- clarification regarding DOH efforts to ensure that the department has adequate nurse staffing and the extent to which it relies on traveling nurses: the DOH uses relatively few traveling nurses; however, the DOH is working with the State Personnel Office to hire nurses in more basic positions and then train them for specialty areas on-site;
- recognition that alcohol abuse and opioid abuse are serious problems, as supported by the data, and these are priorities of the DOH;
- an observation that, although access to naloxone is important, treatment must also be a priority; and
- recognition that access to vital records is increasing due to new requirements for identification, such as "REAL ID".

Health Facilities Licensure and Oversight

Secretary Gallagher introduced Christopher Burmeister, acting deputy director, Health Facility Licensure and Certification (HFLC), DOH, and Jason Espinoza, executive director, New Mexico Health Care Association (NMHCA).

Mr. Burmeister identified the categories and number of facilities that his division oversees for the purposes of licensing and certification, oversight and focused surveys. He detailed the elements of oversight of long-term care facilities and highlighted areas cited for immediate jeopardy in 2017. HFLC takes complaints very seriously, Mr. Burmeister said. HFLC conducts investigations, including on-site investigations, in compliance with federal requirements. He identified significant improvement in timeliness in conducting surveys. A new long-term care survey process ensures more consistency and more time spent on investigations and surveyor training in specific areas. Mr. Burmeister provided data on federal civil monetary penalty (CMP) funds. The DOH is aggressively applying for these grant funds to help long-term

care facilities to improve clinical care and quality. The amount of CMP grants awarded in 2018 was more than double the previous year.

Mr. Espinoza provided information on the number of facilities that belong to the NMHCA, as well as some data regarding the characteristics of the residents. He described a quality initiative of the association in which the association employs a registered nurse to work with facilities to identify best practices and to provide training for staff as needed and requested. Mr. Espinoza explained that the quality initiative has identified initiatives to increase members' use of national comparative data and to allow an assessment of improved quality, customer satisfaction and other key indicators. He stressed the importance of these state and national collaborations and partnerships. He identified the continuing fiscal strains that nursing homes continue to face, especially in light of the anticipated growth of the aging populations.

Committee members had questions and comments in the following areas:

- clarification regarding the focus on violations versus assistance in avoiding violations: the DOH is invested in assisting nursing homes to be successful so that the residents served can be ensured that they are receiving quality care;
- clarification regarding CMP funds: these funds are all federal money, and the DOH is focused on distributing the funds in grants to nursing homes to improve quality of care;
- clarification regarding the number of facilities that the DOH operates: FBMC in Santa Clara; the New Mexico Behavioral Health Institute at Las Vegas (NMBHI); the New Mexico Rehabilitation Center in Roswell; and the Sequoyah Adolescent Treatment Center and Turquoise Lodge Hospital in Albuquerque. In addition to these facilities, the DOH operates the Los Lunas Community Program in Los Lunas;
- clarification on the availability of translation services in nursing homes: availability is widespread and required by federal regulation;
- whether the NMHCA still desires legislation for a provider fee: it is still needed; reimbursement remains grossly under what is required;
- whether fines and penalties are compounding financial challenges: the two issues are separate; the requirement for certification is compliance with the regulations, and this is not directly related to funding;
- whether salaries for caregivers are adequate: salaries for all staff are directly related to inadequate funding; it is very difficult for nursing homes to compete with other employers, and some are in deficit funding in order to get staff and maintain quality;
- recognition that penalties assessed on facilities reduce their ability to improve their facilities;
- clarification regarding when the state conducts on-site investigations following complaints: the DOH is working with the NMHCA to encourage facilities to self-police; when the documentation demonstrates good efforts to address a facility's own issues, then the state does not need to conduct on-site surveys;

- clarification on the DOH relationship with the ombudsman program: it is good; the charge is different, so the need to work collaboratively is vital; and
- clarification on the DOH's plan for boarding home regulations: the DOH is reviewing the issue and trying to establish requirements.

Public Comment

Pamela Stafford, public policy director, The Arc of New Mexico, asserted that the Medicaid Developmental Disabilities Waiver Program (DD waiver), jointly administered by the Human Services Department (HSD) and the DOH, is supposed to not only provide medical care, but also to help clients integrate into the community, including through social services and employment. The vast majority of people served by the DD waiver have such complex needs that they need therapy and assistive technology. If those services are removed from the waiver, there could be legal challenges.

Jim Jackson, Disability Rights New Mexico, noted that collaborations to ensure quality care in nursing homes do not routinely include residents and family members. He offered his assistance in better understanding issues related to the *Jackson* lawsuit. Finally, he spoke of the DOH's legal responsibility to license boarding homes. He encouraged the committee to hold a hearing on this issue, such as how broadly to define "boarding home", what will be required to meet licensure and what is the plan to implement these requirements.

Barbara K. Webber, executive director, Health Action New Mexico (HANM), offered her expertise and personal experience regarding nursing home care issues, including rehabilitation facilities.

Pamela Angell, chief executive officer (CEO), Amador Health Center, raised a concern regarding the cost of medications for uncompensated patients who are residents in her facility.

Alex Davis, HANM, described a research project she undertook as a student comparing Washington and New Mexico. The differences are dramatic, particularly with regard to the need for assistance with activities of daily living. She thinks that many more people in nursing homes could live independently or at home with family members. She suggested that there are opportunities to shift resources from institutional care to in-home care.

Loretta Lara, daughter of a resident of a long-term care facility, described the many health problems and poor quality care experienced by her mother at the FBMC.

Rosemary Aguello said that the care at the FBMC has not been good for her mother, who is a resident there.

