

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

July 24-25, 2019
University of New Mexico
Domenici Center for Health Sciences Education
North Wing, Room 2720
1001 Stanford Drive NE
Albuquerque

The second meeting of the Legislative Health and Human Services Committee was called to order by Senator Gerald Ortiz y Pino, chair, at 9:18 a.m. on July 24, 2019 in Room 2720 of the North Wing of the Domenici Center for Health Sciences Education at the University of New Mexico (UNM) in Albuquerque.

Present

Sen. Gerald Ortiz y Pino, Chair
Sen. Bill B. O'Neill (7/25)
Sen. Cliff R. Pirtle (7/24)

Absent

Rep. Deborah A. Armstrong, Vice Chair
Rep. Gail Armstrong
Rep. Joanne J. Ferrary
Sen. Gregg Fulfer
Rep. D. Wonda Johnson

Advisory Members

Rep. Phelps Anderson
Rep. Karen C. Bash (7/24)
Rep. Rachel A. Black (7/24)
Rep. Micaela Lara Cadena
Rep. Rebecca Dow
Rep. Miguel P. Garcia
Sen. Linda M. Lopez
Sen. Michael Padilla (7/25)
Rep. William B. Pratt
Sen. Nancy Rodriguez
Rep. Andrea Romero
Rep. Patricia Roybal Caballero (7/25)
Sen. Antoinette Sedillo Lopez (7/24)
Sen. Elizabeth "Liz" Stefanics (7/24)
Sen. Bill Tallman
Rep. Elizabeth "Liz" Thomson

Rep. Zachary J. Cook
Rep. Doreen Y. Gallegos
Rep. Dayan Hochman-Vigil
Sen. Gay G. Kernan
Rep. Rodolpho "Rudy" S. Martinez
Sen. Mark Moores
Sen. Mary Kay Papen
Rep. Gregg Schmedes
Sen. William P. Soules
Rep. Christine Trujillo
Rep. Linda M. Trujillo

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

Staff

Chris Pommier, Staff Attorney, Legislative Council Service (LCS)
Andrea Lazarow, Bill Drafter, LCS

Guests

The guest list is in the meeting file.

Handouts

Handouts and other written testimony are in the meeting file.

Wednesday, July 24**Welcome and Introductions**

Senator Ortiz y Pino welcomed the committee, staff and members of the audience. Committee members and staff introduced themselves.

Human Services Department (HSD) Update

David R. Scrase, M.D., secretary, HSD; Russell Toal, deputy secretary, HSD; Angela Medrano, deputy secretary, HSD; and Nicole Comeaux, director, Medical Assistance Division, HSD, addressed the committee. Secretary Scrase thanked all of the providers present for their service, and he introduced HSD leadership staff who were in the audience.

Secretary Scrase provided an overview of the HSD's programs, budget and clients. He emphasized that the agency's work occurs in communities, and he described the HSD Leadership Field Office Tour, which involved the new HSD leadership visiting every service delivery point in the state between April and July of this year to identify issues that need to be addressed.

Secretary Scrase told the committee that, being a physician, once leadership identified the issues, he performed a "diagnosis". He divided the issues into three groups according to the level of urgency, as shown on slide 8 of the presentation. According to Secretary Scrase, the most urgent issues facing the HSD include the following: improving employee morale; managing litigation; updating the developmental disabilities waiver (DD waiver); and modernizing information technology functions.

Secretary Scrase discussed the HSD's mission, which is to deliver health and human services that improve security and independence for New Mexicans. He contrasted this mission with that of the previous administration, which he said emphasized putting people back to work, regardless of their issues.

Secretary Scrase articulated the HSD's four major goals and plans to accomplish those goals. The first goal, he said, is to improve the value and range of services provided to ensure that persons eligible for assistance receive benefits in a timely and accurate manner. He stated that plans to accomplish this goal include the following: developing an indigenous managed care

entity that would include coverage for traditional healing practices; expanding value-based purchasing to focus on measurable health outcome improvements, with an emphasis on prevention; modernizing the child support payment program through new technology, which will require statutory changes; and supporting the Department of Health (DOH) in developing revisions to the DD waiver.

The second goal, Secretary Scrase said, is to develop and implement a comprehensive external communication mechanism. He stressed the agency's high level of complexity and said that approximately one-half of New Mexico residents currently receive assistance. Secretary Scrase acknowledged bad publicity that the HSD had received in the past, and he discussed the importance of compliance and doing the right thing in the future.

The third goal, Secretary Scrase said, is to implement technology to facilitate better access to services and information, and in particular, to replace the current child support information system, which still runs on a mainframe and uses an obsolete programming language.

The fourth goal, Secretary Scrase said, is to improve internal communication and employee morale through training, professional development and management succession efforts.

Secretary Scrase then discussed his role in the Interagency Behavioral Health Purchasing Collaborative (IBHPC), which consists of 15 secretaries and directors and is led by the four health-serving agency secretaries and their counterparts at the Public Education Department (PED) and the Indian Affairs Department. He said that the IBHPC has four goals, as listed on slide 14 of the presentation, and that he and the other secretaries scheduled to present at the meeting would each address one.

Secretary Scrase focused on the goal of expanding the behavioral health provider network. He cited the *New Mexico Health Care Work Force Committee 2018 Annual Report* to point out that access to behavioral health providers is inadequate, despite data that states otherwise. Secretary Scrase believes that the data is flawed because the assessment benchmarks are set too low. Mainly, he said, people receiving assistance typically need more help, but there are not enough providers currently accepting Medicaid reimbursement.

Secretary Scrase then presented the major barriers to growing the behavioral health workforce and the steps needed to do so, including the following: raising salaries and improving benefits, such as student loan forgiveness, to recruit and retain providers; expanding education programs to create new providers; expanding the range of Medicaid-reimbursable services; and raising Medicaid reimbursement rates.

Secretary Scrase encouraged committee members to watch *The Shake-Up*, a documentary that examines the 2013 Medicaid freeze and its impact on behavioral health in New Mexico, and to make sure that this situation does not happen again.

Secretary Scrase then discussed HHS 2020, a \$200 million technology implementation project to share databases among state and federal agencies. He described his role as a co-executive sponsor of the initiative, which includes partnering with the secretaries of health, children, youth and families and aging and long-term services and the governor's staff and participating in monthly oversight meetings.

