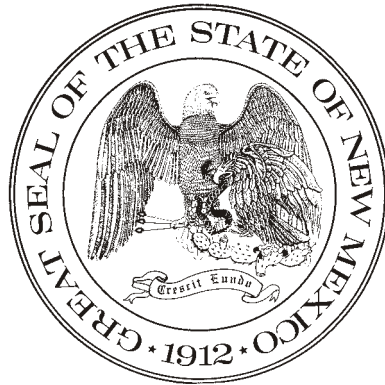


**LEGISLATIVE HEALTH AND HUMAN SERVICES  
COMMITTEE**

**FINAL REPORT**



**New Mexico Legislative Council Service  
Santa Fe, New Mexico  
December 2005**

# **LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

## **ANNUAL REPORT**

**December 2005**

The Legislative Health and Human Services Committee held 15 days of meetings in 2005, including the organizational meeting in June. One day of the July meeting was held in Shiprock at its chapter house. In August, the committee met for three days in Albuquerque hosted by the University of New Mexico, and in September the committee met in Las Cruces hosted by New Mexico State University. All other meetings were held in Santa Fe.

The committee's work plan, which was approved by the Legislative Council, emphasized continued focus on a study of health care financing, Medicaid, health reform initiatives, the recently implemented behavioral health collaborative and long-term care policy for New Mexico. Testimony of these and other critical issues was heard throughout the interim. Special attention was given to Native American health care issues in the meeting that was held in Shiprock. Addressing crucial shortages in the health care workforce continued to be an important issue, as were concerns regarding malpractice insurance coverage gaps.

The broad range of subjects that the Legislative Health and Human Services Committee studies each year are of critical importance to the state. The needs and requests presented to the committee exceeded \$300,000,000. Through a thoughtful and careful process of prioritizing and ranking of issues, the committee endorsed legislative proposals totaling \$129,236,750. A matrix reflecting the final recommendations is included in this report as an addendum. The matrix is categorized according to the topics considered by the committee and are as follows: health reform; health care provider issues; behavioral health issues; medicaid; primary care and prevention; prescription drugs; long-term care, aging and disability issues; human needs and children; women's health and safety; and the University of New Mexico.

## LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

<b>Title</b>	<b>Name</b>	<b>Role</b>	<b>Party</b>
Representative	Danice Picraux	Chair	Democrat
Senator	Dede Felman	Vice Chair	Democrat
Senator	Rod Adair	Member	Republican
Representative	William "Ed" Boykin	Member	Republican
Representative	Keith J. Gardner	Member	Republican
Senator	Steve Komadina	Member	Republican
Senator	Mary Kay Papen	Member	Democrat
Representative	Jim R. Trujillo	Member	Democrat
Senator	Sue Wilson Beffort	Advisory	Republican
Representative	Ray Begaye	Advisory	Democrat
Representative	Gail Chasey	Advisory	Democrat
Representative	Kandy Cordova	Advisory	Democrat
Representative	Miguel P. Garcia	Advisory	Democrat
Senator	Clinton D. Harden	Advisory	Republican
Representative	John A. Heaton	Advisory	Democrat
Senator	Timothy Z. Jennings	Advisory	Democrat
Senator	Gay G. Kernan	Advisory	Republican
Senator	Linda M. Lopez	Advisory	Democrat
Representative	Antonio Lujan	Advisory	Democrat
Representative	James Roger Madalena	Advisory	Democrat
Representative	Terry T. Marquardt	Advisory	Republican
Representative	Rick Miera	Advisory	Democrat
Senator	Gerald Ortiz y Pino	Advisory	Democrat
Representative	Edward C. Sandoval	Advisory	Democrat
Senator	Leonard Tsosie	Advisory	Democrat
Representative	Gloria C. Vaughn	Advisory	Republican

**2005 APPROVED  
WORK PLAN AND MEETING SCHEDULE  
for the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**Membership**

Rep. Danice Picraux, Chair  
Sen. Dede Feldman, Vice Chair  
Sen. Rod Adair  
Rep. William "Ed" Boykin

Rep. Keith J. Gardner  
Sen. Steve Komadina  
Sen. Mary Kay Papen  
Rep. Jim R. Trujillo

**Advisory Members**

Rep. Gail C. Beam  
Sen. Sue Wilson Beffort  
Rep. Ray Begaye  
Rep. Kandy Cordova  
Rep. Miguel P. Garcia  
Sen. Clinton D. Harden, Jr.  
Rep. John A. Heaton  
Sen. Timothy Z. Jennings  
Sen. Gay G. Kernan  
Sen. Linda M. Lopez

Rep. Antonio Lujan  
Rep. James Roger Madalena  
Rep. Terry T. Marquardt  
Rep. Rick Miera  
Sen. Gerald Ortiz y Pino  
Rep. Edward C. Sandoval  
Sen. Leonard Tsosie  
Rep. Gloria C. Vaughn

**Work Plan**

Section 2-13-1 NMSA 1978 creating the interim legislative health and human services committee states that its annual responsibility is to "conduct a continuing study of the programs, agencies, policies, issues and needs relating to health and human services".

In keeping with this responsibility, the committee will direct the continuation of the health care financing study started by the passage of House Bill 955 in 2003. The committee believes it is critical for the legislature to have an annual or biennial fiscal report on the status of health care expenditures in New Mexico as a guide in making both policy and appropriations decisions. The initial study, published in January 2005, offers structure to enhance legislative capacity in the area of health care expenditures. The anticipated refinements and additions of this year's work will enhance that capacity to assist the legislature in making critical policy choices in this area.

Medicaid will again be the subject of at least one major hearing to learn what measures are being taken by the human services department to hold or lower costs and which programs are most likely to be cut if benefits or reimbursements must be reduced.

The committee will review several laws enacted this year to reduce the state's uninsured

population, with a view toward using the tools of the health care financing comprehensive study as much as possible. Also, this is the first operating year of the state coverage initiative program (SCI), which is intended to help small employers and their employees obtain health coverage and which the committee will also monitor.

The new behavioral health collaborative created in 2004 is in its first year of operation and has contracted with a single entity (ValueOptions) to manage all public behavioral health care statewide, regardless of funding sources or previous departmental authority. The effects of this major change in delivery will be carefully examined by the committee.

Long-term care services, affecting primarily the fastest-growing segment of New Mexico's population, the elderly, is the next issue with major fiscal impact on the state's spending capacity. New Mexico's population is aging more rapidly than the country's population as a whole, and the legislature re-categorized those brain-injured and other chronically ill patients as a responsibility of the new aging and long-term services department. The committee will learn about various segments of this shift in responsibility throughout the interim, starting with a full-day hearing in July.

Prescription drugs, still a leading expense in health care, will be the subject of a full October hearing, with emphasis on the issues of pharmacy benefit manager programs and the differing co-payments required for mail-order 90-day prescriptions as opposed to the maximum 30-day prescriptions at retail pharmacies.

Disparities in health care among ethnic, gender and age minorities will be the subject of the September hearing, along with increased attention to telemedicine and telehealth issues. These latter efforts will also be discussed during the committee's annual hearings on UNM's health sciences center efforts.

The 14 joint memorial-directed executive agency studies, plus one directed to the legislative health and human services committee itself, will be heard in October. In addition, October is the normal time for the several dozen advocate organizations to present appropriations requests, which are then passed on to the legislative finance committee.

The legislative council directed the committee to address the issues of teen pregnancy and unused appropriations aimed to reduce the medicaid waiver waiting lists.

#### **APPROVED MEETING SCHEDULE**

The committee adopted the legislative council's recommended meeting dates and

proposes to meet:

<u>Date</u>	<u>Location</u>
June 9	Santa Fe
July 27-29	Santa Fe and Shiprock
August 24-26	Albuquerque
September 19-21	Las Cruces
October 19-21	Santa Fe
November 28-30	Santa Fe

Revised: June 8, 2005

**TENTATIVE AGENDA**  
**for the**  
**LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**June 9, 2005**  
**Room 307, State Capitol**  
**Santa Fe**

**Thursday, June 9**

- |            |  |
|------------|--|
| 10:00 a.m. | <b>Call to Order, Introductions</b><br>—Representative Danice Picraux, chair   |
| 10:15 a.m. | <b>Discussion of Proposed Work Plan</b><br>—Representative Danice Picraux, chair   |
| 11:45 a.m. | <b>Public Comment</b>  |
| 12:00 noon | <b>Lunch</b>   |
| 1:30 p.m.  | <b>Health Care Financing Study Update</b><br>—Raul Burciaga, JD, assistant director for drafting services, LCS   |
| 1:45 p.m.  | <b>Health Care Financing Data Collection and Reporting</b><br>—Scott Leitz, MS, director, office of health policy, statistics and<br>information, Minnesota department of health |
| 3:00 p.m.  | <b>Public Comment</b>  |
| 3:15 p.m.  | <b>Adjournment</b>   |

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

**Thursday, June 9, 2005**  
**State Capitol, Santa Fe**

Representative Danice Picraux, chair, called the meeting to order at 10:15 a.m. in Room 307, State Capitol, Santa Fe. Members, staff and attendees introduced themselves.

**Present were:**

Rep. Danice Picraux, chair  
Sen. Dede Feldman, vice chair  
Sen. Rod Adair  
Rep. William "Ed" Boykin  
Rep. Keith J. Gardner  
Sen. Steve Komadina  
Sen. Mary Kay Papen  
Rep. Jim R. Trujillo

**Absent were:**

**Advisory members:**

Rep. Gail Beam  
Sen. Sue Wilson Beffort  
Rep. Ray Begaye  
Rep. Miguel P. Garcia  
Rep. John A. Heaton  
Sen. Linda M. Lopez  
Rep. James Roger Madalena  
Rep. Rick Miera  
Rep. Edward C. Sandoval  
Rep. Gloria C. Vaughn

Rep. Kandy Cordova  
Sen. Clinton D. Harden, Jr.  
Sen. Timothy Z. Jennings  
Sen. Gay G. Kernan  
Rep. Antonio Lujan  
Rep. Terry T. Marquardt  
Sen. Gerald Ortiz y Pino  
Sen. Leonard Tsosie

Representative Picraux thanked Senator Feldman, the former chair, for her outstanding leadership, success in getting committee bills enacted into law and obtaining increased appropriations for programs supported by the committee.

The chair presented a list of major issues for the committee to consider this interim. Members discussed many specifics related to these topics, instructing staff to include them in communications with the various agencies expected to testify in the coming months. A list of the issues is attached to the original minutes.

The committee decided to hear from the Human Services, Health, Aging and Long-Term



Services and Children, Youth and Families departments and the New Mexico Health Policy Commission first, and that staff should work with the chair to develop all the agendas.

Committee members were requested to give their full attention to presenters and members speaking and to minimize use of laptop computers. Meeting dates recommended by the Legislative Council were adopted as presented, in order to minimize conflicts among voting members who have multiple interim committee assignments. The dates and locations are:

<u>Date</u>	<u>Location</u>
June 9	Santa Fe
July 27-29	Santa Fe and Shiprock
August 24-26	Albuquerque
September 19-21	Las Cruces
October 19-21	Santa Fe
November 28-30	Santa Fe.

Public comment was offered by Susan Loubet, who drew the committee's attention to SJM 94, which calls for a study of reproductive health care disparities. Additional public comment was provided by Ellen Pinnes, who provided information from a recent Kaiser study indicating that New Mexico leads the nation in a trend of shifting health care costs to health insurance premiums. Dan Ritchey raised the issue of needed wage supplements for childcare teachers, as provided for in HM 22. The committee requested additional information about scholarships available through the T.E.A.C.H. program at a later time.

Raul Burciaga introduced Scott Leitz, director of the Office of Health Policy, Information and Systematics for the Minnesota Department of Health.

Mr. Leitz gave a presentation on his efforts in health care data collection and analysis based on statutory requirements in Minnesota. He offered rationale, benefits and sample key findings from the most recent study. He described how Minnesota legislators have used the data findings to set priorities and identify problem areas. He stressed the importance of objectivity in developing the annual study. He described a report that is mandated in Minnesota requiring health insurers to submit information.

Committee members had questions and comments about: the possibilities of forecasting; projected costs of conducting such a study; issues regarding collecting data from Native American tribes; how to accurately report uncompensated care; and ways to present the information to maximize use. Additional questions were posed to the New Mexico Health Policy Commission regarding its budget and its ability to produce such a report on an annual basis, if adequately funded.

Public comment was offered by Ms. Pinnes clarifying that consumer-directed care in the Medicaid program is different from consumer-directed insurance. She also applauded any efforts to project the impact of program changes on populations served, especially in the Medicaid program.

The chair requested that the July meeting have one day in Shiprock to address Native American issues. There was no objection.

The meeting was adjourned at 4:10 p.m.

Revised: July 25, 2005

**TENTATIVE AGENDA  
for the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**July 27 & 28, 2005  
Room 322, State Capitol  
Santa Fe**

**July 29, 2005  
Shiprock Chapter House  
Shiprock**

**Wednesday, July 27**

- 10:00 a.m.           **Call to Order, Introductions**  
—Representative Danice Picraux, Chair
- 10:05 a.m.           **Long-Term Care: Demographics, Levels of Need and Continuum of Care**  
—Debbie Armstrong, Secretary, Aging and Long-Term Services  
Department
- 11:45 a.m.           **Public Comment**
- 12:00 noon           **Lunch**
- 1:00 p.m.            **Long-Term Care Continuum: Provider/Consumer Perspective of Needs and Services**  
—Debbie Armstrong, Secretary, Aging and Long-Term Services  
Department
- 3:30 p.m.            **Public Health Law Reform Need**  
—Clifford M. Rees, General Counsel, Department of Finance and  
Administration
- 3:45 p.m.            **Medicaid 101: A Primer**  
—Karen S. Wells, Staff
- 4:15 p.m.            **Public Comment**
- 4:30 p.m.            **Recess**



- 11:00 a.m.            **Prevention and Healing Programs**  
—Shelly Frazier, Health Promotion, Disease Prevention Program (HPDP)  
Specialist, Northern Navajo Medical Center
- 11:45 a.m.            **Public Comment**
- 12:00 noon           **Lunch**
- 1:00 p.m.            **Medicaid Reimbursement; Off-Nation Referrals and Medicaid Interface**  
—Henrietta Lewis, Director of Contract Health  
Service, Northern Navajo Medical Center
- 1:45 p.m.            **Navajo Diabetes Program**  
—Kim Mohs, M.D., Internal Medicine Department, Northern Navajo  
Medical Center
- 2:30 p.m.            **Uranium-Related Health Issues**  
—Kim Mohs, M.D., Internal Medicine Department, Northern Navajo  
Medical Center
- 3:15 p.m.            **School-Based Health Centers**  
—Marjorie Werito, Director of Community and Preventative Services,  
Crownpoint School-Based Health Center  
—Sandra Dodge, N.P., Maternal Child Health Coordinator, Crownpoint  
School-Based Health Center  
—Susie John, M.D., New Life Center, Shiprock
- 4:00 p.m.            **Public Comment**
- 4:15 p.m.            **Adjourn**

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

**July 27-28, 2005  
Room 322, State Capitol  
Santa Fe**

**July 29, 2005  
Shiprock Chapter House  
Shiprock**

Representative Danice Picraux, chair, called the meeting to order on July 27, 2005 at 10:15 a.m. in Room 322 of the State Capitol. She welcomed everyone and asked the committee members to introduce themselves to the audience.

**Present**

Rep. Danice Picraux, chair  
Sen. Dede Feldman, vice chair  
Sen. Rod Adair (7/28)  
Rep. William "Ed" Boykin (7/27, 7/28)  
Rep. Keith J. Gardner (7/27, 7/28)  
Sen. Steve Komadina  
Sen. Mary Kay Papen  
Rep. Jim R. Trujillo

**Absent**

**Advisory members**

Rep. Gail C. Beam (7/27, 7/28)  
Sen. Sue Wilson Beffort (7/27)  
Rep. Ray Begaye  
Rep. Kandy Cordova (7/27, 7/28)  
Rep. Miguel P. Garcia  
Rep. John A. Heaton  
Sen. Gay G. Kernan (7/27, 7/28)  
Sen. Linda M. Lopez (7/28)  
Rep. Antonio Lujan (7/27, 7/28)  
Rep. James Roger Madalena (7/27, 7/28)  
Rep. Terry T. Marquardt (7/28)  
Sen. Gerald Ortiz y Pino (7/27)  
Rep. Edward C. Sandoval  
Sen. Leonard Tsosie  
Rep. Gloria C. Vaughn

Sen. Clinton D. Harden, Jr.  
Sen. Timothy Z. Jennings  
Rep. Rick Miera

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

**Staff**

Phil Lynch  
Karen Wells

**Guests**

The guest list is in the meeting file.

**Wednesday, July 27**

The chair invited committee members to a dinner Wednesday evening to meet with executive human services directors to discuss priorities for memorials for the session. She reminded the committee of the ground rules of courtesy and timeliness for the hearing. She introduced Secretary Debbie Armstrong of the aging and long-term services department for the first presentation.

Ms. Armstrong reviewed the legislative mandate to present a proposed long-term care policy for the state in November; her plan to educate the committee about the full range of needs and services in a continuum of care; and the system of long-term care presently in place in the state. She reviewed demographics of the population in need of long-term care services, including the elderly and disabled, demonstrating the huge, predicted growth of need for services in the future. In the next 20 years, the older population will grow by 93 percent and the 80 years and older population will double. She pointed out the increased costs to the medicaid program that accompanies this demographic change.

A wheel demonstrating the categories in a progressive continuum of care provided a visual image of the services and needs in a system of long-term care. These categories were described by the secretary, who indicated that in the afternoon, providers and consumers will provide further information about some of these categories. She noted that her charge in developing a long-term care system includes all age groups and all types of disabilities. Overarching themes that affect all levels of care include the critical need for access to information, the principle of self-determination, availability of home- and community-based services, infrastructure needs and disease management and health promotion activities.

Questions from the committee concerned the following:

- access to legal services;
- a request for a visual depiction of all long-term services, where they are now administered and how they are funded;
- efforts to address the long-term care needs of Native Americans and barriers to care;
- ability to work within federal statutory and regulatory restrictions to provide needed care;
- personal responsibility for funding of long-term care services;
- issues of impoverishment as people age and care needs increase;
- determination of appropriate transfers and issues of effectiveness of transfers of programs

from other departments of state government to the aging and long-term services department;

- licensure requirements for providers at various levels of care;
- access to services issues and gaps in the system;
- housing and other alternatives to nursing homes;
- problems of homelessness;
- predatory lending;
- the process of third-party assessors for the personal care option;
- tracking of improvements in quality of care over time due to monitoring cameras in nursing homes; and
- hidden costs of home care versus nursing home care.

Jim Jackson offered public comment regarding disability services and said options for home- and community-based services should be the priority for persons in need of long-term care, regardless of their level of disability.

After a lunch break, Secretary Armstrong explained that the afternoon would be devoted to providers and consumers giving their first-hand experiences with the long-term care system in New Mexico.

Jennifer Isaac-Davis from Heritage home health in Albuquerque and Santa Fe described traditional home health care services, which include intermittent skilled professional services, nonprofessional support care and end-of-life care. She identified payers of the provided services, including medicare, medicaid and private insurance, and the services for which payment is available. She described disease management services provided by her agency to address chronic illnesses and prevent use of more expensive levels of care.

She introduced Virginia Gonzales Munch, whose father is a consumer of home health services, who told the committee about her father's life and how he benefits from home health care.

Barbara Zamora thanked the legislators for passing the brain injury waiver. She spoke about services for people with traumatic brain injuries and told her personal story as a person who received a brain injury due to a fall. She received case management and life skills training thanks to a small state fund that covers these services. She acknowledged that if there were more services available, she would benefit from them.

Gina DeGrassi of the program for all-inclusive care for the elderly (PACE) introduced Lisa Herrington, the daughter of consumers of PACE services, who described the importance of the services her father and mother receive. She extolled the benefits of the program and regrets the presence of a waiting list to receive services.

Gil Gildase, the director of independent living services in Albuquerque, described the services her agency provides, including the personal care option. In addition to describing her



program, she spoke as a person with a disability and identified gaps in the array of available services. Medicaid was acknowledged as critical in funding services for the disabled. Equipment, supplies, prescription drugs, transportation, personal assistance services, employment opportunities and accessible housing are essential to make it possible for disabled individuals to live in the community.

Wanda Hansen provides care for her husband who suffered a massive stroke and now suffers from dementia. She had to give up her job in order to meet his needs. She has been providing care for 10 and one-half years. Through involvement with the Alzheimer's association, she is aware of many unmet needs for persons suffering from dementia-related disorders. She stressed the importance of support for care givers. Additional adult day care and respite programs are especially important. Transportation is also crucial when a caregiver is unable to drive. She urged committee members to think about services "somewhere between the Reagans and medicaid".

Mary McCall, also a caregiver for a family member, offered her perspective. Her mother needs help with all aspects of her life. She has Alzheimer's-type dementia. Her mother needs assisted living services, but they are too expensive, and she cannot afford them. Her mother is currently in a boarding home, but she is running out of money and out of options.

Carol Luster with Montebello, a nursing facility in Albuquerque, described its approach to instituting a cultural change in the way long-term care services are provided. It is focusing on preserving dignity, promoting resident choices and creating an environment driven by resident needs and desires.

Harold Melnick, aging and long-term services department, described the services available through the resource center in the department. This center assists individuals to access resources for which they are eligible and to navigate and understand complicated programs such as medicare and prescription drug patient assistance programs.

Secretary Armstrong summarized the points that were made during the day and highlighted some initiatives the department is undertaking. New Mexico was selected to participate in a study being conducted by the University of Minnesota for the federal Department of Health and Human Services to examine promising practices in long-term care reform. New Mexico is considered a leader in rebalancing its long-term care system by emphasizing home- and community-based services versus institutional care. She described the aging and disability resource center that now has a database of more than 6,000 services and is responding to 200 calls per day requesting information. She identified efforts that are underway to develop a self-directed waiver called "Mi Via", which will incorporate all the home- and community-based waivers and brain-injured services. Efforts to improve coordination of long-term services is a high priority of the department. The intent is to offer home- and community-based services in a managed care environment.