Dianne Seluci testified that her mother is a resident at the FBMC. She identified issues of concern in the care of her mother. She believes the facility is very short-staffed. She is

concerned that the staff does not feed her mother, who is unable to feed herself. More nurse aides are needed.

Deborah Madrid agreed that staffing levels are inadequate at the FBMC to provide the needed care for her mother. She said that the required care planning meetings are not scheduled on a timely basis and that often they are conducted by phone rather than in person.

Tillie Aguila asserted that the FBMC is understaffed and that while there are some very good staff members, there are some very bad ones as well. She noted the importance of paying well in comparison to other employers if a facility wants to keep its staff. She feels that the unit caring for residents with dementia is the unit that is most poorly staffed.

DOH Facilities

Secretary Gallagher provided information regarding state-run facilities and community programs, including the five facilities and one community program that were identified earlier, as well as the services that they provide and the populations they serve. Those populations are safety-net populations that are unable to obtain services in other treatment settings. Specific information was given for each of the facilities. The NMBHI is located in Las Vegas, and it is accredited by The Joint Commission. Statistics about its resident population were provided. Turquoise Lodge Hospital in Bernalillo County offers medical detox, social model rehabilitation and a medical observation treatment unit. The FBMC offers skilled rehabilitation, extended nursing home care and a veterans' long-term care unit. The Sequoyah Adolescent Treatment Center offers residential treatment to males with a history of violence who are amenable to treatment. Los Lunas Community Program in Valencia County provides living support, community support and integrated employment. The New Mexico Rehabilitation Center in Roswell offers medical rehabilitation and alcohol and drug abuse/misuse treatment. Numerous other initiatives are under development.

Questions and comments from committee members were as follows:

- clarification regarding capacity in various state-run facilities was provided;
- clarification regarding whether there are limits on admission: yes;
- whether the administrator of the FBMC agrees that the facility is understaffed: yes, at times; attendance is monitored daily;
- whether abuse and neglect occur, as alleged in the public comment period: allegations of abuse and neglect are always fully investigated, and if they are substantiated, the employee is immediately terminated; there is no tolerance for abuse;
- a request for more information on plans to address staff shortages in state-run facilities;
- clarification on the number of people served at the New Mexico Rehabilitation Center: the DOH will provide a number;

- clarification on the bed capacity of facilities versus the ability to staff sufficiently when there is full occupancy and whether additional funding would mitigate the problem: given serious health care practitioner shortages, especially for certified nursing assistants (CNAs), more funding would not necessarily solve the problem;
- clarification on the waiting list or unmet needs: information will be provided;
- whether the budget recommendations to be passed on to the next administration will reflect the real needs: the DOH is working on transition documents identifying challenges, opportunities and unmet needs that are readily identifiable; it is working with the Legislative Finance Committee (LFC) to have budget documents that are as realistic as possible;
- clarification regarding anticipated expansion plans of Las Vegas Meadows: George Morgan, director, Facilities Management Division, General Services Department, noted that a bid will go out in August for a 36-bed facility with an 18-bed expansion capability;
- whether the rehabilitation facility in Roswell is at full capacity: yes;
- whether the Sequoyah Adolescent Treatment Center is at full capacity: yes, the average daily census for the year is 25;
- whether there are plans for a female unit at the Sequoyah Adolescent Treatment Center: there is a recognized need; however, it will require a capital expenditure, as girls must be completely separated from boys in such a facility;
- whether hiring people at DOH facilities is impaired by the centralization of the hiring process: the process is not cumbersome;
- clarification on the ability of the DOH to meet the need of treatment for adolescent males needing services at Sequoyah Adolescent Treatment Center: neither the DOH nor the LFC has specific data on that need;
- whether there is information from other states about ways to address health care practitioner and staff issues: none is known by the LFC;
- clarification on staffing ratios that are required at each facility: the DOH will work on this; the ratios vary by unit and are based on acuity;
- clarification regarding capacity decisions: decisions are largely based on staffing availability;
- clarification regarding how the decision was made to build a new facility at Fort Bayard: it is a replacement facility; the previous building was substandard, but it was historic, so it could not be remodeled; also, statute requires the facility to be located in Santa Clara;
- clarification on the pay range for nurses and other staff: there are three levels for bedside nurses, with an additional scale for administration and advanced practice nurses; a new model for pay is being developed that will result in approximately a 25% pay increase for nurses; CNA salaries compete with Walmart rates;
- a request from the LFC for a spreadsheet with pay scales for nurses and CNAs; the DOH will provide this;
- clarification on how the DOH hires "temps": the DOH uses a staffing service; and

- a comment that the public will demand a higher standard from the State of New Mexico in all ways.

Emergency Medical Services (EMS)

Brian Moore, government relations, New Mexico Counties (NMC), introduced the panel members. He briefly introduced the topic of EMS and then deferred to panel members for additional comments.

Kyle Thornton, director, Emergency Medical Systems Bureau, DOH, provided information on the funding mechanism for EMS. It is a complicated formula, much of which is done at the county or municipal level, with the state filling in the gaps. He briefly covered the history of the EMS Fund, noting that the system has steadily lost money while EMS costs continue to rise.

Eloy Medina, EMS director, Gila Regional Medical Center (GRMC), related some of the challenges in serving a complex population without adequate funding.

Joy Esparsen, government affairs director, NMC, reported that in one particular county, EMS were at risk. To be sustainable in very rural counties, NMC convened a task force with board-based membership. It met for one and one-half years and discovered great complexities in different counties and communities, different models of service delivery and different funding needs.

