

**MINUTES  
of the  
SIXTH MEETING  
of the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**October 16-17, 2017  
State Capitol, Room 322  
Santa Fe**

**October 18, 2017  
Joint Meeting with the Courts, Corrections and Justice Committee  
John E. Brown Juvenile Justice Center  
5100 Second St. NW  
Albuquerque**

The sixth meeting for the 2017 interim of the Legislative Health and Human Services Committee (LHHS) was called to order on October 16, 2017 by Representative Deborah A. Armstrong, chair, at 9:16 a.m. in Room 322 of the State Capitol. A quorum was present.

**Present**

Rep. Deborah A. Armstrong, Chair  
Sen. Gerald Ortiz y Pino, Vice Chair  
Rep. Gail Armstrong (10/18)  
Rep. Rebecca Dow  
Sen. Bill B. O'Neill  
Rep. Elizabeth "Liz" Thomson

**Absent**

Sen. Mark Moores  
Sen. Cliff R. Pirtle

**Advisory Members**

Rep. Miguel P. Garcia  
Sen. Linda M. Lopez  
Rep. Rodolpho "Rudy" S. Martinez  
Sen. Cisco McSorley  
Sen. Howie C. Morales  
Sen. Mary Kay Papen (10/17, 10/18)  
Sen. Nancy Rodriguez  
Rep. Angelica Rubio (10/18)  
Rep. Nick L. Salazar  
Sen. William P. Soules  
Sen. Elizabeth "Liz" Stefanics  
Sen. Bill Tallman (10/18)  
Rep. Christine Trujillo (10/18)

Rep. Joanne J. Ferrary  
Sen. Gay G. Kernan  
Rep. Tim D. Lewis  
Rep. Patricia Roybal Caballero

(Attendance dates are noted for 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, October 16****Welcome and Introductions**

Committee members and staff introduced themselves.

**Electronic Visit Verification for Medicaid Personal Care Services**

Nancy Smith-Leslie, director, Medical Assistance Division, Human Services Department (HSD), provided an overview of Electronic Visit Verification (EVV), beginning by describing what EVV is. She provided a time line of decision making for the implementation of EVV. The goal of EVV is to strengthen and monitor personal care services (PCS) and long-term services and supports in the Medicaid program. Ms. Smith-Leslie delineated the requirements for managed care organizations (MCOs) to implement EVV. Implementation has presented certain problems of compliance for both providers and MCOs, Ms. Smith-Leslie said. After numerous meetings with all stakeholders, three different options were identified that MCOs can use to meet EVV requirements.

Angela Medrano, deputy director, Medical Assistance Division, HSD, told the committee that caregivers can use a member's landline, their own cell phones or a tablet issued by the MCO to accomplish the required reporting. Stakeholders in EVV implementation include First Data, Mobility Exchange and AuthentiCare, which are commercial companies that must partner with both MCOs and providers to achieve full implementation of EVV. Ms. Medrano described new federal requirements that establish deadlines for implementation of EVV by January 1, 2019. Fortunately, New Mexico is ahead of schedule with implementation, Ms. Medrano said.

The perspective of MCOs was presented by Quinn Glenzinski, director, Network Options, Government Programs, Blue Cross and Blue Shield of New Mexico; Jentry Hinton, M.B.A., director, Long-Term Care Clinical Operations, Presbyterian Health Plan; Chuck Milligan, chief executive officer, UnitedHealthcare Community Plan of New Mexico; Sherwin Price, program manager, Healthcare Services, Molina Healthcare of New Mexico; and Ron Patterson, president, Mobility Exchange. Mr. Glenzinski emphasized that an unprecedented level of cooperation among MCOs occurred in implementing the EVV program. Pilot projects preceded full implementation, which enabled fine-tuning of the program to ensure the ability of providers and caregivers to meet HSD requirements. Provisions and technical support to address

lack of electronic connection issues were developed. Training was provided both on-site and at professional meetings, Mr. Glenzinski said.

Meggin Lorino, executive director, New Mexico Association for Home and Hospice Care (NMAHHC), identified ways in which the association facilitated conversations with the HSD, the MCOs and others to find ways to work toward implementation and resolve difficulties that had been experienced. She asserted that although EVV will never be perfect, she believes that the NMAHHC has the full support and commitment of the MCOs and the HSD.

Questions and comments from committee members addressed the following areas:

- whether additional expenses have been incurred during the implementation of the EVV program; extra personnel have been hired by providers; MCOs have incurred technical and capital expenses, primarily through the provision of electronic tablets to providers who need them;
- identification of ongoing needs; providers would appreciate additional training, especially regarding technical issues that arise;
- whether caregivers have enough flexibility to provide needed services under EVV; schedules for caregivers are specified in the care plan;
- clarification regarding federal expectations and audit requirements; a future audit is anticipated in 2019 on EVV implementation;
- clarification regarding the selection of contractors and whether it is working well; EVV vendors were selected by MCOs through a collaborative process; MCOs are mostly satisfied with the choices;
- clarification about how administrative costs are determined among MCOs, particularly with electronic tablet distribution; an agreement on how to accomplish this was reached during the initial collaborative process;
- whether early implementation has been worth the effort; yes; it has been valuable, given that New Mexico has an unusually high rate of use of PCS;
- clarification regarding how New Mexico is serving significantly more people without a concurrent increase in cost; fewer hours of care per week are needed;
- how issues of lack of cell phone coverage have been addressed; Verizon assisted with some system enhancements; procedures are in place that permit driving to a "hot spot" to obtain coverage;
- clarification regarding an "exception" process, whereby a provider may bypass EVV reporting requirements; exceptions may be submitted on paper under certain circumstances;
- clarification regarding recoupment of reimbursement for improper claim submission; grace periods were extended when problems surfaced; MCOs are auditing claims regularly and working with providers; additional training is being provided regarding appropriate documentation to support exceptions;
- a statement that the ultimate goal of EVV is to ensure that members get the hours of care to which they are entitled; EVV is a mechanism to demonstrate this; and

- whether a provider appeals process is available; yes.

Representative Thomson requested additional comments from Katy Unna, Independent Living Resource Center, to offer a provider's perspective. Ms. Unna noted that the center has incurred substantial additional administrative costs in implementing EVV, without much evidence that any benefit has been realized for members. She believes that EVV does not reduce fraudulent practices. There are numerous cumbersome details that are difficult to implement. Ms. Unna feels that the EVV program is not effective. She also asserted that reductions in hours for members have resulted in members not receiving adequate services.

