

**2008 APPROVED  
WORK PLAN AND MEETING SCHEDULE  
for the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

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**Approved Work Plan and Focus for 2008**

In light of the legislative health and human services (LHHS) committee's focus last year on health care, this interim, the committee proposes primarily to focus on human services issues, including nutrition programs, jobs creation, homelessness, domestic violence, utility assistance, early childhood intervention and the effects of the current economic slowdown on demand for public assistance services. Additionally, the committee proposes to examine methods to recruit and retain health care professionals, review the coordination of long-term services and receive reports pursuant to the numerous memorials and other legislation approved requesting agencies and others to report to the committee.

The committee plans to:

1. fulfill its oversight role regarding the human services department (HSD), aging and long-term services department (ALTSD), the department of health (DOH) and the children, youth and families department (CYFD), with emphasis upon:
  - a. child care;
  - b. domestic violence;
  - c. at-home care (e.g., health commons);
  - d. behavioral health oversight;
  - e. sexually abusive youth and counselor education; and
  - f. coordinated long-term services implementation;

2. examine medicaid and SCHIP funding, including the SCI waiver, considering how to fund, maintain or restructure these programs in the face of expected decreases in federal match money;
3. consider whether the focus of medicaid funding should be on children or on elderly and disabled individuals;
4. hold meetings in other parts of the state, in conjunction with scheduled LHHS meetings, to solicit and receive public input on health care reform efforts;
5. review health care issues, including:
  - other states' lessons, such as the Illinois model for covering children and lessons from Iowa, Vermont, Massachusetts, Maine, Tennessee, Oregon and Washington;
  - models for medical care without insurance or with insurance supplementing a basic medical care program; considering targeting populations and implementing programs to address chronic disease and prevention;
  - information from the healthy New Mexico task force on its five-year strategic plan and pilot program;
  - health care and the aging population;
  - New Mexico health policy commission reporting on health care information and transparency; and
  - presentations by national experts, including the New America Foundation;
6. receive reports directed to the LHHS pursuant to prior years' legislation;
7. review the scope of practice for health professionals, including reports from the New Mexico medical board and others on achieving flexibility and maintaining standards;
8. review the role of medicare in providing coverage to disabled and elderly New Mexicans and review how this coverage interfaces with state public and private coverage;
9. examine health care for members of Indian pueblos, nations and reservations as well as off-reservation Indians;
10. review access to and affordability of prescription drugs in New Mexico;
11. consider the roles that wellness, chronic disease management and prevention programs can play in health care reform;
12. review transparency measures that may be implemented for hospitals, prescription drug managers and other providers and insurers;
13. veterans' services — examine what the HSD, DOH, ALTSD and the veterans' affairs department are doing to address the needs of recently returned and older veterans;
14. facilities — review the status of health and human services facilities and consider

whether they are sufficient to meet current and future demands;

15. housing — examine the availability of adequate housing for low-income, disabled and elderly people, including veterans;
16. hunger — look at food availability and distributions for rural and urban communities and policy solutions for the high rate of food insecurity in New Mexico;
17. electronic medical records and health information technology — examine current and potential applications of health information technology and electronic medical records and billing in New Mexico and elsewhere;
18. oral health — examine the availability of oral health care to New Mexicans who are uninsured, covered by medicare or medicaid or covered by private insurance; and
19. review whether the executive requirement that contractors with the state provide health insurance requires legislative approval or intervention.

Additionally, the committee proposes to examine means of getting more employees covered under employer-based health care coverage, including consideration of:

- whether employers should be allowed to buy into the state employees' program; and
- whether the small employer insurance program might be used to cover greater numbers of people (self-funded, self-insured).

## **PROPOSED 2008 MEETING SCHEDULE**

<b><u>Date</u></b>	<b><u>Location</u></b>
June 6	Santa Fe
July 16-18	Las Cruces/Deming
August 20-22	Albuquerque
September 15-17	Farmington, Beclabito Chapter House, Navajo Nation
October 15-17	Santa Fe
November 10-12	Santa Fe