Paul Quairoli, Emergency Services Department, Otero County, provided additional details about funding complexities, county differences and needs. Levels of funding vary greatly depending on the level of service provided. The task force is looking for a predictable and guaranteed level of funding. It would also like funding for a comprehensive study of needs.

Susan Griffin, volunteer ambulance driver in Catron County, expressed the frustration in trying to respond to emergencies without adequate resources and equipment.

The panel presented a draft appropriation bill requesting $5 million on a recurring basis dedicated to the EMS Fund and to EMS statewide. It would like the endorsement of the committee for this request.

Committee members had questions and comments as follows:

- recognition of the very difficult challenges faced by EMS providers;
- recognition that EMS providers are an essential part of the health services network and must be networked with the full continuum of health care services;
- recognition that the ability to provide reliable EMS services is especially challenging in rural areas that lack reliable municipal and county funding;
- recognition that this problem is related to inadequate funding for 911 services; and

- acknowledgment that the public expects this service to be available.

Senator Ortiz y Pino made a motion to endorse the draft legislation. The motion was seconded by Representative Thomson. The motion passed without objection.

Tour of the FBMC

Todd Winder, administrator, FBMC, provided a tour of the facility for interested committee members.

Tuesday, July 10

The meeting reconvened at 9:09 a.m. Committee members and staff introduced themselves.

Welcome and Tour of the Hidalgo Medical Services (HMS) Facility

Dan Otero, CEO, HMS, invited committee members to take a tour of the site. Committee members expressed appreciation. Following the tour, he showed a brief video demonstrating the history, role and success of community health centers, of which HMS is one. The video emphasized the ongoing and future need for community health centers.

HMS: Rural and Frontier Health Care

Mr. Otero presented the HMS mission, vision and values, which serve as core principles for the work of the organization. HMS embraces an innovative approach to comprehensive and effective service delivery. He briefly described the history of HMS. The organization has 22 sites in Lordsburg, Silver City and surrounding communities. Detailed information was provided about the service areas and patient data. He noted that HMS operates, by federal regulation as well as by its mission, by never turning anyone away from its clinics.

Darrick Nelson, M.D., chief medical officer, HMS, discussed the growth of HMS since its inception and its impact on access to health care in the area. He provided additional details about HMS providers and services, including medical services, mental health services, dental services, family support services, community-health workers services and senior services. Neal Bowen, Ph.D., chief mental health officer, HMS, described the range of mental health services. Mr. Otero briefly described the dental health services offered. Edith Lee, L.M.S.W., chief support officer, HMS, described family support and senior services as well as the role of community health workers who work directly with care teams to address barriers to care.

Mr. Otero presented data that demonstrate HMS's dedication to quality and service and show that HMS outperforms both the state and the nation on standard measures. He attributes this, in part, to HMS's commitment to the "triple aim" model of care, which includes improving quality and access, improving the consumer experience and decreasing the cost of care. Dr. Nelson presented an overview of HMS's Family Medicine Residency Program, identifying

resident encounters since the inception of the program and quality data outcomes. From 2012 to 2018, 348 learner rotations have cycled through HMS.

Committee members had questions and made comments as follows:

- a request for an update on the senior meal program: rates for home-delivered meals have decreased while congregate meal rates slightly increased;
- clarification of the difference between a primary care physician and an internal medicine physician: internal medicine physicians can be primary care physicians but can also pursue other specialties; primary care physicians cover pediatrics, internal medicine and obstetrics;
- whether there is someone on-site who can enroll a patient in Medicaid under Centennial Care: yes;
- whether HMS is paid in a timely manner by the Centennial Care health maintenance organizations (HMOs): no, payments are slow due to the complexity of the billing process;
- clarification on the biggest challenges facing HMS: the ability to recruit physicians and other health care professionals and the inability to provide comprehensive care to all of its patients due to lack of reimbursement for some services;
- clarification on the uses of community health workers (CHWs) and support staff and whether reimbursement is available for those positions: currently, CHW services are not reimbursed;
- what are the essential elements that support employment: the need for cultural sensitivity and the ability to compete in pay, community support for families and good work environments;
- clarification on residency opportunities for dental students: New Mexico does not provide rural residencies for dentists, but there are limited opportunities with out-of-state universities;
- a recommendation that the committee revisit the Western Interstate Commission for Higher Education recommendations for dental residencies;
- information on budgetary challenges in the future: the biggest challenge is the unstable health care environment at the state and federal levels, particularly in reimbursement;
- information on the reimbursement challenges that HMS faced when it took over La Frontera: HMS brought in a third party to develop a price structure; and
- a request for the LFC to get a comparison chart of La Frontera's versus HMS's rate structure.

New Mexico Hospital Association (NMHA) Preserving Access to Rural Care

Jeff Dye, president and CEO, NMHA, introduced the panel: Christina Campos, administrator, Guadalupe County Hospital (GCH); chair, NMHA Preserving Access to Rural Care Task Force; member, NMHA board of directors; and member, board of trustees, American Hospital Association; Veronica Pound, administrator, Presbyterian Socorro General Hospital;

Troy Clark, vice president of regional delivery systems operations, Presbyterian Healthcare Services (PHS); Sharon Finarelli, director of ancillary services, Sierra Vista Hospital; and Taffy Arias, CEO, GRMC.

Mr. Dye noted that the members of the panel largely represent very rural hospitals. He commented that New Mexico hospitals contribute nearly $9 billion to the economy. Rural hospitals face unique challenges, which he said would be the focus of the panel's presentation. A slow erosion of services, such as intensive care services, is occurring in the state, especially in rural and frontier hospitals.