Questions for Ms. Unna and Ms. Lorino covered the following areas:

- ways in which providers can have input into the process. The NMAHHC has offered multiple training sessions, and members have had ample opportunities;
- whether New Mexico would lose federal funds by not implementing EVV; yes; and
- an observation that there may be opportunities to improve implementation.

Questions and comments from all members of the panel continued as follows:

- clarification regarding legitimate reasons for leaving the "geo fence"; though there are legitimate reasons, MCOs are looking for evidence that caregivers are clocking in and out and that they are not leaving the geo fence area an inappropriate number of times;
- an observation that MCOs also have the ability to see in real time when caregivers leave the geo fence and where caregivers are, which allows MCOs to follow up to determine that members are receiving the services for which they are approved;
- an observation that EVV enables providers to identify which caregivers are the most reliable and accountable;
- whether other states have begun the implementation process and the extent to which New Mexico serves as a model for those states; New Mexico is a model in terms of the collaborative process by which MCOs have worked together; MCOs are working with the NMAHHC on ongoing training initiatives; and
- a recommendation that providers continue to be assertive in identifying and following up on EVV implementation issues.

### **Approval of Minutes**

There being a quorum present, the chair requested a motion to approve the minutes of the fourth and fifth meetings of the LHHS for the 2017 interim. A motion was made and seconded and the minutes were unanimously approved. The chair noted that a letter to Paul Roth, M.D., chancellor for health sciences, University of New Mexico (UNM) Health Sciences Center, had been included in the packet. Committee members asked whether additional questions posed to Dr. Roth had been asked; the answer was yes; however, no reply has been received.

## **Public Comment**

Ellen Pinnes, representing The Disability Coalition, contended that Ms. Unna's testimony is an indication that the HSD has not been diligent in obtaining input from all stakeholders. She also commented that it is permissible for members to receive services outside of their homes, which should be recognized and promoted. She commented that the reduction in the number of hours of service is often arbitrary and does not necessarily reflect a member's needs. Senator Ortiz y Pino noted that in the Centennial Care 2.0 waiver application, care coordination is being proposed to devolve to the providers, who have a better idea of need. He also commented that a public hearing on the waiver has now been scheduled in Albuquerque.

## **KIDS COUNT**

Amber Wallin, M.P.A., director, KIDS COUNT, New Mexico Voices for Children (NMVC), noted that New Mexico's data shows a ranking of forty-ninth in the nation in child well-being. New Mexico's working families are facing major challenges due to a very high rate of poverty. She noted that the majority of children in New Mexico are living in poverty, with 13% of New Mexico children living in deep poverty. This has a profound impact on education, with data showing that only 85% of poor children are reading at grade level by fourth grade. Food insecurity is also a big factor in all outcomes, Ms. Wallin said. More New Mexico children experience trauma compared to the rest of the nation. Ethnic disparities also contribute to overall disparities. Ms. Wallin said that in light of all of this bad news, it is important to remember that policies that make children a priority do make a difference in the state, and New Mexico has seen progress. Thirty-one thousand more children have health insurance; 4,100 children have access to pre-K programs; 3,800 receive home visiting; and reductions are being seen in teen drug use and birth rates among teens.

Bill Jordan, senior policy advisor and government relations officer, NMVC, noted that New Mexico's tax system disproportionately affects low- and middle-income people. Current tax policy in the state has favored business without the hoped-for results in job creation. Recommended tax reform measures that would help families have been proposed, Mr. Jordan said. Mr. Jordan also identified several measures that would have a positive effect on the economy with no cost to the General Fund, including increasing the minimum wage, enacting paid sick leave and expanded family medical leave, ending predatory lending practices and investing a portion of the Land Grant Permanent Funds (LGPF) in early childhood care and education. Current funding is only addressing the care and education needs of a fraction of New Mexico's children. Had the legislature passed the constitutional amendment to invest a portion of the LGPF in early childhood education, the LGPF would be only fractionally smaller; however \$1 billion would have been spent to improve the lives of children, Mr. Jordan said. Mr. Jordan believes that a major impact from that investment would have been realized.

Two additional priority areas for NMVC include fully funding child abuse prevention and maximizing enrollment in Medicaid and the Supplemental Nutrition Assistance Program through simplification of the enrollment process and through fully funding the programs.

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

- clarification regarding what steps can be taken to address food insecurity among children; measures that put more money in the pockets of families so that they can buy more food are critical; the after-school meal program, funded by the United States Department of Agriculture, is not being fully utilized;
- recognition that children are not the only ones affected by hunger; there are many elderly people also experiencing food insecurity;
- recognition that Louisiana implemented a tax credit program that could serve as a model for New Mexico to enhance early childhood and home visiting programs;
- clarification of the assertion made by the New Mexico Municipal League that the lowest-income families would not be affected by a reinstatement of the food tax; NMVC does not agree with this assertion but surmised that it may be based on an assumption that SNAP benefits are not taxed;
- recognition that children and the elderly often end up competing for social services dollars;
- recognition that proposals that have no General Fund impact, such as an increase in the minimum wage, can still have a large impact on small local businesses;
- an observation that an investment in the workforce should be a specific requirement of any approach to increase investment in children's programs;
- a request for more information from the Legislative Finance Committee (LFC) about increases in funding for early childhood education; Kelly Klundt, senior fiscal analyst, LFC, reported that, in recent years, funding has increased by approximately \$100,000 and the number of children enrolled has increased by approximately 2,500;
- what the impact would be of a failure to pass federal Children's Health Improvement Program reauthorization; the HSD would need an additional \$31 million to fund the program without federal dollars;
- recognition that the previous proposal to invest a portion of the LGPF in children's programs contained protections to prevent the depletion of the LGPF;
- clarification regarding when the NMVC conference is occurring in Las Cruces; November 9, 2017;
- recognition that most early childhood education workers are paid no more than workers in fast food businesses;
- a request for identification of the one item that would have the biggest impact for children; Ms. Wallin said that increased state investment, in addition to federal funds, in early childhood care and education programs is the single most important focus; Mr. Jordan opined that an override of either the funding veto of \$350 million for children's programs or an override of the veto of the increase in the minimum wage would have the largest impact on children;
- a suggestion that funds for early childhood programs should be earmarked, and the possibility of using either the LGPF or recreational marijuana regulation proceeds for children's programs should gain legislative approval; and

- recognition of the impact of adverse childhood events (ACEs), including the long-term physical and health impacts, and the value of early childhood programs in reversing the effects of ACEs.