Committee members had comments and questions as follows:

- reductions in funding and services in the personal care option;
- progress in applying for and implementing the self-directed waiver; a copy of the waiver application was requested when it is submitted; details about elements of the self-directed waiver, such as case management services; plans for funding and administration of the self-directed waiver;
- the bidding process for managed, coordinated long-term care;
- funding sources and plans for provision of respite care and other services;
- capitation of managed, coordinated long-term care;
- clarification about what is available through the resource center;
- third party assessors for the personal care option; and
- the need for funding for area agencies on aging, especially in the south valley of Albuquerque.

Miriam DeHar, an acquired brain-injured person, provided public comment, stating that persons in need of services need help in finding out what is available and how to access these services. Anna Otero Hatanaka of the association for developmental disabilities community providers reminded the committee that disabilities groups are exempted from managed care, and urged committee members to continue to support this initiative.

Clifford Rees, general counsel, department of finance and administration, summarized the need for public health law reform and requested committee support for a memorial to study this need. A model public health act exists, and much activity nationally has addressed this pressing need. He noted there are several areas that members of this committee have recognized as needing further study, such as environmental health, health privacy issues and tracking people who have been in contact with a communicable disease. The requested memorial was introduced in 2004 as HJM 30. Mr. Rees would like it to be re-introduced in 2006.

Committee members complimented Mr. Rees on his years of public service to the state of New Mexico. Questions were asked about the probable cost of such a study and the level of interest at the department of health.

Karen Wells provided a brief overview of the medicaid program in New Mexico.

Ellen Pinnes offered public comment. She pointed out that the number of people covered by medicaid is dropping significantly and that most of those who have lost coverage are children. She also clarified that the federal match rate is established in comparison to other states. New Mexico's rate has gone down because some other states are doing worse, not because New Mexico is doing better economically. Senator Jeff Bingaman has sponsored legislation that would limit the amount that a state could lose. She thanked Senator Kernan and Representative Boykin for sponsoring legislation to permit a person to dedicate tax returns to ALS research.

Charlie Marcus, representing the New Mexico health care association, told the committee that nursing homes rely on medicaid, and yet the reimbursement they receive is insufficient to cover their costs.

The meeting recessed for the day at 5:40 p.m.

### **Thursday, July 28**

The chair called the meeting to order at 9:20 a.m.

Public comment was offered by Dr. Loretta Ortiz y Pino of the Taos clinic for children and youth. She testified that her clinic will be closing on August 31 due to lack of funding and inadequate medicaid reimbursement. It serves over 16,000 children per year. A coalition of parents and other community members has formed and it is working hard with state officials and the New Mexico congressional delegation to try to remain open. She urged the committee to maintain medicaid reimbursement levels to physicians. Ruth Hoffman, Lutheran office of governmental ministries, distributed copies of letters from other providers who also are suffering from low medicaid reimbursement rates. Committee members expressed concern about the problem and support for the clinic.

Pam Hyde and Carolyn Ingram of the human services department (HSD) presented information to the committee about medicaid and other topics as requested by the committee. Ms. Hyde noted that some topics in the handout will be addressed at committee meetings later in the interim. Demographic information about medicaid was provided in writing. Costs of the program have continued to grow even though enrollment is declining. Current fiscal projections indicate the medicaid budget is in a deficit. Reasons for the decline in enrollment were discussed, and outreach efforts, particularly for minority children, were described.

Ms. Ingram provided a financial update addressing the loss of federal match funds (FMAP) and growing program costs. Initiatives to contain costs were described. Details were provided about the new medicare prescription drug program and the medicaid managed care initiative being implemented under an RFP. Ms. Hyde gave a brief review of the status of the behavioral health collaborative. Ms. Ingram described the self-directed waiver that is being developed in collaboration with the aging and long-term services department. Ms. Hyde responded to questions about management of the medicaid waiver for disabled and elderly (D&E). A special appropriation to expand access to the D&E waiver was expended, but it did not go as far as was anticipated due to increased per person costs in the program and expenditures that crossed two fiscal years. Three hundred sixty-two new D&E clients were added to the waiver in FY05. Ms. Ingram addressed the status of mandates that arose from the medicaid reform committee. Ms. Hyde covered the SCI briefly, as it is part of testimony that will be offered in August. The benefit plan, cost-sharing provisions, financing and plans for marketing of the initiative were briefly described. She highlighted continuing challenges of administering the medicaid program.

Committee members had comments and questions as follows:

- concern regarding staff shortages in the HSD, and the need for increased appropriations for field office staff;
- issues regarding low reimbursement to providers;

- reimbursement for dental hygienists;
- ability of counties to cooperate in financing of the SCI by purchasing health insurance premiums;
- prior authorization and therapeutic interchange of prescription drugs;
- the effect of declining enrollment;
- concerns about the university of New Mexico hospital; the governor's office is working with the hospital to identify solutions; and the HSD sees part of the solution in establishing a special arrangement with the SCI;
- a request for a draft outlining the issues with the university of New Mexico hospital;
- status of medicaid in the schools;
- availability and financing of home- and community-based waiver waiting lists;
- next steps in medicaid cost containment; long-term managed care and the self-directed waiver offer promise;
- preferred drug lists;
- semiannual recertification process and problems with reassignments to managed care organizations;
- availability of data regarding administrative costs of managed care organizations;
- administrative cost and other impacts of semiannual recertifications; the impact on children is of special concern;
- fraud and abuse versus billing problems;
- disincentives to provider participation in medicaid;
- how projected federal cuts would affect New Mexico's program;
- behavioral health issues;
- tracking of the impact of reductions to provider payments and other administrative changes; the medicaid advisory committee is watching these monthly; and
- problems with prescription drug coverage under medicare part D for Native Americans.

Senator Feldman made a motion that the committee write a letter to Senator Bingaman in support of his legislation to prevent any further reductions to the FMAP, which was seconded and passed without objection. She also moved that a letter be written to the congressional delegation to reinforce concerns regarding the negative impact of the "donut hole" in the medicare prescription drug bill, especially on the poor elderly, which was seconded and passed without objection.

Bill Jordan, deputy director of voices for children, and Jim Jackson, director of protection and advocacy, presented an advocacy perspective of medicaid in New Mexico. Mr. Jordan began by discussing the importance of medicaid and the efficiency of the program. Nonetheless, the program has been underfunded by \$52 million in the last two years, and this is resulting in serious drops in coverage for children, despite HSD assurances that enrollment would continue to grow, but at a slower rate. He stated that the SCI is using SCHIP money to fund medicaid, even though children covered under SCHIP must recertify their eligibility for medicaid every six months, while people who enroll in SCI will only have to recertify annually. Goals to insure more children is inconsistent with practices that limit medicaid eligibility for children. Mr. Jackson asserted that the state does not have a medicaid crisis, the state has a health care crisis.

Medicaid cuts to control growth in the program have had a real and disastrous effect on disabled people in the state. He provided statistics and information about the impact on the personal care option and the home- and community-based waivers. He challenged the HSD's position on its use of the special appropriation to reduce the waiting list in the D&E waiver, saying fewer people are actually being served. He also expressed disappointment that the money appropriated to serve people with brain injuries will not be available until the self-directed waiver is approved by the federal government. He encouraged the committee to look for ways to extend medicaid coverage to more poor people.

Committee members expressed concern and asked questions regarding the following:

- coverage for Native Americans; and
- adequate coverage for all children.

Senator Tsosie made a motion that the committee formally ask the governor and the HSD to return to 12-month recertification for children until it can be demonstrated that six-month recertification does not adversely affect children. The motion seconded and passed with one opposing vote. Senator Tsosie requested that the committee consider supporting legislation to remove the gross receipts tax exemption from providers who disenroll as providers under the medicaid program. A request was made to engage in a discussion about poverty and the importance of health care coverage for the poor of New Mexico. The welfare reform oversight committee heard a panel presentation on this subject.

Ms. Hatanaka offered public comment about the negative impact of the one and one-half percent decrease in provider payments on developmental disability providers. She testified that these providers need cost-of-living increases in order to continue to deliver quality services. Dr. Carl Friedrichs, a physician practicing in Santa Fe, described a story of a pregnant woman who did not receive adequate care due to being determined ineligible for medicaid. Health care suffers when access to medicaid is overly restrictive. He urged consideration of universal health care coverage. Anna Lucero testified on behalf of full funding for medicaid. Kristin Sharp spoke for the poor families from Taos who could not stay to testify. She read a statement by Joe Fernandez, a father whose children have been receiving service from the Taos clinic. Ms. Pinnes urged the committee to also contact house members in support of HR 2258. Senator Papen moved this action. It was seconded and supported without opposition.

Jessica Sutin, deputy secretary of the department of health, introduced Dr. Scorsie, Patsy Nelson, RN, and Dorothy Dansfelter. Ms. Sutin acknowledged the value of many of her staff by name. She gave a brief overview of the services provided by the department of health, an update on the governor's school-based health centers initiative and a phased plan for new sites. She also provided progress reports on funding new centers and Native American centers. She spoke about the department's approach to address teen pregnancy; New Mexico has the third-highest teen birth rate in the nation. The department is engaged in a variety of prevention efforts, including abstinence programs, family planning, resilience and risk programs, and parent education. Teen suicide is another important area of focus for the department; New Mexico has

the fourth-highest rate of teen suicide in the nation. The governor considers teen suicide a state epidemic. Efforts are targeted toward prevention and crisis response. New Mexico also has a high percentage of obese youth. The department is promoting healthy eating habits and exercise in schools, called the "catch" program. It is also conducting a nutrition task force in collaboration with the public education department, which is working to define standards for healthy food and beverages in schools. A major goal of the department and the first lady is to improve New Mexico's standing in immunizations of children; in the last two years, the state has gone from forty-ninth in the nation to fifteenth, with 84 percent of toddlers now fully immunized. The statewide registry is expected to be up and running this fall. Finally, she presented an update on project ECHO, a project to prevent and treat hepatitis C through the use of telecommunications. Correctional facilities are a prime target to receive these services.

Committee members had questions and asked for clarification about the following:

- costs, privacy, services and hours of service at school-based health centers;
- medicaid coverage for school-based health center services;
- the possibility of using the public health model or the school-based health model to provide affordable access to more New Mexicans; the department of health noted that funding of individual health programs is being done on top of a fragile infrastructure;
- the importance of loan repayment programs for recruitment and retention of physicians;
- the rationale for vetoing money for existing school-based health centers;
- whether mental health services are culturally appropriate for Native American students;
- the extent of school administration support for school-based health centers;
- the importance of public health and the broken health care system in the country; it was noted that the public health system serves all New Mexicans at a very low cost;
- if the department is receiving the percent of gambling revenues that are supposed to be dedicated to addressing gambling addictions;
- a request for updated information on the nutrition task force and the need for nutrition education; and
- the need to look more deeply into additives in foods.

Jane Larsen, chair of the New Mexico family, infant, toddler (FIT) interagency coordinating council, presented information about the FIT program, services and its needs. Funding is crucial as services provided often exceed the budget or are uncompensated. Access and costs of services are considerable due to the distance and cost involved in providing services in rural areas.

Rachael Porcher, vice chair of the coordinating council and a parent of a child in the program, urged the committee to provide extra funding for the FIT program. She presented concerns and problems from a parent's perspective, including staff shortages and turnover issues, largely related to underfunding.

Committee members asked about the legislation that passed in the last legislative session to require insurance companies to cover FIT services. It is anticipated that insurance companies will be ready to implement this process by October. Kathy Stevenson, department of health, described

how the department is collaborating with providers and parents to implement this, as well as how it is using the money that was appropriated to the program. The department is developing a funding methodology that will better serve the program. Michelle Stanley, Loretta Sanchez and others gave personal stories to demonstrate the importance of the FIT program. Ron Garcia, executive director of new vistas, runs a program that provides early intervention and testified to its success. Jay Marsen, who runs a program in Alamogordo, and Ron Seigle, director of Abrazzos, testified to the difficulty of running a program with inadequate funding.

Raul Burciaga informed the committee that the legislative council service is collaborating with New Mexico state university to continue the health care financing study and will report more fully to the committee at a subsequent meeting.

The meeting recessed for the day at 5:40 p.m.

### **Friday, July 29**

The chair called the meeting to order at 9:55 a.m. Representative Begaye made some welcoming remarks, and asked members of the committee and members of the audience to introduce themselves. He introduced Dwayne Chili Yazzi, president of the Shiprock chapter house and mayor of Shiprock, and GloJean Todacheene, vice president of the chapter house, who provided a formal welcome to the committee. Mr. Yazzi also provided historical information about Navajo chapter organization, and the Shiprock chapter. He also described the origin of the name Shiprock, the native name for the town, and the name for the Navajos, Diné, which means "the people".

Leonard Thomas, M.D., Albuquerque area chief medical officer, presented an overview of the Indian health service (IHS), and, specifically, the Albuquerque area IHS. IHS is a federal agency that provides services to any member of any tribe seeking health care in New Mexico, Colorado, Texas and Utah. He noted that funding for IHS is very limited; on a per capita basis, funding is less than for all other populations. He outlined the strategies for quality care, supporting economic viability, providing preventive and public health and for improving communication and collaboration. He gave statistics regarding health care services provided, primarily primary care. Health trends and disparities in the Native American population were presented; in New Mexico, accidents, heart disease, cancer, diabetes and cirrhosis and chronic liver disease top the list of health problems. Diabetes is particularly prevalent, and is increasing dramatically among children. Deaths from diabetes are continuing to rise, despite new treatment modalities that are available.

Committee members asked questions about the reasons for the prevalence of diabetes, the number of people in need of dialysis and the availability of dialysis centers. Also addressed were the complexities of coordination of benefits and financing to obtain access to health care services for Native Americans.

Senator Tsosie introduced himself and made remarks in Navajo. He questioned why diabetes

is not a higher priority in the IHS. Dr. Thomas feels this issue is largely a funding issue. Without adequate funds, health care issues cannot be properly addressed, and access to care will be severely hampered.

Christine Benaly presented a health profile of the Navajo area IHS. She also provided demographic data describing characteristics of Navajos. She described the goals of the Navajo coordinated school health program, including information about risky behaviors, and nutrition status of youth. She described in greater detail the findings of a comprehensive community health status assessment. The number of Navajos has doubled since 1980. The Navajo IHS extends beyond the boundaries of the Navajo Nation. Navajos by county were shown along with a breakdown of Navajos in urban and metro areas. Statistics show that most Navajos use IHS facilities. Socioeconomic status, prevalence of disease, use of traditional medicine and the number of available facilities are some of the demographics in the full report, which is in excess of 130 pages. Representative Begaye asked that a copy of her presentation be provided for the committee. Indicators reflecting quality-of-life issues are largely unavailable; however, 92 percent responded in a survey that they are satisfied with their quality of life. Behavioral risk factors and protective factors are evaluated in the report. Lifestyle issues such as obesity, sedentary habits, screenings for preventable diseases, substance use and abuse were explored. Many questions were considered sensitive in nature, and, therefore, the findings are limited. Only limited monitoring of air quality and water quality is being done and no summary reports are completed. Similarly, statistics for exposure to infectious diseases, workplace hazards, lead exposure and waterborne diseases are very limited to nonexistent. Regarding mental health indicators, only the homicide rate and suicide rate are tracked. Many inconsistencies in collecting data from service unit to service unit contributed to the poor response in some categories. Maternal and child health indicators, mortality rates, leading causes of death and incidence of diseases are included in the report. Information regarding communicable diseases is more reliable due to state and federal reporting requirements. She offered conclusions and recommendations, emphasizing the need for more administrative, resource and funding support, and the importance of partnerships among the Navajo Nation, the federal and state governments and others.

Committee members asked questions and offered comments on the following:

- how youth are being educated about public health, prevention and health promotion;
- issues regarding the incidence of breast and cervical cancer;
- inequities in funding for IHS services;
- diseases and conditions in which Native Americans have better statistics than the general population; Dr. Thomas noted even these are on the rise;
- the low incidence of smoking among Navajos;
- difficulties for Native Americans regarding medicaid and prescription drug coverage under medicare;
- treaty obligations of the federal government;
- the possible connection between housing and problems of obesity;
- the importance of Indian professionals involvement;
- the effect of geography and access to care;



- the balance between traditional and modern medicine; the use of traditional medicine is still very widespread;
- the number of practicing physicians on the Navajo Nation; and
- the "barefoot doctor" model of health care in China.

Dr. Benaly was thanked and complimented for the report, which was her work. She was encouraged to develop it into a booklet for general distribution and to help inform policy. The committee could consider sponsoring legislation to provide funding for the project.

Shelly Frazier, health promotion and disease prevention office, northern Navajo medical center, presented information on prevention and healing programs on the Navajo Nation. She provided background information about the community health program in Shiprock. Its efforts were developed with respect to the Navajo traditional philosophy of four directions: babies and parenting skills, school-based health, women's sexual and health issues and wellness activities. Written materials detailed the many programs in each area. Grant proposals supplement IHS funding. A health promotion and prevention program has been in place in the Navajo Nation since 1980. Despite the statistics that paint a grim picture of Navajo health, this program is seeing positive effects. She showed a video highlighting one program, "just move it", which is a series of fun runs and walks to encourage physical activity and personal responsibility for health. It is in its thirteenth year of operation. The events are held in small communities and are noncompetitive. Last year, more than 35,000 people participated. There is now a national "just move it" campaign that is modeled after this New Mexico program. A basketball tournament for children is happening today to promote awareness of alcoholism.

Committee members applauded Ms. Frazier for her efforts and wonderful programs. Senator Tsosie informed the committee about a film produced by the department of health called "Res Hope", which highlights many other positive efforts of the Navajo Nation.

Henrietta Lewis, director of contract health services for the northern Navajo medical center, spoke to the committee about contract health services (CHS) and the concept of payor of last resort. She identified the service units within the Navajo service delivery area. The contract health referral process was described both into and out of the IHS system. Eligibility criteria include requirements for the person to be registered as a member of a recognized tribe, medical necessity, residency within the CHS area, identifiable alternate resources and notification. Areas of intervention or referrals were identified. CHS is always the payor of last resort and coordination of benefits with medicaid, private insurance, workers' compensation and others is essential. Barriers to service include medicaid nonparticipating providers, out-of-state authorizations and medicaid eligibility decisions. Blue cross, blue shield is the fiscal intermediary. Data was provided showing the average daily costs of inpatient care, outpatient physician costs, facility costs and transportation costs. Also provided was information about the Shiprock CHS budget.

Committee members had questions regarding the following:

- the number of people in the service area below 200 percent of the federal poverty level;
- the ability to match CHS dollars with medicaid dollars for the purpose of participating in the SCI; Ms. Lewis does not think it is possible;
- the inability of Navajos to receive services outside of the service unit in which they live;
- the economic impact of CHS dollars to the New Mexico economy;
- the high denial rate for contract health services;
- comparisons of access to care for Native Americans versus illegal aliens;
- problems with the payor of last resort, which can lead to untimely delivery of health care services; Ms. Lewis noted that this policy is a federal requirement, but that patient care is not compromised because of this policy;
- the mechanism for out-of-state referrals and non-tribal members residing on the Navajo Nation;
- student eligibility for CHS; and
- any instances of denial of presumptive eligibility by HSD.

Senator Tsosie requested an opportunity to meet with federal IHS representatives in the future. He spoke on behalf of Daisy Brownheart, a non-English speaking Navajo, asking if there is certification of herbalists to allow them to get reimbursed for services. He requested further research into avenues to use traditional remedies especially for behavioral health issues and to have this issue discussed at a subsequent meeting.

Dr. Kim Mohs, internal medicine department, northern Navajo medical center, presented information on diabetes and the relationship between obesity and diabetes and between heart disease and diabetes. The IHS has several diabetes prevention programs that focus on fitness and activity. She presented the lifestyle change program that is particularly targeted to diabetes prevention and that has reduced the incidence of diabetes by 58 percent for those who completed the program. Elements of the program include weight loss and increased physical activity goals. Future plans involve expansion of this program in five other locations. Challenges involve funding, staffing and training issues. IHS has been proactive in publishing standards of care for diabetes. Statistics show that the Navajo IHS is comparing favorably with managed care organization reports for patients with diabetes. Challenges still remain in the areas of eye care and foot care, and the mortality rate for diabetes among Navajos still far exceeds the United States rate.

Committee members commented on the following:

- the relationship between junk food in schools and diabetes and legislative efforts to change this;
- the need for wellness and health care centers in proximity to where people live; and
- a request for suggestions for legislative action to deal with diabetes. Dr. Mohs suggested banning vending machines from schools and making every effort to encourage physical activity in schools.

Dr. Mohs then gave a presentation on the effects of uranium on health in the four corners area.

Vanadium has been prevalent due to the Manhattan project and other initiatives. Purchase of uranium provided an economic boon to the state for many years. Uranium mining occurred in the four corners area from 1947 to 1970, and is now resulting in bad health for many. Negative health effects such as lung cancer have been noted as far back as 1879. In 1948, a recommendation was made to set standards for uranium exposure similar to radiation, but this was not implemented. In 1950, a public health study began on the effect of uranium on miners; however, a condition of the study was that the miners not be informed. In 1960, the results of the study showed an incidence of lung cancer 4.5 times that of the national average. Measurement of occupational exposure to uranium is inconsistent and uncertain to this day. Other irritants besides uranium compound the health risk to miners, resulting in conditions such as silicosis, pulmonary fibrosis, tuberculosis, hearing loss and lung cancer. Native Americans have an undue incidence of these diseases, despite the fact that they smoke cigarettes much less than other populations. Specific health screening is being conducted among former uranium miners. Recent federal legislation strengthens standards and authorizes the public health bureau to provide focused education about the dangers of uranium, and to encourage screening. The northern Navajo medical center applied for a grant and has established a program to respond to this direction.

Dr. Mohs also informed the committee about the effects of above-ground nuclear testing that occurred at the Nevada test site in the 1950s. The New Mexico tumor registry indicates more than 2,000 possible Native American claimants who may have cancer due to this testing.