Ms. Arias shared specific challenges facing the GRMC. She noted that a small community like Silver City rallies around the hospital, but maintaining patient quality of care and financial stability are very challenging. In this environment, the GRMC has managed to retain a four-star rating on the federal Centers for Medicare and Medicaid Services (CMS) "Hospital Compare" website.

Ms. Campos stated that in Santa Rosa, the GCH serves as a health care system. The hospital is the smallest in the state. She described the payer mix and the reimbursement and budget challenges. Collaborations with larger hospitals are essential. Santa Rosa collaborates with the University of New Mexico (UNM) Health Sciences Center (HSC) for many services. For example, the GCH bought a house in town to accommodate a resident provided by the UNM HSC. She described a "bridge program" developed in collaboration with the University of Nebraska Omaha to allow registered nurses specialty training and designations not available locally. She described the work of the NMHA Preserving Access to Rural Care Task Force, which she chairs, that is developing data and sharing best practices. Ms. Campos highlighted the importance of telemedicine, especially tele-prenatal care in rural communities. Funding to expand this critical service is needed. She called for streamlining the currently burdensome and repetitive credentialing process.

Mr. Clark described factors that affect all rural hospitals and recognized that there are different challenges in individual communities. He spoke about value-based purchasing and the work of the NMHA's task force to develop a model for rural hospitals. Population health initiatives differ greatly based on specific community needs.

Ms. Pound noted that decisions to add or subtract services in rural hospitals involve complicated decisions and not just whether the services are financially feasible. Recruitment of providers is especially challenging. The hospital has a sleep room where emergency department physicians can sleep.

Ms. Finarelli addressed challenges in leadership and governance of small rural hospitals. The needs of rural hospitals can be just as complex as those for larger hospitals and require sophisticated skill sets. Sierra Vista Hospital entered into a management agreement to help with this challenge. In the past year, the hospital lost 36 staff members, which has been devastating.

The hospital is currently evaluating whether it can pursue a major capital project to expand hospital capacity.

Committee members had questions and comments in the following areas:

- why a decision would be made to sell a rural hospital: it is due to the obligations and uncertainty of sustaining a small hospital in the current financial and regulatory environment;
- why a corporation would choose to buy a rural hospital, given this uncertainty: small rural hospitals often seek corporate partners for expertise and financial stability;
- whether community health centers complement or detract from small rural hospitals: these collaborations and partnerships complement hospitals;
- how many hospitals are providing local services to veterans: although serving veterans is permitted, it is very cumbersome and difficult to meet federal requirements and be approved to serve veterans;
- whether rates to serve veterans are lower than for other payers: yes, and they are insufficient to cover costs;
- an observation that the state should not presume that current oil and gas revenues are permanent and that hospital funding, especially in rural areas, will remain fragile;
- encouragement for the committee to consider a package of legislation based on NMHA recommendations;
- whether the legislative recommendations have been fully developed: not yet, but Mr. Dye is very happy to work with the LHHS and the LFC to draft bills;
- clarification regarding categories of hospitals: there are public hospitals, nonprofit hospitals and investor-owned hospitals;
- clarification regarding the definition of "critical access hospitals": federal parameters require that they have 25 beds or fewer, that they are located 35 miles from a larger community center and that the average length of stay is four days or less;
- clarification regarding global budgeting: this an attempt to provide a stable and predictable revenue stream;
- an observation that partnerships are needed to support an array of necessary services, including hospital costs in any community;
- recognition that EMS, for example, can help to lower costs: ground ambulance services are much less costly than air ambulance services through a well-constructed global budgeting process; and
- an observation that hospitals and other health care providers could benefit from greater flexibility in determining needed services with managed care.

Mr. Dye commented that the HSD is modernizing its system to allow greater transparency of Medicaid managed care payments.

Public Comment

Christa Bullard addressed the topic of rural hospitals. She was formerly the director of education at the GRMC and previously served on the Grant County Community Health Council. She advocated for continued funding for the vital work of community health councils. A memorial is being developed to support these councils and to request that funding be restored. Finally, she represents Grant County on the Aging and Long-Term Services Department's Policy Advisory Committee and expressed gratitude for the work of Representative Deborah A. Armstrong in resolving disruptive issues around non-metro-area agencies on aging in New Mexico.

Dr. Padua Goldwyn spoke about end-of-life options. She is part of a coalition supporting proposed legislation on this topic to allow medical aid in dying. She asserted that people have a right of choice at the end of their lives, including the right to die.

Adrienne Dare also asked for support for medical aid in dying in New Mexico. She described her personal experience with this in Oregon when her 90-year-old mother was terminally ill and was able to take advantage of the law to end her life. She noted that, currently, there are seven states that have approved medical aid in dying. In those states, a substantial number of patients who get the medicine do not use it. She encouraged the committee to endorse this legislation.

A man who identified himself as Dr. Hayden presented a proposal regarding an approach to treatment of musculoskeletal pain through the use of chiropractic. He provided statistics of opioid use for pain relief. He implored the committee to support coverage for this drug-free approach. Dr. Hayden noted that Medicaid in New Mexico used to cover chiropractic services, but this was discontinued when managed care was instituted. Dr. Hayden stated that he has on numerous occasions served the legislature as "doctor of the day" and that the chiropractor of the day was much busier.

Southwest Center for Health Innovation (SWCHI)

Representative Martinez spoke briefly as a member of the advisory board of the SWCHI.

Charlie Alfero, executive director, SWCHI, provided an overview of the SWCHI, beginning with its mission and vision, which are to develop and implement policy strategies and models to improve quality of life, health status and social equity. He described various collaborations entered into to address the key issue of the health care workforce. The SWCHI has a contract to manage the Community Health Council of Grant County and has contracts with community groups in every county in which it is involved. Its work is geared to financing and developing a health care workforce in all counties in which the SWCHI is involved. Multiple partners were identified. Primary program areas in which the SWCHI is involved include prevention, workforce, research and development and administration.

