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

October 4, 2017
Standing Rock Chapter House
Indian Service Route 7021, Crownpoint, NM 87313
Standing Rock

The fifth meeting for the 2017 interim of the Legislative Health and Human Services Committee (LHHS) was called to order on October 4, 2017 at 10:15 a.m. by Senator John Pinto, co-chair, Indian Affairs Committee, and the LHHS chair for the day, Representative Elizabeth "Liz" Thomson. The LHHS met jointly with the Indian Affairs Committee at the Standing Rock Chapter House in Standing Rock.

Present
Rep. Elizabeth "Liz" Thomson

Absent
Rep. Deborah A. Armstrong, Chair
Sen. Gerald Ortiz y Pino, Vice Chair
Rep. Gail Armstrong
Rep. Rebecca Dow
Sen. Mark Moores
Sen. Bill B. O'Neill
Sen. Cliff R. Pirtle

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

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.

Wednesday, October 4

Senator Pinto convened the committees at 10:15 a.m. Clinton Jim, community member and rancher, was invited to offer an invocation. Mr. Jim offered a prayer in the Diné language. The committee members and staff introduced themselves. Representative Thomson identified herself as the appointed chair for the LHHS this day, then turned the chairmanship over to Representative D. Wonda Johnson, whose home chapter is Standing Rock, to conduct the business of the joint meeting.

Welcome and Status Update

Johnny Johnson, president, Standing Rock Chapter, Navajo Nation, greeted the members of both committees and welcomed them to Standing Rock. He provided some personal information about his role in Standing Rock and introduced some key members of his staff. He acknowledged members of the community who were present in the audience and offered a brief history of the establishment of the Standing Rock Chapter and house. President Johnson recognized the legislators and thanked them for their past support, noting that they would be presented with funding requests in the 2018 legislative session. He highlighted some future projects, including the placement of water lines and increased housing. He expressed thanks to Representative Johnson for facilitating the meeting at Standing Rock and recognized Senator Pinto and Senator Benny Shendo, Jr.

Senator Pinto introduced himself and his granddaughter, Shannon Pinto. Representative Johnson introduced her mother, Marie A. Johnson, and welcomed her. Representative Johnson continued to introduce key members of the community throughout the day.

Native American Public Health, Workforce and Community Health

Nathania Tsosie, M.C.R.P., associate director, Center for Native American Health, University of New Mexico (UNM) Health Sciences Center (HSC), and Norman Cooeyate, cultural engagement liaison, UNM HSC, were invited to address the committees. Ms. Tsosie thanked the members of the chapter in both English and Navajo. Mr. Cooeyate likewise expressed thanks, especially acknowledging Senator Pinto for his long service to the legislature.

Ms. Tsosie described the mission and vision of the Center for Native American Health and identified key staff members. She highlighted the model for American Indian (AI) student development that is employed at the center. The primary goals are to promote employment and to help prepare Native American communities to accept students back into the community following graduation. Mr. Cooeyate presented demographics regarding AI students currently enrolled at UNM. He noted that there is an increasing trend, particularly among AI women graduating with baccalaureate degrees, with graduation rates exceeding the general population. Ms. Tsosie offered a breakdown of the health care disciplines chosen by the 119 AI students enrolled in 2016-2017, noting that 19 are medical students in the pipeline to become doctors. This year, there are six students in the UNM Combined BA/MD Degree Program who are poised to enter medical school next year. One AI student will graduate this year with a pharmacy

degree. The nursing program is the largest program offered through the center and has 40 students pursuing bachelor's degrees and four students pursuing doctoral degrees in nursing.

Mr. Cooeyate described the importance of honoring all of the graduates. He described a special program in place at the undergraduate level that is designed to expose high school students to the potential for a career in medicine and to prepare them for success in college, both socially and academically. A multilevel system of support connects community members with an Indian support center, cultural connectedness, research and mentorships. Various community-based educational initiatives were described. Efforts are made to not only encourage educational pursuits but to help students retain their connections with their home communities and preserve the likelihood that they will return. Attention is paid to health disparities in communities.

Ms. Tsosie spoke about the center's focus on AIs in the areas of physical and behavioral health. Healthy Children, Strong Families is a community-based intervention aimed at improving the health of AI children aged two to five. A second study being conducted is exploring tribal solutions to address adverse childhood experiences (ACEs). This project is looking at the importance of a resilience-based approach to preventing ACEs in tribal communities.