### **Update of Child Protective Services**

Monique Jacobson, secretary, Children, Youth and Families Department (CYFD), Ms. Klundt and Jon Courtney, Ph.D., program evaluator, LFC, were invited to address the committee.

Ms. Klundt began by reviewing findings from an LFC report. The funding of child protective services has increased over time to its current level of more than \$6.7 million. She noted the trends between filled full-time-equivalent positions and appropriations for workers. She noted the strain on the system, with increasing numbers of children in the state's care and increasing reports of maltreatment.

Dr. Courtney noted that New Mexico is experiencing dramatic increases in child victimization rates. Response to recurrent maltreatment continues to fall short of the national standards. The LFC contends that New Mexico continues to show high need of, but low spending on, preventive services. Need is demonstrated by data that show New Mexico's high risk due to substance abuse in families. At the same time, New Mexico was the second lowest in the nation in the percentage of children receiving prevention services in 2015. The legislature has increased investments in protective services; however, increased strain on the system has outpaced spending.

Secretary Jacobson noted that the CYFD receives around 40,000 calls per year, approximately 20,000 of which are screened for further investigation. Those that do not fall within the charge of the CYFD are referred to law enforcement. She described the process of an investigation, which begins with an assessment of the safety of the child. If the child is facing an immediate safety risk, placing the child in state custody is considered. Custody determinations are the purview of law enforcement and the courts — not the CYFD, Secretary Jacobson noted. She shared a compelling story of her personal experience with an investigation with CYFD staff and the complexity of the situations faced by investigators. She drew the committee's attention to a handout that identifies the mission, principles and strategic priorities of the department, which focus on core functions, prevention initiatives, financial controls and community and stakeholder engagement. Data were provided to the committee about results of the CYFD's work. The CYFD has increased the number of field workers and the number of foster care providers. Future initiatives include implementing evidence-based training and accountability provisions, addressing backlogs and developing a grievance process for foster youth. One initiative already implemented is the Pull Together Campaign, which reaches out to families needing services, their neighbors, law enforcement, schools and even businesses to work together to ensure the safety of New Mexico's children. Safety of the child is the paramount goal in all that the CYFD does, Secretary Jacobson said.

Questions and comments from committee members covered the following areas:

- whether there is a plan for improving the ratio of workers to identified need; yes; the budget request addresses this;
- whether success is being realized with the rapid hire program in filling positions quickly; yes; recently the department was successful in hiring 16 people in one day;
- whether there are regional differences in caseloads and other types of problems; yes; the department is focusing on these differences in identifying hiring and workforce needs;
- clarification of how the turnover rate in protective services compares with other divisions in the CYFD, other departments and other states; in the CYFD, the turnover rate is higher but recently has been reduced; Secretary Jacobson does not have information about comparisons with other departments or states;
- ways in which calls are screened; there are legal and other protocols; work has been done to encourage calls and reports of suspected abuse;
- clarification regarding how calls that are not within the purview of the CYFD are referred; law enforcement is contacted by email; the department works collaboratively to ensure that communications are received and are treated seriously;
- ways in which decisions are made for children to remain in the custody of their families; the CYFD cannot make the ultimate decision; law enforcement and the courts have the final decision; procedures for substantiation have been strengthened;
- ways in which other states are obtaining federal grants that New Mexico may not be taking advantage of; other states are finding ways to leverage federal funds to provide prevention services; opportunities might be possible; Secretary Jacobson will provide information on which grant programs New Mexico uses and how that usage coordinates, or could coordinate, with other CYFD initiatives;
- whether the LFC has ever evaluated the St. Joseph Home Visiting Program; no, as that is not a program funded by the state;
- clarification of the location of the Children's Reception Office; currently, it is co-located with the CYFD's Albuquerque office on San Mateo Boulevard;
- clarification regarding the level of spending on child abuse prevention this year; the expenditures are growing substantially; and
- clarification of the procedure when a call is received regarding a child care worker or a school; these are also calls that the CYFD must refer to law enforcement.

Senator Ortiz y Pino notified the committee that the PBS NewsHour was going to run a segment on opioid addiction in New Mexico that evening.

### **Recess**

There being no further business, the meeting recessed at 5:09 p.m.



**Tuesday, October 17**

**Welcome and Introductions**

The meeting was reconvened by Representative Deborah A. Armstrong at 9:16 a.m. Members introduced themselves.

**Grandparents Raising Grandchildren: Reporting Pursuant to Senate Memorial 92 and House Memorial 58 (2017, Regular Session)**

Liz McGrath, Esq., introduced herself and told the committee that she has a long-standing interest in the topic of grandparents raising grandchildren. She stated that a task force that included participation from the CYFD, Aging and Long-Term Services Department (ALTSD), Public Education Department (PED) and Office of the Attorney General has been working to address the issues included in Senate Memorial 92 (regular session, 2017). The primary goal of the memorial is to identify ways to expand availability of resources and assistance to grandparents raising grandchildren. Ms. McGrath described the available maintenance payments for the care and support of children placed with kinship caregivers.

Recommendations arising from the task force include the following:

- provide appropriate funding for support services;
- fully fund subsidized child care;
- ensure that grandparents raising grandchildren are permitted to enroll their grandchildren in early intervention daycare, even if they do not have legal guardianship or custody;
- amend the New Mexico Administrative Code (NMAC) to allow grandparents raising grandchildren to obtain child care assistance benefits without regard to income;
- protect grandparents raising grandchildren from the threat of eviction from public housing;
- make Medicaid behavioral respite services and case management services available to grandparents raising grandchildren;
- increase the ALTSD appropriation for legal services to ensure access for grandparents raising grandchildren;
- improve training of the HSD's Income Support Division workers regarding eligibility for public benefits for children being raised by grandparents; and
- create a work group to study and develop recommendations to enhance the CYFD's interface with grandparents and their grandchildren.

Ms. McGrath concluded by asserting that support for all of these recommendations would substantially improve the lives of both children and the grandparents raising them.

Josephine Chaves, a grandmother who has been raising her grandson for the last seven years, offered a personal perspective. She has had issues with public support being inconsistent, discontinued and reinstated. She said that she has no control over her grandson's biological

parents, who are both addicted to drugs. She is also challenged by the fact that her husband has Alzheimer's disease. She told the committee that she needs the help that the task force has proposed.