Secretary Scrase discussed the importance of developing an information technology system that assigns each client a number for the purpose of facilitating automatic data sharing and making referrals to optimize services. He added that such a system would allow agencies to make evidence-based decisions and take a holistic view of their clients. Secretary Scrase stated that the federal government allocates \$.90 for every \$.10 spent by state agencies, known as 90-10 funding, on certain technology implementation projects. He added that Mr. Toal is working to access 90-10 funding for work already in progress.

Secretary Scrase then summarized progress related to implementing HHS 2020. He explained that to qualify for federal funding, integration of the seven project modules cannot be provided by a single vendor. The project's independent verification and validation risk assessment has been improving since December 2018, as detailed on slide 22 of the presentation, he said.

Secretary Scrase also summarized the 2019 legislative session. He noted that 37 bills directly affecting the HSD were passed, as well as 28 line items in House Bill (HB) 2, as detailed on slides 23 through 28 of the presentation. He highlighted issues that may require legislation in the 2020 legislative session, most notably, modernizing child support collection and an appropriation for a nursing home surcharge. Secretary Scrase also discussed additional funding needs that could be accomplished through 2020's HB 2. Secretary Scrase stressed that because Medicaid is regulated by the federal Centers for Medicare and Medicaid Services, many issues related to the program can be addressed without legislation. He concluded by stating that certain priorities could be incorporated in the HSD's fiscal year 2021 budget.

Questions and comments included the following.

- Is the senior supplement for Supplemental Nutrition Assistance Program recipients ongoing? Secretary Scrase stated that it is, with seniors receiving an extra \$5.00 to \$25.00 per month via General Fund money.
- Concerns were expressed that more than \$5.00 is being spent to provide people with an extra \$5.00. Secretary Scrase said that he would investigate.
- Which services provided by school-based health centers (SBHCs) are billable to Medicaid? Ms. Medrano discussed two types of services: outpatient services

- provided by nurses and therapists primarily to middle and senior high school students and the Medicaid School-Based Services Program provided to students in accordance with their individualized education plans.
- How is the federal gag rule impacting the HSD's reproductive health service delivery? Secretary Scrase stated that he sees the agency's role as that of an advocate and that the HSD responds aggressively to proposed federal changes that impact clients. He encouraged committee members to notify the HSD when these issues arise.
 - How are the four health-serving agencies coordinating services for vulnerable populations? Secretary Scrase discussed coordination at two levels: cabinet secretaries pooling resources and a concerted effort to integrate information. Mr. Toal stated that the goals of HHS 2020 are to provide an integrated, whole-person view, to target interventions and to make data-driven decisions rather than simply respond to the immediate need that a client presents. He added that this administration is making ad hoc efforts to share information, but integration is one to two years away.
 - A committee member asked for confirmation that the HSD will pursue 90-10 funding to support a health information exchange (HIE). Mr. Toal affirmed that this is happening, and he discussed additional approaches for pursuing funding. Regarding the Medicaid program, he stated that the HSD continues to maximize federal funding. Regarding HHS 2020, he said that, with federal approval, the HSD has redefined the project from just a Medicaid program to an enterprise program. He explained that this redefinition means that related efforts in the DOH, the Children, Youth and Families Department (CYFD) and the Aging and Long-Term Services Department (ALTSD) can also be funded and that these efforts are under way. Mr. Toal added that programs in other departments that are targeted to clients who are eligible for Medicaid can receive matching funds at a rate that would double the money available. He also stated that pursuant to the federal Health Information Technology for Economic and Clinical Health Act, known as the HITECH Act, a 90-10 funding stream can be tapped for connectivity and interoperability efforts. He added that this funding has already been used to implement the digitization of medical records and that additional opportunities, such as building an HIE, strengthening immunization efforts and improving disaster preparedness, are being explored.
 - With the possibility of the Vocational Rehabilitation Division moving from the PED to the Workforce Solutions Department and the New Mexico Mortgage Finance Authority handling supportive housing, is funding available to the Workforce Solutions Department as well? Mr. Toal affirmed that the HSD has approached the Workforce Solutions Department and that the fit is natural.
 - The Corrections Department, including the Adult Probation and Parole Division, should be integrated into the IBHPC, pursuant to HB 342 (2019). Secretary Scrase agreed that these agencies can play a role in reducing recidivism caused by behavioral health issues through implementing diversion programs and coordinated care. He stated that an effort to do so is under way.

- Is the state involved in lawsuits against opioid manufacturers? Secretary Scrase affirmed that it is.
- An assertion was made that we can learn from lawsuits initiated by advocacy groups with good institutional knowledge.
- Are there plans for language access at the HSD? Ms. Comeaux stated that all divisions have plans for language access, and she will provide information about implementation.
- Will client data be secure in an integrated system? Mr. Toal affirmed that it will be.
- The New Mexico Community Data Collaborative is able to identify pockets of poverty and overlay crime statistics, and having that data could facilitate outreach. Mr. Toal stated that the collaborative is not part of the HSD. He added that the HSD is developing its own analytics unit.
- How can obstacles related to credentialing for social workers who are licensed in other states but wish to practice here be addressed? Secretary Scrase stated that the HSD has a plan and is approaching this issue from a system-wide perspective. He reiterated the need to increase reimbursement rates for behavioral health providers and allow them to use the same evaluation and management codes that physicians use.
- Where can constituents with two or more disabilities be directed? Secretary Scrase stated that managed care organizations (MCOs) have directories.
- Rate increases are still not adequate. Secretary Scrase stated that provider rate increases depend on national benchmarks that are then adjusted either up or down depending on a state's revenues.
- How can the issue of unvaccinated school children be addressed? Secretary Scrase stated that he has strong feelings on this issue. He added that he is unfamiliar with school entry requirements and that Kathyleen Kunkel, secretary, DOH, can address that question.
- How much of the \$7.1 billion budget is allocated to Medicaid and Medicare services, respectively? Secretary Scrase stated that for the funding granted, 40% goes to Medicaid and 60% goes to Medicare.
- What is being done to ensure that eligible children are enrolled in Medicaid? Secretary Scrase stated that the HSD has a contract with the federal Health Resources and Services Administration's Health Professional Shortage Areas program to gather data this fall, and the HSD will begin outreach efforts at that time. He also discussed coordinating with the New Mexico Health Insurance Exchange.