Questions from the committee included the following:

- the incidence of marijuana smoking among Native Americans;
- the cost of cleanup and health risks secondary to cleanup;
- the possibility of undiscovered mines;

- current interest in opening new uranium mines in the checkerboard area and a recommendation that the governor be encouraged to place a moratorium on the opening of any new uranium mines; and
- the difficulty of radon cleanup.

Dr. Susie John, pediatrician at the New Life center in Shiprock, provided information to the committee about school-based health centers for Native Americans. She identified services provided and challenges in delivering care to adolescents, especially Native American teens. She provided demographics unique to Native American youth, including that 77 percent live in remote areas and that suicides, homicides and accidents far exceed the incidence among white populations. The overall population of Native Americans is much younger than the general population, with 60 percent less than 25 years of age. Some creative initiatives in school-based health have been funded by the Kellogg foundation and promote collaborations with such entities as New Mexico voices for children and others. Medicaid funding is currently problematic, but efforts are underway to expand access to medicaid coverage for these services. Challenges include funding, confidentiality issues, lack of support from school boards, staffing and specialty issues such as transportation and referrals. The governor's initiative to expand school-based health is based on levels of service. Dr. John pointed out that many Native American centers are unable to meet even level one, which is four hours of primary care and four hours of behavioral health services per week, and are therefore ineligible for funding. Sandy Dodge described the Crownpoint program. Shiprock has a designated site of operations, but that is not the case in Crownpoint. There, the program was temporarily shut down, but was reopened at the request of the Gallup schools.

Committee members asked questions as follows:

- the difference between IHS-supported centers and non-IHS-supported centers;
- avenues for billing for services; medicaid and insurance are possibilities, but this is sporadic and hard to track through the IHS system;
- funding losses due to the focus on new centers versus existing centers;
- why the governor's initiative does not fund any centers on Navajo land;
- is medicaid reimbursement 100 percent for services rendered? The medicaid funding is complex and complicated by other IHS funding streams, such as CHS funding;
- any special programs in the centers to address alcoholism or suicide prevention; and
- ways in which the legislature can provide support to federal programs.

Representative Begaye suggested writing a letter to the department of health requesting further testimony and an answer to the question of why Native American sites have not been funded. Dr. John emphasized that funding for IHS services is far less than funding for other populations such as medicaid, prisons or private insurance. A priority for school-based health centers is funding for preventive health. Funding for continued existence of centers is critical. Committee members expressed an interest in identifying how school-based centers are funded, and how to ensure equitable funding to all centers, rather than just to some select centers.

Mr. Yazzi thanked the committee for coming to Shiprock and giving serious consideration to

these issues. He also thanked the representatives of the IHS who made presentations. He requested that the record reflect the importance of 12-month versus six-month recertification for medicaid. The meeting was adjourned at 5:40 p.m.

Revised: August 23, 2005

**TENTATIVE AGENDA  
for the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**August 24-26, 2005  
Rooms G and H, UNM Continuing Education Building  
Albuquerque**

**Wednesday, August 24**

- 10:00 a.m.    **Call to Order**
- 10:05 a.m.    **Approval of the Minutes, June 9 and July 27-29**
- 10:10 a.m.    **Welcome**  
                  —President Louis Caldera
- 10:40 a.m.    **Hospital Summit Report**  
                  —Regent Mel Eaves
- 11:10 a.m.    **UNM Health Sciences Center: Updates**  
                  —Paul Roth, M.D., Interim Executive Vice President for Health Sciences
- 11:30 a.m.    **University of New Mexico Hospital Report**  
                  —Steve McKernan, C.E.O., University of New Mexico Hospital
- 12:15 p.m.    **Public Comment**
- 12:30 p.m.    **Lunch**
- 12:45 p.m.    **UNM Health Sciences Center: Overview of Funding Requests**  
                  —Paul Roth, M.D.
- 1:00 p.m.     **Combined Degree Program**  
                  —Paul Roth, M.D.  
                  —Valerie Romero-Leggott, M.D.
- 1:15 p.m.     **UNM/NMSU Cooperative Pharmacy Program**  
                  —John Pieper, Pharm.D., Dean, College of Pharmacy
- 1:30 p.m.     **Office of the Medical Examiner**  
                  —Ross Zumwalt, M.D., Chief Medical Investigator
- 1:45 p.m.     **New Mexico Poison and Drug Information Center**

—Jess Benson, PharmD, Director, New Mexico Poison and Drug Information Center

2:00 p.m.     **Questions and Answers**  
—Paul Roth, M.D., and Other Panelists

2:30 p.m.     **Hepatitis C Rural Telehealth Program**  
—Sanjeev Arora, M.D.  
—David Roddy, Executive Director, New Mexico Primary Care Association

3:15 p.m.     **Telehealth Policy Commission**  
—Mark Duran, Chair, Telehealth Policy Commission (TPC)  
—Dr. Richard Lueker, Vice Chair, TPC  
—Dr. Dale Alverson, Commissioner, TPC

3:45 p.m.     **Public Comment**

4:00 p.m.     **Recess**

**Thursday, August 25**

9:00 a.m.     **Call to Order, Welcome**  
—Representative Danice Picraux, Chair

9:05 a.m.     **Uninsured: Health Resources and Services Administration (HRSA) Grant Findings**  
—Mari Spaulding Bynon, Program Director, State Coverage Initiative (SCI)

9:50 a.m.     **Insure New Mexico Council Update**  
—Mari Spaulding Bynon, Program Director, SCI  
—Lowell Gordon, M.D., Medical Director, Medical Assistance Division  
—Mike Batte, Actuary, Insurance Division, Public Regulation Commission

10:50 a.m.    **Sandoval County Health Commons: Integrated Health Care Model**  
—Naomi Kistin, M.D., Medical Director, Department of Health, District III  
—Mary Meyer, WIC Administrator, Department of Health, District III  
—Niki Baptiste, Sandoval County Community Health Administrator  
—Denice Ceballos, Sandoval County Community Health Worker

11:50 a.m.    **Public Comment**

12:00 noon    **Lunch**

- 1:30 p.m. **New Mexico Health Choices**  
—Celia Ameline, Database Consultant, Gen5 Development, LLC
- 2:30 p.m. **Children, Youth and Families Department (CYFD) Update: Early Childhood, Foster Care, Home Visiting Program, T.E.A.C.H. Scholarships**  
—Mary-Dale Bolson, Secretary, CYFD
- 4:30 p.m. **Social Worker Tax Relief**  
—Pat Terrell, National Association for Social Workers, New Mexico Chapter
- 5:00 p.m. **Public Comment**
- 5:15 p.m. **Recess**

**Friday, August 26**

- 9:00 a.m. **Call to Order and Welcome**
- 9:05 a.m. **New Mexico Health Policy Commission (HPC) Update**  
—Patricio Larragoite, Executive Director, HPC
- 10:30 a.m. **Oral Health Council Report**  
—Patricio Larragoite, Executive Director, HPC
- 10:45 a.m. **Health Care Financing Study Update**  
—Kevin McMullan, Deputy Director, HPC
- 11:00 a.m. **Child Care Subsidies and Eligibility Issues**  
—Linda Siegle, New Mexico Child Care Association  
—Rebecca Dow, President, New Mexico Child Care Association
- 11:45 a.m. **Public Comment**
- 12:00 noon **Lunch**
- 1:00 p.m. **Strengthening Youth Policy in the States**  
—Elizabeth Gaines, Program Manager, Forum for Youth Investment,  
Washington, D.C.
- 3:00 p.m. **Public Comment**
- 3:15 p.m. **Adjourn**

**MINUTES**



**of the  
THIRD MEETING  
of the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**August 24-26, 2005  
UNM Continuing Education Building  
Albuquerque**

Representative Danice Picraux, chair, called the meeting to order on August 24, 2005 at 10:25 a.m. in Room G of the University of New Mexico Continuing Education Building in Albuquerque. She welcomed everyone and asked the committee members to introduce themselves to the audience.

**Present**

Rep. Danice Picraux, Chair  
Sen. Dede Feldman, Vice Chair  
Sen. Rod Adair (8/25, 26)  
Rep. William "Ed" Boykin (8/24, 25)  
Rep. Keith J. Gardner (8/25, 26)  
Sen. Steve Komadina (8/24, 25)  
Sen. Mary Kay Papen (8/24, 25)  
Rep. Jim R. Trujillo

**Absent**

**Advisory members**

Rep. Gail C. Beam (8/25, 26)  
Sen. Sue Wilson Beffort  
Rep. Ray Begaye  
Rep. Kandy Cordova (8/25, 26)  
Rep. Miguel P. Garcia  
Rep. John A. Heaton (8/24, 25)  
Sen. Timothy Z. Jennings (8/24, 25)  
Sen. Gay G. Kernan  
Sen. Linda M. Lopez  
Rep. Antonio Lujan (8/25, 26)  
Rep. James Roger Madalena (8/24, 25)  
Rep. Rick Miera (8/24)  
Sen. Gerald Ortiz y Pino (8/24)  
Rep. Edward C. Sandoval  
Sen. Leonard Tsosie

Sen. Clinton D. Harden, Jr.  
Rep. Terry T. Marquardt  
Rep. Gloria C. Vaughn

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

**Staff**

Karen Wells

Ramona Schmidt  
Jeremy LaFaver

### **Guests**

The guest list is in the meeting file.

### **Wednesday, August 24**

Representative Picraux remembered Phil Lynch, staff member of the Legislative Council Service who died on July 30, 2005. She spoke of his optimism, his balance and the sense of peace that he brought to the legislature and of his service to the Legislative Health and Human Services Committee. Senator Feldman noted there are many stories of the kindness that Phil showed to everyone and said that he had been a concierge for the committee. Karen Wells stated his spirit will continue to inspire us.

Louis Caldera, president of the University of New Mexico (UNM), stated he is delighted that UNM has the ability to host the committee and recognized Regent Mel Eaves and other leaders who were in attendance at the meeting. He expressed his deep appreciation for all that is done by the legislature that allows UNM to provide services for the delivery of health care to the people of New Mexico. He addressed the research and operational aspects involved in the solution of giving health care to needy populations. A handout that describes the projects being funded under the Series 2005 UNM Bond Issue, the majority of which will benefit students, was distributed and reviewed.

Regent Mel Eaves, chair of the University of New Mexico Health Summit (UNMHS) Finance Subcommittee, stated the need for a summit was brought about largely because of the university's statewide mission and the need for funding to perform that mission. UNM began as an academic medical center and was built originally on county land, which requires providing care to indigent persons, including persons that are not Bernalillo County residents. He stated that although Mr. McKernan has been able to use the resources available to keep the hospital on a break-even status, with growing demands there is a need for increasing and maintaining facilities, providers and staff to provide the services required. A letter from Governor Richardson and the response letter from Jamie Koch, president of the Board of Regents, and a list of the individuals included in the UNMHS Agenda Committee were distributed to committee members. The committee was assured that individuals throughout the state would be involved in the committee and that the summit would be open to the public. Committee members raised concerns involving quality issues facing health care institutions, the cost of implementation and the inability to clearly define "uncompensated care".

Steve McKernan, chief executive officer, University of New Mexico Hospital (UNMH), spoke to the committee about the history of UNM, the construction and progress on the Barbara and Bill Richardson Pavilion and the state coverage initiative. Mr. McKernan addressed concerns involving providing good access and quality of care; the impact of nursing staff, including nurse turnover rate compared with total turnover rate for other employees; patient statistics for FY 2001-2005; the consolidated historical financial statements for FY 2001-2005, including net

patient revenue, other revenue, salaries and benefits, intergovernmental transfer, supplies, capital and other total expenses; the consolidated statement of net assets for FY 2001-2005; and the uncompensated care summary for FY 2001-2005. He noted the uncompensated care reflects bad debt and charity care in a cost-to-charge ratio. Uncompensated care has increased two percent, which brings an additional \$8 million in debt.

A handout on uncompensated care was distributed and a request was made for a county-by-county breakdown of uncompensated care, with a further breakdown of clinic versus hospital uncompensated care costs. Mr. McKernan clarified that uncompensated care costs are not run based on ethnic groups. Discussion occurred as to the actual costs of uncompensated care and on the services that can be provided with the funds raised by the mill levy.

Mr. McKernan clarified that the lawsuit filed against UNMH involving translational services was related to Spanish-speaking, not Native American, interpreters. Senator Tsosie asked for information about any lawsuits related to the interpreter issue and requested copies of the agreements between UNMH and the Indian Health Service (IHS). Senator Feldman asked for a broader explanation and information on uncompensated care.

Dr. Roth, interim executive vice president for health sciences, reviewed his history at UNM. Dr. Roth noted that over 500 students were welcomed into the health sciences programs this semester. He stated that UNM is focusing on integration, which will allow for economy and which should result in ultimately seeing more patients. A program known as advanced access is being introduced in an effort to reduce patient access time. The number of students admitted to medical school each year for a number of years has been 75 and it will expand to 100 with the introduction of the new combined program. It was noted the nursing shortage has been lessened but there is concern with nurse "burnout". Robin Meize-Grochowski, acting associate dean for academic affairs, stated the university is focusing on more support to increase nursing retention.

Dr. Valerie Romero-Leggott addressed the combined degree program which is in place in part to address the health care disparity needs within New Mexico. The program is an eight-year program and will result in a bachelor's degree and final culmination in a medical degree. The goals of the BA/MD program are to help address the critical physician shortage in New Mexico; to provide a greater diversity to the overall UNM student body and to the future New Mexico health care workforce; and to keep promising high school students in New Mexico for college. Dr. Romero-Leggott reviewed the requirements for admission and what the undergraduate experience will entail.

The question was raised as to how much of the funding goes for salaries and how much goes for scholarships. Dr. Roth said he would gather the breakdown and get the information to committee members. The committee members noted they need much more detail on what amounts of funding are going into student costs, staff costs, scholarships and other areas. Discussion occurred as to structuring the program to recruit students from different areas of the state and ultimately return those same students to the area of the state from which they were recruited. Dean Roth noted UNM has been nationally recognized because of the primary care and

community-based medical providers it graduates.

John Pieper, dean, College of Pharmacy, gave an overview of the UNM/NMSU cooperative pharmacy program and the program rationale. The goals of the program were reviewed and include enhancing accessibility of pharmacy education for the residents of southern New Mexico; reducing the shortage of pharmacists in southern New Mexico; serving the pharmaceutical needs of the underserved in the southern New Mexico region; and increasing the diversity of the pharmacy profession in southern New Mexico.

Dr. Ross Zumwalt, chief medical investigator, noted his position is a statutory duty in New Mexico. He reviewed the numerous health care issues involved in public health through the Office of the Medical Investigator. Dr. Zumwalt reviewed an example of a day's docket in his office, which reflects a variety of health care needs, including nine autopsies and what each autopsy revealed. He stated the caseload increases each year, which increases the staff, equipment and space requirements of the office. Dr. Zumwalt noted his office has a close association with the donor program. He stated the annual report is available on its web site.

Jess Benson, director of the New Mexico Poison and Drug Information Center, presented information on the center. He noted that there is a 24-hour emergency telephone service; that the center is staffed by specially trained pharmacists; and that the center is accessible via a nationwide 800-number. He reviewed the mission of the center, which is to improve the health of New Mexicans by reducing morbidity and mortality. A handout was distributed reviewing the goals of the poison information service and the drug information service. He spoke to the new initiatives required from the center; the program performance trends; a budget and expense overview; and options for addressing over-expenditures in the budget. It was noted that drug overdoses are not decreasing, but rather they are increasing.

Dr. Sanjeev Arora presented on the hepatitis C rural telehealth program. He reviewed the mission of Project Echo. He reviewed the impact of hepatitis C in New Mexico and said the good news is that it is curable in 45 to 81 percent of cases but that severe side effects include anemia, neutropenia and depression. There are five entities within New Mexico involved in Project Echo. The methods used to treat the disease include technology to leverage scarce health care resources; a disease management model focusing on best practices; case-based learning; and a centralized database used to monitor outcomes. Key barriers to treatment include rural physician time, inadequate nursing resources and connectivity for rural clinics.

David Roddy, executive director for the New Mexico Primary Care Association, shared some of the concerns faced by rural clinics in piloting the program. He noted the partnerships needed to expand the program into some of the other areas in treating patients. The role of a knowledge network includes patient-specific knowledge on demand and access to case-specific information like access to electricity. The Project Echo clinic sites throughout the state were reviewed by Dr. Arora.

Mark Duran, chair of the Telehealth Policy Commission, stated the first meeting of the

commission was held last month and the application required to deliver programs is large. Dr. Richard Lueker stated cardiovascular disease is the major health problem facing America and telehealth can serve an important role in addressing it. Dr. Dale Alverson, commissioner for the Telehealth Policy Commission, addressed the committee and recognized Representative Picraux as an early leader in acquiring funding for telehealth at the university. He noted the support of the legislature on a variety of bills this past session. He said while there have been opportunities, some gaps still remain. He noted the need to review how to provide affordable, secure telehealth throughout the state and to look at ways to assist communities in incorporating telehealth. By creating a network of networks, infrastructure and clinical structures can be shared. He noted there are 16 actively involved programs in telehealth throughout New Mexico, including homeland security and home health care.

Discussion occurred as to access to telehealth in some of the more rural areas of the state where they lack the required equipment. Mr. Duran stated that although there may be some digital access, there is still an additional connection needed in some areas and suggested the state look at investing in the provision of this access to allow broader access throughout the state. Dr. Alverson stated there is need for caution as to how the state funds telehealth and what New Mexico needs for telehealth, including education. Telehealth will become increasingly user-centered and the state will need to address this technology. It was noted that the issue of quality is critical in the growth of telehealth. Discussion occurred involving the use of electronic medical records in telehealth. Dr. Arora said that in Project Echo, the electronic medical record is essential. Dr. Alverson stated it is extremely important to integrate electronic medical records into health care service.

Public comment was taken by Joie Glenn. She reminded the committee that home health care is very much involved with tele-monitoring and the focus this year will be on hospital reduction.

The meeting recessed for the day at 5:50 p.m.

#### **Thursday, August 25**

The chair called the meeting to order at 9:20 a.m. A motion was made to accept the June minutes, and it was seconded and approved. A motion was made to accept the July minutes, and it was seconded and approved.

Mari Spaulding-Bynon, program director, State Coverage Initiative (SCI), spoke to the HRSA grant findings. She noted that the grant is over on August 31, 2005. She gave an overview on the national perspective on United States employers and the provision of health insurance to employees; the HRSA projects; the findings of the HRSA grant; the Native American and Hispanic focus; national solutions; and the state-specific solutions. Ms. Spaulding-Bynon noted that in the household survey on ethnicity, the Native American group is looked on as uninsured although they are covered under IHS. The HRSA grant findings include a nonprofit survey concerning health insurance issues; barriers to coverage; and what agencies pay for

coverage. She noted comprehensive insurance is strongly preferred over catastrophic coverage. The final survey completed was the state employees survey, which looked at why employees choose not to take up employer-sponsored health benefits. Ms. Spaulding-Bynon stated that her agency is conducting eight Native American focus groups to better understand the needs and experiences of Native Americans as they pertain to health insurance and access to health care. The HRSA grant found Hispanics are the second largest uninsured group. Statewide outreach is currently being conducted to enroll this population into available programs.

Carolyn Ingram gave a presentation for the Insure New Mexico! Council. A handout was distributed and reviewed and included the development of the council and its goals and council recommendations. The council made recommendations to decrease the uninsured, including decreasing the rate of uninsurance and of increasing the number of small employers who offer insurance. Ms. Ingram noted the council is also looking at tax incentives for small employers, including a tax credit for businesses that provide health insurance for part-time employees working at least 20 hours a week; a graduated tax credit for small businesses; and a tax credit for small businesses offering insurance for families with small children or for low-income employees. She stated utilizing Medicaid is being studied by the council as well as how to utilize New Mexico's buying power. Education and outreach continue to be key components. Examples of a series of television and radio ads being launched were heard and the new outreach and marketing Insure New Mexico! brochure was shared. The council has looked at a variety of revenue possibilities, as well as market-based universal coverage; mandates or encouragement to provide wellness benefits; and "Walmart Mandates" for large employers. She stood for questions from the committee.

Issues raised by the committee included what is the overall impact of health savings accounts (HSA) and what impact will they have on the ability of the insurance pool to pay claims; what specific things are being done to increase enrollment; concern that the metro area should be broken down into more specific data areas to address the need in areas such as the south valley in Albuquerque; the breakdown on rural versus urban in terms of the uninsured; and the rising cost of family health care. It was noted there is a web site to refer individuals to enroll in the Health Insurance Alliance. It was requested to have a presentation on the high risk pool at a later committee meeting.

Public comment was made by Dick Mason from the League of Women Voters, which supports the move to enact universal health care in New Mexico. He stated the League of Women Voters supports the Health Security Act because it is a commonsense approach to system reform that will be gradually phased in over three years. He noted New Mexico ranks second in the nation for the rate of uninsured.

Maggie Austin spoke to the underfunding of the Family, Infant, Toddler program and said that due to a lack of rate increase this year, the program has had to freeze salaries, resulting in an impact on the quality of services and a loss of staff.

Niki Baptiste, Sandoval County community health administrator, addressed the Sandoval

County family support program (FSP), which is a public/private interagency partnership of the Sandoval County Community Health Alliance. She stated it is a new model of preventive care with a bilingual/multicultural staff to provide interdisciplinary, holistic services. She noted the program has been funded by HRSA as a demonstration site for integrated women's health services. Ongoing initiatives include grant applications to support activities; negotiations with UNM to provide prenatal care; identification of dental providers; development of an electronic, web-based, fully integrated data system; establishing the FSP as a "virtual medical home" in partnership with primary care providers and other health and social services; partnership with UNM's Health Evaluation and Research Office; access to funding through the new federal Patient Navigation Act; and integration of the FSP with Sandoval County's broadband telemedicine initiative. Dr. Naomi Kistin encouraged all to support the program and spoke to the benefits. The committee commended all who contributed to this cause in making this program a reality. Ms. Baptiste addressed some of the gaps the program is attempting to fill, including providing services to undocumented mothers, billing issues and funding resources available.