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

- a question as to which actions would have the largest impact on the lives of grandparents raising grandchildren; more consistent communication and support from state agencies;
- whether there are any statutes that, if changed, would help with situations such as those outlined; the highest priority would be to change the NMAC to increase access to state-subsidized child care services;
- a suggestion to have a bill drafted for consideration for endorsement by the LHHS to change the NMAC to allow kinship caregivers access to child care assistance;
- a suggestion that legislation be drafted to permit child care in a child care center as well as in the home;
- whether regulations could be changed so that grandparents raising grandchildren could obtain child care assistance benefits without regard to income; Ms. Klundt noted that it might be possible but that there are federal requirements to consider;
- a statement that, in general, grandparents raising grandchildren should have an easier time accessing the services that they need;
- whether the fact of a child not being raised by a parent is a point on the ACEs scale; yes; multiple factors result in multiple points on the ACEs scale;
- whether use of the ACEs scale could automatically qualify a child being raised by grandparents for public services; the LFC and staff have discussed the use of risk factors as a mechanism to qualify these children, however, there are federal constraints that are difficult to circumvent;
- recognition that there are privacy barriers that make it difficult to use ACEs scores;
- an observation that grandparents raising grandchildren with developmental disabilities should get better consideration for access to the developmental disabilities waiting list;
- whether all kinship guardians should have access to the benefits identified for grandparents; that category is very broad; it is not known if they want or need access to these services;
- whether aunts and uncles should be included in these recommendations; and
- recognition that many departments of state government have a role in this issue; they should be asked to participate in finding solutions now without waiting for a new administration.

Representative Thomson made a motion that a letter be drafted from the LHHS to the HSD to ask the HSD to use the ACEs scale to determine eligibility for early and periodic screening, diagnosis and treatment; the motion was seconded and approved without objection.

## **Rights of Preschoolers with Disabilities: Preschool Behavioral Health Support Project**

Claire E. Dudley Chavez, executive vice president for policy and stakeholder engagement, United Way of Santa Fe County, introduced herself and noted that the United Way has a substantial commitment to this issue, with a mission to create public awareness and political will to invest in early childhood care and education in New Mexico. Matthew Bernstein, Esq., staff attorney, Pegasus Legal Services for Children, noted that research regarding suspension and expulsion practices of young children shows that New Mexico is one of the worst states, if not the worst state, in the nation in regard to these practices. Children as young as age six are being expelled from early childhood classrooms in inconsistent and unfair ways that can affect a child for years to come. Suspension and expulsion do nothing to teach appropriate behavior, Mr. Bernstein said, and the practice denies some children the opportunity to access and excel in early childhood programs.

Ms. Dudley Chavez identified long-term negative impacts on these children that result in long-term, costly impacts to the state. At the federal level, Head Start programs now prohibit expulsion of children. The federal Every Student Succeeds Act and the reauthorization of the child care and development block grant recommend that states develop policies to prohibit suspension and expulsion practices. New Mexico's Public School Code requires that policies and procedures ensure fairness, equity and continuous improvement for children in child care centers. Mr. Bernstein noted that federal data indicate that students of color are retained and not promoted to the next grade level at disproportionate rates. In New Mexico, data show that 4% of preschool students overall are retained, while 5% of African American students and 6% of Native American students are retained. Both Ms. Dudley Chavez and Mr. Bernstein asserted that a clear definition of "expulsion" is needed. They support legislation to: 1) prohibit the expulsion of young children from programs; 2) require data collection; 3) provide early learning professional training; and 4) provide universal screening that contains a social-emotional component for all children.

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

- the extent to which parents are involved in decisions to hold a child back from promotion to the next grade level; schools have a lot of influence in this area that parents often feel unqualified to dispute;
- whether a child could be retained more than once in preschool; it is possible; however, this should generate a larger discussion regarding the child's needs, the teacher's abilities and the school environment;
- the extent to which the Sustainability, Tracking, Assessment and Rating System collects data on expulsion; the federal government collects data for kindergarten through grade 12 but not for preschool;
- acknowledgment that teachers are often in opposition to efforts of this sort;
- clarification regarding the recommendations proposed; it is desired that the recommendations cover both child care centers and public schools;

- ways in which disruptive behaviors, such as those exhibited by a child with autism, should be handled in lieu of expulsion; strong partnerships between parents and child care providers should be fostered; solutions will likely differ depending on the child;
- whether the recommendations proposed should extend to private as well as public schools; yes;
- an assertion that many children's issues would be eliminated if children were being served in the least restrictive setting with an individualized educational plan;
- recognition of the importance that children with ACEs should be able to find a safe haven in school;
- whether there are opportunities through Project ECHO to do training and provide supports for teachers and child care providers in this area; and
- the importance of clearly defining agreed-upon terms in both PED and CYFD interactions.

### **Public Comment**

Jim Jackson, executive director, Disability Rights New Mexico, noted that there are many unique behavioral issues in children with disabilities. There are 50,000 children in New Mexico currently being served through special education programs. He noted that parents of disabled children are often vulnerable to pressure from schools. He urged the committee to encourage the PED to put more resources into ways to deal with children exhibiting challenging behaviors. Mr. Jackson noted that his organization has found the PED to be responsive when a formal written complaint is filed; however, he contends that formal complaints should not be necessary.

Ms. Pinnes commented that the HSD issued a revised version of the Centennial Care 2.0 waiver proposal. The revision clarifies that if a person fails to pay the premium to enroll in Medicaid, a grace period will be provided to give the person time to pay the premium and enroll; however, the proposed revision states that this will be followed by a lockout period. The amount being proposed as a premium was reduced, Ms. Pinnes said, and a household rate has been added in the proposed revision.

### **African American Infant Mortality and Mental Health Report**

Sunshine Muse, pilot project manager, Rongal Nikora, Ph.D., lead research consultant, and Yvette Kaufman-Bell, executive director, Office on African American Affairs (OAAA), were invited to testify.

Ms. Kaufman-Bell described health care disparities in the African American population in New Mexico. She noted that she and her colleagues are present today to report findings from a project established in the 2014 legislative session pursuant to Senate Bill 69. That law called for the creation of a pilot program in Bernalillo County to address African American infant mortality and maternal health.