DOH Agency Update

Secretary Kunkel and Billy Jimenez, general counsel, DOH, addressed the committee. Secretary Kunkel introduced other members of the DOH leadership team present at the meeting and provided an overview of the DOH's services and collaborative efforts with other health-serving agencies. She then provided an update on the following divisions and programs.

Scientific Laboratory Division (SLD). Secretary Kunkel discussed two major inherited backlogs in the SLD's work: one in alcohol and DWI testing; and one in testing related to drug-facilitated sexual assaults. She indicated that these backlogs were due mainly to employee vacancies and stated that these backlogs are being resolved with appropriate employee placements, including the reclassification of chemists as forensic scientists.

Division of Health Improvement. Secretary Kunkel discussed backlogs in the division that are being addressed by adding 11 full-time employees to focus on incident management, as well as increasing salaries by 10% for approximately 80 employees.

Developmental Disabilities Supports Division (DDSD). Secretary Kunkel stated that staff is working on the settlement with the *Jackson* plaintiffs, which was entered into earlier this year. She reported that as part of the settlement, the high-salaried compliance administrator's position has been cut. She added that all of the 1997 orders, which involved 307 obligations, have been eliminated. Secretary Kunkel added that the DOH agreed to comply with seven obligations, largely to follow its own policies and procedures. She reported that implementation is under way. Secretary Kunkel mentioned a three-phase plan to address the DD waiver providers' wait list. She also discussed finishing the DD waiver rate study. She added that the Family, Infant, Toddler (FIT) Program and Families FIRST Program will both move from the DDSD to the newly established Early Childhood Education and Care Department (ECECD) next year.

Public Health Division (PHD). Secretary Kunkel discussed the move to the federal Public Health 3.0 model, which other states have adopted, whereby the PHD acts as a health strategist and partners across multiple sectors to address the social determinants of health. Secretary Kunkel also reported on ongoing vaccination efforts and the Women, Infants and Children Program.

Administrative Services Division. Secretary Kunkel reported that in addition to preparing the DOH budget, staff have been tasked with asset and inventory management as well as performing an economic feasibility study of the state's health care facilities.

Office of General Counsel (OGC). Secretary Kunkel stated that in addition to working on the *Jackson* settlement, the OGC is working on boarding home licensing rules; implementing shaken baby rules; creating new gender classification categories at the Vital Records and Health Statistics Bureau; expanding the medical cannabis program pursuant to Senate Bill (SB) 406 (2019); and developing procedures to address border health issues due to the surge in asylum seekers.

Information Technology Division. Secretary Kunkel discussed the collaboration with the HSD on the HHS 2020 project. She also discussed the implementation of a comprehensive electronic health care records system to facilitate collaboration with other state agencies and local public health bodies, with the goal of making systems interoperable.

Epidemiology and Response Division. Secretary Kunkel discussed efforts related to reducing deaths of despair, such as suicides, drug overdoses and alcohol-related deaths; improving immunization rates; and implementing an all-payer claims database.

Medical Cannabis Program. Secretary Kunkel discussed the addition of six new qualifying conditions for the medical cannabis program, the extensive expansion of the program pursuant to SB 406 (2019) and anticipated staffing needs.

Office of the Tribal Liaison (OTL). Secretary Kunkel reported that the OTL has been elevated to her office.

Office of Policy and Accountability. Secretary Kunkel discussed work related to legislative requests and proposals, performance measures and reaccreditation of the PHD.

Secretary Kunkel discussed her role in the IBHPC, leading the DOH's efforts to effectively address substance abuse disorders. She stated that these efforts include the following: expanding access to treatment, including medication-assisted treatment (MAT), which is currently available at Turquoise Lodge Hospital; making MAT available through primary care; evaluating existing treatment programs; seeking partnerships with UNM and counties; and linking the PHD's harm reduction efforts to moving people into treatment and controlling the spread of hepatitis. Finally, she discussed expanding harm reduction efforts to address alcohol and methamphetamine abuse.

Secretary Kunkel concluded the presentation by reviewing the DOH's key issues to address, as detailed on slide 17 of the presentation, strategic plan, as detailed on slide 18, and the State Health Improvement Plan, as detailed on slide 19.

Questions and comments included the following.

- What is Secretary Kunkel's position on recreational cannabis use? Secretary Kunkel responded that medical cannabis use is the priority and that in states where adult recreational use has been legalized, medical programs suffer. She said that the DOH has no position on adult recreational use, though Mr. Jimenez is her delegate on the adult use task force for the purpose of educating the members about lessons learned through the medical program.
- Is legalizing recreational cannabis use contrary to the DOH's substance abuse prevention efforts? The secretary stated that the DOH is responsible for protecting youth and adults regarding substance abuse. She stated that there are several options available for legalizing adult cannabis use.
- What can be done to address the growing aging population and the need for nursing home services? Secretary Kunkel asserted that more funding is needed for nursing homes in rural areas of the state. She stated that the DOH is considering initiatives to re-envision the traditional nursing home model.