Celia Ameline, database consultant, Gen5 Development, LLC, presented on New Mexico Health Choices (NMHC), the market-based universal coverage proposal. She stated around 22 percent of New Mexicans under 65 have no health insurance and 25 percent rely on Medicaid. Medical insurance premiums have gone up 75 percent since 2000. Forty to 50 percent of NM employers do not offer medical benefits. She stated the state cannot afford to wait until providers or state budgets go broke: it is time to rethink health care financing and act quickly while making it strong and flexible enough for long-term success. The goals of NMHC are health insurance for all New Mexicans, all the time; fair financing; and phasing out employer-based insurance. Other proposals include improving consumer choice and cost awareness; limiting the role of government; bringing public spending under control; reducing premiums and administrative costs; helping businesses and the economy; and improving health care quality and safety. She noted NMHC is carefully balanced so that most individuals, businesses, state and local governments, providers and insurers can benefit; so, it is very likely to succeed.

Ms. Ameline reviewed how the system would work; the benefit allocation; the enrollment process; the insurance offering requirements; the funding, including before and after health care funding in New Mexico and existing funding sources; the business health care contribution, the individual health care contribution and possible revenue complements; anticipated savings; information technology opportunities; economic development benefits; and what is next. The next steps may include creating and funding a nonprofit organization, validating economic models, updating cost estimates, setting up advisory groups for stakeholders, involving governments, legislators, employers, etc., and preparing for a public education campaign. Ms. Ameline stood for questions from the committee.

Issues raised included who would administer the system and who would decide the benefit line. Ms. Ameline stated those issues should be determined by the advisory stakeholder groups. The pooling of risk would be less, allowing the insurers to do community ratings and again the stakeholders would be involved.

Mary-Dale Bolson, secretary of children, youth and families, gave an update on early childhood issues, including methamphetamine and families; child care services and budget; infant mental health system; early childhood teacher compensation; and T.E.A.C.H. New Mexico.

Secretary Bolson reviewed the following child care issues:

- fiscal year client impact, including the percent of subsidized slots utilizing non-traditional child care;
- quality improvements from recent licensing and assistance regulation changes;
- the children served in AIM HIGH child care centers;
- the percent of movement through levels 0-5 of AIM HIGH;
- the percentage of children receiving state subsidy in AIM HIGH levels 2, 3, 4, 5 and national accreditation;
- the percent of registered family providers in child and adult care food programs;
- quality improvement "next steps"; and
- the fiscal year budget redirection.

Secretary Bolson gave an update on the infant mental health system. The early childhood teacher compensation and T.E.A.C.H. New Mexico were reviewed and addressed these areas:

- early childhood teacher compensation;
- T.E.A.C.H. scholarships;
- T.E.A.C.H. early childhood scholarships;
- what the guiding principles of T.E.A.C.H. are;
- the T.E.A.C.H. early childhood project;
- what the T.E.A.C.H. scholarships provide; and
- who are the individuals taking advantage of the scholarships.

She shared information on the home visiting program for the newborn welcome baby pilot program and what it provides. She noted there is an opportunity to partner with the Department of Health and noted the goal is to have universal access. The program is targeted in Dona Ana and Santa Fe counties based on certain statistics. September 15 is the target date to start. Secretary Bolson addressed foster care; the number of older children who are available for adoption; and adoption resource teams, including the review standards. It was requested that the names and addresses for the foster care parents be shared with the legislators in their districts if the foster care families give permission to release their information.

Issues raised by the committee included the following:

- the number of children lost due to budget redirection and the potential for a waiting list;
- the reduction in funding for training and licensure issues;
- out-of-county adoptions;
- the number of children awaiting adoption;
- children in custody who are eligible for Medicaid;
- the number of Native American children in custody; and
- issues of grandparents raising grandchildren.



Representative Trujillo suggested the committee consider supporting legislation to grant college scholarships to children in the custody of the Children, Youth and Families Department (CYFD). Representative Gardner asked about the impact of the new booster seat law on the ability of the CYFD to remove children from dangerous situations, such as meth labs. It was acknowledged that additional vehicles, particularly all-terrain vehicles, with age-appropriate restraints are needed.

Pat Terrell, National Association of Social Workers, testified that in 2004, when the legislature awarded gross receipts tax exemptions on commercial insurance claims for many professionals, social workers and counselors were left out. His association is seeking amendatory language to correct that omission. He noted that a governor's task force studying the issue will recommend this conclusion in its final report.

Sherry Courtney, New Mexico Counseling Association, gave her perspective on the combined effect of managed care cuts and the continuing gross receipts tax burden. She noted that insurance contracts prohibit passing this tax along to patients, so the entire cost must be absorbed by the counselors and social workers.

Mark Ganas, a clinical nurse specialist who provides similar services, testified that he is able to bill for gross receipts taxes, and that he finds this to be unfair.

Representative Picraux recommended a presentation to the interim tax committee as well as the Legislative Finance Committee (LFC). Senator Feldman asked for a statement of financial impact of implementing this change. Senator Tsosie said he would like to see if the gross receipts tax relief provided to other providers has had the intended effect of retention of providers in New Mexico.

Public comment was provided by Dan Ritchey, director of T.E.A.C.H. Early Childhood, thanking the committee for its support for appropriate compensation for early childhood providers and Representative Beam for introducing a bill to fund T.E.A.C.H. scholarships. Baji Rankin, director of the Association of Early Childhood Teachers, testified to the need for a coordinated system of early care and learning. Ann Peterson, a licensed mental health counselor, clarified that providers are required to pay gross receipts taxes, but cannot include the tax in patient billing. Ginny Lovato, a T.E.A.C.H. scholar, thanked the committee for her scholarship, stating it has allowed her to grow in her profession.

Senator Komadina stated that the issue of gross receipts tax exemptions for providers has had unintended negative consequences for physicians, some of whom are being fined for inaccurate reporting.

The meeting recessed for the day at 6:20 p.m.

**Friday, August 26**

The chair called the meeting to order at 9:25 a.m. Senator Kernan gave an update on the base closure at Cannon. UNM was thanked for its hospitality in hosting the Legislative Health and Human Services Committee. Senator Beffort was thanked for her hospitality in hosting a reception at her home on Thursday evening.

Patricio Larragoite, executive director, New Mexico Health Policy Commission (HPC), introduced his staff and gave an update of the HPC's current duties, projects and reorganization. He noted the three basic categories of health policy include access, quality and cost. Mr. Larragoite reviewed the names of the commissioners serving on HPC and the partnerships with other organizations and agencies. The strategic IT plan customer assessment findings and recommendations were discussed and included the following issues:

- the purpose and objectives;
- survey questions such as:
  - what HPC services and functions are considered the most important by commissioners, legislators, HIDD users and sister agencies; and
  - what information would legislators like to have access to but do not have today;
- key internal improvement goals;
- the planning process; and
- HPC resolutions.

The legislative memorials from 2005 were reviewed along with the HPC format for memorial management.

Concern was raised by committee members that the HPC is not as independent as needed and is unable to provide prompt resources on some issues at the times required. Senator Feldman asked for a policy recommendation on a pilot project for state employees on the state health plan. Concern was raised that there is not a standing committee on health and human services, which allows for fragmentation, and it was suggested to expand it into the house and address it as a number one priority. Discussion occurred as to the legislative interim session system design, which mandates the change of leadership of each interim committee after each session and it was noted that institutional memory and effort could be better served with a more consistent system. A suggestion was made to explore setting up an award for innovation, such as in the field of health, where a pilot project could lead to universal health care. Senator Tsosie suggested involving individuals from IHS in appropriate memorials.

Mr. Larragoite reviewed the community-based strategies for improving children's oral health. He noted the goals are to increase awareness of the dental disease epidemic impacting low-income rural New Mexico children and to review guidelines for developing community-based oral health improvement activities. Mr. Larragoite reviewed the oral health needs assessment; shared risk factor identification; determinants of health; the disease process; intervention, including what does not work; intervention "deficiencies", including what does work; the ECC prevention conceptual model; transportation, cultural and language barrier issues; the primary care role model; and the key role of CHCs.

Issues raised by the committee included information on the dental club and its impact on state universities and communities throughout the state. Discussion occurred as to the possible need to allow dentists who have graduated from foreign institutions to practice in New Mexico rather than limit the practice of dentistry to only those who have graduated from nationally accredited institutions. Senator Tsosie addressed concerns that low-income children are not getting the dental care required and asked that this issue be addressed. He stated he would sponsor a bill, perhaps a capital outlay bill, for mobile units to address dental care for children in the rural areas.

Kevin McMullan, deputy director, HPC, presented a comparison between New Mexico and Minnesota on monitoring of health expenditures and premiums. He noted that Scott Leitz presented before the Legislative Health and Human Services Committee earlier in the interim session regarding Minnesota's statutory requirements for reporting of health care expenditures and premiums. Concern was raised regarding the appropriate use of the County Indigent Fund and the impact of boutique hospitals on community hospitals.

Rebecca Dow, Appletree Child Development Center, spoke about the children being cared for at Appletree. She shared the funding aspects of the center and stated the complexity of children's needs continues to increase. She noted that only when New Mexico focuses on fully funding child care assistance will New Mexico see results. Two individuals spoke as to their own personal experience with the need for child care assistance and how current eligibility qualifications have affected their choices in jobs and lifestyle. Advocates and audience members testified and asked the committee to support increasing eligibility to 200 percent of the federal poverty level with a transitional period. Concerns were also addressed about cuts in technical training; concentration of T-Tap into an 800-number phone service rather than a community-based service; and the failure to recognize the importance of development of a child's brain during the first three years of life. It was noted that emphasis should be placed on putting more money into quality service and into salaries for early education teachers; and into expanding the eligibility to at least 200 percent of the federal poverty level. Concern was addressed from audience members that graduate students are not qualified for receiving low-income child care assistance from the state. Kyle Smith addressed the economic and business ramifications of working with families who become disqualified from low-income child care assistance.

Committee discussion occurred as to the effect of the money redirected during this past legislative session and its effect on low-income child care assistance. A suggestion was made to hold a meeting with CYFD and appropriate parties to clarify the effect of funding and possible remedies. Senator Beffort asked the committee to indicate in writing the disconnect brought to its attention. Senator Beffort made a motion to send a letter to Secretary Bolson, and Representative Begaye seconded the motion. Senator Feldman asked for clarification of where the disconnect was, was it in the money that was funded for training for teachers; and what was the technical training for, was it simply for grant-writing training? Three issues need to be addressed: how pre-K money is being used; cuts in training; and bringing eligibility up to 200 percent of the federal poverty level. It was noted that the goal is to provide higher quality child care and raise professionalism, which includes salary and benefits. It was clarified by Ms. Wells that all of the

issues should be included in the letter to be brought for discussion, including the issue of graduate students not being qualified for the low-income child care assistance. A motion was voted on and passed unanimously. The letter will include copy to the governor and to the lieutenant governor. Committee members agreed a meeting should occur with Secretary Bolson or her designee before this issue is readdressed at an upcoming committee meeting.

Elizabeth Gaines, program manager, Forum for Youth Investment from Washington, D.C., stated that expecting states to compete in a global economy requires doing a better job of preparing youth. She reviewed what it means to be ready as a young adult and what it means to not be ready. She spoke about physical development, intellectual development, psychological and emotional development and social development. She spoke to moving from commonsense to policy; broadening goals beyond prevention; while addressing youth problems is critical, being problem free is still not being fully prepared; which programs work; state governments fund many programs on issues such as delinquency and violence; pregnancy and HIV/AIDS; dropouts and illiteracy; substance abuse; suicide and depression; and unemployment. Ms. Gaines reviewed some of the bills before the New Mexico state legislature but noted there can be a problem in organizing all the issues serving youth at the federal, state and local levels. She noted states have been the leaders in coordinating youth issues and working with all the agencies to better address problems. Sixteen states, including New Mexico, have children's cabinets. Some tools to improve program quality include improving systems and services; engaging youth and families; increasing demand for more and better supports; and aligning policies and resources. She noted New Mexico is poised to lead other states with many of the pieces already in place, such as the Children's Cabinet, legislative commitment, the New Mexico Forum for Youth in Community and the Youth Alliance. The National Conference of State Legislatures and the forum will provide coherent policy solutions; technical assistance to each state; networking opportunities; policy institutes; audio-conference calls; and research and publications.

Representative Begaye noted that at times Native American youth are left out of programs nationally and asked about the status of Native Americans in programs throughout the communities and how to strengthen youth involvement. Ms. Gaines agreed with Representative Begaye and stated that it is critical to engage youth from the beginning. She noted some states are pooling funding that combine some of the programs to avoid the silos. She also noted the systems of care approach at the local level, whether through juvenile justice or mental health, as a community approach. Their web site includes state and local policy information and research and best practices information. Representative Garcia said he has included the individuals from the youth alliance in meetings with government officials and government forums to assist in consensus-building forums. Senator Feldman raised the concern that legislators should be involved in the Children's Cabinet. The committee members thanked Ms. Gaines for her presentation.

Senator Komadina stated he may not be able to attend the meeting in Las Cruces in September and stated the meeting that was held in Shiprock was of great value. Senator Beffort suggested that it may be time to reevaluate how the funding requests are brought before the LFC.

The meeting was adjourned at 3:20 p.m.



Revised: September 14, 2005

**TENTATIVE AGENDA  
for the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**September 19-20  
Golf Course Club House  
New Mexico State University  
Las Cruces**

**Monday, September 19**

- 9:00 a.m.     **Call to Order**  
—Representative Danice Picraux, Chair
- 9:05 a.m.     **Approval of Minutes**
- 9:10 a.m.     **President Welcome - NMSU Goals and Vision for Health**  
—Dr. Michael Martin, President, NMSU
- 9:40 a.m.     **Behavioral Health Collaborative Update**  
—Leslie Tremaine, Behavioral Health Czar  
—Pam Galbraith, CEO, Value Options New Mexico  
—Karen Meader, Director, Behavioral Health Services Division, Department of Health
- 10:40 a.m.    **Substance Abuse Brief Intervention, Referral and Treatment (SBIRT),  
Integrated Behavioral Health, Telehealth Model of Service**  
—Arturo Gonzales, Executive Director, Sangre de Cristo Community Health Partnership  
—Karen Meader, Director, Behavioral Health Services Division, Department of Health
- 11:30 a.m.    **Dona Ana Task Force for Mental Health**  
—Susie Kimble, President, Dona Ana Task Force  
—Becky Beckett, Family to Family Program  
—Susan Vescovo, President, National Alliance for the Mentally Ill  
—Robert Mansfield, CEO, Mesilla Valley Hospital
- 12:30 p.m.    **Ability Center**  
—Ben Boone, Program Director
- 12:45 p.m.    **Public Comment**
- 1:00 p.m.     **Working Lunch**

- 1:15 p.m.     **Health Care Financing Study Update**  
—Tony Popp, Economist, NMSU  
—Raul Burciaga, Deputy Director, Legislative Council Service
- 1:45 p.m.     **Border Health Issues**  
—Michelle Lujan Grisham, Secretary, Department of Health  
—Jeffrey Brandon, Dean, College of Health, NMSU
- 3:00 p.m.     **Dona Ana County Health and Human Services Department**  
—Silvia Sierra, Director
- 3:15 p.m.     **Health Care Disparities**  
—Michelle Lujan Grisham, Secretary, Department of Health  
—Jeffrey Brandon, Dean, College of Health, NMSU
- 4:15 p.m.     **Teen Pregnancy Update**  
—Michelle Lujan Grisham, Secretary, Department of Health
- 4:30 p.m.     **Public Comment**
- 4:45 p.m.     **Recess**

**Tuesday, September 20**

- 9:00 a.m.     **Call to Order**  
—Representative Danice Picraux, Chair
- 9:05 a.m.     **Nursing Issues**  
—Fran Ahern-Smith, Center for Nursing Excellence  
—Mary Hoke, Dean, College of Nursing, NMSU
- 10:35 a.m.    **Physical Therapy Shortages**  
—Pat Kearney, Physical Therapist, Co-Owner, Carlsbad Physical Therapy  
—Amy Dixon, Executive Director, Desert States Physical Therapy Network
- 11:15 a.m.    **Pharmacy Reimbursement**  
—Mr. Hurab, Rede's Pharmacy
- 11:45 a.m.    **Public Comment**
- 12:00 noon    **Working Lunch**

- 12:15 p.m.    **Provider Recruitment, Retention and Loan Repayment Programs**  
—Harvey Licht, Director, Primary Care and Rural Health Office, Department of Health  
—Jerry Harrison, Executive Director, New Mexico Health Resources  
—Maria Martinez, Higher Education Department, WICHE
- 2:15 p.m.    **Emergency Medical Services**  
—Mike Miller, Chair, Statewide EMS Advisory Committee
- 3:15 p.m.    **Dental Hygiene Program**  
—Bill Valentine, New Mexico Association of Community Colleges, New Mexico Dental Association  
—Dr. Joe Camunez, Southwest Dental Association
- 3:45 p.m.    **Public Comment**
- 4:00 p.m.    **Adjourn**



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

**September 19-20  
Golf Course Club House  
New Mexico State University  
Las Cruces**

**Representative Danice Picraux, chair, called the meeting to order at 9:08 a.m. at the New Mexico State University (NMSU) Golf Course Club House in Las Cruces.**

**Present**

Rep. Danice Picraux, chair  
Sen. Dede Feldman, vice chair  
Sen. Rod Adair  
Rep. William "Ed" Boykin  
Rep. Keith J. Gardner  
Sen. Mary Kay Papen  
Rep. Jim R. Trujillo

**Absent**

Sen. Steve Komadina

**Advisory members**

Sen. Sue Wilson Beffort (9/20)  
Rep. Ray Begaye  
Rep. Miguel P. Garcia  
Rep. John A. Heaton (9/19)  
Rep. Antonio Lujan  
Rep. James Roger Madalena  
Rep. Terry T. Marquardt (9/19)  
Rep. Edward C. Sandoval  
Rep. Gloria C. Vaughn

Rep. Gail Chasey  
Rep. Kandy Cordova  
Sen. Clinton D. Harden, Jr.  
Sen Timothy Z. Jennings  
Sen. Gay G. Kernan  
Sen. Linda M. Lopez  
Rep. Rick Miera  
Sen. Gerald Ortiz y Pino  
Sen. Leonard Tsosie

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

**Staff**

Karen Wells  
Sarah Salazar  
Raul Burciaga

**Guests**

The guest list is in the meeting file.

## **Monday, September 19**

Dr. Michael Martin, president of NMSU, welcomed the committee and guests to the NMSU Golf Course Club House. He thanked the legislators for their support and outlined the successes and future plans for the university, which will benefit both the city of Las Cruces and the state.

William Flores, provost of NMSU, had suggestions regarding allowing university credit hours when partnerships are created with hospitals to educate nurses. He was proud to inform the committee that NMSU is hosting the baseball team from a Louisiana college, displaced because of Hurricane Katrina.

A motion was made to accept the August minutes, and it was seconded and approved.

Karen Meader, director for the Behavioral Health Services Division, Department of Health (DOH), gave an update on the Behavioral Health Collaborative. She reminded the committee of the vision of collaboration, which promotes recovery for all. New Mexico is transforming its behavioral health system to operate a single coordinated delivery system for behavioral health services. The collaborative is currently in phase one with the hopes of implementing phase two by FY 2007. Ms. Meader informed the committee of the challenges the collaborative is currently facing and what is being done to tackle them.

Questions from the committee concerned the following:

- legal issues, community reintegration and treatment of prisoners;
- a better breakdown of funds and what percentage goes to administration;
- a summary of the grants that the collaborative has received be provided;
- cooperation among the state agencies involved in the collaborative;
- budgets for behavioral health and value options;
- the need for more inpatient beds;
- support school-based clinics; and
- training for incarcerated youth.

Arturo Gonzales, executive director of the Sangre de Cristo Community Health Partnership, presented an overview of the New Mexico Screening, Brief Intervention, Referral and Treatment (SBIRT) Project. The goal of the project is to provide increased access to clinical assessment and brief treatment for patients who are experiencing or are at risk for problems related to their use of alcohol or drugs. The program covers persons 18 and older and offers appropriate integrated behavioral health services at community primary care clinics. He described the phases of the SBIRT program. He concluded by informing the committee about the patients currently enrolled in the program.

Questions from the committee concerned the following:

- how the program only deals with substance abuse;

- the potential for requiring people to be screened for treatment regardless of whether or not they want it;
- how other states are addressing this;
- the need to require certain clients to take medications; and
- future plans once the current funding grant expires.

Nicole Gurley, an advocate for people with mental illness, provided public comment, stating that Dona Ana County needs publicly operated locked, secure psychiatric beds. She reminded the committee that the population of southern New Mexico is growing and needs are increasing, especially the need for services for protective custody assessments and civil commitments (seven to 30 days). She presented the committee with a list of needs, including an assertive community treatment team, crisis intervention training for all police officers and pre-trial services for district and magistrate courts.

Ben Boone, program director for the Ability Center, gave a short presentation on patients and the medications they should be taking. He noted that many times crimes are committed by the mentally ill when they are not on their medications.

Former State Representative John Paul Taylor spoke of the importance of keeping mentally ill patients closer to home. He said he would like to see an extension of the state hospital in Las Cruces. He also raised some questions regarding border health appropriations in previous years, requesting an accounting of the use of these funds by Secretary of Health Michelle Lujan Grisham. He specifically questioned how the \$1,724,000 that has been appropriated for border health is being used.

The Dona Ana Task Force for Mental Health was represented by Susie Kimble, president, Becky Beckett, Family-to-Family Program, Robert Mansfield, CEO, Mesilla Valley Hospital, and Richard Magee, past president of the National Alliance for the Mentally Ill (NAMI).

Ms. Kimball provided historical information on the task force, which exists to address the needs of the mentally ill patients in southern New Mexico. Its goal is to provide services locally. She stressed how transporting patients to the Las Vegas Medical Center often requires patients to sit in a police car, handcuffed and in shackles, for up to five hours. She emphasized the importance of transitional services, called "step up/step down" programs, and the need for funding for telemeetings to reach all areas in the region.