Ms. Muse and Dr. Nikora talked about the importance of infant mortality as a measure of health care disparities, noting that the rate of infant mortality in the African American population

is double that of the general population. A program called "Centering Pregnancy" became the model for addressing this disparity. It is a nationally respected program designed to improve outcomes through a series of group prenatal visits. UNM was selected as a partner and as the site to implement the pilot program. The OAAA was successful in recruiting two African American midwives to work with it. An online survey was developed to collect data regarding the birthing experience of African American women in New Mexico. The survey identified a knowledge gap regarding insurance coverage and birthing options for African American women. There is a need for greater attention to stress management during pregnancy and to better understand the importance assigned by mothers to their providers' race or ethnicity. The survey found that many women are unaware of options for out-of-hospital births, the availability of doula services and the benefits of group prenatal care.

Reasons for preterm birth, which is a high predictor of infant mortality, were identified. Many indicators were eliminated, leading the OAAA to hypothesize that stress in African American women is the major underlying cause of infant mortality. A great deal of outreach was conducted to educate women about their options for better care and improved outcomes. New partnerships and relationships were developed as a result of this pilot project. The OAAA has entered into an agreement with the March of Dimes, in which the March of Dimes will fund outreach and education efforts related to infant mortality and maternal health.

Recommendations for next steps include a dedicated effort to collect more robust data; to develop the pilot project into a multi-year project; to include questions designed to gauge stressors specific to African American women in the New Mexico Pregnancy Risk Assessment Monitoring System; and to target education to medical providers regarding ways to mitigate disparities among African American women. The OAAA representatives are optimistic, as they now feel they have strong partnerships with organizations that share their concerns.

Committee members asked questions and made comments on this topic as follows:

- clarification regarding best methods of learning for pregnant women; it is far better to talk in a collaborative manner with women, rather than speak in a pontifical or didactic manner;
- acknowledgment that Dr. Nikora was a fellow with the Robert Wood Johnson Foundation Health Policy Program at UNM;
- whether any of the women in the study were of mixed race; most did not identify as mixed race; however, this is an important identification to make, and it may be noted that African American people, like other Americans, generally have a great deal of heterogeneity in their ethnic backgrounds;
- an observation that the rate of infant mortality among black women has been reduced in recent years, but it is still twice the rate of white women;
- whether the health and well-being of fathers were examined; yes; no direct connection was found;

- whether the survey followed scientific methods; yes, although it did not have institutional review board approval;
- clarification of whether participants' income was a factor in the incidence of infant death; the rates are the highest among African American women nationwide, regardless of income;
- whether infant mortality rates within the African American population are different based on education; yes, but the differences are not statistically significant;
- whether opioid use is a predictor of infant mortality among African American women; opioid use is a factor but does not markedly change the overall data;
- clarification regarding the Centering Pregnancy model; implementation of the project generated significant interest in the model; it has received endorsement from the Institute for Healthcare Improvement; there are 500 sites across the nation at present that use the model;
- whether the model involves willing fathers; yes;
- how much additional funding would be needed to allow the project to continue; \$250,000 would fund lead researchers, facilitators, some marketing materials, education and awareness and the cost of the site;
- a request that the OAAA provide the legislature with a budget request that would allow the project to be continued;
- clarification regarding the sources of stress among African American women; the data suggest that the way in which prenatal care is provided creates stress;
- what new data are needed to move the project forward versus just funding a continuation of the project; the pilot project was deliberately crafted to combine an intervention as well as data collection, and it yielded valuable information to improve health outcomes for this population;
- whether the survey included just African American women or a broader population; it included a broader population in order to give comparative data;
- whether there is potential for national funding for such a study; other granting entities may be very interested in a study of this nature;
- whether the LHHS would provide a letter of support for additional funding opportunities; yes; the chair said that she will pursue that; and
- whether there is any research that connects cortisol levels to premature births among African American women; yes; research supports this.

### **Medical Cannabis: Applications, Testing, Proposed Program Changes**

Kenny Vigil, director, Medical Cannabis Program, Department of Health (DOH), provided details and data regarding the current medical cannabis program being implemented by the DOH. He identified performance measures and described improvements that have been made to the application process. The number of participants has been steadily increasing during 2017. Standard operating procedures have been developed and implemented, he said. Growers have received additional training. Committee members requested additional information about the number of growers and distributors currently approved by the DOH.

Mr. Vigil provided details about the qualifications and expertise of new hires for the program. Mr. Vigil also described education and outreach efforts and the creation of a new patient portal that gives patients the ability to apply online. In response to a request from a committee member, Mr. Vigil provided his email address: [Kennyc.vigil@state.nm.us](mailto:Kennyc.vigil@state.nm.us).

Jessica Gelay, policy manager, Drug Policy Alliance (DPA), provided a brief overview of the history of the medical cannabis program in New Mexico and the number of states currently operating such a program. She described DPA policy recommendations for the medical cannabis program, including improved civil protections for medical cannabis patients and updating the current law to add opioid use disorder and neurodegenerative dementias to the list of qualifying conditions. Finally, the DPA recommends removing the 70% tetrahydrocannabinol (THC) concentration limit on certain permissible medical marijuana products.

Kathleen O'Dea, J.D., M.S., owner and director of Scepter Laboratories, identified her company as the entity that the DOH has contracted with to test the safety of cannabis grown in New Mexico. She identified the rigorous requirements that New Mexico imposes prior to granting a license as a testing laboratory. She noted that Scepter Laboratories conducts potency, microbial contamination and mycotoxin testing as well as testing for pesticides and solvents. She provided details for each area of testing. She noted that 50% of states with recreational cannabis programs and 75% of states with medical cannabis programs do not require testing. She noted that new information on contaminants emerges regularly. She provided additional information regarding concerns about pesticide testing. Pesticide testing, in particular, has inconsistent standards, with a wide range of recommendations in law and regulation, Ms. O'Dea said. There are 3,197 known pesticides, and it is difficult to know exactly which ones to test for. Pesticide testing is expensive, and she warned the committee that demands from the public for wider pesticide testing are coming, and the issue promises to be a thorny one. She closed with a recommendation regarding which contaminants to test and which to eliminate from testing requirements.