Mr. Alfero introduced the panel members. John Andazola, M.D., president, board of directors, New Mexico Primary Care Training Consortium (NMPCTC), spoke about the NMPCTC. He identified the critical need for recruitment of primary care physicians, given the fact that New Mexico has the oldest physicians in the country. He provided data regarding known primary care shortages nationally and in the state.

Jamie Michael, director, Health and Human Services Department, Dona Ana County, offered information about specific shortages, especially in behavioral health and substance abuse. The SWCHI is working to help develop psychiatric residencies.

Mr. Alfero stated that it is getting very difficult to continue the SWCHI's work without funding. Although it once received state funding, this is no longer the case. The work is essential, given the prediction that within the next 10 years, $1.00 out of every $5.00 will be spent on health care. The work of the SWCHI is crucial to supplying needed health care practitioners, as well as providing meaningful employment for young people and the economic growth of the state and the nation.

The NMPCTC has a primary mission of developing new training programs and supporting existing training programs to increase the primary care workforce in New Mexico. It works to expand primary care residencies around the state. Mr. Alfero commented that when a community has a residency program, it enhances the ability to recruit physicians. He presented information about funding of residency programs. Although Medicare funds residencies, it is very cumbersome and difficult to access. Currently, the number of residencies financed by Medicare is capped. The federal rules around funding are prohibitive. The NMPCTC is asking for support for regulatory changes in Medicaid to expand funding opportunities for primary care residencies in New Mexico and to support decentralization of funding for residencies.

Alisha Herrick, program manager, New Mexico Public Health Institute (NMPHI), SWCHI, provided an overview of the NMPHI. Its purpose and work is to leverage community and population strengths and assets and to address current and emerging health issues through research, policy, system transformation and communications. Ms. Herrick addressed why New Mexico needs a public health institute. Among other reasons, the DOH cannot do the work alone. The NMPHI's goal is to identify prevention and social determinants of health through robust data collection and mapping health indicators throughout counties. The reasons why the SWCHI is an ideal home for the NMPHI were discussed. The SWCHI already meets the requirements for a public health institute and is aligned with its mission and vision.

Carolina Nkouaga, M.S.W., director, CHW Leads, presented a holistic model for CHWs' integration into primary care clinics and other community settings to address social determinants of health. CHW Leads has been collaborating with UNM to develop multiple partners to train CHWs and to identify funding sources for this purpose. The model addresses multiple aspects of training and developing a CHW workforce. Payment models for funding this project were discussed, the most desirable of which is a stable and predictable approach that can be achieved

through bundled payment models and pre-member-per-month payments. Various resources were identified.

Ms. Lee of HMS provided a real-life example of the value of CHWs in a primary care setting.

Committee members had questions and made comments in the following areas:

- a request to identify the one bill that would improve health care in New Mexico: there was discussion of a publicly financed health care system in New Mexico;
- a similar request to identify the best action to address health care shortages: decentralized training, with a focus on primary and psychiatric care;
- clarification on other areas into which the SWCHI could expand: Medicare reimbursement changes;
- whether federal approval would be required to make substantial changes to the health care delivery system in New Mexico: the state has a lot of flexibility within the "1115 waiver" process to develop demonstration waivers;
- whether the Burrell College of Osteopathic Medicine (BCOM) has a real opportunity to develop a viable residency program: yes, most residency training actually occurs at teaching hospitals;
- a reminder that the BCOM has announced its intention to have 100 residencies: it has an obligation to provide residency training upon graduation for medical students; it needs to fund these residencies privately through collaboration with communities and specific sites; the SWCHI is working with the BCOM to accomplish goals;
- how the NMPHI is funded: the SWCHI is the NMPHI; funding is through the SWCHI, which requests the LHHS's support for its funding; additionally, the NMPHI is receiving in-kind donations;
- whether ACEs and social determinants of health are related: yes, children assessed with one or more indicators of ACEs are referred for services; at HMS, children are screened for ACEs by CHWs and are referred back to mental health care providers;
- whether the SWCHI/NMPHI can help identify food insecurity issues: the NMPHI has already mapped the food environment in the state and will provide this information;
- whether there is any relationship between the NMPHI data mapping and the health information exchange in New Mexico: yes, but there are barriers to accessing data from the state;
- recognition that creation of an all-payer claims database would be very helpful in many areas; and
- whether there is any discussion about collaborating with the Corrections Department: collaborations with UNM touch upon this; the goals are well-enough aligned that there is potential for more collaboration.

LINKS — Learning Network for Kids: Early Childhood Shared Services

Terry Anderson, project coordinator, Community Partnership for Children, presented an overview on the topic of early childhood shared services and introduced panel members.

Shannon Rivera, executive director, early childhood programs, Western New Mexico University, identified the importance of early learning models. The early childhood philosophy focuses on the development of the whole child, including social and emotional development. There are few trained leaders to help support this model of early learning. Consistent funding is needed to ensure that teachers are appropriately trained. Currently, there are differences in requirements, services, funding and training among early learning programs, resulting in a pyramid that places children last in priorities.