Ms. Beckett, statewide NAMI education coordinator, described the Family-to-Family Program, which provides a free 12-week course for family and friends of individuals with serious mental illness.

Mr. Mansfield stated that the hospitals in Las Cruces have the capacity, but not the financial ability, to appropriately serve this population. He stressed the need for intermediate care beds for persons with chronic and persistent mental illness.

Mr. Magee, a parent of a schizophrenic daughter, reiterated what the previous speakers

said. He would like to see more money for additional resources in the community.

Questions from the committee included the following:

- the need to address the issue of humane transportation of mentally ill patients;
- the number of patients per year that go to Las Vegas from southern New Mexico;
- the potential for mobile crisis response;
- ways to ensure statewide availability of services;
- why sick people are being put in jail;
- why there are not any patients in the Alamogordo hospital; and
- provisions for violent patients.

Raul Burciaga, assistant director, Legislative Council Service (LCS), and Tony Popp, economist, NMSU, gave an update on the health care financing study that the LCS and NMSU are performing. Mr. Burciaga said the study will build on the first study that was performed, which provides baseline information.

Questions from the committee included the following:

- ways in which the Medicaid budget affects private sector spending in health care;
- the need for a better analysis of how health care dollars spent could be used to provide health care for everyone; and
- the relationship between cost-shifting and uncompensated care.

Representative Picraux suggested that a bill be endorsed by the committee to cost out three different health care plans.

Michelle Lujan Grisham, secretary of health, and Jeffery Brandon, dean of the College of Health at NMSU, presented concerns that arise from being 62 miles from the border with Mexico. NMSU faculty and staff interact regularly with people, agencies and governments from the border. Mr. Brandon pointed out that many border counties are medically underserved and poor, and therefore have a higher incidence of communicable diseases. Hepatitis A, tuberculosis and HIV/AIDS are growing threats. NMSU is partnering with various organizations to improve health in the areas along the border.

Secretary Grisham described the Office of Border Health (OBH), which is located in Las Cruces. The OBH maintains its link to the community through the work of the New Mexico Border Health Council, which serves as the primary community advisory body to the OBH. Their mission is to improve health status and health services in New Mexico border regions and impact areas, recognizing border health as a statewide issue. She distributed a letter to the committee updating them on the DOH's support of several important programs at NMSU.

Questions and comments from the committee included the following:

- how money from border health that has been awarded in previous legislative sessions is being used;
- the need for enhanced partnerships with NMSU;

- working with Ciudad Juarez;
- the spread of AIDS in the Hispanic population; and
- the number of people not seeking medical care because of language barriers.

Silvia Sierra, director for the Dona Ana County Health and Human Services Department, presented an overview of the department. She said that Dona Ana County is unique in the state in that it mandates a department of county government to address health and human services needs. Ms. Sierra described the composition of the department and its role and function.

Secretary Grisham and Mr. Brandon presented information on health disparities in New Mexico. Secretary Grisham presented alarming demographics: New Mexico is fourth in the nation for poverty and 18.6 percent of New Mexicans live below the federal poverty level. Of the many characteristics that lead to health disparities, New Mexicans are faced with increased rates of teen births, inadequate prenatal care and higher death rates due to unintentional injuries. The DOH is engaged in many efforts to address disparities in New Mexico. The Office of Planning and Multicultural Health is charged with creating innovative approaches to improve the overall health of New Mexicans and address multicultural health disparities.

Mr. Brandon identified ways in which NMSU is partnering with DOH to address health disparities. Among other approaches, the College of Health and Social Sciences (CHSS) is increasing minority student representation within its academic majors to create a more diverse workforce.

Secretary Grisham informed the committee about teen pregnancy statistics in New Mexico. The state has the third highest teen birth rate in the nation; however, she noted that 14 counties reported reducing teen births by 20 percent from 1998 to 2003. The DOH is doing everything it can with the funding made available to it. Some of the prevention efforts that she highlighted included abstinence education, family planning services, resiliency and risks programs and parent education. She also highlighted the South Valley Male Involvement Project. She shared the letter that her department sent to the United States Department of Health requesting approval of them to extend sex education to sixth grade students which it approved.

Questions and comments from the committee included:

- the percentage of abstinence money that goes to the seventh through the twelfth grades;
- services provided by family planning;
- what needs to be done to correct the problem;
- where the money is being spent; and
- what counties with lower birth rates than others are doing.

Jennie Collie provided public comment on the early intervention program. She described the type of muscular dystrophy her son has and the type of care that is needed for him to survive. Ms. Collie has insurance through her employer; however, it is not covering the cost of care for her son. The early intervention program has provided her with many services, some of which include

a physical therapist, a nutritionist, respite and a teacher to teach the family about the disease. Overall, she said that the money that is given to early intervention is well spent and it is a great resource.

The committee recessed for the day at 7:00 p.m.

## **Tuesday, September 20**

The chair called the meeting to order at 9:07 a.m.

Fran Ahern Smith discussed nursing issues facing the state. As of 2005, there are 15,151 registered nurses and 3,021 licensed practical nurses with New Mexico residency. The nursing workforce has increased by 12.38 percent since 2001. One of the biggest issues is that over 41 percent of RNs and 43 percent of LPNs are over age 50, which means that 43 percent of the workforce will have to be replaced over the next 15 years. Although the nursing programs have received money from the legislature, there are still challenges. A very big concern is the amount of qualified faculty in schools of nursing. She recommended continuing appropriations for the Faculty Loan Program. Ms. Smith described the Center for Nursing Excellence and its goals, accomplishments and initiatives.

Mary Hoke, dean of the College of Nursing at NMSU, described the nursing programs available to students at NMSU. Two nursing students, Tennille Gonzales and Ruth Romero, gave a brief explanation of their studies. Ms. Hoke identified her goal of adding a nursing Ph.D. program in collaboration with the University of New Mexico. She also expressed concern regarding the lack of permanent state and federal funding and the necessity for an appropriately educated and experienced nursing faculty. Ms. Hoke identified the NMSU nursing education request for FY 2007, which has already been approved by the regents, which will appropriate \$432,500 to nursing expansion funding and an additional allocation of \$60,000 to the NMSU College of Nursing.

Questions from the committee included the following:

- the need to attract and keep faculty;
- how many years have students been turned away from programs because of lack of faculty;
- the need for more money for faculty;
- the need for a systematic fix of the higher education funding formula;
- collaborations with other community colleges;
- the impact of managed care on nursing shortages;
- a request that the Legislative Education Study Committee (LESC) hear her presentation; and
- a request to write a letter to the Higher Education Department (HED) to meet with the nursing industry to learn firsthand of their needs.

Amy Dixon, executive director of Desert States Physical Therapy, spoke about physical

therapy shortages in the state and what can be done to fix them. She thanked the committee for passing the deductions from gross receipts tax and managed care receipts for health care providers. She shared her concern about having to pay gross receipts tax on Medicare and TriCare receipts, stating that this tax is hurting the physical therapy industry in New Mexico and has made recruitment in the state difficult. With the difficulty filling positions, some clinics cannot accept or are terminating major contracts with nursing homes, schools or home health agencies since they do not have the human resources to adequately staff the contracts. Ms. Dixon thanked Representative Sandoval for carrying the legislation, and although it did not pass, she asked for the committee's support for future legislation.

Pat Kearney, physical therapist and co-owner of Carlsbad Physical Therapy, asked that the state offer loan assistance, loan forgiveness and other incentives to newly graduating physical therapists who stay in New Mexico. She asked the committee to promote legislation that will enable more New Mexicans to obtain adequate and cost-effective medical insurance, assist the University of New Mexico in expanding its current physical therapy program and promote legislation that will provide payment for direct access to physical therapy services.

Questions and comments from the committee included:

- whether salaries are being artificially inflated; and
- whether there is a problem with self-referral.

Mahmood Hurab, owner of Rede's Pharmacy, expressed concern to the committee about mail order pharmacies. Small family-owned pharmacies that have been practicing good customer service for years are unable to compete with them. He suggested that the Board of Pharmacy and the governor should consider requiring mail order companies to open offices and hire pharmacists and technicians to receive mailed medications so that they can deliver these medications and consult with patients.

Comments and questions from the committee included the following:

- how an attempt was made to address this issue in the past and how it was unsuccessful;
- the need to protect "home grown" businesses;
- the need to ensure that the state does not undermine local pharmacies;
- how mail order pharmacies negotiate directly with the manufacturer, thereby achieving greater discounts; and
- the need to balance competing objectives.

Angie Huskan, program director for Tresco, testified regarding the importance of the Family, Infant Toddler (FIT) Program, which she states is underfunded. Recruitment of physical therapists at Tresco is very difficult as the salaries they are able to pay are not competitive, yet the services they provide are essential to these vulnerable children. A rate increase for the FIT Program is needed to ensure its ability to provide early intervention services.

Nancy Hudson provided public comment regarding her concern that more money needs to be funded for early intervention. She said this money can be used for a number of things,

especially provider recruitment

Harvey Licht, director, Primary Care and Rural Health Office, DOH, Jerry Harrison, director, New Mexico Health Resources, and Maria Martinez, HED, testified to the committee about workforce shortages, ongoing recruitment efforts and incentive programs that encourage health care practitioners to remain in New Mexico. Mr. Licht oversees various incentive programs that provide financial awards contingent upon the recipient remaining in the state and that are coordinated through the DOH, including: 1) loan-for-service scholarships; 2) the New Mexico Health Service Corps stipends (awarded during residency); 3) federal programs (including the National Health Service Corps); 4) loan repayment (managed by the Department of Higher Education); and 5) the J-I Visa Program, which allows foreign physicians to stay in the U.S. to practice in underserved areas.

Mr. Harrison discussed legislation previously supported by this committee to incentivize specialists to practice in underserved areas of New Mexico and create a fund to support this, as well as to fund recruitment of New Mexicans to return to the state after medical school. Ms. Martinez discussed aspects of various loan repayment programs supported by the state, including New Mexico's participation in the Western Interstate Commission on Higher Education (WICHE).

Questions and comments from the committee included the following:

- the number of slots available through WICHE;
- criteria for selection into WICHE;
- details of other loan repayment opportunities; and
- the adequacy of funding for incentive programs.

Committee members recommended consideration of a higher level of funding for loan repayment programs and tax relief on stipends. After discussion, Senator Feldman made a motion that a letter be written to the secretary of WICHE to recommend a requirement that New Mexico requests for WICHE slots match the health care needs in the state. Ms. Martinez offered to help draft the letter. The motion was seconded and passed.

Mike Miller, chair, Statewide EMS Advisory Committee, addressed the committee about emergency medical services, most of which are provided by volunteers. The preventative health and health services block grant at the Centers for Disease Control has funded EMS in New Mexico for \$131.8 million in FY 2005, but is slated to end in FY 2006. He explained the uses of the dollars and how it affects the committee. Mr. Miller described EMS services in New Mexico and emphasized that they are the first line of health care for many people in rural areas. Many hospitals are using EMS to deal with nursing shortages in the state. He asked the committee to continue funding for these important services.

Comments and questions from the committee included:

- sources of federal funding;
- concern over rural addresses; and
- equipment in each ambulance.



Bill Valentine, representing the New Mexico Association of Community Colleges and the New Mexico Dental Association, addressed the committee about dental hygiene programs throughout the state, and requested additional funding for new programs in the southern part of the state. Mr. Valentine said there is a shortage of dental hygienists in the eastern and southern parts of New Mexico due to higher wages in Texas.

Maggie Huerta, CEO of Dona Ana Community College, requested support for starting a dental hygiene program at the community college. She said that there is already in place a very successful dental assistant program at the college. Ms. Huerta informed the committee that there have been 362 requests for such a program.

Questions and comments included the following:

- the need for coordination with the Dental Hygiene Association;
- the need for balanced funding throughout the state for these kinds of programs;
- opportunities to utilize distance education; and
- a recommendation to look at what other states are doing.

Senator Beffort expressed disappointment that the Dental Hygienist Association is not more supportive of this initiative. She requested that it come before the committee at a future meeting to present its position. Representative Picraux invited public comment on the issue. Doris Baker, a RDH and member of the association, said she would be glad to work with the association to bring its issues before the committee.

Al Galves, a licensed psychologist in Colorado and long-time resident of New Mexico, presented public comment requesting consideration of a community-based, supportive environment for people with mental illness that does not rely on medications.

Katheryn Whalock discussed her desire for funding for an enhanced ombudsman program in nursing facilities as well as increased funding for these facilities.

The committee adjourned at 4:52 p.m.

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**Revised: October 17, 2005**

**TENTATIVE AGENDA  
for the  
LEGISLATIVE HEALTH & HUMAN SERVICES COMMITTEE**

**October 19-21, 2005  
Room 322, State Capitol  
Santa Fe**

**Wednesday, October 19**

9:00 a.m. **Call to Order**

9:05 a.m. **Approval of the Minutes**

9:10 a.m. **Violence Against Women**

—Connie Monahan, S.A.N.E.

—Kim Alaburda, Sexual Assault Program Manager

—Agnes Maldonado, Director, New Mexico Coalition Against Domestic Violence

—Betty Fleishman, Director, Albuquerque Rape Crisis Center

10:40 a.m. **Women's Health Issues**

— Mary Molina Mescall, Director, Commission on the Status of Women,  
Office of Women's Health Task Force — HJM 21/SJM 30

—Dr. Justina Trott, Medical Director, Women's Health Services

11:40 a.m. **Public Comment**

12:10 p.m. **Lunch**

1:10 p.m. **Prescription Drug Issues:**

**Medicare Modernization Act: Part D, Prescription Drug Benefit**

—Karen Wells, Contract Staff

**Prescription Drug Discount Cards and Access**

—Roba Whitely, Executive Director, Together RX Card

—Paul Poister, PhRMA, Partner for Prescription Assistance

**Access to Prescription Drug Discounts in New Mexico**

—Larry Heyeck, Deputy Director, Medical Assistance Division

**Pharmacy Benefit Manager Regulation—HJM 98**

—Patricio Larragoite, Executive Director, New Mexico Health Policy Commission

—Letitia Rutledge, New Mexico Health Policy Commission

4:40 p.m. **Public Comment**

5:00 p.m. **Recess**

**Thursday, October 20**

9:00 a.m. **Call to Order**

9:05 a.m. **Health Care Financing Study Update**  
—Raul Burciaga, Assistant Director, Legislative Council Service

9:30 a.m. **Nursing Issues:**

**Nurse Staffing and Retention — SJM 37**  
—Patricio Larragoite, Director, New Mexico Health Policy Commission  
—Kootch Jacobus, Deputy Director, New Mexico Health Policy Commission

**School Nurse Delivery of Health Care — SJM 9**  
—Patsy Nelson, Deputy Director, Public Health Division, Department of Health  
—Kris Muerer, School and Family Supports Bureau, Public Education  
Department

**School Nurse Issues**  
—Linda Siegle and Others

12:00 noon **Public Comment**

12:15 p.m. **Lunch**

1:30 p.m. **Disability Issues:**

**Developmental Disabilities Community Providers**  
—Anna Otero Hatanaka

**ARC of New Mexico**  
—Doris Husted

**Guardianship/Self-Advocacy/211**  
—Pat Putnam, Director, Developmental Disabilities Planning Council (DDPC)

**Independent Living Resource Center**  
—Gil Yildiz, Executive Director

**Task Force on Disability Employment—HJM 72**  
—Greg Trapp, Commission for the Blind

4:30 p.m. **Public Comment**

5:00 p.m. **Recess**

**Friday, October 21**

9:00 a.m. **Call to Order**

9:05 a.m. **Primary Care, Health Care and Prevention:**

**Primary Care**

—David Roddy, Executive Director, New Mexico Primary Care Association

**Cancer**

—Nathan Bush, Director American Cancer Society, Santa Fe

—Linda Siegle, Lobbyist, American Cancer Society

**Diabetes**

—Charm Lindblad, Executive Director, New Mexico Health Care Takes on Diabetes

**Dental Hygiene**

—Doris Baker, RDH

—Barbara Posler, RDH, New Mexico Dental Hygienist Association

12:00 noon **Public Comment**

12:15 p.m. **Lunch**

1:15 p.m. **Alcohol and Gaming Tax Redistribution**

—Harry Montoya, Santa Fe County Commissioner

—Hutch Miller, Intergovernmental Coordinating Council

2:15 p.m. **Veterans' Concerns**

—Michael Archuleta, Director, New Mexico Veterans Integration Center

—Martie Rafferty, LMSW, International Trauma Center of New Mexico

3:15 p.m. **Poverty Issues**

—Hank Hughes, Executive Director, New Mexico Coalition to End Homelessness

—Linda Seigle, Community Action Programs

—Ruth Hoffman, Lutheran Office of Governmental Ministries

3:45 p.m. **Public Comment**

4:00 p.m. **Adjourn**

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

**October 19-21, 2005  
Room 322, State Capitol  
Santa Fe**

Representative Danice Picraux, chair, called the fifth meeting of the Legislative Health and Human Services Committee to order on October 19, 2005 at 9:00 a.m. in Room 322 of the State Capitol in Santa Fe. She welcomed everyone and asked the committee members to introduce themselves to the audience.

**Present**

Rep. Danice Picraux, chair  
Sen. Dede Feldman, vice chair  
Sen. Rod Adair  
Sen. Mary Kay Papen (10/19)  
Rep. Jim R. Trujillo

**Absent**

Rep. William "Ed" Boykin  
Rep. Keith J. Gardner  
Sen. Steve Komadina

**Advisory Members**

Sen. Sue Wilson Beffort (10/20, 10/21)  
Rep. Ray Begaye (10/19, 10/21)  
Rep. Miguel P. Garcia (10/19, 10/20)  
Rep. John A. Heaton  
Sen. Linda M. Lopez  
Rep. Antonio Lujan  
Rep. James Roger Madalena (10/20, 10/21)  
Sen. Gerald Ortiz y Pino (10/19, 10/21)  
Rep. Edward C. Sandoval  
Sen. Leonard Tsosie (10/21)  
Rep. Gloria C. Vaughn

Rep. Gail Chasey  
Rep. Kandy Cordova  
Sen. Clinton D. Harden, Jr.  
Sen. Timothy Z. Jennings  
Sen. Gay G. Kernan  
Rep. Terry T. Marquardt  
Rep. Rick Miera

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

**Staff**

Karen Wells  
Ramona Schmidt  
Sarah Salazar

**Guests**

The guest list is in the meeting file.

**Wednesday, October 19**

Connie Monahan, MPH, the state Sexual Assault Nurse Examiners (SANE) coordinator, presented information on the SANE program and stated that the purpose of SANE is to provide medical treatment to sexual assault victims of all ages and genders by using advanced trained nurses who provide prompt medical treatment in a private setting; document injuries; ensure evidence is collected properly and through chain of custody; and testify through legal proceedings. Ms. Monahan reviewed SANE's presence throughout the state.

Kim Alaburda, Sexual Assault Program manager, reviewed the legislative funding to address sexual violence in New Mexico. She noted that during the past year the number of centers has been doubled. Ms. Alaburda stated the program is viewed as a model throughout the nation. She noted that funding for the program is through the Department of Health (DOH) budget and is recurring.

Agnes Maldonado, director, New Mexico Coalition Against Domestic Violence, stated that a new program is up and running in Las Vegas, New Mexico, but there remains a high need for shelter providers statewide. She spoke to promotion of the issue of domestic violence against children and noted the great success of a program that uses puppets to assist with counseling for children. Ms. Maldonado said the coalition is asking for \$3 million, divided between 40 programs.

Betty Fleishman, director, Albuquerque Rape Crisis Center (ARCC), gave an overview of the rape crisis centers and the vast services they provide. She noted that 80 to 90 percent of women who are incarcerated on addiction charges have experienced sexual assault at some point in their lives. Ms. Fleishman stated that ARCC works closely with SANE. She noted that calls to ARCC have increased 20 percent already this year.

A request was made by the committee that representatives from the state agencies and the governor's office attend future committee meetings to carry back information to appropriate staff. In response to a question concerning how SANE works with state agencies, Ms. Monahan stated that Sandra L. Gardner, the state domestic violence coordinator, has worked closely with SANE on a daily basis, ARCC works closely with DOH, and their funding with the Children, Youth and Families Department (CYFD) is through the Children's Juvenile Justice Group. Ms. Alaburda stated that the sexual assault report is done on a \$10,000 budget and the information is gathered on a voluntary basis. Representative Ray Begaye raised concern that the statistics are actually higher in the Navajo community than is reflected.

Committee members discussed the following issues: funding priorities; potential sexual assault targets; education in the school system; mandatory course work for social workers; Native American programs funding; and how the funds are appropriated. Gwendolyn Packard, director, Morningstar House in Albuquerque, said that Indian women experience more domestic violence than other populations. She noted that Morningstar House works from an educational and empowerment model and wants to create a space where women can speak freely about the violence that occurs in their lives. They would like the ability to address their particular needs.

She expressed concern that domestic violence funding is through CYFD while sexual assault funding is through DOH. She noted that only two Indian programs throughout the state are funded by CYFD, and she would like to see more funding of programs for Indians, who comprise 11 percent of the population.

Representative Picraux asked that specific legislative requests be channeled to Karen Wells.

Mary Molina Mescall, director, Commission on the Status of Women, Office of Women's Health Task Force, and Dr. Justina Trott, medical director, Women's Health Services (WHS), gave a presentation on women's health. Ms. Mescall reviewed the Executive Summary of Legislative Report on Senate Joint Memorial 30 and House Joint Memorial 21 from the 2005 legislative session. Dr. Trott said that entities can come together in a strategic manner to address varying community needs. She noted that gender and societal responses are based on biological and social roles in society. She stated that this is a major issue, and the task force supported an office on women's health to address the issue. Dr. Trott expressed the need for an executive order to establish a statewide advisory council appointed by the governor to work with private and nonprofit organizations on a demonstration project to ensure that the office of women's health is meaningful. Dr. Trott stated that WHS may seek funding, but it would be minimal. It is proposed that DOH will staff the office, but if it is found they are unable to perform the tasks needed, then funding will be requested. She stated that WHS requested approximately \$2 million to \$2.5 million for a building to be appropriated to Santa Fe County and would also ask for an appropriation of \$300,000 to \$350,000 for operations.