Questions and comments from committee members addressed the following:

- the extent to which communities are prepared to incorporate graduating students back into their communities; some are better prepared than others, but the center is intentionally working with communities in a wide variety of ways;
- the importance of closely following AI students as they transition from very small communities to larger academic settings;
- the percentage of graduating students who serve Native American populations after graduation; about one in three graduating students goes back to the reservation;
- encouragement to expand the summer intern program; the program is part of a larger initiative at the Santa Fe Indian School and is not under the control of the center;
- encouragement to collaborate with community colleges and other UNM branches;
- clarification regarding the graduation rate; AI students face many challenges, such as financial stress and other family and community obligations, but the rate of graduation appears to be higher than the general public;
- whether there is any anticipated impact from the consideration of the federal Patient Protection and Affordable Care Act (PPACA) on the work and programs of the center; the impact would be more upon those Native Americans who now have access to health care services as a result of the PPACA; the center is not directly funded as a result of the PPACA;
- whether AI students who are participating in health care programs in public and charter schools are matriculating at UNM; those data are not tracked;
- whether there is any collaboration with the Burrell College of Osteopathic Medicine; not now, but there is interest;

- recognition of the importance of the UNM Combined BA/MD Degree Program in encouraging participation of minority populations in underserved areas;
- whether there is alignment between the number of graduates in health care programs and the needs of communities; specific data are not available in that area yet; however, tribes and pueblos report needs in all areas;
- clarification regarding a discontinued program at the Shiprock campus of Diné College; it was discontinued due to inadequate bandwidth to support online learning; efforts to upgrade the system were local;
- whether that online program could be instituted; the road map is there; however, a local contact is needed; and
- concern about unmet needs for health care access for Navajo people in Gallup.

Pastor Foerster, Bible Baptist Shepherd Church of Standing Rock, offered a prayer before lunch.

Tribally Managed Medicaid Managed Care

Representative Johnson turned the chairmanship over to Representative Thomson, appointed chair of the LHHS.

Mark Freeland, executive staff assistant, Navajo Nation Office of the President and Vice President, introduced Yvonne Kee-Billison, executive staff assistant, Navajo Nation Office of the President and Vice President, Juan Massey, executive staff assistant, Navajo Nation Office of the President and Vice President, and Travis Renville, Medicare and Medicaid managed care consultant. The panel presented the plan and efforts to establish a tribally managed Medicaid managed care organization (MCO).

Mr. Freeland began by identifying the two components of the project: policy and development. Work on the project began in May. He provided an overview of the characteristics of the Navajo Nation, which has 187,000 members, 47% of whom live in poverty. Chronic liver disease, diabetes, heart disease, cancer and injuries characterize the top five health issues of the Navajo Nation. The work on the project began with the invitation of the Human Services Department (HSD) to address health issues. In June, the HSD held a tribal consultation to obtain input on Centennial Care 2.0 that included broad representation from the Navajo Nation's health care system. In August, representatives met with Secretary of Human Services Brent Earnest regarding their intention to submit their own application for a Medicaid 1115 waiver to the federal Centers for Medicare and Medicaid Services (CMS).

Ms. Kee-Billison noted that in 2013, the Navajo Nation was authorized to engage in a study, resulting in a Medicaid task force to look at the feasibility of starting its own MCO. Steps to align and structure a system to better serve the health needs was then discussed with three states and the 638 tribes, and many important discussions are occurring regarding the varied health and aging needs among Navajos.

Mr. Massey described his professional background that led him to involvement in this project. Section 17 of the federal Indian Reorganization Act provided a framework for a business model for economic development within the Navajo Nation and is a vehicle that can be used to develop an Indian MCO. A formal charter has been created and signed off on by the president of the Navajo Nation. The charter is currently awaiting authorization by the CMS.

Mr. Renville is serving as a consultant to explore ways to make Medicaid programs work on the Navajo Nation. He has done research on Indian country managed care; previous efforts in other locations failed due to lack of reliable financing mechanisms, critical mass of members and adequate net worth. The 1115 waiver renewal concept paper encouraged a tribal partnership to manage Medicaid. The company is being structured to meet Office of Superintendent of Insurance and CMS requirements. The federal American Recovery and Reinvestment Act of 2009 provides language affirming the right of tribes to establish their own MCOs and limit membership to members of the tribes, which is the goal here in New Mexico. Meetings are continuing with the HSD and Medicaid representatives, with favorable support. A draft document is now going out for comment and will be considered at another tribal consultation.