Misty Pugmire, executive director, El Grito Head Start, identified barriers to child care programs. Head Start is marginalized in planning sessions organized by the Public Education Department. Head Start is not invited to Children, Youth and Families Department (CYFD)-required training sessions to move up the "stars" level. Trainings do not take place locally, despite the availability of local venues. She asserted that funding is being used in inappropriate ways that are not age-appropriate and do not reflect best practices for early learning. Due to the emphasis on pre-kindergarten programs, Head Start lost 40 students, resulting in the loss of $318,160 of federal money for three years. A proposed solution is to start pre-kindergarten at age four and use federal money and established Head Start programs for three-year-olds.

Ms. Anderson said that the proposed solution places the focus and foundation for decision making on the needs of children. Community Partnership for Children is working to create shared services, a framework that supports multiple early care and education sites as it seeks to pool needs and resources. Community Partnership for Children is the not-for-profit organization funding and overseeing this project. A list of current services provided to partner programs through shared service work was reviewed.

Ms. Rivera reviewed the steps that will be necessary to turn the system around, starting with placing the needs of the child first. Ms. Anderson asked the committee for support for funding. Her organization is also asking for funding for teaching scholarships and for funding to sustain its website.

Emily Gojkovich, economic development planner, Southwest New Mexico Council of Governments, presented a statewide project known as the Imagination Library, which is a national effort started by singer Dolly Parton. It provides free books for children every month and is funded by the Dollywood Foundation. Statistics about the success of this project worldwide were provided. In New Mexico, the project has progressed from seven counties to 14 counties actively involved in the Imagination Library. Progress reports from select communities were included in the handout. The goal is to grow the program, especially on tribal lands.

Committee members asked questions and made comments in the following areas:

- whether there are waiting lists for child care programs: there are no official waiting lists; the number of children who are unserved is unknown;
- a concern that competition for limited funds does not consider the needs of children;
- whether the New Mexico Early Childhood Higher Education Task Force is addressing training needs of early education teachers: there is a movement called "Power to the Professional" that is advocating for training for early childhood certifications;
- the importance of a shared vision for early childhood education in New Mexico;
- whether professionalizing early childhood education will result in increased costs for child care programs that will impair access to these programs;
- ways in which Head Start programs are monitored: there is a new federal process; however, the methods do not align with state requirements; Head Start programs must review all requirements and follow the one that is the most strenuous;
- whether it is known how many "teach scholars" there are in New Mexico: at the highest point, there were about 12,000 teachers, but now there are only around 300;
- acknowledgment that the state is supplanting federal block grant dollars in favor of state funding, thereby foregoing federal funding opportunities;
- whether there are plans for sustainable funding for the shared services programs: the programs would like state support modeled after the Imagination Library;
- there was outrage at the information that CYFD early childhood offices are only open, at most, two days per week, thereby limiting providers' access to administrative support; and
- clarification on the CYFD's motivation in shutting down the website it developed that kept providers connected to quality resources: the CYFD asserts that it does not have the resources to support it on an ongoing basis

Wednesday, July 11

The meeting reconvened at 10:06 a.m., following a tour of Tu Casa. Members introduced themselves.

Substance Use Disorder Programs in Rural and Frontier Areas

Wayne Lindstrom, Ph.D., director, Behavioral Health Services Division (BHSD), HSD, provided a detailed handout intended as a resource document for the committee. He began with a bar graph tracking behavioral health utilization trends that demonstrates a significant increase in service utilization following Medicaid expansion. He reviewed results from the Commonwealth Fund. New Mexico continues to be the top state in alcohol-related deaths and third nationwide in the incidence of suicide. He identified data in New Mexico's participation in the PAX Good Behavior Game Initiative (PAX Initiative), which measures participation in schools around the state. He drew attention to a slide representing the HSD's website on opioid interventions.

The HSD has been revising and updating the Medicaid behavioral health rule and policy manual, Dr. Lindstrom stated. The process of revision and highlights of changes were described. Dr. Lindstrom briefly discussed behavioral health enhancements in the Centennial Care 2.0

waiver application that the HSD has submitted to the CMS pursuant to Section 1115 of the federal Social Security Act. The behavioral health services enhancements under Centennial Care 2.0 are to include pre-tenancy and tenancy supportive housing services for individuals with mental health disorders. A grant funding screening, brief intervention and referral to treatment, known as SBIRT, has expired, so continuation of that important service is included in the 1115 waiver application. Also requested in the waiver application is reimbursement for an accredited residential treatment center for adults and a waiver for Medicaid institutions for mental diseases (IMD). It appears that the CMS will approve the waiver of the IMD exclusion for substance abuse but not for mental health services. The HSD has also sought approval for the CareLink NM Health Homes. These homes have been developed in a pilot program that is demonstrating success in providing services for individuals with mental health and co-morbid conditions. Dr. Lindstrom provided information on best practices for substance use disorder and opioid use disorder.

Toby Rosenblatt, chief, Injury and Behavioral Epidemiology Bureau, DOH, gave background information on community contracts for drug overdose prevention. He began with a review of data regarding drug overdose death rates from various perspectives. A drug overdose prevention program is being implemented through three strategies: (1) improving prescribing practices; (2) increasing access to naloxone; and (3) improving availability of treatment. The DOH is working in collaboration with UNM's Department of Family and Community Medicine and a broad array of community contractors to accomplish these strategies. Traditionally, high-risk/high-burden counties, such as Taos, Rio Arriba, Santa Fe and Bernalillo, are funded to implement strategies locally. Additional counties are being considered for expansion.