Karen Wells, Legislative Council Service (LCS) staff, addressed the committee and gave a brief overview of the Part D Prescription Drug Benefit. She noted that this is a moving target and the legislators should be informed about it, but because it is a federal program, they will not be able to affect the program. Ms. Wells reviewed a number of documents distributed to committee members. The Medicare Prescription Drug, Improvement and Modernization Act of 2003 added prescription drug coverage to Medicare, beginning on January 1, 2006. She noted that this prescription drug benefit is similar to any insurance drug benefit. She clarified that the list of pharmacies participating has not been finalized to date. Ms. Wells noted that AARP is developing literature specific to New Mexico that will be forthcoming.

It was noted that there are 10 different standardized plans and they vary in cost from \$40 to \$700 a month. Mike Batte stated that he would get a copy of these plans and their premium rates for committee members.

Discussion occurred as to the clawback and cost to the state. Senator Dede Feldman moved to recommend in writing to the Human Services Department (HSD) and the Office of the Attorney General that New Mexico join other states to protest and potentially sue the Centers for Medicare and Medicaid Services (CMS) for the subsidy the states are now providing the federal government for the Medicaid program. The motion was seconded and passed unanimously.

Discussion occurred as to individuals enrolling in the Medicaid program or staying with their current insurance program. There are incentives for employers to continue insuring their employees. It was noted that the insurers will work with CMS to ensure their plans are creditable. The original presentation claimed that it would be less expensive for states to cover the Medicaid population. As more information comes forward, it is turning out to be more expensive than expected. Secretary Pamela Hyde, HSD, stated that the original intent of the program was for the states to save money, but it actually will cost New Mexico more money. She stated there is no way to calculate the cost until the rules are finished. Secretary Hyde stated that HSD is involved with other states to challenge CMS, and it may take congressional action to change the formula through statute.

Roba Whitely, Paul Poister and Larry Heyeck presented on the Prescription Drug Discount Cards and Access. Mr. Heyeck stated that five companies have been interviewed and have assisted in crafting a drug discount card savings program for New Mexico. Mr. Heyeck reviewed the criteria for enrollment. Extensive outreach and education would be required for implementation. Mr. Heyeck noted that having a common Preferred Drug List (PDL) for the program would not necessarily be beneficial. Paul Poister addressed the Partnership for Prescription Assistance. Mr. Poister reviewed a handout on prescription assistance programs, which was distributed to the committee.

Roba Whitely, executive director, Together RX Card, gave an overview of RX access. She stated it is a program for the non-Medicare-eligible uninsured. There will be mailings, public service announcements and web sites to get the word out about the program.

Questions and comments from the committee raised concern about the prescription RX program and its transparency. Ms. Whitely stated that the brand identity of the program itself or the operational systems of the program cannot be changed, but there could be something on the card to reflect some partnership between Together RX Card and the state of New Mexico. There is no mail-order portion of the program because of the belief that community is central to health.

Discussion occurred as to the benefit of a common PDL to be included in the prescription drug discount card and access and the effect of getting greater market-share discounts. It is believed that a proposal will be submitted before the end of the year to the secretaries of the various state departments impacted, as well as to the Legislative Health and Human Services Committee, addressing policies and procedures regarding the prescription drug discount card program.

Representative Jim R. Trujillo gave the background on House Joint Memorial 98, which addresses pharmacy benefit manager regulation. He stated that the pharmacy benefit manager plays a very important role. There is concern about rebates, who receives them and how they are used. Representative Trujillo suggested licensing pharmacy benefit managers. Dr. Patricio Larragoite and Letitia Rutledge from the New Mexico Health Policy Commission (HPC) spoke to the committee about the task force formed to address this issue. Ms. Rutledge stated that the role of the task force was to study the need for regulation and oversight of pharmacy benefit



management (PBM) companies. The task force members represented various stakeholders: pharmacy benefit managers, consumers, state agencies, health plans, retail chain pharmacies and independent pharmacists. The task force educated itself on the health care role of PBMs and their value and impact for employers, health plans, consumers and pharmacies. Although the task force was unable to reach a consensus on whether to regulate pharmacy benefit managers, it did come up with a number of recommendations to the committee, including:

- develop and implement a registry of active pharmacy benefit managers in New Mexico;
- educate the public to reduce confusion between the responsibilities of a health plan/employer and the responsibilities of pharmacy benefit managers;
- promote education on available negotiating options between contractors and pharmacy benefit managers; and
- propose, through a future memorial, that HPC conduct further research and analyze PBM activities and existing federal and state laws that regulate PBMs.

Dr. Larragoite reviewed the recommendations by HPC, including:

- all PBMs should be registered in New Mexico through an application process that would include (1) a description of how PBMs will educate the public about their role and what prescriptions are covered and (2) disclosure of administrative costs and profits; and
- PBMs should develop a standardized formulary.

Committee members raised concerns about: the lack of knowledge as to the amount of the rebates; the fiduciary responsibility to the client as to the drug costs; disclosure of conflict of interest by companies and insurance plans; and the transparency on changing drugs on a formulary. The task force was unable to assess the number of PBMs in the state due to lack of time, but it could, in the future, conduct a survey to attain this information. It was noted that the registration of PBMs would depend upon the type of regulatory framework that legislation would require. There was also concern raised by pharmacists as to the need for assistance and the need to introduce legislation to allow any pharmacist to become a part of a pharmacy network. Discussion occurred as to contract requirements and the opportunity to require pass-through and pass-back at a level of 100 percent. Representative Trujillo thanked everyone for the hard work that they put into the report and acknowledged the difficulty in working with all of the varying participants.

The meeting recessed at 5:42 p.m.

## **Thursday, October 20**

Representative Antonio Lujan called the meeting to order at 9:18 a.m.

Raul Burciaga, assistant director, LCS, gave a presentation on the Health Care Financing Study (HCFS). He stated that Tony Popp, New Mexico State University, will be a point person working on the study and each cabinet secretary will assign someone to work with Mr. Popp on the study. Mr. Popp will meet with Lisa Cacari-Stone to see how data were collected for the federal portion of the report and will meet with Ms. Wells regarding the state data collected. Mr. Burciaga reported on access and quality issues. Mr. Burciaga reminded committee members that several years of data must be collected to provide reliable information for use in legislative and policy areas. Committee members asked whether data would be gathered on costs for health care without taking into consideration education and prevention. Mr. Burciaga stated that because of limited time and resources, the original report did not include education, but this information will be included in the future. He will check with Mr. Popp to ensure that the report includes the cost of prevention for specific categories. The committee was reminded that additional legislation may be required to compel agencies to gather particular prevention and education data.

In response to concerns regarding health education in the school system, Kris Muerer, School and Family Supports Bureau, Public Education Department (PED), stated that health education is now required for first through twelfth grade, and performance standards are being developed to guide the curriculum. Ms. Muerer shared with the committee some of the new recommendations and regulations being developed to address the issue of obesity, as well as other issues facing children through the PED. The recommendations are now at the executive level, after which they will be put in draft rule, published and opened for public input. The secretary of education will sign the rules into place with input from the secretary of health and the executive. Ms. Muerer stated that she hoped the hearing would occur in December so that all pertinent recommendations could be grouped together.

Mr. Burciaga stated that the cost of chronic disease specific to obesity is \$117 million nationally and of that, \$61 million is in direct medical care. The indirect cost of \$56 million includes income lost due to workplace absence and future income lost due to premature death. He noted that the cost to New Mexico totals \$324 million, with \$169 million in direct costs and \$155 million in indirect costs. Mr. Burciaga will provide committee members with a report that breaks down the cost of obesity to New Mexico.

Committee members asked Mr. Burciaga for suggestions on how to "incentivize" wellness programs. Mr. Burciaga stated that he did not have specific recommendations, but he noted that there are a number of areas to be looked at, such as examining what other states have done and reviewing the HCFS to see what areas need to be targeted. Mr. Burciaga noted that how those issues are turned into specific programs would be the committee's choice. Mr. Burciaga stated that when the results of the HCFS are available in June 2006, a more comprehensive approach could be taken. Mr. Burciaga that reminded the committee of Scott Leitz's presentation of data gathered in Minnesota, when Mr. Leitz stated that several years of data are required for trends and analysis.

The requirements for what data are gathered could be done by statute and by enabling legislation requiring certain data. Mr. Burciaga suggested that the committee consider some legislation that requires collection of specific data. Ms. Wells reminded the committee of the presentation by Kevin McMullan at the committee's August meeting, in which Mr. McMullan compared data collection in New Mexico and Minnesota.

Discussion shifted to the importance of the study of nutrition; gathering data from the private sector; and the barriers to small employers to provide health care. Mr. Burciaga reminded committee members that private sector data, such as uncompensated care, could not be gathered in the initial HB 955. Committee members raised concerns regarding quality issues, underlying causes and effects and disease management.

A panel of presenters, including Dr. Larragoite and Kootch Jacobus of the New Mexico HPC, Patsy Nelson, deputy director, Public Health Division, DOH, Kris Muerer and Linda Siegle, addressed nursing issues. The panel noted that a task force was convened to study nurse staffing and retention as a result of Senate Joint Memorial 37. The task force reviewed literature on nationwide nursing issues and on studies of specific concern for New Mexico. Key areas of concern to nurses were identified, including: the maturing of the nursing work force; level of education; how to progress through the educational system; nursing education faculty shortages; and the work environment. Recommendations for staffing, work environment, overall retention, nursing education programs, nursing education faculty recruitment and retention and K-12 education were discussed.

HPC's recommendations included:

- support for capital funds to upgrade the infrastructure and equipment for nursing programs;
- an increase in the stipend awarded in the loan for service program at the Higher Education Department (HED) and in the number of loans available to those who wish to continue practicing nursing in the state and tying funds to quality master's degree programs;
- allowance for continuing education program hours at the workplace to count toward a bachelor of science in nursing;
- further cost analysis regarding the reduction of travel for agency nurses; and
- requiring the Board of Nursing and HED to make rural health a high priority.

Ms. Nelson presented the report for Senate Joint Memorial 9. She reminded the committee that the number of nurses in schools is inconsistent, since there is no provision in state statutes or any regulation regarding appropriate school nurse staffing levels. She also stated that professional school nurses can serve the important role of helping to integrate the coordinated school health approach into the educational system. Ms. Nelson presented two recommendations to the committee:

- a request that the Funding Formula Study Task Force, as set forth in SB 125, include school nurses as part of the equity and efficacy of the public school funding formula as a whole; and

- revising current school reform legislation to include school nurses in the three-tier licensure system.

The panel presented a series of questions and answers on how the task force has responded to its tasks.

The committee expressed concern about the nursing student/faculty ratio at universities in New Mexico. Discussion occurred as to the ability of nurses to address concerns openly in the work environment, nursing salaries in varying roles and organizations and the number of nursing shortages to date.

Public comment was made by Jane Larson. Ms. Larson stated that Secretary Lujan-Grisham is an incredible advocate for the DOH Family, Infant Toddler (FIT) Program and is working to ensure funding for FIT, in the belief that children receiving FIT program services are the most vulnerable in the state. She asked for legislative and executive support.

Anna Hatanaka thanked the committee members for "sticking their necks out" for the disabled. She noted that there are problems with the bill passed during the past legislative session addressing FIT services, as it was overly broad, and said she would like to see legislation amending the bill at the upcoming session. Ms. Hatanaka stated that the Association of Developmental Disabilities Community Providers' priorities are to fully fund the Medicaid program to ensure the health of New Mexico's citizens and providers, to avoid additional reductions in services and or reimbursement rates and to restore FY05 reductions in Medicaid services and reimbursement rates. Ms. Hatanaka made the following appropriation requests (amounts were not included):

- fully fund the DOH cost study on early intervention services to ensure the provision of entitled quality services to children with, or at risk of, developmental delay and to improve staff;
- increase reimbursement rates to improve staff recruitment and retention and to meet the increased costs of employee benefits and rising programmatic operational costs;
- move towards rate equity with the Developmental Disability Medicaid Waiver program to improve staff recruitment and retention and meet increased costs of employee benefits and rising programmatic operational costs;
- restore the CMMS Market Based Index Inflation Factor, suspended in FY05, in order to improve staff recruitment and retention and to meet increased costs of employee benefits and rising programmatic and operational costs; and
- assist with increased costs of heating fuel for residential services and agency facilities and increased gasoline costs for transportation for home- and community-based agencies.

A request was made to expand state-sponsored health care initiatives for small businesses to include all developmental disability and developmental delay service agencies that contract with the state to address the rising cost of health care and the loss of employee health care benefits.

Discussion shifted to the impact of health care insurance and staff salary on the agencies involved with people with disabilities.

Doris Husted, public policy director for the ARC of New Mexico, thanked the committee for its support for the disabled community throughout the years. She requested that \$6 million be appropriated to DOH for developmental disabilities Medicaid waiver services and an additional \$1 million to DOH for the medically fragile waiver program. Ms. Husted stated that ARC's priorities are to counteract the provider cuts in Medicaid that have occurred.

Senator Feldman moved that the committee send a letter to HSD asking the department to include client representation in the long-term care coordinated care program planning. The motion was seconded and unanimously adopted.

Pat Putnam, director, Developmental Disabilities Planning Council (DDPC), presented information on the Center for Self-Advocacy and its programs. Mr. Putnam made recommendations to the committee on how much money the center will need if it is to continue to improve. Mr. Putnam noted that the DDPC's request for \$27,300 includes money for a van and for hiring a student to work with the program. Mr. Putnam presented information on the 211 program and a request for \$419,000 in nonrecurring funding for DDPC's expansion throughout the state. He also requested \$87,600 in capital outlay that would expand services to certain counties. Mr. Putnam discussed the guardianship program and presented a summary of the program's history and improvements.

Mark Weber and Kacee Collard, LFC analysts, reviewed the funds appropriated for the ARC program to assess proper distribution. Mr. Weber noted that the question of appropriate spending is being investigated. Discussion followed regarding the disabled and elderly waiver special appropriation reversion of \$4.9 million; the response from Secretary Hyde; and the number of people on the disabled and elderly waiver list.

Gil Yildiz, executive director for the Independent Living Resource Center (ILRC), and Vince Montano, chairman of the State Independent Living Council, gave a presentation entitled "Money Follows the Person". They are requesting funding for this program and are asking the governor to include "Money Follows the Person" as part of an overall legislative package. Mr. Montano stated that they are looking for support from both the house and the senate. Ms. Yildiz reviewed the components of the program. Mr. Montano introduced individuals from the audience who have been deinstitutionalized and support the program. Commentators included Ms. Foghorn, who stated that she was very happy to be released from the nursing home. Mr. Sam Lopez shared conditions similar to those shared by Ms. Foghorn and stated that they were nearly intolerable. He thanked ILRC for assisting him in being released from the nursing home and in navigating the bureaucracy. He stated that more programs like this are needed and more funding is needed to assist others to become independent. Mr. Putnam stated that under the self-directed waiver there is not a "Money Follows the Person" choice, which moves people from nursing homes into the community. There are no new dollars required for the program; current funds used for programs under basic state Medicaid programs for nursing homes would be moved to a personal choice

option for a different service delivery model. Representative Picraux stated that this option will be included in the list for proposed legislation, and they will work with Ms. Wells to draft the bill. It was clarified that there are two issues on the national budget, but they would not limit New Mexico from implementing a similar program. Committee members asked for follow-up on how these issues would fit in the new model for long-term care.

Dr. Mary Beresford, executive director, Governor's Commission on Disability, and Greg Trapp, executive director, Commission for the Blind, discussed the Task Force on Disability Employment. Mr. Trapp gave a report on House Joint Memorial 72 that requested that the Executive Task Force on Disability Employment develop policies, procedures and guidelines to increase the employment of persons with disabilities in state government. He stated that the proposal for increasing employment of persons with disabilities has been active since the governor's announcement of the initiative on August 27, 2004. Since then, the task force has been working to accomplish the key actions for the key strategies.

Dr. Beresford shared key strategies and progress, including enhancing recruitment and retention of persons with disabilities; increasing education and awareness training related to hiring and retaining employees with disabilities; modifying state statutes for hiring persons with disabilities; and expanding state on-the-job training, internship and apprenticeship. The task force continues to work on key actions for each strategy. Ms. Wells asked if there was a legislative request. Mr. Trapp stated that the item they would like to have considered is a centralized fund for accommodations, such as a council that would hear and merit requests. He noted that most accommodation requests do not cost very much, but some, such as translators or drivers, could be \$5,000 to \$20,000. Mr. Trapp stated that he hoped to model the fund after other states but would need to work with the governor's office and the task force to investigate further.

The meeting recessed for the day at 5:50 p.m.

### **Friday, October 21**

The meeting was called to order by the chair at 9:05 a.m. Charm Lindblad, executive director, New Mexico Health Care Takes on Diabetes, gave a presentation on diabetes. She noted that there is an epidemic in New Mexico and stated that our children are increasingly at risk. Native Americans and Hispanic populations are at higher risk than whites for developing diabetes. Nationwide, diabetes prevalence has increased 30 percent in the 1990s. In 2002, the cost to New Mexico, including direct and indirect costs, was approximately \$1.1 billion. Ms. Lindblad asked the committee to support an appropriation bill for \$950,000 during the session.

Nathan Bush, government relations director, American Cancer Society, spoke about the New Mexico Department of Health Breast and Cervical Cancer Early Prevention program. Mr. Bush stated that in 2005, there will be 999 new diagnoses of breast cancer and 190 deaths resulting from breast cancer. The program is funded by the federal government for screening and diagnostic services; treatment services are the state's responsibility. He noted that younger women are being diagnosed with breast cancer. Mr. Bush reviewed the program details and intent and stated that \$3.6 million is federally funded for this program.

Dr. David Roddy, executive director, New Mexico Primary Care Association, reviewed the primary care safety net in New Mexico and statistics on federal- or state-funded clinics. Dr. Roddy reviewed the current level of state investment, including recurring general funds of approximately \$9 million and the county-supported primary care fund of \$1.8 million. Dr. Roddy stated that he is asking for \$2 million to finance an additional \$50,000 for the uninsured. The second request is a nonrecurring request of \$2.4 million to help speed up electronic medical records, at a cost of \$40,000 to \$50,000 per physician.

A request was made for a report analyzing the amounts billed and collected by clinics and for a study regarding funding diabetes education in schools. Discussion followed regarding health care for Native Americans.

The chair noted that a discussion of the disability and elderly (D&E) waiver the previous day raised some concerns, and Secretary Hyde was asked to address them. Secretary Hyde stated that she was aware there were some questions regarding the D&E waiver. She gave background on the budget and noted that they have three fiscal years of budget in play. Secretary Hyde stated that it is not possible to look at the budget for one given year, because the D&E waiver program has a billing cycle different from that of other state agencies or programs. She reminded the committee members that during the years in question, a sizeable amount of money reverted to the general fund from old accounts of prior years. A clean-up has been taking place. Secretary Hyde noted that a general fund dollar appropriated today does not fund as much service as it did three years ago because the FMAP has changed.

Secretary Hyde reviewed the criteria for the program and the inaccuracy of the waiting list as a predictor for the need for the D&E waiver. Individuals are not assessed when their names are placed on the list for service. Instead, they are assessed when service is available. She noted that individuals may no longer be interested in the program once they are eligible, due to a variety of reasons. Secretary Hyde stated that the number of people allocated to the program is fewer than the number of people on the waiting list. She noted that there is a difference between the number of people on the program and the number of people served. On average, a person is on this program for about 10 months. People move onto and off of the program at all times. The program can cost more or less, depending on the needs of those on the program. It is a dynamic program. The special appropriation was \$4.9 million, that was to be spent over two years on both the D&E waiver and the DD waiver. Of that amount, \$3.5 million went to HSD for the D&E waiver. The money was to be spent based on a plan approved by the Board of Finance. An additional 382 people were put on the program, and the commitment was to get an additional 600 people. As of September 2005, this goal has been reached.

Secretary Hyde stated that between 2003 and 2006, they will have spent nearly \$5 million from the general fund and \$20 million total since the special appropriation occurred.

Committee members addressed concerns about the number of people on the waiting list, the concept of "slots" and real ways in which the waiting list can be reduced. Secretary Hyde stated that they do not think in terms of slots. The program cannot cost more trended than the

federal government would have paid otherwise.

It was noted that the appropriation was made during the end of the legislative session. The appropriate departments were not able to address the committees regarding what the funding would actually cover. Committee members asked how to keep a meaningful waiting list. Secretary Hyde stated that Secretary Armstrong is working aggressively on getting a better handle on the list. They are also looking at a longer-term plan that would allow all with long-term needs to be addressed separately from the current waiting list system. They are preparing cost options for the LFC and will include costs for eliminating the waiting list. Secretary Hyde will prepare a report that reflects costs and the "slot" system.

Comment was made that, for 2007, there will be a one-quarter of loss on the FMAP but no dramatic reductions are anticipated for 2007. Committee members asked that Secretary Armstrong put prescreening procedures in place. Committee members asked if the waiting list is meaningless, and, in response, Secretary Hyde stated that there has been much work between the departments to make the waiting list more pertinent. It was clarified that it is not possible to do away with the list without increased funds. Secretary Hyde stated that they have appropriately spent the money allocated.

Mark Weber, LFC, stated that the question raised was whether the \$3.6 million was spent as appropriated. He noted that the appropriation did not address decreasing the waiting list. The disagreement is not that the effort was not put into it, but that the time period specified in the appropriation was not met. Mr. Weber stated that to alleviate issues such as this in the future, language to determine how much money is going for these services should be added. Mr. Weber stated that the key to move forward is to better understand what the legislature gets for the money.

Doris Baker, RDH, and Barbara Psoler, RDH, from the New Mexico Dental Hygienists' Association, spoke to the problem of access to care. Ms. Baker stated that the solution proposed is based on the medical model of the career ladder. They recommend changing the state statute to allow dental hygienists with additional education to deliver therapeutic, preventive, diagnostic and limited restorative services in a public health partnership. Such a change would expand the hygienists' scope of practice and fill the gap in needed services. Committee members questioned if they would support a program in southern New Mexico. Ms. Baker stated that a program is being implemented in Roswell that will be linked to the accredited program at UNM. Those involved feel that this is more cost effective than a stand-alone program. Information on collaborative practice was shared with the committee. It was recognized that there are more issues to be dealt with, including costs and number served. Statistics will be gathered and distributed to the committee members.