- What are the DOH's strategies for reducing deaths of despair? Secretary Kunkel discussed the following initiatives: prescription management programs, access to naloxone and MAT. Michael Landen, M.D., state epidemiologist, DOH, added that more effort is needed to address alcohol-related deaths and suicides. He also discussed exploring safe injection sites. Dr. Landen added that in some areas, methamphetamine overdoses are as problematic as opioid overdoses. Finally, he stated that diseases of despair must be treated like other chronic diseases.
- Is there a chief nurse at the DOH? Secretary Kunkel stated that there is not, but she will consider creating a position.
- Are the PED and the DOH collaborating to develop guidelines regarding access to medical cannabis for school children? Mr. Jimenez discussed assisting the PED in its rulemaking process. He indicated that the PED will hold a public hearing in August. He stressed that developing rules must take into account school districts' concerns about losing federal funding.
- Frustration was expressed that the PED medical cannabis rules have not been finalized with the school year about to start. Secretary Kunkel replied that the DOH does not have control over the PED rulemaking process. She stated that the PED is going through the same confusion that the DOH went through at the inception of the medical cannabis program.
- A member asserted that the statute's language about opt-outs for medical cannabis use in school districts is clear. The member stated that legislators need to examine the statutes and add language about invoking opt-outs only if a school district actually receives notice of federal funding being withdrawn. Secretary Kunkel responded that the DOH's understanding of the law is the same as the member's.
- Have volunteer health workers been deployed to the border to help asylum seekers? Secretary Kunkel stated the New Mexico Medical Reserve Corps (MRC) is being deployed. Mr. Jimenez stated that the cities of Las Cruces and Deming have contracted to use the MRC's services. He added that MRC volunteers provide treatment in shelters but are not allowed in the federal detention centers.
- What is being done about health equity? Aryan Showers, director, Office of Policy and Accountability, DOH, stated that in addition to having an office dedicated to health equity, the agency is trying to infuse equity into all of its efforts to serve clients.
- Have additional funds for the Tobacco Use Prevention and Control (TUPAC) program been requested? Secretary Kunkel responded that the TUPAC program is underfunded. Karin Rhodes, M.D., M.S., director, PHD, DOH, said that there is a full TUPAC program, but there are currently no expansion plans. Secretary Scrase added that Medicaid funds also go to tobacco-cessation work.
- A committee member asked Secretary Kunkel to provide an overview of the DD waiver plan. Secretary Kunkel told committee members that the governor directed the DOH to create a plan to address inadequacies in the DD waiver program. The DOH and the HSD worked rapidly and completed a framework by March. The agencies then paused over concerns about costs and whether the state is maximizing

currently available services, Secretary Kunkel said. The DOH was appropriated \$1.5 million to create the plan to address the DD waiver wait list, and the DOH identified \$1 million from the agency's appropriation for the HSD to hire resource specialists, Secretary Kunkel said. Resource specialists are tasked with contacting everyone on the wait list to ensure that benefits available under other Medicaid programs are being maximized. Funds have also been reserved to reimburse non-Medicaid-eligible individuals on the wait list for services, she said. Additionally, families of children were surveyed to identify needed services that are not currently provided. As a result of these efforts, Secretary Kunkel said, the nature, level and demand for services are now known. The DOH is exploring ways to reconstruct both the DD waiver and the Mi Via waiver as the waivers come up for renewal. The goal is to meet everyone's service needs and move all 5,000 people off the wait list within six years, she said. She added that the agency still needs to purchase an assessment tool to facilitate achieving this goal.

- What is being done about rules for boarding homes? Secretary Kunkel stated that there is a statutory mandate to create rules.
- When will the FIT and Families FIRST programs move to the ECECD? Mariana Padilla, director, Children's Cabinet, stated that the transition will be complete by July 1, 2020.
- Are there plans to request funding to increase operating hours for existing SBHCs and to open new ones? Ms. Rhodes stated that a task force is currently examining maximization and consolidation of services with health offices and community health centers.
- What can be done about safe syringe disposal in the community? Secretary Kunkel stated that the DOH hopes to improve in this area.
- How is the shortage of specialists, such as obstetrician-gynecologists, in rural areas being addressed? Thomas Massaro, M.D., Ph.D., chief medical officer, DOH, discussed efforts to improve staffing statewide.
- How can harm reduction related to alcohol abuse be addressed? Dr. Landen stated that the DOH is exploring how to support the HSD in taking a population-based approach to alcohol abuse prevention.
- A committee member asked Secretary Kunkel to address the shortage of beds in public and private treatment programs for substance abuse and behavioral health. Secretary Kunkel acknowledged that access to inpatient programs is currently limited. She described the agency's existing programs and added that the DOH is still collecting information about lost beds. She said that the DOH does not want to create more institutions, but it does want to make more beds available.
- What kind of long-term substance abuse treatment options are available? Secretary Kunkel discussed developing peer-to-peer, lived-experience treatment models. She indicated that some counties and municipalities have started their own programs using this model. She stated that the Workforce Solutions Department and the CYFD have partnered to train peer-to-peer counselors, which will take one year. Eric Chenier,

director, Administrative Services Division, DOH, mentioned two inpatient facilities that are currently offering outpatient services.

Public Comment

The committee heard public comment as follows.

- Terrie Rodriguez, executive director, New Mexico Alliance of Health Councils, addressed the committee about the services provided by health councils in communities. She discussed the return on investment that health councils provide and urged the committee to provide additional funding to support their efforts.
- Lois Painter addressed the committee about the struggles of her dual-eligible adult daughter, who has been on the DD waiver wait list for 12 years. Ms. Painter testified about her daughter's multiple emergency room visits over the last year. She acknowledged that repeated emergency room visits waste resources, but the services her daughter needs are not otherwise available. Ms. Painter expressed frustration about poor communication with the state, requirements for her daughter to undergo multiple assessments and overburdened caseworkers. She stated that she had presented the same issues to the committee last year. She concluded that the system is broken and appealed for the people present to fix it. Secretary Scrase offered to talk with Ms. Painter after her testimony.
- Robert Kegel, the father of a disabled adult, addressed the committee about a variety of concerns. He expressed his support for Ms. Painter and indicated that her daughter's situation is not uncommon for developmentally disabled people in the community benefits system. Mr. Kegel praised Secretary Kunkel and Secretary Scrase for their efforts to resolve the situation. He discussed a range of problems related to MCOs, including the following: failure to provide mandated training for case management; large caseloads; care navigators' failure to use the correct assessment tool to identify the needs of developmentally disabled people; and the absence of community networks. Mr. Kegel analyzed the results of the Medicaid reimbursement rate study and provided his own findings. Similarly, he provided his own estimate of the cost of moving everyone off of the DD waiver wait list.
- Sharon Argenbright, district president, Local 1199, National Union of Hospital and Health Care Employees, stated that she would return the next day to provide another perspective on the health care workforce. She stated that she is currently in contract negotiations with UNM on behalf of 5,000 employees and would present an update.
- Dr. Susan Brown, a retired public health physician, spoke to the committee about the importance of addressing trauma and its impact on health outcomes.
- Barbara K. Webber, executive director, Health Action New Mexico, addressed the committee about trauma within minority communities.
- Maria Stewart, whose fourteen-year-old son, Seth, died of a stroke, addressed the committee about Stroke Emergency Trauma Health (SETH), an organization that she founded as a tribute to him. She appealed to the committee to support funding for a mobile stroke unit and emergency stroke training for first responders and school staff.