Committee members asked questions and made comments in the following areas:

- whether there are data regarding the number of physicians who counsel patients receiving a prescription for naloxone: this was not known;
- clarification on approval for $7 million from Medicaid behavioral health to general Medicaid: it was a result of reconciling actual numbers and projections;
- whether such a reconciliation will negatively affect appropriations for behavioral health in the future: it is possible;
- clarification of why wages for behavioral health providers are not competitive: wage rates are a factor of state budget determinations;
- a request for 2012 reimbursement and utilization rates;
- whether there are comparative figures of drug-related deaths versus traffic-related deaths and alcohol versus other substances: no;
- whether access to behavioral health services is affected by managed care organizations (MCOs) not approving or adding qualified providers to their panels: access could be affected; please notify the BHSD in such instances;
- clarification regarding the level of training of teachers in implementing the PAX Initiative and how the training is kept positive: the PAX Initiative should never be

punitive or not positive; shaming is not meant to occur; the BHSD would be interested in following up such situations;

- clarification on the mode of administration and the cost of naloxone that is being distributed: it is a nasal version that costs $75.00 for two doses;
- clarification on what entity pays for naloxone: the relevant statute says detention centers are required to make naloxone distribution available; the HSD is working with the counties to ensure that this is not a barrier to distribution;
- whether local law enforcement agencies are distributing naloxone: this is not known for sure;
- whether MCOs will be bound by the new rule and policy manual: yes;
- whether there are longitudinal studies for the effectiveness of the PAX Initiative: yes; there are many studies; it returns $60.00 for every $1.00 spent;
- how does the BHSD pay for the PAX Initiative: with Medicaid vacancy savings, block grants and other sources; currently, federal opioid-related funding can be used in part for the PAX Initiative as a prevention measure;
- whether there are treatment centers that are working on accreditation: this is not known at present; however, if this is approved in Centennial Care 2.0, it is hopeful that more centers will be interested in being accredited; the BHSD is prepared to help centers prepare for accreditation;
- whether applied behavioral analysis for autism is available for adults: at present, it is only available for children; however, the BHSD would like to conduct a pilot program on this;
- whether there is any reference to cannabis as effective treatment for behavioral health disorders or substance abuse disorders: this is not known;
- whether data collected on drug overprescribing are required of dentists: this is not known; however, Senator Moores related that dentists are now required to obtain training in this area;
- whether there are limitations on the number of days an opioid can be prescribed: it is monitored, but training on appropriate prescribing is not specifically required; and
- whether licensed alcohol and drug addiction counselors can now be independently licensed and receive reimbursement.

Interagency Behavioral Health Purchasing Collaborative (IBHPC) Services and Data Collection, Use and Interoperability

Pamela Koster, CEO, Falling Colors, oriented the committee to the history and background of Falling Colors' services and its evolution into the current work it does for the IBHPC. Mindy Hale, chief operating officer, Falling Colors, offered personal information and explained how that led to the mission and values that drive the commitment Falling Colors has to the work it does. Falling Colors is a purpose-driven organization. Panel members described the mechanisms by which Falling Colors supports providers and facilitates communication between the state and the provider community. Data were given on provider contracts and business associate agreements, year-to-date payments, claims that have been processed and recoupments. Providers receive dedicated technical assistance to help them bill appropriately. On-site

meetings, especially in rural and frontier communities, are ongoing. Falling Colors built the BHSD's "Star" system, and the state will own it even if the contract with Falling Colors is discontinued.

Gordon O'Brian, business intelligence architect, Falling Colors, gave a demonstration and an overview of Falling Colors and provided key data. He noted that the information is refreshed nightly, ensuring that it is up to date every day. He demonstrated the interactive nature of the program. The data include money spent, claims activity, characteristics of clients, where services are being provided and other programs outside of BHSD-reimbursed services that the Star system is tracking.

Dr. Lindstrom noted that much of the data being collected and monitored are providing information to help the BHSD evaluate the success of key initiatives such as "Treat First". For example, the BHSD now knows that the rate of second visits by clients is substantially higher due to this practice. The full data set is robust and allows for more effective support for treatment and policy decisions.

Committee members asked questions and had comments in the following areas:

- a request for copies of additional slides;
- clarification on provider input into the data: much of the data are claims-based; other data are entered as well;
- an expression of appreciation for the work of Falling Colors and the availability of the data;
- an observation that, so far, the data do not reflect Medicaid data and whether there are plans to extend the data to include Medicaid: it is not in the short-term plan; however, long-term planning documents from the HSD and other departments involve consolidation and integration of data over time; and
- support for any and all efforts to integrate data across departments.

Southwestern New Mexico

Susan Wilger, associate director, SWCHI; and executive director, National Center for Frontier Communities, presented the topic of substance abuse prevention in rural and frontier New Mexico. She defined the difference between metropolitan, rural and frontier counties. Rural/frontier challenges arise in the areas of isolation, stigma, lack of transportation, less stable data, even less access to culturally appropriate care and more vulnerable populations. Solutions include investment in prevention, reinvesting in rural/frontier counties, statewide and regional multi-agency planning, funding criteria that consider more than population, rural/frontier set-asides, support for more community-driven initiatives, such as the "total community approach", telemedicine, flexible funding to cover transportation and other costs and development of urban and rural partnerships. Models and funding opportunities exist at the federal level that could support many of these approaches.

Kathy Hunt-Morland, director of clinical services, Border Area Mental Health Services, gave a brief update on her organization's work. The organization was one of the entities whose operations were suspended in 2013. It is now working hard to expand services to additional counties. The clinical staff is in the process of becoming certified in trauma resolution therapy. The organization continues to offer DWI first-offender classes. Its juvenile community corrections program is working with troubled youth in the area.

Grant County: Tu Casa and Stepping Up

Mr. Otero thanked the committee for holding its meeting at HMS.