Public comment was made by Niles McCall in support of the appropriation requested by New Mexico Takes on Diabetes. He stated that education and communication were important factors in fighting diabetes. In meetings with diabetes educators statewide, lack of funding and lack of cohesion were identified as major problems that need to be addressed. Mr. McCall stated that the appropriation can assist DOH, which will partner with the New Mexico Diabetes Advisory



Council.

Harry Montoya, Santa Fe County commissioner, and Rob Mitchell, San Juan County coordinator, addressed issues concerning Santa Fe County, increased funding needs and funding for local DWI programs. He reviewed three alternatives to increase funding. Mr. Mitchell noted that while the programs are wide-ranging, they address the same issue. Mr. Mitchell stated that they have made a presentation to the Revenue Stabilization and Tax Policy Committee and will put together a coordinated summary and distribute it to the committee. Discussion occurred on the process that awards counties funding for DWI programs. Representative Picraux stated that legislation would be presented at the November Legislative Health and Human Services meeting, and the request would be included.

The issue of tribal gaming revenue distributions to local governments was discussed. It was noted that both Santa Fe County and the gaming tribes within Santa Fe County support proposed legislation to apportion an amount of gaming revenue distributions, paid by tribal gaming establishments to the state, to local governments, including municipalities and counties. In a joint venture, Santa Fe County will pursue this proposed legislation with tribal leadership throughout the state during the 2006 legislative session. Concern was expressed by committee members about opening up the gaming compacts and statutes for the benefit of one county.

Martie Rafferty, LMSW, representing the International Trauma Center of New Mexico, presented veterans' concerns. She stated that they are asking for \$500,000 to be appropriated to address concerns as follows:

- continue to deliver and expand the program for veterans' families with the Albuquerque Veterans Center;
- establish and deliver a program for families in partnership with the Santa Fe Veterans Center;
- establish services for veterans and families in Silver City and train locally based people to deliver services;
- develop services in the Navajo Nation;
- establish services for veterans and families in identified areas from which National Guard units have been deployed; and
- create a residential healing center in New Mexico for veterans, families and caregivers.

Senator Ortiz y Pino stated he was contacted by Michael Archuleta regarding the New Mexico Veterans Integration Center for a legislative appropriation to go to the Veterans' Services Department to support services that might be needed but are not being funded. Audience members spoke regarding personal experience with post-traumatic stress disorder (PTSD). Secretary John M. Garcia, Veterans' Services Department, stated that he is extremely interested in the outreach occurring through the International Trauma Center and shared his concerns and experiences. Secretary Garcia stated that there is a need for a greater partnership for the private, public and veterans' sectors to address PTSD. Committee members asked how PTSD is currently being addressed in the state. The procedure for treatment of veterans for PTSD was reviewed. Senator

Leonard Tsosie asked for more information to be presented at the extraordinary session.

Poverty issues were addressed by Ruth Hoffman, Lutheran Office of Governmental Ministries. She gave a snapshot of New Mexico regarding the population and stated that 42.5 percent of the New Mexico population lives at or below poverty. Ms. Hoffman stated that there are only two ways to reduce poverty: by raising income or by reducing expenses. Ms. Hoffman reviewed the 2006 legislative priorities of affordable housing and homelessness, budget and tax policy, family-sustaining income, health care and hunger.

Hank Hughes, executive director, New Mexico Coalition to End Homelessness, reviewed homelessness issues and addressed steps to end homelessness. He spoke to two issues in particular: supportive housing and setting up a statewide supportive housing development arm.

Sally Moore, president of Community Action New Mexico (CANM), spoke to the committee members about the community action network and an initiative called the Individual Development Account (IDA) program. Ms. Moore stated that they are looking not just at policy but also at behaviors. She noted that their federal funding has been cut in half. She asked the committee to be CANM's partner in ending poverty in New Mexico. Ms. Moore reviewed the dynamics of IDA. Linda Siegle reviewed the proposed funding for the program. She stated that \$1 million in federal funding cannot be used until it is matched 100 percent by the state. Ms. Siegle stated that proposed funding would occur through the sale of bonds and through a charitable remainder annuity trust. Funds of \$1.9 million would help leverage \$4.5 million, for a total of \$9.5 million in IDA funds. Ms. Hoffman stated that they appreciate the support of the committee but do not necessarily require sponsorship.

In the public comment period, Susan Loubet stated the support of the women's agenda for many of these projects and also for at-home infant care.

The meeting adjourned at 5:05 p.m.

Revised: November 22, 2005

**TENTATIVE AGENDA  
for the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**November 28-30, 2005  
Room 322, State Capitol  
Santa Fe**

**Monday, November 28**

- 9:00 a.m.     **Call to Order**
- 9:05 a.m.     **Approval of Minutes**
- 9:10 a.m.     **Grandparents Raising Grandchildren—SJM 50**  
—Mary-Dale Bolson, Secretary, Children, Youth and Families Department (CYFD)  
—Liz McGrath, Pegasus
- 9:40 a.m.     **Child Care Worker Wage and Benefit Study**  
—Mary-Dale Bolson, Secretary, CYFD
- 10:00 a.m.    **Hunger and Food Insecurity**  
—Clark deSchweinitz, Chairman, Task Force to End Hunger (HJM 23)  
—Pam Roy, Farm to Table  
—Laurel Wykoff, Director, New Mexico Association of Food Banks
- 10:50 a.m.    **Immunization and Pandemic Update**  
—Karen Sakala, La Clinica de la Familia  
—Nick Costales, Parent  
—Mack Sewell, State Epidemiologist, Department of Health (DOH)
- 12:00 noon    **Public Comment**
- 12:15 p.m.    **Lunch**
- 1:15 p.m.     **Malpractice Issues**
- Medical Malpractice—SM 7**  
—Patricio Larragoite, Director, New Mexico Health Policy Commission (HPC)  
—Kevin McMullan, Policy Analyst, HPC
- Provider Concerns**  
—Suzanne Stalls, Nurse Midwives  
—Connie Koshewa, Midwives

- Sharon Hensley, CRNA, Nurse Anesthetists
- Chris Tapia, Laurel View Nursing Home
- Dr. Kathleen Blake, New Mexico Medical Society
- Steve Durkovitch, Trial Lawyers Association

3:45 p.m.     **Teen Pregnancy and Comprehensive Sex Education**  
—Kirbie Platero, Highland High School, Young Women United  
—Destiny Swisher, Albuquerque High School, Young Women United

4:15 p.m.     **Public Comment**

4:30 p.m.     **Recess**

**Tuesday, November 29**

9:00 a.m.     **Call to Order**

9:05 a.m.     **Health Policy Discussion**  
—Mary Feldblum, Health Security for New Mexicans  
—Charlotte Roybal, Health Care for All  
—Nandini Kuehn, Health Care for All  
—Pam Hyde, Insure New Mexico Council

12:05 p.m.   **Public Comment**

12:15 p.m.   **Lunch**

1:15 p.m.     **Long-Term Care**  
—Debbie Armstrong, Secretary, Aging and Long-Term Services Department  
(Long-Term Care Policy Recommendations for New Mexico)

3:45 p.m.     **Alternatives to Medicaid Financing for Long-Term Care**  
—Ron Lucchino, Chairman, Long-Term Care Work Group  
—Anne Sperling, Daniels Insurance Company

4:15 p.m.     **Public Comment**

4:30 p.m.     **Recess**

**Wednesday, November 30**

9:00 a.m.     **Call to Order**

9:05 a.m.     **Statewide System of Trauma Care—HM 20**  
—Tres Schnell, DOH  
—Jeff Dye, President and CEO, New Mexico Hospitals and Health Systems  
Association

- 9:50 a.m.     **Suicide Prevention in Schools—SJM 61**  
                  —Steve Adelsheim, DOH  
                  —Chris O'Donnell, Secretary, New Mexico Suicide Prevention Coalition
- 10:20 a.m.     **Prescription Drug Use and Abuse in Schools—SJM 52**  
                  —Steve Adelsheim, DOH
- 10:40 a.m.     **Comprehensive Eye Exam—SJM 39**  
                  —Dr. Jane McGrath, DOH  
                  —Dr. Todd Goldblum
- 11:00 a.m.     **Discussion of Legislative Options (Working Lunch)**
- 2:30 p.m.      **Adjourn**

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

**November 28-30, 2005  
Room 322, State Capitol  
Santa Fe**

The sixth meeting of the legislative health and human services committee was called to order by Senator Dede Feldman, vice chair, on November 28, 2005 at 9:20 a.m. at the state capitol in Santa Fe.

**Present**

Rep. Danice Picraux, Chair  
Sen. Dede Feldman, Vice Chair  
Rep. William "Ed" Boykin  
Rep. Keith J. Gardner (11/28, 11/29)  
Sen. Steve Komadina  
Rep. Jim R. Trujillo

**Absent**

Sen. Rod Adair  
Sen. Mary Kay Papen

**Advisory Members**

Sen. Sue Wilson Beffort  
Rep. Ray Begaye  
Rep. Miguel P. Garcia  
Rep. John A. Heaton  
Sen. Gay G. Kernan  
Sen. Linda M. Lopez  
Rep. Antonio Lujan  
Rep. James Roger Madalena  
Rep. Rick Miera  
Sen. Gerald Ortiz y Pino  
Rep. Edward C. Sandoval  
Sen. Leonard Tsosie (11/29)  
Rep. Gloria C. Vaughn

Rep. Gail Chasey  
Rep. Kandy Cordova  
Sen. Clinton D. Harden, Jr.  
Sen. Timothy Z. Jennings  
Rep. Terry T. Marquardt

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

**Staff**

Karen Wells  
Lisa Barsumian  
Ramona Schmidt  
Jeremy LaFaver

**Guests**

The guest list is in the meeting file.

## **Monday, November 28**

### **SJM 50 - Grandparents Raising Grandchildren**

Mary-Dale Bolson, secretary of children, youth and families, Liz McGrath, executive director of Pegasus legal services for children, and Patsy Trujillo-Knauer, deputy secretary of aging and long-term services, presented the findings and recommendations in the SJM 50 final report (written report submitted). Among the findings were that:

- 52 percent of New Mexican grandparents living with their grandchildren had primary responsibility for their grandchildren; this situation is more prevalent among Hispanics and Native Americans;
- over one-third of these grandparents have had primary responsibility for their grandchildren for over five years;
- 28 percent of the grandparents live in poverty; and
- 52 percent of the grandparents live in Bernalillo county, 37 percent live in Dona Ana, McKinley, Sandoval, San Juan and Santa Fe counties, and 11 percent live in the remaining counties.

SJM 50 recommendations include the following:

1. creating a standing committee on grandparents and kinship caregivers and an advisory committee under the direction of the children's cabinet at a cost of \$75,000 for staff, travel and advisory group support;
2. creating a kinship caregivers' web site at a cost of \$80,000;
3. creating a state fund of \$250,000 to allow the children, youth and families department (CYFD) to contract for legal services to assist kinship caregivers in legal actions;
4. training human services department (HSD), public school and CYFD staff on benefits for which kinship caregivers and their children are eligible;
5. training public school staff about the federal McKinney-Vento Act; and
6. supporting the initiative of the federal Courts Improvement Act and CYFD to improve training of those in the judicial and social services system on the benefits of preserving family connections.

Thea Guerin, a case manager with the grandparents and relatives outreach (GRO) program at university of New Mexico children's hospital, spoke on behalf of one of the program's clients. The client is raising her three-year-old granddaughter whose parents are in prison. The girl was not socially or intellectually developed for her age when her grandmother took her in. The grandmother has health problems, relies on public transportation and works as a full-time housekeeper earning \$300 to \$800 per month, depending on the number of hours worked. She has received a caregiver affidavit and legal guardianship from the state. However, by becoming her granddaughter's legal guardian, she has lost certain state benefits.

In response to a question by Senator Ortiz y Pino about eligibility for temporary assistance for needy families (TANF) benefits, Secretary Bolson responded that state law now takes into account

the income of guardians, which does adversely affect the working poor. Senator Feldman asked if this situation was due to state law, to which Secretary Bolson responded that state law was changed in 2001 to include this income. The person's income, and not the person's status as a legal guardian, is the factor when applying for child-only TANF benefits. A guardian also is ineligible to receive the child care subsidy if the guardian's income is over 150 percent of the federal poverty level (FPL). CYFD is seeking to raise the eligibility percentage. It was noted that foster parents receive \$400 per child, but also must go through state training. Senator Kernan asked under what circumstances a child is sent to foster care. The response to that question: the state first looks for relatives; if unsuccessful, then foster care is used. Representative Begaye asked about Native American families, to which Secretary Bolson responded that Native American families often have informal arrangements and that a lot of misinformation prevents these grandparents from applying for TANF. Many grandparents do not have money for legal advice and are afraid of losing their grandchild or grandchildren. One of the SJM 50 recommendations is to provide legal support. Senator Feldman asked about applicability of the McKinney-Vento Act, a federal law that requires homeless children to be enrolled in a public school. Grandparent-raised grandchildren fall into that definition. State law also allows a grandparent to enroll a child in public school, but school staff are not uniformly knowledgeable about the state law. It was suggested that the public education department needs to better inform school staff on state law. Representative Miera supported the web site recommendation. Senator Komadina questioned the \$80,000 cost of developing the site and the cost associated with the proposed standing committee and asked Secretary Bolson to revisit those figures.

## **HM 22 - Supplemental Wage Support and Benefits to Child Care Workers**

Secretary Bolson presented the findings and recommendations in the final report on HM 22 (written report submitted). Following are findings included in the report.

- New Mexico has approximately 8,000 child care workers (referred to as "early care and education professionals" in this report) who earn an average of \$15,000 annually or an average hourly wage of \$7.20 per hour.
- There are 400 licensed day care centers. Licensees now receive a certain number of stars indicating the quality of early childhood programs provided at the center.
- There are 8,500 registered home providers.
- Stability in a child's child care setting is especially important if there is instability at home.
- Approximately 25,000 New Mexican parents receive state child care subsidies.

Regarding wage supplements, the final report recommends a bonus once every six months based on the education level and experience of the child care worker. Regarding benefits, the final report recommends providing health insurance coverage through the state coverage initiative and subsidizing the premium costs of either the employers or the employees or both at an estimated initial cost of \$1 million. Representative Miera expressed his concern about losing education assistants (EAs) in the public school system to the child care system since the federal No Child Left Behind Act requires EAs to have associate degrees. Secretary Bolson pointed out that EAs work 6.5 hours per day for nine months and receive benefits while child care workers work 10-hour days for 12 months without benefits. Representative Sandoval pointed out that the legislature



may be considering an increase in the minimum wage and that the potential negative impact of a wage increase and proposed bonuses on a worker's eligibility for other benefits should be considered.

### **Medicaid Six-Month Reenrollment Requirement**

A physician and president of the New Mexico chapter of the American pediatric society spoke on the importance of children having a "medical home". The medicaid reenrollment requirement works against this concept and interferes with establishing continuity of care.

### **Hunger and Food Insecurity**

Clark deSchweinitz, chair of the task force to end hunger; Laurel Wykoff, director of the New Mexico association of food banks; and Pam Roy, representing the New Mexico food and agriculture policy committee, addressed the committee on the status of hunger in the state. Mr. deSchweinitz (written material submitted) asked that the task force be allowed to continue its work and that \$38,000 be appropriated to fund a hunger coordinator position in the HSD. The \$38,000 state appropriation would be matched with federal food stamp funds. During 2006, the task force would like to assess the size and shape of the state's hunger problem and the impact of high energy prices and recruit greater involvement of the private sector. Ms. Wykoff (written material submitted) provided an overview of the association and its activities. Formed in 2000, eight food banks are members of the association. The food banks distribute 31 million pounds of food each year that is valued at \$46 million. The association procures fruits and vegetables that are distributed to 761 feeding programs, most of which are faith-based. Five food banks participate in the food for kids programs, where food is sent home with students in their backpacks. Fifty-five schools are served with a goal of serving all Title I schools. The association is requesting a \$600,000 appropriation in 2006, having received only \$400,000 in 2005. The association is also advocating passage of "New Mexico Harvest for New Mexicans", which includes a request for \$600,000 to promote use of locally grown foods. Ms. Roy explained the work of the policy committee, which includes working on the school nutrition rules legislation.

Senator Feldman asked about the status of the hunger coordinator position and was told that the position has not been filled in fiscal year 2006 and the funds for the position need to be extended into fiscal year 2007. Representative Vaughn asked if there are food bank services in Otero county and was told that there are such services. Senator Ortiz y Pino asked about the status of universal school breakfast and was told that \$450,000 would be requested to fund that initiative. Representative Garcia asked about the supplemental food program and was told that 23,000 families are served per month. The number of boxes of food a family can receive and the frequency depend on the available supplies of each individual food bank. The recent natural disasters have reduced USDA supplies by 20 percent. Representative Garcia also asked about encouraging families to produce their own food on available land, to which Ms. Roy responded that her organization was involved in that type of effort. Representative Sandoval asked if \$600,000 would be adequate to account for the impact of the recent disaster and if that amount would leverage other funds. Ms. Wykoff responded that they are still in the middle of that impact and that each state dollar will purchase \$77.00 worth of goods. Representative Sandoval advised the presenters to ask for the full amount they need and get that amount included in the agency's

budget request. Senator Komadina commented that he does not necessarily support the universal school breakfast concept and cited the example of the Pueblo of Zuni. Representative Miera commented that he wants to coordinate the universal school breakfast funding request during the upcoming session.

A quorum now being present, minutes from the previous committee meeting were approved without objection.

### **Immunization and Pandemic Update**

Karen Sakala, representing the New Mexico immunization coalition, made a presentation on the status of child immunization in the state. She noted that immunizations are the most cost-effective protection and New Mexico has improved from number 43 to 15 in state rankings for immunizations. New Mexico is one of five states that offers universal vaccine. Representative Miera asked the reason for the improvement and was told that shot team nurses, mini-grants and local coalitions are all responsible for the improved ranking. There is no charge for shots if the shots are provided through public health clinics.

Dr. Mack Sewell, state epidemiologist with the New Mexico department of health (NMDOH), discussed the threat of pandemics. He explained that it takes eight to nine months to develop a new vaccine and that, in some cases, a better strategy may be to treat a patient once infected than to vaccinate. NMDOH has a pandemic plan but is still assessing local needs. He noted that the state has a strong public health network.

Dr. Paul Ettestad, NMDOH veterinarian, provided an overview of the avian flu (written material submitted). A national coordinated surveillance program, like the one in place for West Nile virus, is being formed.

Senator Kernan asked about flu vaccine distribution and was told that NMDOH has little control over the distribution, but local health departments are being asked to take the lead in determining local availability. There was a discussion on the economics of vaccine production. A number of vaccine manufacturers have left this business and Senator Komadina noted that liability exposure has had an impact.

### **Public Comment**

Dan Richey, representing the New Mexico early childhood alliance, expressed support for a pilot project for the wage supplement for child care workers.

## **Malpractice Issues - SM 7**

Mr. Kevin McMullan, with the New Mexico health policy commission, provided an overview of consensus items of the SM 7 task force. One item is support for creation of a joint underwriting association to cover those health care providers who are unable to obtain malpractice coverage in the private insurance market. A second item is support for sending a letter to Pam Hyde, secretary of human services, to request an increase in reimbursement for obstetrical services. The task force disagreed on the extent of the malpractice insurance problem and the impact of rising premiums on service delivery. Presentations were made to the committee by representatives of each provider group that served on the task force.

Susan Stalls, representing the New Mexico chapter of the American college of nurse midwives, said this organization has experienced a doubling in malpractice premiums and reduced reimbursements. There are no longer obstetricians and gynecologists in Las Vegas or Grants. There have been six cases since 1990, all of which were settled. Nurse midwives are not included under the current malpractice statute, which requires the providers to have occurrence-based insurance.

Connie Koshewa, representing the New Mexico midwives association, pointed out that in the 2005 legislative session three options were proposed to address malpractice coverage for midwives: inclusion under the existing malpractice statute, requiring managed care organizations to cover at-home births and allowing midwives to participate in the state liability insurance plan. The low number of midwives is too small a risk pool to be underwritten by private insurance. Managed-care organizations and the state medicaid program claim they are exposed to a vicarious liability problem although the midwives claim that both entities are insured against vicarious liability. No home-birth insurance is available anywhere in the United States. The midwives support passage of legislation that mirrors the Medical Malpractice Act; the use of vouchers by medicaid and managed care organizations to cover their services; and bringing midwives under the state liability insurance plan.

Sharon Hensley, representing certified registered nurse anesthetists (CRNAs) noted that, although CRNAs are included in the patient compensation fund statute, the only insurance company that writes the occurrence policies required by the statute requires CRNAs to be employed by a physician. The majority of CRNAs are not employed by physicians and therefore cannot qualify for this insurance coverage. Over half the hospitals in New Mexico are staffed with only CRNAs. Like the midwives, CRNAs support passage of a statute that mirrors the medical malpractice statute.

Chris Tapia, representing the New Mexico health care association, noted that liability insurance premiums for nursing homes have doubled over the past five years. The higher premium policies include much higher deductibles.

Dr. Kathleen Blake, representing the New Mexico medical society, stated that the presumption for the task force was that a malpractice crisis exists in New Mexico, but this situation is not true for all providers. Provider-specific data is needed to determine provider-specific solutions. Dr.

Blake explained the history of the Medical Malpractice Act, passed in 1976, and how the medical society and trial lawyers association are required to cooperate under the law. Data are used for each medical specialty, the parties work with the insurance carriers to hold the carriers accountable for their rates and the process is data-driven. The patient compensation fund, required by the Medical Malpractice Act, has a balance of \$38 million and needs \$44 million to be actuarially sound. The integrity of the fund is very important and allowing additional providers to access the fund is of concern. The medical society recommends a provider-by-provider analysis.