She mentioned SETH's work on SB 414 (2019), which did not go before the Senate Finance Committee because of a lack of time left in the session.

- Colton Dean, paramedic and emergency medical technician, addressed the committee about HB 476 (2019), which would have required all schools to hire one full-time registered nurse but did not pass. He asked the committee to consider including paramedics should the bill be reintroduced. He also shared concerns about the shortage of nurses and paramedics. He discussed the types of services that paramedics provide in communities. He concluded by asking the committee to consider the value of the profession when making future policy decisions.

Welcome to the UNM Health Sciences Center (HSC)

Paul Roth, M.D., executive vice president and chancellor for health sciences, UNM HSC, welcomed the committee to the facility. He discussed the vision, mission and values of the UNM HSC. He then addressed the UNM HSC's four areas of strategic focus, outlined on slide 4 of his presentation, and funding requests related to them as detailed on slide 5.

Dr. Roth then discussed the following capital requests: \$33 million for the UNM College of Nursing and the UNM College of Population Health and \$22 million for constructing a vault for the UNM Comprehensive Cancer Center (CCC).

Dr. Roth also discussed employee compensation. He said that state funds amount to 14% of faculty and staff pay. When asked to clarify due to confusion regarding the information on slide 7, he stated that for every \$1.00 of compensation received by faculty and staff, \$.14 comes from the state through the allocations in HB 2.

Finally, Dr. Roth presented the following statewide impact requests: \$4.5 million for the UNM CCC and \$2.1 million for Project ECHO.

Questions and comments included the following.

- How is Project ECHO funded? Dr. Roth said that it is being subsidized by other states and by the language in HB 2 that directs funding to rural and underserved Medicaid patients.
- An observation was made that Project ECHO's methodology could lend itself to more than health care.
- How many more students can UNM's program for physician assistants accommodate? Dr. Roth answered that the program could accommodate nine additional students.
- What is being done to address the nurse shortage? Dr. Roth stated that the next day's presentation on workforce development will address this issue.
- Are new nurses at UNM facilities being hired at a higher pay rate than those with greater seniority? Dr. Roth said that he did not know the details to address this issue; however, hospital management wants to maintain competitive salaries for all nurses.

He added that the administration and the workers' unions are trying to resolve the issue.

- Do medical school loan forgiveness programs bring doctors to New Mexico? Dr. Roth testified that the state already has a loan forgiveness program; however, it is small and restrictive. He added that the current program is not available to all applicants, and this issue is the subject of a separate study of workforce development conducted by Richard Larson, M.D., Ph.D., executive vice chancellor, UNM HSC.
- How many doctors does New Mexico actually need and how close is New Mexico to achieving that goal? Dr. Roth encouraged the committee to wait for the next day's presentation on workforce development.
- With only 14% of employee compensation coming from the state, how does the UNM HSC achieve financial soundness? Dr. Roth explained that the remainder of the compensation is derived from a combination of a high volume of patient care, particularly outpatient, partnerships with private hospitals and cost cutting. He added that these measures have their limits.
- A committee member asked Dr. Roth who he works for. Dr. Roth stated that he works for the 10,000 UNM HSC employees. He added that he reports to the president of UNM.
- When will there be a groundbreaking for the new hospital building? Dr. Roth stated that an architectural firm has been hired and is currently working on the design. He stated that the groundbreaking is scheduled for September 2020.

UNM CCC Update

Cheryl L. Willman, M.D., director and chief executive officer, UNM CCC, addressed the committee. She discussed the UNM CCC's mission and history, including her 20 years as the chief executive officer. She then testified about the UNM CCC's clinical achievements.

Dr. Willman said that in 2015, the UNM CCC became a National Cancer Institute (NCI)-Designated CCC. She explained that there are only 49 NCI-Designated CCCs in the nation. She discussed the stringent requirements for attaining and maintaining the NCI designation. She testified that as an NCI-designated facility, the UNM CCC has access to certain types of federal funding that would not otherwise be available. Dr. Willman discussed the benefits for patients who seek treatment at such facilities, as outlined on slide 6 of her presentation.

Dr. Willman presented the UNM CCC's research accomplishments, which are listed on slide 8 of the presentation. She testified about the NCI Surveillance, Epidemiology, and End Results (known as "SEER") Tumor Registry, which conducts population-based cancer surveillance. She provided the committee with examples of data that show a greater incidence of certain types of cancers within different demographic groups. Dr. Willman also testified about how immunotherapy has revolutionized cancer treatment, and she discussed new developments related to certain types of cancer.

Dr. Willman discussed the challenges and opportunities facing the UNM CCC, such as federal funding cuts, postponement of the NCI renewal application and increases in patient volumes, as detailed on slides 20 through 23 of her presentation. She concluded by presenting the following funding requests: \$4.25 million for the Research and Public Service Projects expansion and \$22 million for the radiation oncology and good manufacturing practice laboratory facility expansion.

Questions and comments included the following.

- A committee member asked if the UNM CCC could ask for money from the Tobacco Settlement Program Fund. Dr. Willman stated that doing so has been unsuccessful in the past.
- What is Dr. Willman's position on a patient's right to participate in clinical trials? Dr. Willman stated that she is supportive. She pointed out that a major problem is that pharmaceutical companies try to exclude less-promising patients.
- How is personal information kept secure in registries? Dr. Willman stated that the UNM CCC uses a vendor to secure data.
- Is the reimbursement rate from the Veterans Administration hospitals sufficient? Dr. Willman stated that the UNM CCC accepts the rate.
- A comment was made about the importance of maintaining NCI designation for access to certain funding and how difficult the NCI designation is to maintain. Dr. Willman agreed with the comment and stated that if the UNM CCC loses its NCI designation, it will not be able to get it back.
- A comment was made that taxes on recreational cannabis could provide revenue.
- Will immunotherapy be more widely available? Dr. Willman stated that it should be.