Dr. Bowen spoke briefly, augmenting the discussion that was held during the tour. He noted the reduction in the behavioral health workforce and that a workforce to serve the aging poses a significant challenge, even rising to the level of a crisis in the behavioral health services community. Financing remains an important issue and a challenge in the face of Tu Casa's commitment to providing services to anyone needing them, regardless of reimbursement source. He acknowledged by name the many people who worked very hard on the design of the building and programs for Tu Casa.

Charlene Webb, manager, Grant County, spoke about the topic of community-based solutions for treating mental and substance use disorders for people in the justice system. Grant County is pursuing the implementation of an initiative developed by the National Association of Counties called Stepping Up. It is a sequential intercept model that identifies five points at which intervention can occur. Currently, the county is developing a plan to identify potential partners and reach out to peer support. A collaborative task force has been formed to identify specific goals for the community, conduct a gap analysis and identify best practices that could be implemented in Grant County. Finding sustainable funding is an important element and a big challenge. It was acknowledged that funding for the jails in Grant County is far below the average for other counties.

Dona Ana County

Ms. Michael offered a brief list of initiatives that illustrates how NMC is working with state government and all New Mexico counties. Dona Ana County has received funding for overdose prevention and naloxone distribution. In Dona Ana County jails, 40% or more of inmates have behavioral health disorders. The county is working closely with the state to support local DWI programs. Dona Ana County was the first county to implement an assisted outpatient treatment program for substance abusers. The county received a large federal Substance Abuse and Mental Health Services Administration grant to implement and evaluate this program. The report will be forthcoming. Mesilla Valley Hospital is working with the county to keep individuals with civil institutional commitments in the community. The school system is expressing interest in the PAX Initiative for the first time, so Ms. Michael is hopeful that this will soon be implemented.

The committee asked for a progress update on a triage center. Ms. Michael noted that it is in the investigation mode.

Sierra County

Ms. Finarelli updated the committee on what Sierra County is working on to address substance abuse. She noted that overdose deaths in Sierra County are about one-third higher than the state death rate, which she said is due to a serious lack of services in the area for substance abuse treatment. Sierra County stepped up to help by supporting prevention education in elementary schools, training for emergency room doctors, group therapy and inpatient detox. The county has been awarded a grant to fund the salary of a social worker to develop these initiatives. So far, the county is looking for a qualified individual to do the work. Ms. Finarelli has been building collaborative relationships, through the Middle Rio Grande Economic Development Association, with other counties with similar characteristics. She is also partnering with representatives of the NMHA, Presbyterian Medical Services, PHS and others on a task force. The county has applied for a planning grant and has received enough money to hire a consultant. The county is now engaged in mapping services and gaps. She emphasized the importance of communities stepping up with what they have. Sierra County will not stop trying, Ms. Finarelli stated.

Substance Use Disorder Continuum of Care: A Treatment Approach for Substance Use Disorders

Leah Schneider, CEO, Casa Treatment Center in Pasadena, California, identified herself as a person in long-term recovery from a severe alcohol and opioid use disorder. She described her background and why she is so involved in this area. Casa Treatment Center is a residential treatment center that is accredited by The Joint Commission with outpatient care, aftercare and alumnae programs. She described Casa Treatment Center's staffing, array of services and medical staff oversight. She presented its model of treatment, which is based on human development in context. She noted that in previous visits to Espanola, she recognized that the entire community is reflective of a drug culture. She attested to the impact of social media in the last 10 years, which has resulted in increases in a variety of mental health and substance abuse disorders. She sees the role of being a service provider as one that introduces and becomes the new social culture for abusers that replaces the dysfunctional culture in which they have been living. The program offers both inpatient and outpatient interventions and levels of care and emphasizes quality of life and social engagement. Casa Treatment Center currently has more than 350 alumnae who are still benefiting from its model of treatment.

Questions and comments from the committee members were as follows:

- whether Casa Treatment Center has 12-step programs: the center requires self-help involvement in Alcoholics Anonymous or similar programs at least three times per week;
- acknowledgment that Casa Treatment Center is accredited by the American Society of Addiction Medicine;

- whether there are community resources for graduates of Casa Treatment Center: yes, this is part of the discharge planning process;
- clarification regarding reimbursement for Casa Treatment Center: it is a not-for-profit HMO and private-pay organization; and
- whether "going away" for treatment is, of necessity, out of state: it depends on whether the home community or state has a strong recovery environment.

Public Comment

Autumn Bruten, an occupational therapist who was born and raised in Grant County, is the director of Amplified Therapy, a Family Infant Toddler Program (FIT) provider. The program confronts many different issues, including motor and sensory problems, adaptive behavior and social/emotional delays in children. Many of these children will experience an ACE. New Mexico's FIT allows children to be served if they are environmentally challenged, even if they are not demonstrating any deficits. She asked committee members to remember the FIT when talking about early childhood development and education issues. FIT anticipates a 15% increase of children in need of services, while funding for the program is declining. It was noted that FIT requires that children be screened for services while the state is not funding those services.

Senator Ortiz y Pino relayed a request from Senator McSorley for committee support to send a letter to the CYFD about its lack of office availability. Senator Ortiz y Pino moved, and Representative Dow seconded, the motion to write such a letter. The motion was adopted without objection, with the LHHS acting as a committee of the whole with the Behavioral Health Subcommittee.

Representative Dow asked to know more about the delays in licensure and whether there is anything to be done about that. Dr. Lindstrom said he feels that it is a lack of resources, overworked volunteers and other such issues, rather than any deliberate effort to slow the procedure. Karen Meador, deputy director, BHSD, HSD, suggested that updating electronic access to licensure might be possible in a new administration.

Adjournment

There being no further business before the committee, the meeting was adjourned at 2:00 p.m.