Steve Durkovich, representing the New Mexico trial lawyers association, stated that the task force never got to the point of reviewing data. His group wanted to obtain information on the number and severity of claims and the basis for the increase and to know whether providers are practicing outside their legal scope of practice, whether claim estimates are inflated and if the crisis was created in search of higher profits. Non-admitted insurers do not have to file reports with the state so that information is hard to gather. The situation in surrounding states was never researched.

Representative Picraux asked for clarification of the problem being experienced by CRNAs, which was explained to her. She also asked if nurse midwives have independent practices and was told that a nurse midwife is supervised, but not employed, by a physician. Nurse midwives can obtain malpractice insurance, but insurance premiums have doubled. Midwives cannot obtain malpractice insurance at all. Mr. Durkovich pointed out that CRNAs pay a \$5,000 malpractice premium while anesthesiologists pay \$25,000 to \$30,000. Dr. Blake explained that an occurrence-based policy is more costly because a provider is covered forever, compared to a claims-made policy where, at the end of the policy, the provider must pay to cover the so-called "tail" of liability that exists after the conclusion of coverage. Asked by Representative Picraux if physicians are having problems finding occurrence-based policies, Dr. Blake said that certain specialties, such as obstetrics, surgery and neurosurgery, have had increasing premiums. Senator Feldman inquired about the effect of the statute of limitations and was told that obstetrical care premiums are higher because the statute of limitations does not apply until age 18; for other cases, the limit is three years. Senator Kernan pointed out that occurrence insurance coverage is an affordable option for medical malpractice insurance for the state of New Mexico, an observation with which Senator Komadina agreed. Senator Kernan asked if the non-physician providers would be willing to pay into the patient compensation fund. Ms. Stalls responded that the nurse midwives have decided against seeking to be added to the Medical Malpractice Act and the fund and are pursuing a mirror act instead. Senator Beffort asked why the managed care organizations did not participate in the task force and was told that those organizations had not been included in the memorial. She also asked about the reimbursement rate for delivery of babies and was told that all providers who do deliveries receive the same rate, which has been increased by \$300. Physicians receive a higher reimbursement for a cesarean section. Senator Komadina asked what the task force was asking of the committee. He was told that the task force did have the two consensus items. The physicians and trial lawyers support looking into creation of a joint underwriting association for non-physician providers so as not to destabilize the patient's compensation fund. Senator Ortiz y Pino observed that there was really only one consensus item: requesting the HSD secretary to raise medicaid reimbursement rates for deliveries. Representative

Sandoval questioned whether the CRNA's situation is actually a turf battle and was told it is not. There was a discussion on the issue of physician supervision. Linda Siegle, who represents nurse midwives, asked that if the committee extends the study, that money be added to support its work. Representative Picraux requested that each provider group submit its own request for legislation.

### **Teen Pregnancy and Comprehensive Sex Education**

Female Albuquerque high school students involved with the young women united program made a presentation to the committee. The group does peer mentoring and is seeking to get comprehensive sex education in high and middle schools. Representative Garcia expressed how impressed he was with the group that had participated in a legislative summit in Albuquerque and had extended the invitation for them to appear before the committee. Senator Ortiz y Pino offered the committee's support for a memorial on the topic. Representative Vaughn asked if schools are not already offering this information and was told that an abstinence-only curriculum does not provide enough information. Senator Lopez observed that people have a difficult time with this subject and that young men also need to be included. A board member of the organization added that comprehensive sex education also helps inform students about sexual violence and its impacts.

### **Tuesday, November 29**

The committee reconvened at the State Capitol in Santa Fe at 9:10 a.m.

### **Health Policy Discussion**

Senator Feldman noted the state has a health policy that was established with the creation of the health policy (HPC) commission in 1995. She recently attended an international health care reform conference, reporting that the United States representatives were interested in equity and access issues while the international representatives were seeking information on cost and quality issues.

Mary Feldblum, representing health security for all New Mexicans, briefed the committee on that coalition. The coalition supports the "Health Security Act" that would set in motion the state of New Mexico setting up its own health plan. As a small population state, this approach could be pursued. The coalition opposes dependence on the federal government and medicaid waivers and placing a state governmental entity in charge of the proposed plan. The plan would include universal coverage and choice of physician. The plan would provide for a three-year phase-in. In the first year, costs would be determined, the details worked out with the consent of the interested parties and the plan would move forward.

Charlotte Roybal, representing health care for all, and consultant Nandini Kuehn presented several health care financing models:

1. the existing health insurance system;
2. a market-based health insurance model that is tax-based and state-administered;
3. a provider-of-choice health insurance model; and

4. a multi-payer government-managed health insurance model.

The group's recommendation is to provide a \$100,000 to \$150,000 appropriation to study these models for use in New Mexico. Secretary Hyde noted that, based on her consulting experience, this amount of money would be inadequate and findings should not be expected before the 2007 legislative session.

Secretary Hyde, appearing on behalf of the insure New Mexico council, reported on the recommendations of that group. She noted that the council's mission is to expand employer-sponsored health insurance coverage and cover more New Mexicans. About 88 percent of New Mexico employers employ fewer than 20 employees. Among the 22 recommendations are:

- covering prenatal care at 235 percent FPL; and
- creating tax credits to provide incentives for employers to acquire or retain health insurance coverage for their employees.

Representative Lujan asked what amount would be necessary for the study if the amount requested is inadequate, to which Secretary Hyde responded around \$500,000. He also asked about mandating employers like Wal-Mart to cover their employees and was told that most employers with over 200 employees do offer coverage. However, part-time employees could be helped by the proposed tax credit but that, ultimately, universal coverage is the solution. Senator Feldman asked about the number of insured children and was told that 40 percent are insured privately, 42 percent are covered through medicaid and 14.5 percent have no coverage. She questioned the assumption that 50 percent of the eligible businesses would take advantage of the tax credit and the advisability of rewarding businesses for what they are currently doing. Regarding the new Nevada law that ties the state minimum wage to health insurance, the committee was told that employers providing health insurance coverage pay \$5.15 per hour while those who do not must pay \$6.15 per hour. Secretary Hyde pointed out that all subsidies are intended to incentivize behaviors. Senator Feldman asked why the small employee insurance program is requesting \$300,000, to which Secretary Hyde explained that the state has been unable to find private sector funds and needs the \$300,000 to start up the program. Representative Trujillo asked about the situation with day workers and immigrant workers and was told that covering more adults under medicaid would help and that individuals are able to purchase coverage under the state coverage initiative, although the poorer the individual, the less likely the individual is to do so. Without a big change in medicaid or the creation of universal coverage, this category of individuals will not be reached. Senator Beffort complimented Secretary Hyde on the work done by the council and asked about the need to expand the scope of student health centers in treating college students, noting that 2006 is a good year to request nonrecurring appropriations.

Several senators wondered if New Mexico would attract the unhealthy poor if the state becomes the first to offer universal health care coverage and discussed other miscellaneous issues related to universal health care coverage.

### **Public Comment**

An Albuquerque pediatrician reiterated the problem with the six-month recertification requirement, as did a family physician and a representative of the center on law and poverty.

Ellen Pinnes commented that the insure New Mexico council had no consumer or union representation and met in secret. Senator Feldman pointed out that there had been a communications workers of America representative on the council although that individual only attended one meeting.

### **Long-term Care**

Debbie Armstrong, secretary of aging and long-term services, reviewed "Rebalancing the System", the long-term services plan for New Mexico. She noted that the report is still in the draft stage and, once finalized, will be distributed to the committee. The draft plan is a conscious direction toward more home- and community-based services (HCBS) and away from institutional care. Secretary Armstrong reviewed the Long-Term Care Services Act guiding principles. She noted the planning process involves a three-pronged approach, including evaluation of New Mexico's current long-term services system, a comprehensive public input process and analysis of national best practices in other states. Review of issues included:

- building the aging and long-term services department (ALTSD) infrastructure;
- expanding and enriching HCBS services options;
- improving collaboration and input across the long-term services delivery system; and
- integration of related, ongoing planning processes.

The number of New Mexicans receiving publicly financed HCBS services has increased over the last five years. Secretary Armstrong shared excerpts from the plan, including the state distribution of medicaid funding in 2005, estimate of long-term services expenditures, availability of long-term services by region and by county, availability of long-term services for children by region and trends in medicaid long-term services spending by county. The challenges faced by the system include:

1. the need for improved access, quality of care, quality assurance and quality improvement mechanisms;
2. inadequate state data to support health reform or monitor system change;
3. transportation;
4. employment;
5. housing;
6. workforce issues; and
7. caregiver support.

Discussion occurred regarding the changing elderly population, policy priorities relating to reports of abuse, and various initiatives and pilot programs that are ongoing.

Kerry Hamilton, ALTSD director of programs and services, spoke to the committee about a federal demonstration project called "naturally occurring retirement communities". She noted that approximately 40 communities are participating in the project, which provides support services to allow seniors in declining health to remain in their own communities. Project sites include Albuquerque, Rio Rancho and the rural community of Fort Sumner. They are requesting \$200,000 to support the project.

## **Alternatives to Medicaid Financing for Long-term Care**

Anne Sperling and Dr. Ron Lucchino addressed the committee regarding alternatives to medicaid financing for long-term care, based on SM 35 from the 2005 legislative session that was not signed. Ms. Sperling reviewed a report by an ad hoc task force. She noted the intent of the task force was to heighten awareness that the New Mexico medicaid budget for long-term care needs to be reserved for the truly "eligible" population and to develop a recommendation and bring forth ideas for public/private partnerships for financing the long-term care needs of New Mexico. The predicament facing New Mexico includes:

- rapidly changing demographics;
- dwindling federal government financial resources for medicaid-sponsored long-term care and the use of medicaid as health insurance for the "middle class";
- rampantly spreading Alzheimer's disease and diabetes that will have a huge financial impact on long-term care services in New Mexico; and
- rising long-term care use and costs.

Long-term care claims experience and long-term care use and costs were reviewed. Possible solutions offered include: private financing through long-term care insurance, annuities, life insurance, employer-offered long-term care insurance and reverse mortgages; and public/private financing through partnerships for long-term care insurance and tax incentives. Recommendations from the ad hoc task force include:

- passage of a joint memorial to establish a formal study to examine long-term care financing needs of the state on a public and private basis;
- passage of a memorial to designate the HPC as the host of the study; and
- providing funds to the HPC to conduct the study.

It was noted the HPC is receptive to a funded study. Discussion occurred as to the options for individuals. A request was made for \$470,000 for the first year by the geriatric society for 15 additional geriatric centers to be used in conjunction with the telemedicine program at the university of New Mexico health sciences center.

## **Wednesday, November 30**

The committee reconvened at 9:10 a.m.

## **Statewide System of Trauma Care - HM 20**

Dr. Michael Richards made the presentation (written material submitted to the committee) on the condition of the state's trauma care system. In order for trauma care to be effective, a complete system is needed. New Mexico has 35 24-hour emergency rooms and three trauma hospitals. University of New Mexico hospital (UNMH) is the only level I hospital. Santa Fe and Farmington have level III hospitals. New Mexico is at greatest risk of failure due to insufficient funding. There are too many patients, inadequate access to care and too few surgeons and specialty nurses to satisfy on-call demands, and UNMH is losing money on each trauma case since only 74 percent of the cost is recovered. Uncompensated care at UNMH, which treats 2,500 patients annually and has a 94 percent survival rate, totals \$25 million. However, the hospital cannot handle additional



trauma patients and preserve this survival rate. There are also big gaps in coverage when New Mexicans are transferred to Lubbock and El Paso for care. The task force is recommending:

- creation of a trauma fund of \$30 million; existing facilities would receive \$15 million and \$10 million would be spent on development of lower-level facilities, including a second site in Albuquerque; the final \$5 million would be spent on trauma system development; and
- creation of a trauma authority modeled after the Emergency Medical Services Fund Act.

Senator Ortiz y Pino asked about the various levels of designation for trauma facilities. He was told that a level I facility, like UNMH, has all specialists, a level II has fewer specialists, a level III has even fewer and a level IV has only an emergency room that is committed to specialize in trauma. There are no level II or IV facilities in New Mexico. Even with the proximity of Texas facilities, the southern and eastern regions of the state are not covered. If facilities in those regions existed, patients could be stabilized and be treated closer to their families. Senator Beffort asked if the \$30 million request is for recurring funds and was told that it is. Representative Sandoval asked if the funds are for capital improvements or personnel and was told by Jeff Dye, representing the New Mexico hospitals and health systems association, that the funds would be used to preserve and improve the existing system. Representative Heaton asked if improving emergency transportation would serve as a substitute for any of the recommendations. He was told that the trauma facilities still need the funds. Representative Garcia questioned whether a formula based on actual trauma occurrences could be used and was told that, with a population growth of two to three percent annually, the numbers continue to rise.

### **Suicide Prevention in Schools - SJM 61**

Dr. Steve Adelsheim, with the NMDOH, explained that a response system has been initiated, training has been expanded, a federal grant has been awarded and that anti-stigma programs are underway. A pilot curriculum has been launched in a few schools that are grant sites. Chris O'Donnell, representing the New Mexico suicide prevention coalition, provided an overview of the coalition's activities and reported that 119, or 33 percent, of the 359 New Mexico suicides in 2004 were individuals between the ages of 10 and 25. Suicide is the third leading cause of death among 10- to 14-year-olds. One in seven high school students say they have considered suicide. A request for \$500,000 is being submitted to address adult suicide. Representative Heaton, whose Carlsbad district has experienced a number of youth suicides, asked how many suicide victims received medical treatment, to which he was told that all the suicide victims in Carlsbad were receiving medical treatment at the times of their deaths. Representative Sandoval asked if a registry exists of suicidal students and was told there is no such registry.

### **Prescription Drug Use and Abuse in Schools - SJM 52**

Dr. Adelsheim also presented findings of SJM 52 (written material submitted to committee). No recommendations were developed under SJM 52. Senator Beffort observed that physical activity generates endorphins, which provide a similar effect to drugs and that users of Ritalin often move on to illicit drug use.

### **Comprehensive Eye Exams - SJM 39**

Representative Picraux recommended that individual bill sponsors be approached to sponsor

the legislation to require mandatory eyesight screening. Representative Begaye offered to sponsor the legislation.

### **Discussion of Legislative Options**

Karen Wells presented a matrix of legislative options that had come before the committee during the course of the interim. The chair explained the process for prioritizing the options. After tallying, the results of the prioritization were presented (attached) and members indicated their support and willingness to sponsor endorsed measures.

The chair thanked the committee for its support and hard work during the interim. The meeting was adjourned at 2:40 p.m.

**ADDENDUM**

**2006 LEGISLATIVE PRIORITIES**

11/30/05

**LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE  
2006 LEGISLATIVE PRIORITIES**

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
<b>Health Reform</b>			
Study of models of comprehensive health care coverage; include health security model	Picraux, Trujillo Feldman, Komadina	Appropriation	\$500,000
			<b>\$500,000</b>
<b>Health Care Provider Issues</b>			
University nursing expansions	Picraux, Vaughn, Boykin Beffort	Appropriations	UNM: \$300,000 NMSU: \$600,000 CNE: \$2,000,000
Nursing recruitment and retention recommendations: 1. IT development 2. Clinical teaching institute	Sandoval, Picraux Komadina	Appropriations	1. \$125,000 2. \$500,000
Increase amounts of possible loan repayments for providers serving in underserved areas (message needed)	Trujillo, Vaughn, Lujan Kernan	Statutory change	Increase up to \$80,000 per award; full appropriation unknown
Increase funding and slots for dental students through WICHE	Beffort	Appropriation and statutory change	\$136,500

<b>REQUEST</b>	<b>SPONSORS</b>	<b>TYPE OF REQUEST</b>	<b>APPROPRIATION</b>
Dental hygiene program start-up in three communities (Las Cruces, Roswell, Las Vegas)	Boykin Komadina	Appropriation	\$1,530,000
Memorial to request study of nursing faculty issues	Garcia	Memorial	
Memorial to continue to study and collect data on malpractice insurance issues	Beffort, Komadina	Memorial	
Create an act to mirror the medical malpractice act, with a JUA to address non-covered providers (message needed)	Picraux	Statutory change	
			<b>\$5,291,500</b>
<b>Behavioral Health</b>			
Crisis intervention training (CIT) for all law enforcement	Vaughn, Sandoval Papen	Appropriation	unknown
Secure psychiatric treatment beds in southern N.M.	Boykin Papen	Appropriation	\$1,700,000
Expand PTSD programs for veterans	Sandoval, Vaughn Ortiz Y Pino, Komadina	Appropriation	\$500,000
Suicide prevention resources for adults, coordination and support	Sandoval Feldman		\$500,000
			<b>2,700,000</b>
<b>Medicaid</b>			
Eliminate six month eligibility and auto-closure for medicaid services (note: Gov. has already done this)	Trujillo Feldman	Statutory change	\$4,800,000 estimated impact to implement

<b>REQUEST</b>	<b>SPONSORS</b>	<b>TYPE OF REQUEST</b>	<b>APPROPRIATION</b>
Fully fund current medicaid program and address added costs of Part D	Trujillo Feldman	Appropriation	\$40,000,000
Increase number served on D&E waiver by 100	Garcia Komadina	Appropriation	\$712,000
Increase number served on DD waiver by 200	Sandoval, Picraux	Appropriation	\$4,000,000
Eliminate medically fragile waiver waiting list	Vaughn Komadina	Appropriation	\$1,000,000
Increase medicaid reimbursement for obstetrics	Komadina, Feldman	Appropriation	unknown
			<b>\$50,512,000</b>
<b>Primary Care and Prevention</b>			
Rural Primary Healthcare Act support (support for safety net clinics)	A. Lujan Beffort	Appropriation	\$3,000,000
Update patient health records at primary care clinics	Sandoval	Appropriation	\$2,400,000
Expand access to mammography and related diagnostic services (BCCEDP)	King, Picraux Jennings	Appropriation	\$300,000
Establish a diabetes education and prevention network	Picraux Altimirano	Appropriation	\$950,000
Statewide Trauma care: 1. Create a trauma fund 2. Develop statewide trauma system	Sandoval, Varela (?) Feldman, Beffort	Appropriation and statutory changes	\$30,000,000

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
EMS funding to make up for lost federal grant	Vaughn Altimirano (?)	Appropriation	\$300,000
			<b>\$36,950,000</b>
<b>Prescription Drugs</b>			
Memorial urging the attorney general to sue CMS for the "clawback provision" of medicare part D	Feldman	Memorial	
Fund counseling/assistance to people enrolling in medicare part D (may be included in HB2)	no one volunteered	Appropriation	\$5,000,000
Develop and implement a registry of pharmacy benefit managers in N.M. (message needed)	Trujillo Feldman	Statutory change	
Memorial to continue research and analysis of PBM activities and laws that regulate PBMs; expand to include PDPs	Trujillo Feldman	Memorial	
			<b>\$5,000,000</b>
<b>Long Term Care, Aging and Disability Issues</b>			
Memorial to study long-term care public and private financing needs	no one volunteered	Memorial	
Develop geriatric treatment sites in community health centers	Sandoval	Appropriation	\$460,000
Implement "Money Follows the Person" initiative (message needed)	Picraux, Sandoval, Madalena, Miera	Statutory change	requires no new funding

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
Increase provider reimbursement under DD waiver	Fidel Komadina, Papen	Appropriation	\$3,150,000
Move general fund DD providers towards equity with waiver providers	Picraux Fidel (?)	Appropriation	\$355,000
Funding for statewide "211" information and referral services	Trujillo	Appropriation	\$ 419,000
Increase funding for FIT program, including increasing provider rates	Lopez	Appropriation	\$3,000,000
Amend FIT insurance statute to fix problem (message needed)	Cordova Ortiz Y Pino	Statutory change	
			<b>\$7,384,000</b>
<b>Human Needs &amp; Children</b>			
Restore eligibility for child care assistance to 200% of federal poverty level	King Lopez, Feldman	Appropriation	\$ 10,200,000
Implement phased-in wage supplement for child care workers	Picraux Beffort	Appropriation	\$1,000,000
Increase funding for quality child care initiatives (TEACH, AIM High, accreditation)	Miera	Appropriation	\$4,400,000
Continue and increase funding for this pilot, at-home infant care program	Chasey, Picraux Lopez	Appropriation	\$360,000
Create advisory committee on grandparents and kinship care-givers; create a web-site (housed at ALSTD); establish a fund to assist with legal issues	Boykin Feldman	Appropriation	\$405,000



<b>REQUEST</b>	<b>SPONSORS</b>	<b>TYPE OF REQUEST</b>	<b>APPROPRIATION</b>
Restore and increase funding to state food banks; fund New Mexico Harvest program	Sandoval, Vaughn	Appropriation	\$1,200,000
Farm to Table initiatives	Stell Kernan	Appropriation	\$325,000
Fund N.M. Veterans Integration Center for operations	Sandoval Ortiz Y Pino, Komadina	Appropriation	\$250,000
Memorial to continue Task Force to End Hunger	B. Lujan	Memorial	
Increase funding for homeless services by 33% per year for three years	Papen	Appropriation	\$ 300,000 (first year)
			<b>\$18,440,000</b>
<b>Women's Health &amp; Safety</b>			
Memorial to support comprehensive sex education and funding	Garcia	Memorial	
Domestic violence programming for children in schools	Vaughn, Picraux Lopez	Appropriation	\$500,000
			<b>\$500,000</b>
<b>UNM</b>			
Combined degree program (BS/MD)	Picraux Beffort, Komadina, Feldman	Appropriation	\$800,000
UNM/NMSU cooperative pharmacy program	Heaton Papen	Appropriation	\$387,600
Office of the Medical Examiner	Picraux	Appropriation	\$660,000
NM Poison and Drug Control Center	Lopez	Appropriation	\$112,000

REQUEST	SPONSORS	TYPE OF REQUEST	APPROPRIATION
Nursing expansion (already shown)	already assigned	Appropriation	\$300,000 (already counted)
Out of County Indigent fund	Sandoval, Picraux, Saavedra Beffort, Feldman (LFC members)	Appropriation	unknown
			<b>\$1,959,600</b>
			<b>\$129,236,750</b>