Tour

Committee members toured the UNM hospitals.

Thursday, July 25

Reconvene

The meeting reconvened at 9:20 a.m. Committee members and staff introduced themselves.

State of the Health Care Workforce in New Mexico

Robert Williams, M.D., M.P.H., professor, Family and Community Medicine, UNM School of Medicine; Michael Richards, M.D., M.P.A., vice chancellor for clinical affairs, UNM Health System; Judy Liesveld, Ph.D., associate dean for education and innovation, UNM College of Nursing; Sanjeev Arora, M.D., director and founder, Project ECHO, UNM School of Medicine; and Dr. Larson addressed the committee.

Dr. Larson reviewed slides 1 through 8 of the presentation materials. He explained the background of the Health Care Work Force Data Collection, Analysis and Policy Act, which established the Health Care Work Force Work Group. The work group is required to evaluate workforce needs and make recommendations.

Dr. Larson focused on New Mexico's health care workforce, pointing out that there has been an increase of 60 physicians and 74 certified nurse practitioners and clinical nurse specialists as of December 2017. He reported that the greatest shortage of primary care physicians is in Lea, Eddy, Otero and Valencia counties. He then reviewed the numbers of health care practitioners that are needed, without redistributing the workforce. Lastly, he discussed options for increasing the number of physicians and dentists in underserved areas of New Mexico, including the following: improving access to loan forgiveness programs for rural practitioners; expanding joint undergraduate/advanced degree programs in dentistry, medicine and nursing; expanding advanced practice nursing programs; and creating more physician residency programs.

Dr. Richards provided a closer look at retention and pipeline programs such as those mentioned by Dr. Larson. He also discussed bottlenecks in the system, particularly in graduate medical education requirements, which are commonly known as residencies. He discussed policy fixes needed to ensure that practitioners such as clinical pharmacists, certified nurse practitioners and physician assistants can receive reimbursement for their services, allowing them to practice to the full extent of their licenses.

Dr. Williams then showed a video and spoke about the Rural and Urban Underserved Program and discussed its potential for expansion.

Dr. Liesveld discussed the nursing program and its potential for expansion. She highlighted the New Mexico Nursing Education Consortium and explained that programs at seven nursing schools in New Mexico have partnered to use a common curriculum and pool resources to educate nurses. She said that there is potential to double enrollment in these programs with adequate resources, clinical sites and faculty.

Dr. Arora discussed Project ECHO and its impact on statewide workforce development.

Questions and comments included the following.

- How effective are loan forgiveness programs in keeping residents in the state after graduating? The panelists discussed the effectiveness of programs with different length-of-service requirements.
- Why do some rural hospitals lack residency programs? The panel members listed the following obstacles: high start-up costs; recruiting faculty; meeting requirements to establish a "portfolio of an experience"; and Medicare program caps on the number of funded residents, which have not been increased since 1997.

- What percentage of UNM medical school graduates receive loan forgiveness? Dr. Larson stated that the percentage is very low.
- Concerns were expressed that 57% of physicians who are licensed in New Mexico are not practicing in New Mexico.
- Concerns were expressed about whether the residency matching process provides residents with choices about practice areas. The panelists explained the matching process in detail and stated that it places residents in specialties, weighted to the student's interest.
- Concerns were expressed about the lack of a mechanism for reimbursing services provided by registered nurses who treat Medicaid patients.
- How is Project ECHO funded? Dr. Arora stated that the total budget is \$3.9 million, with funding coming from the legislative allocation to the UNM HSC, the federal government and the DOH. Dr. Arora asked the committee to consider funding Project ECHO with an allocation separate from funding allocated to the UNM HSC. A member responded that due to the variety of services Project ECHO provides, a strong case could be made for requesting a separate allocation. A separate funding request would also avoid pitting Project ECHO against other programs at the UNM HSC for limited resources.
- A statement was made that licensed midwives who serve in rural areas should be included in rural tax credit programs.
- Concerns were expressed about whether the UNM HSC administration is doing enough to engage undergraduate students at state schools other than UNM to effectively expand the medical school pipeline. Dr. Larson discussed various efforts to engage students from all over the state, starting with students as young as those in middle school.

Behavioral Health: Substance Abuse Disorder in New Mexico

Mauricio Tohen, M.D., Dr.P.H., M.B.A., chair, Department of Psychiatry and Behavioral Sciences, UNM School of Medicine; Rodney McNease, executive director of governmental affairs, UNM; and Chandra Cullen, M.D., Children's Psychiatric Center, UNM, addressed the committee.

Dr. Tohen began by discussing strategies for recruiting and training psychiatry residents who are likely to stay in-state. He also discussed the department's focus on community outreach and research on rural mental health and addiction.

He reviewed issues that present obstacles to supporting behavioral health in New Mexico, including the following: higher rates of mental illness; provider shortages; lack of access to care; fragmented care coordination; and the administrative complexity related to behavioral health care. Dr. Tohen then reviewed data pertaining to behavioral health patient volume, particularly those with serious mental illness and the services provided to them. He noted a dramatic increase in psychiatric emergency services visits, especially among minors.

Dr. Tohen discussed partnerships between the UNM HSC and Bernalillo County to work with mentally ill detainees, including efforts to connect them to support systems upon release. He also discussed providing MAT to psychiatric emergency patients who present intoxicated.

Dr. Tohen discussed partnerships with Project ECHO, including crisis intervention training for law enforcement; plans to open a clinic in Rio Rancho that will be a center of excellence and will deliver behavioral health care and train psychologists, social workers and peer providers; and plans to bring primary care to medical homes for the severely mentally ill.

Dr. Tohen discussed challenges, including the following: providing behavioral health care in rural areas and tribal communities; providing services for patients who require intermediate levels of care; and extending psychiatric services to hospital emergency departments through telemedicine.

Questions and comments included the following.