Reggie Gaudino, Ph.D., vice president of scientific operations and director of intellectual property, Steep Hill Labs, stated that the goal of the company is to ensure safe and tested cannabis. He identified some risks with contaminants in cannabis plants that can lead to death. The old saying "cannabis never killed anyone" may not be completely accurate, he said. While the plant itself may not be deadly, some things that grow on plants can be. He believes that there are certain pesticides that are extremely dangerous and should be banned. He said that no state has risen to the level of safety required by the United States Food and Drug Administration. He discussed some problems with current testing regulations in New Mexico and raised concerns that, in his view, are not being adequately addressed. A lack of enforcement in the current law provides opportunities for growers to circumvent safety measures and introduce dangerous elements into their products, he said. Track and trace systems to identify contaminants have proven to be inconsistent around the country. Issues that his laboratory has found in New Mexico have not generated response from the DOH in months, either to the laboratory or to the affected person.

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

- whether Mr. Vigil was aware of bills from Senator McSorley and Representative Nate Gentry to revise the current medical cannabis law and whether he provided any input to the governor regarding her veto; he wrote an analysis of the bill but had no input on the veto message;
- whether the DOH is considering revisiting the requirements for the testing of certain pesticides; yes; it is a good opportunity to confer with experts and scientific researchers on this issue;
- the extent to which public input will be considered in determining policy changes; it is part of the regulatory process the DOH is required to undertake;
- whether the DOH is responsive to growers' concerns regarding the bio-tech system; it is trying to address producers' concerns with training and education;
- an observation that while there are problems with the bio-tech system, it does provide a form of quality assurance and enforcement;
- whether the standards in the United States are as rigorous as those in Europe; it is impossible to compare, as too many elements of production are different; however, there are some findings from research that can inform safety measures in the United States;
- clarification regarding the recommendation to remove the 70% THC concentration limit on certain medical marijuana products; the DOH would consider this;
- whether the DOH has plans to use the equipment that would allow "secret shopper" testing; the DOH is proceeding very cautiously, but desires to do everything possible to ensure quality assurance and is funding a new position to work at the new laboratory;
- clarification regarding how the DOH accomplished the elimination of the medical marijuana application backlog and why it took so long to fix a problem that apparently was resolved in one day; the backlog was cleared up in 2016; the current success achieved from one day of work addressed a different issue;
- how the decision was made, and by whom, to limit the THC concentration to 70%; it was done in response to instances in Colorado where users had adverse effects;
- a voiced objection as to why the secretary of health rejected the recommendation of the Medical Advisory Board to approve adding opioid use disorder as a qualifying condition in the medical marijuana law;
- identification of the number of complaints that Mr. Vigil's division receives in a year; the reason to hire someone to deal with complaints has more to do with the complexity of the complaints than the number; Mr. Vigil will provide the information about the number of complaints annually;
- whether the LFC or the Department of Finance and Administration looks at the budget, given that the program is self-funded, and how decisions are made to increase staff; those decisions are made in collaboration with internal experts and approved by the secretary of health;



- whether the legislature has any role in how the money is spent; according to Senator Rodriguez, the LFC is charged with approving new full-time-equivalent positions, although the secretary of health does have some discretion in this area;
- a contention that representatives from the DOH never came to LFC hearings in which members of the public complained about the inability to get approval for medical marijuana cards;
- clarification regarding the number of cases of over-consumption in the life of the program; that information is not known;
- clarification as to why New Mexico is so strict in its testing standards; the DOH worked with a scientific laboratory in Oregon to establish standards;
- clarification about why New Mexico is so rigid in the testing of some contaminants but not in the testing of pesticides; the regulations do not contain a standard for these;
- clarification about last year's budget; the budget was approximately \$2.5 million, about \$25,000 of which reverted; so far this year, about \$2.9 million has been collected;
- a recommendation that some of the unused funds be used for research;
- clarification regarding what entity oversees kitchen requirements; the DOH does;
- an observation that the New Mexico Medical Board, the Pain Center at UNM and many pain management specialists all support the inclusion of opioid use disorder as a qualifying condition; and
- a motion, made and seconded, to support opioid use disorder as a qualifying medical condition for medical cannabis; the motion passed unanimously.

### **Recess**

The committee recessed at 5:53 p.m.

### **Wednesday, October 18**

The joint meeting of the LHHS and the Courts, Corrections and Justice Committee (CCJ) was convened at 9:18 a.m. by Representative Gail Chasey, co-chair, CCJ.

### **Tour — Bernalillo County Youth Services Center (BCYSC)**

Members of the committees were divided into small groups for guided, secure tours of the BCYSC. Craig Sparks, director, Services Center, BCYSC, described the process that would be observed and identified staff who would escort members on the tour. Cell phones and laptops were not permitted inside the facility.

### **Welcome and Introductions**

The meeting was reconvened at 10:46 a.m. by Representative Chasey. Committee members introduced themselves. Representative Chasey thanked Mr. Sparks for the very informative tour.

## **Welcome — BCYSC — Juvenile Detention Alternatives Initiative (JDAI)**

Mr. Sparks provided a brief review of the BCYSC, beginning with a history of the facility and some statistics on the facility's services. The JDAI, a model developed by the Annie E. Casey Foundation in 1948, was instituted in Bernalillo County in 1992. Mr. Sparks described the purposes and objectives of this model. The model reversed many negative outcomes that preceded its institution. Mr. Sparks explained trends from 1999 to the present.

Committee members asked questions in the following areas:

- clarification of budget trends over time;
- identification of capital outlay needs;
- an observation that other counties benefiting from the center could contribute; and
- clarification regarding the daily cost per resident; \$155 per day.

## **Update on Improving Outcomes for Youth Statewide — Juvenile Justice Initiative in New Mexico**

Nancy Arrigona, research manager, Council of State Governments Justice Center (CSGJC); Nina Salomon, project manager, CSGJC; Secretary Jacobson; and Judge John J. Romero, Jr., Second Judicial District Court, were invited to present to the committees.

Secretary Jacobson noted that the CYFD operates three juvenile facilities in New Mexico, and committee members are invited to visit at any time. She discussed an initiative, Improving Outcomes for Youth, that began in April 2017 to determine what steps could be taken to strengthen public safety and improve outcomes for youth in the state's juvenile justice system (JJS). Through the initiative, a statewide bipartisan task force was established, co-chaired by Secretary Jacobson and New Mexico Supreme Court Justice Barbara Vigil. Secretary Jacobson emphasized that the CYFD relies on collaboration with many partners to accomplish its goals.

Ms. Salomon described the task force that was convened to establish a plan for improving outcomes for youth statewide. The task force worked with representatives from several other states as well as from the CYFD. Judge Romero emphasized the commitment of the courts to work with the task force to promote safe, reliable solutions for youth.