Committee members had questions and comments covering the following areas:

- ways in which the MCO project potentially impacts other tribes in New Mexico; it will be Navajo specific, but at the request of the HSD, it would be open to other tribes and nations;
- clarification about the upcoming October 20 tribal consultation; it will cover the waiver renewal application that the HSD will be submitting to the CMS;
- clarification regarding the options for individual Native Americans to enroll; this Native American MCO will appear as an option for enrollment for all Native American members;
- ways in which Native Americans will be incentivized to join this MCO; through marketing and value-added benefits that are specifically targeted to Native Americans; additionally, the model will incorporate Navajo and other cultural competencies;
- whether traditional healing methods will be offered in addition to allopathic medicine; yes, that is the intent; one MCO hopes to implement specific metrics to demonstrate the effectiveness of these approaches;
- recognition of the serious challenges in creating a model that will serve the health needs of a very diverse population;
- whether the state will benefit from a model such as this and in what ways; the state and the tribes are working together to improve the health of all nations; communications and relationships are improved; additionally, great economic benefit is anticipated;
- a suggestion that the LHHS write a formal letter of support for the concept to the CMS; there was a request to consider this in November when the request for proposals (RFP) closes;

- recognition of the importance and efficacy of traditional Native American healing methods;
- a request to reconsider the proposal again at a future Indian Affairs Committee meeting when it is possible to be more open about the details of the project;
- clarification regarding when to expect notification from the HSD on approval of the concept; it is hoped that by February 18, 2018, a contract can be signed; the HSD must conduct a readiness review prior to final rollout in January 2019;
- the number or percentage of Native Americans who currently opt out of managed care; about 80,000 of 136,000 currently choose fee-for-service Medicaid;
- the number or percentage of Native Americans who qualify for Medicaid due to the expansion; it is not specifically known, but it is a lot;
- a request for the statistics regarding poverty and prevalent diseases to be provided; Mr. Freeland said that a copy of the response to the HSD's concept paper will be provided;
- how a Native American MCO will be able to serve populations in very rural areas on the reservations; this is a concern that is being addressed; partnerships with UNM and the use of telehealth will help;
- a concern that profits are often generated at the expense of care; and
- clarification regarding the competitive nature of the RFP process.

Comments on Centennial Care 2.0

Erik Lujan, All Pueblo Council of Governors, provided input on the proposed renewal of the Centennial Care waiver. The All Pueblo Council of Governors has positions on individual tribal sovereignty; eligibility; fee-for-service versus managed care; information and data; leveraging of existing resources and relationships; joint ventures, partnerships and contractual agreements; and building a health system and network.

Mr. Lujan noted that a large percentage of Native Americans, mostly in very rural areas, are on Medicaid. As was identified in the previous panel, a great number of enrollees currently choose fee-for-service. He identified the pros and cons of each option. Comments on each of the areas of concern were provided to the HSD during the comment period.

Mr. Lujan offered some feedback on the proposal for a Native American MCO by identifying potential hurdles and benefits of such an approach. He noted that one benefit could be the ability of the state to obtain a 100% federal match on some services provided to Native Americans outside of Indian Health Service (IHS) hospitals as more tribal members elect to enter a managed care environment.

Mr. Lujan concluded with the following key points: 1) tribes should have the individual right to undertake managed care within their own boundaries and on their own terms; 2) the fee-for-service program must be sustained until tribes can demonstrate expertise in managing care in a new framework; 3) change must be navigated and administered in a way that maintains sovereignty; 4) the pueblos will continue to support the PPACA, the federal Indian Healthcare

Improvement Act and Medicaid expansion; and 5) pueblos will continue to oppose the elimination of retroactive eligibility, dental services as a buy-in and transitional Medicaid.

Questions and comments were offered regarding clarification of the location of IHS hospitals; this is ever changing; many IHS hospitals no longer provide inpatient services.

Public Comment

Felda Yazzi, a lifelong resident of Standing Rock, expressed her great appreciation to Representative Johnson for bringing the committees to this community. She strongly advocated for continued support for early childhood programs.

President Johnson reiterated that he will be bringing capital outlay requests to the legislature for the 2019 fiscal year. He also spoke favorably about Head Start programs.

Adjournment

There being no further business, the meeting was adjourned at 3:35 p.m.