- A committee member asked whether Dr. Tohen is working with the DOH in planning and mapping efforts related to behavioral health services. Dr. Tohen affirmed that he is.
- Why does New Mexico have greater behavioral health needs than the national average? Dr. Tohen discussed the substance abuse epidemic and added that the impact of poverty on social determinants of health carries a high risk for mental illness. He also discussed higher levels of trauma in New Mexico.
- What role does prevention play in treating mental illness? Dr. Tohen discussed how early intervention can result in better outcomes with clients showing symptoms of psychosis. He also discussed efforts to prevent child abuse and reduce trauma. Dr. Cullen agreed that early intervention can reduce the number of children presenting in the emergency department.
- A committee member discussed the impact of the dismantling of the behavioral health care system under the previous administration.
- A member discussed the need to acknowledge the effects of generational and historical trauma on mental health. Dr. Tohen acknowledged the phenomenon and mentioned a colleague who performs research on this topic.
- What can be done to improve outcomes when law enforcement officers interact with people who have mental health issues? Dr. Tohen discussed funding for training law enforcement officers in de-escalation tactics through Project ECHO.
- Does UNM collaborate with entities that help children who have been exposed to domestic violence? Dr. Cullen stated that these children come to the attention of UNM's clinical services in different ways, but she agreed that UNM should consider more collaborative efforts in this area.
- A committee member asked whether Dr. Tohen has data on rates of mental illness among drug-exposed children. Dr. Tohen stated that more is known about the mental health issues of alcohol-exposed children.

- For purposes of strengthening prevention efforts, a committee member asked Dr. Tohen to identify risk factors for mental illness. Dr. Tohen stated that mental illness is multifactorial, with both genetic and environmental causes. He also discussed the importance of resiliency training.
- Concerns were expressed about the state's high suicide rate. Dr. Tohen acknowledged high suicide rates, particularly among Native American youth. He discussed funding to focus on this population. He also discussed the importance of intervention in communities where youth suicide has occurred to prevent suicide epidemics.
- A member stated that the mental health care system in the 1980s was better than it is today and that we should consider returning to a model of regional, community mental health systems with global budgets and the autonomy to provide necessary services, including day treatment and community residence programs.

CYFD — Agency Update

Brian Blalock, secretary, CYFD, and Bryce Pittenger, deputy secretary, CYFD, addressed the committee. Secretary Blalock presented the CYFD's strategic plan, which consists of the following four pillars: appropriate placement; prevention; data optimization; and staffing.

Regarding to the goal of providing more appropriate placements for children in CYFD custody, Secretary Blalock cited numerous studies that demonstrate that children in kinship care — those placed with relatives — experience better outcomes. To that end, he discussed efforts to increase kinship care placements, which typically involve grandparents, and to provide kinship guardians with the support that they need. That support, he said, consists mainly of helping with child-rearing expenses and obtaining community-based mental health services to stabilize the child and help the child deal with trauma. He pointed out the existence of a legal loophole that denies subsidized guardianship to 42% of kinship guardians, and he indicated that the CYFD will ask the legislature to take action to extend subsidies to all children in kinship care placements.

In discussing kinship care, Secretary Blalock acknowledged that certain populations, particularly children in danger, such as those who have been trafficked and those with the most acute mental health needs, may still require congregate care. He discussed the need to reform congregate care to ensure that high-needs youth have access to the best care, with a focus on providing mental health services to facilitate reintegration of youth into their communities.

Secretary Blalock discussed the importance of increasing access to community-based mental health services to facilitate appropriate placements. In particular, he discussed community-based health services that target foster youth to support resiliency. He pointed out that foster youth are twice as likely as combat veterans to experience posttraumatic stress disorder. He also discussed how community-based mental health services can provide early intervention, as symptoms of mental illness typically manifest between the ages of 10 and 20, adding that New Mexico has the highest youth suicide rate in the country.

Secretary Blalock then discussed the CYFD's prevention efforts. He spoke about the CYFD's efforts to improve response time for calls to the Statewide Central Intake Line (SCI Line), the hotline for reporting concerns about abuse and neglect. He indicated that due to a series of policy changes, SCI Line wait times averaged 90 minutes in March. He reported that wait times have since been reduced to zero through a combination of policy changes, the manner in which cases are triaged and appropriate levels of staffing. He discussed prevention in the context of the CYFD's parenting support services, which help to keep families intact. He also discussed the implementation of HB 230 (2019), which requires mandatory medical treatment plans for children and caregivers when children are born substance-exposed.

Secretary Blalock discussed his role in the IBHPC, which he said involves working closely with Secretary Scrase to expand community-based mental health services for youth. He added that currently, youth with the most acute mental health issues are placed in congregate care settings where they receive treatment and that several options, short of clinical intervention, are available for youth with the lowest levels of need. However, he noted that services for youth between those two extremes are lacking, which can lead to rapid escalation of mental illness on one end of the spectrum and present obstacles for youth transitioning out of congregate care and into the community on the other end.

Secretary Blalock stated that the CYFD is legally responsible for ensuring that children get appropriate care. To ensure that the agency can fulfill its responsibility, he stated that it needs the following: a menu of available services; a mechanism for ordering services and referring youth to them; and a clear mechanism for due process for youth denied services.

He discussed a research and development model that allows the CYFD to build new programs on a small scale, evaluate those programs and, if necessary, tweak them before rolling them out statewide. He provided examples of such programs, including Therapeutic Case Management (TCM), which trains individuals from the community to provide Medicaid-reimbursable case management services. He added that other benefits associated with TCM are job creation, particularly on tribal lands, and creation of a path for case managers to become clinicians.

Secretary Blalock discussed HHS 2020 and the importance of optimizing data to support evidence-based decision making; the expansion of services, as most CYFD youth are Medicaid eligible; and the evaluation of service delivery. He discussed implementing the Child and Adolescent Needs and Strengths (CANS) assessment with an adverse childhood experiences (ACEs) subpart to address poverty-related needs, which will first be rolled out with certain CYFD populations and then applied statewide.

Secretary Blalock discussed staffing issues at the CYFD. He reported that there was a 23% to 25% vacancy rate in the Protective Services Division when he started, which is now down to 11%. He praised the State Personnel Office (SPO) for its help with recruiting 50 to 60 new protective services workers, but he acknowledged the challenges associated with bringing a

large cohort of new employees up to speed. With respect to retaining employees, he discussed training, job coaching and maintaining manageable caseloads, but stressed that the salary scale is broken and needs to be fixed.