Secretary Jacobson reviewed the findings and recommendations of the task force. She provided data regarding the number of referrals to the JJS. Opportunities within the JJS have increased to match youth with the appropriate level and length of supervision based on an understanding of the risk of reoffending. Findings of the task force include the following:

- the number of youth referred to the JJS has declined significantly since 2012, in large part due to policy and practice changes. The decline in cases is due in part to improved initial assessments;

- a focus on prevention rather than intervention has led to community resources not being directed to youth with a high risk of reoffending. This is an area that needs to be addressed (see handout);
- the majority of youth referred to the JJS do not reoffend; however, there is a small number of youth who would benefit from more intensive services and supports; and
- New Mexico lacks sufficient data and research capacity to fully measure system performance and outcomes.

Ms. Arrigona expanded on this lack of data and research, which limits the ability of the state to address the most prevalent needs as well as the ability to know whether money is being spent in the most productive areas. Definitions need to be refined to fully understand why youth are reentering the JJS, Ms. Arrigona said.

Ms. Salomon noted that the task force will be meeting again on November 2 to reach consensus on policy proposals.

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

- an observation that the decrease in referrals to the JJS is impressive;
- clarification of the number of youth in the system today — between 180 and 200;
- whether behavioral health issues are a factor in youth incarceration; there are multiple behavioral health needs, but if behavioral health is a juvenile's primary need, the juvenile generally does not come through the JJS; virtually all youth in the JJS have experienced trauma of some sort;
- what the most effective strategies are to prevent recidivism; valid assessment tools and screening, mental health therapy and family therapy are all critical; services must be matched to the individual needs of the youth;
- an observation regarding the importance of staff in facilities being supportive rather than punitive;
- why it seems so hard to identify the number of youth who have successfully completed their reintegration yet still come back into the system; the CYFD is examining this closely; the circumstances are complex;
- whether there should be a state law to prohibit commitment of a child six years old or younger; the CYFD is exploring this;
- clarification regarding New Mexico's lack of the use of the "structured decision-making tool"; it is being used to a certain extent but has not been revalidated in recent years; the inconsistent use may be a reflection of inadequate training in its use;
- clarification regarding what is being used in place of the structured decision-making tool; ultimately, decisions are made in the court, and that is where the tool is being used;
- whether the courts have a rule requiring the structured decision-making tool's use; no — ways to build consistency are part of the task force's current discussions; the tool is

lengthy and takes a lot of time to use, thereby delaying treatment for the youth in the system;

- clarification regarding the future approval of a memorandum of understanding that will allow sharing of information between the courts and the CYFD; July 1, 2018 is the target date; the collection, matching and reporting of these data are a massive project;
- whether there are data regarding the number of youth who qualify for special education; Secretary Jacobson will follow up and provide this information;
- the importance of funding wrap-around services, especially in schools;
- the importance of very early intervention and screening that may signal a child at risk of future incarceration;
- a comment that the CYFD is in need of a significant technological upgrade in order to support growing data requirements;
- an observation that different districts have very different needs; and
- the importance of all agencies working together effectively to ensure maximum use of federal resources.

### **Molina Healthcare and Bernalillo County Metropolitan Detention Center — Medicaid Pilot Project**

Amir Wodajo, director of case management and behavioral health, Molina Healthcare of New Mexico, was joined by Tina Rigler, vice president of government contracts, Molina Healthcare of New Mexico, to describe a project being implemented by Molina Healthcare of New Mexico to help inmates successfully reintegrate into society following incarceration. She noted that 1,200 inmates were enrolled in Medicaid in 2015. The project allows inmates to keep their eligibility while in prison or jail and have their benefits reactivated upon release. The pilot project was developed in collaboration with the Bernalillo County Metropolitan Detention Center in Albuquerque. Through care coordination, inmates have increased access to services and benefits that promote optimal health upon release. The pilot has resulted in a decrease in emergency department use, behavioral health services and physical health services due to increased understanding of benefits and what constitutes appropriate use of services.

In addition to health benefits, individuals enrolled in the program had a significantly lower rate of recidivism in the first year of the program. Of the 296 individuals enrolled in the program, cost savings of close to \$8,000 per person per month were seen. Molina hopes to expand the program to 27 additional adult and juvenile detention centers statewide. A brief video presentation highlighted individual success stories.

Committee members had comments and questions in the following areas:

- whether all MCOs will ultimately be required to engage in the care coordination project; yes, according to a letter of direction from the HSD;

- clarification regarding a shift in payment responsibility; Medicaid is not responsible for payment of care once a person is jailed; the benefit can be shifted to fee-for-service care when an inmate is hospitalized;
- clarification regarding cost savings for enrollees in the pilot program; the savings are achieved due to reduced inappropriate use of services;
- at what point savings to the state will be realized; the HSD is working to implement this program more broadly, both through contract requirements with the MCOs and through the Centennial Care 2.0 waiver renewal;
- whether there is a target date for enrolling more incarcerated people in Medicaid in county jails; not all counties are pursuing this avenue;
- how this project will work in relation to non-public employees engaging in presumptive eligibility enrollment of inmates; HSD Deputy Secretary Michael Nelson will follow up;
- clarification that an individual enrolled in Medicaid while incarcerated is not enrolled in managed care; this could be an opportunity in the waiver renewal to facilitate greater access to care coordination; and
- whether other MCOs are working on similar projects; they are beginning to in jails in geographic areas outside of Albuquerque, but are in preliminary stages of development.

### **Health Care and Medical Personnel in Corrections**

David Jablonski, secretary, Corrections Department (NMCD), was joined by numerous staff members to provide testimony to the committees. He introduced Wendy Price, Psy.D., chief, Behavioral Health Bureau, NMCD, and David Selvage, health services administrator, NMCD, who is a licensed certified physician assistant with a significant background in health care, including with Presbyterian Healthcare Services and the DOH. Also present to provide technical support and answer questions were Jerry Roark, deputy secretary of operations, NMCD, and Phillipe Rodriguez, acting director, Administrative Services Division, NMCD.

Secretary Jablonski reviewed the following NMCD contracts: Centurian (medical) for \$42.6 million; MHM (behavioral health) for \$2.2 million; and Boswell (pharmacy), which has an \$11 million cap. He highlighted the efforts and costs of providing care for inmates with hepatitis C using Project ECHO. Hepatitis C is a prevalent condition among inmates that is very costly to treat. The NMCD has been working to reduce the cost of health care with some success. It is in the process of partnering with Christus St. Vincent Regional Medical Center in Santa Fe to obtain access to the federal 340B Drug Discount Program. Inmate initiatives include a diabetes wellness program, a lactation project and a sober living communities project. A project to treat opioid addiction provides naloxone to inmates upon discharge.

The NMCD uses evidence-based programs in over 90% of its behavioral health programs, which are broad-based and include healing trauma, anger management groups, grief support and a variety of therapeutic models. A mental health treatment center provides inpatient psychiatric hospitalization when necessary. A contract is in place with HealthInsight New Mexico for

oversight and registered nurse-led audits of health care services that are provided. The NMCD is working closely with the HSD to ensure that Medicaid is being properly billed, when possible, and to ensure appropriate tracking for inmates when they are released and are on probation.

Questions and comments covered the following areas:

- how NMCD health care outcomes for inmates compare with other states; it is not known;
- clarification regarding the meaning of "challenged" inmates; these are inmates with addictions or who demonstrate self-harm behavior;
- whether Medicare covers any inmates; it is not known;
- what the cost of health care is per inmate; about \$6,300 per year;
- whether Centurion is an out-of-state entity; yes;
- a suggestion that the NMCD look for ways to provide its own health care services for inmates;
- whether the cost of the hepatitis C program is in the contract with Centurion; it is part of the pharmaceutical contract;
- a request for additional information about the mental health treatment center; it is a facility in Los Lunas; it is separate from the New Mexico Behavioral Health Institute at Las Vegas;
- clarification regarding the residential drug abuse center; it is not a single location; the NMCD contracts with 27 facilities around the state;
- whether there are health care services for sex offenders within the prison system; yes — there is a program that has services especially directed at sex offenders;
- a request for the number of inmates enrolled in sex offender treatment programs; it is not known; it is 100 or fewer; NMCD staff will provide numbers;
- a request for the number of inmates 65 years of age and older; about 200, or about 2% of the total population;
- whether a different method of health care treatment should be recommended for inmates 65 years of age and older; the NMCD has a geriatric unit in Los Lunas for those who qualify;
- clarification regarding the number of inmates with behavioral health issues who are on psychotropic drugs — currently around 49%;
- whether inmates with mental health disorders are integrated in the general population and how their needs are met; they have therapy offered to them; they also have access to acute and private care;
- clarification regarding the time frame for addressing formal grievances; 20 days;
- how many people are employed through health care contracts; the department will provide that information;
- an observation that, according to a state audit, the NMCD has the highest percentage of contract employees in state government and whether the NMCD feels that is necessary and justifiable; the cost of the contracts and the number of individuals employed have remained stable since the state audit was performed;

- clarification regarding the Centurion contract and whether it covers everything; it does not cover all extraordinary costs, such as transplants;
- why Otero County is excluded from the physical health contract; Otero County has a separate contract, and the county provides its own care;
- clarification regarding who audits the contracts; there are several methods of auditing and oversight, both internal and external; additionally, annual reports are required from the contractors;
- clarification regarding the cost of hepatitis C treatment; it has declined from \$95,000 to \$65,000 per treatment and continues to decline;
- clarification regarding the term of the health care contracts; it is four years; contracts are reviewed annually, including several detailed performance measures;
- whether opportunities exist for departments to share services rather than contracting out for those same services; possibly;
- what the policy is for female inmates for contraceptives; the department will look into it and provide a copy of its policy and incidence of use; and
- whether there are incidents of involuntary sterilization; no.

### **Breastfeeding and Incarceration**

Sarah Gopman, M.D., assistant medical director, Milagro Outpatient Clinic, Lissa Knudsen, M.P.H., board chair, New Mexico Breastfeeding Task Force (NMBTF), and Candice Rae Padilla, B.P.C., I.B.C.L.C., board member, NMBTF, were invited to address the committees.

Ms. Knudsen described the overall objectives of the NMBTF and provided some statistics regarding the number of women who are currently incarcerated and the types of crimes they committed. The rate of incarceration of women increased by more than 700% in the nation between 1980 and 2014. On average, 6% to 10% of incarcerated women are pregnant.

Ms. Padilla spoke about the dangers of not allowing lactating mothers to breastfeed in prison, as well as the great benefit to babies when they have the opportunity to bond with their mothers. The health outcomes of infants and their mothers are much better than the health outcomes when mothers do not breastfeed. Dr. Gopman presented information regarding breastfeeding and substance abuse. Research shows that babies experiencing withdrawal symptoms as a result of opioid exposure during pregnancy have reduced symptoms if allowed to breastfeed.

Ms. Knudsen noted that inmates who breastfeed have certain care needs specific to their breastfeeding. She presented recommendations of the NMBTF, including alternative sentencing and early release options, to allow: nonviolent lactating mothers to be housed with or near their children; lactation policies both in prisons and detention centers that permit caregivers to bring infants to the correctional facilities for feeding; and policies that allow mothers to hand-express milk. She reviewed the history and progress of the NMBTF's work at the state, local and departmental levels. Collaborating partners were identified, as was the need for more data. Long-term recommendations include allowing mothers to be housed together with their babies

while breastfeeding; the establishment of prison nurseries; and the recognition of pregnancy and lactation as factors that must be considered during determinations for release and bond.

The committee members had comments and asked questions in the following areas:

- what the recommended treatment is for drug-addicted breastfeeding mothers; buprenorphine is recommended over methadone for substance abuse treatment;
- whether the recommendations offered should be implemented in all correctional facilities or only in some; it should be implemented in all state and local facilities;
- recognition that the recommendations come with potentially substantial costs; local counties would be challenged to fund all of these initiatives;
- a contention that most of the costs are minimal and that counties are beginning to support these proposals;
- acknowledgment that breastfeeding vastly improves not only the health, but also the mental and cognitive ability, of a child;
- acknowledgment that the lives of the breastfeeding incarcerated women are also vastly improved; and
- whether breastfeeding affects recidivism; it is speculated that recidivism is lower, but no known research exists to support this.

#### **Public Comment**

Elena Rubinfeld, staff attorney, Southwest Women's Law Center, expressed support for the NMBTF and its recommendations.

Tony Johnson also expressed support for the NMBTF.

#### **Adjournment**

There being no further business, the joint meeting of the LHHS and the CCJ was adjourned at 3:40 p.m.