Secretary Blalock concluded by presenting the following legislative requests: cleaning up some of the language in the provisions of 2019 SB 23 regarding foster care extension; removing the subsidized kinship guardian loophole; creating a process for juvenile justice-involved youth in out-of-home placement so that the state can leverage federal dollars for these youth; and providing funding for creating an educational advocacy division within the CYFD.

Questions and comments included the following.

- What are the CYFD's current data collection and reporting capabilities? Secretary Blalock stated that it is difficult to overstate how poor the current data system is due to decades of neglect. He expressed optimism about HHS 2020 and indicated that some standalone modules have been completed.
- What does New Mexico need to pay to get the best and brightest people to work at the CYFD? Secretary Blalock stated that when the new salary structure is complete, the agency will have a funding request.
- Which CYFD programs will move to the ECECD? Secretary Blalock stated that the home visiting and child care programs will move, as well as the agency's nutrition programs.
- A committee member asked Secretary Blalock if he has been working with the SPO to fix the salary structure. Secretary Blalock affirmed that he was.
- Concerns were expressed about whether families would be reluctant to complete the ACEs component of the CANS assessment because the questions can make them feel blamed and judged. Secretary Blalock stated that he heard staff say that a survey should never be administered unless help can be provided. Ms. Pittenger agreed and added that providers can often assess ACES through engagement with the child and the child's family.
- Concerns were expressed about foster parents refusing services that are available to children in their custody. Secretary Blalock stated that the way in which service models are built and presented, especially community-based mental health service models, can impact whether people will use them. He stated that when these considerations are not taken into account, it is easy to blame people for not taking advantage of services. As an example, Secretary Blalock talked about how adolescents are more inclined to participate in an equine therapy program than in traditional therapeutic modalities.
- Concerns were expressed about the failure to pass legislation to establish protocols for administering psychotropic medication to youth in foster care and whether the CYFD is making progress with creating such protocols administratively. Ms. Pittenger discussed the completion of a quarterly report from Medicaid in which the CYFD collected data from MCO medical directors and then evaluated the appropriateness of

- treatment regimes. She discussed plans to work with UNM to hire a board-certified adolescent psychiatrist to monitor medication going forward. Secretary Blalock discussed enlisting the help of the National Center for Youth Law to develop medication monitoring protocols. He indicated that legislation might be needed to address loopholes for institutions that have their own pharmacies.
- A member expressed support for HB 230, which was enacted in 2019, and recommended that more services be provided to struggling families to break the multigenerational cycles of violence, poverty, substance use and incarceration.
 - What is the status of the multilevel response system implemented by the legislature during the 2019 session? Secretary Blalock discussed ongoing efforts with police departments.

ALTSD — Agency Update

Alice Liu McCoy, secretary, ALTSD, addressed the committee. She provided a brief overview of the department and its programs. Secretary Liu McCoy stressed that the state's aging population is growing rapidly and that in 10 years, it is projected that one-third of New Mexico's population will be elderly. She presented the ALTSD's strategic plan, which is to build a sustainable service delivery system to meet the needs of this population, as well as the needs of adults living with disabilities.

Secretary Liu McCoy discussed the ALTSD's services, particularly efforts to both broaden the range and increase the level of services offered while streamlining access to those services. She discussed implementing innovative healthy aging programs, providing behavioral health services, supporting caregivers in the community and expanding research into Alzheimer's disease and dementia. To that end, Secretary Liu McCoy stated that the department is applying for federal funding to bring an Alzheimer's disease research center to New Mexico.

Secretary Liu McCoy discussed the ALTSD's infrastructure needs, which include building a comprehensive data management system; addressing staffing issues, such as hiring, retention, training and accountability; and developing an aging network, which would entail cultivating relationships with tribes and pueblos and coordination across area agencies on aging (AAAs).

Secretary Liu McCoy also mentioned that the ALTSD has applied for a grant to create a grassroots volunteer home visiting program to provide nonmedical care for seniors. If the funding comes through, Secretary Liu McCoy indicated that the program will be piloted in rural areas of the state where seniors are particularly vulnerable. She added that the department is also in negotiations to contract with an organization to conduct a statewide needs assessment.

In discussing the current needs of the ALTSD, Secretary Liu McCoy noted that there are no unfunded positions in the ALTSD but that the department still does not have the basic staff that it needs to function properly and efficiently. Lastly, Secretary Liu McCoy announced her upcoming transition from the ALTSD to the DOH, where she will head the Developmental Disabilities Planning Council.

Questions and comments included the following.

- Concerns about current staffing levels at the ALTSD were expressed.
- Does the ALTSD's relationships with tribes and pueblos include cultural and linguistic sensitivity? Secretary Liu McCoy affirmed that they do.
- A committee member asked Secretary Liu McCoy to describe the structure and administration of AAAs. She stated that she would follow up with the member to provide the requested information.
- Concerns about issues related to Alzheimer's disease, particularly efforts to keep affected seniors safe, were expressed.
- A member stressed the importance of maintaining boarding home regulations to ensure the safety of residents.
- Concerns related to food gardens at senior centers and the availability of fresh, organic food were expressed.

Public Comment

The committee heard public comment as follows.

- Ms. Argenbright addressed the committee about the health care workforce, which she believes is in dire straits. She stressed that some new UNM health care employees earn more than employees with decades of seniority. Ms. Argenbright said that new contracts offer a wage increase less than proposed cutbacks, resulting in employees taking home less pay. She said that workers are making less than they were 10 years ago, considering cost-of-living increases and rising health care costs. Ms. Argenbright requested that legislators advocate for health care workers with seniority. She said that there is enough money for UNM to give fair pay raises. She offered to provide the committee with an update on contract negotiations in mid-August.
- A representative from the DOH addressed the committee about issues regarding the differences in measurements of programs and populations and discussed the types of data available related to the Health Information System Act.
- Nick Ariella from the Psychiatric Medical Association of New Mexico addressed the committee regarding various psychiatric treatment issues.
- Connie Vigil addressed the committee about the need for drug use prevention and intervention. She requested that legislators create a comprehensive plan and look for abandoned buildings to convert into long-term facilities.

Adjournment

There being no further business, the committee adjourned at 5:30 p.m.