

**2012 APPROVED
WORK PLAN AND MEETING SCHEDULE
for the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

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Sen. Rod Adair
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Sen. Mary Kay Papen
Rep. Danice Picraux

Behavioral Health Subcommittee:

TBD

Work Plan and Focus for 2012

Organizational Meeting

The Legislative Health and Human Services Committee (LHHS) began its interim with an organizational meeting in which it received testimony from the Human Services Department (HSD) regarding the HSD's application to federal authorities for a waiver to implement its Medicaid redesign plan entitled Centennial Care. In addition, the LHHS heard testimony from representatives of Native American pueblos regarding the Centennial Care plan.

The committee also reviewed its work plan proposal and heard budget testimony on health and human service agencies from the Legislative Finance Committee staff.

Focus for 2012

The LHHS will continue its oversight of health and human services agencies and programs at state institutions of higher learning. The committee will also hear testimony on the following topics.

Family Welfare

The welfare of children, parents and families is closely interrelated, and the committee will hear testimony on:

- child welfare, including proposed changes to the Children's Code; the incidence of child abuse and neglect in the state; and the return on investment for prenatal and early childhood home visiting and child care programs;
- domestic violence, including programs for prevention and to provide training for effective intervention;
- teen pregnancy rates and programs offering effective support for at-risk teens;
- the sharply rising rates of sexually transmitted diseases, especially among youth; and
- women's ability to earn a living wage and find adequate assistance for full participation in family support — including the effects of wage disparities, the availability of a "living wage", the cost and availability of child care and other factors.

Medicaid

The LHHS will review the state's Medicaid program. This includes the Centennial Care plan, for which the HSD submitted a waiver application to the federal Centers for Medicare and Medicaid Services on April 25, 2012. The changes that the HSD proposes to institute include:

1. pursuant to the Patient Protection and Affordable Care Act (PPACA) mandate, covering all individuals, regardless of age, disability, resources or parental status, whose incomes fall below 138% of the federal poverty level (FPL);
2. collapsing all Medicaid programs currently governed by the state plan and several waivers under Sections 1115, 1915 and 1918 of the federal Social Security Act under one global 1115 waiver;
3. reintegrating behavioral health services with physical health services ("carving in");
4. removing three-month retroactive eligibility for applicants;
5. providing comprehensive care coordination to recipients;
6. streamlining care for Medicare/Medicaid "dual eligibles";
7. reducing the number of Medicaid managed care vendors to only two or three; these entities will be charged with providing behavioral, physical and long-term services across the span of recipients' lives or program participation;
8. increasing recipient health literacy and "responsibility" through the use of incentives and disincentives;
9. piloting payment reform, moving away from fee-for-service Medicaid; and instituting

quality incentives;

10. instituting "benefits boundaries" for "moderate-to-high long-term services recipients" according to standards that are not yet defined;

11. making delivery system innovations such as requiring hospitals to invest in delivery system reform and improvement programs and restructuring sole community provider funding;

12. abandoning the state's participation in the Money Follows the Person community placement program;

13. creating a comprehensive community long-term care benefit that includes both personal care option services and the home- and community-based waiver services pursuant to which:

a. categorically eligible individuals will have no waiting list;

b. the medically eligible (138% FPL to 300% FPL) will be subject to a waiting list;
and

c. slots will be divided into moderate-need and high-need slots;

14. addressing two major enrollment issues:

a. integrated enrollment with any health insurance exchange; and

b. outreach and enrollment in chronically underenrolled (but eligible) communities;

15. instituting health care delivery innovations: the committee proposes to hear testimony regarding the patient-centered medical home and chronic disease management and care coordination to achieve cost savings, including the North Carolina Community Care Program;

16. contending with Medicaid fraud: the committee will examine new federal regulations and initiatives to combat Medicaid fraud, including the use of information technology and data mining. The HSD has implemented most of the measures required by rule. The committee will request information from the HSD about the status of its implementation of federally required fraud provisions; and

17. addressing Native American Medicaid: members of the pueblo governments and the Navajo Nation have expressed concern about Centennial Care's auto-enrollment of Native Americans into managed care Medicaid. Also, the Navajo Nation is in discussions with the HSD regarding a possible Navajo Medicaid managed care organization. Those discussions are not yet at the formal stage, according to Navajo officials.

Behavioral Health Subcommittee

At its June 27 meeting, the New Mexico Legislative Council (LC) re-created a behavioral health subcommittee to study and oversee the state of behavioral health services in the state. The subcommittee will hear testimony regarding ongoing concerns from behavioral health care service consumers, their families and the provider community and changes to publicly financed behavioral health services provided through the proposed Medicaid "carve-in" or the Interagency Behavioral Health Purchasing Collaborative (Collaborative). The subcommittee will also hear testimony regarding core service agencies, a central feature of the Collaborative's plan to provide comprehensive, intensive supports to high-need recipients.

The subcommittee will hold one hearing at the Los Lunas Substance Abuse Treatment and Training Center in Los Lunas and tour that facility.

The behavioral health subcommittee will hear testimony as to the status of behavioral health services for foster children.

The behavioral health subcommittee will review the statewide autism task force's report pursuant to House Memorial 41 (Representative Edward C. Sandoval, 2012); programs to increase work force development for individuals living with autism spectrum disorders; the discipline of autistic students in schools; and legislation to mandate autism coverage for individuals covered by public employee and retiree plans.

The LC allotted the behavioral health subcommittee three meeting days this interim.

The State Response to the PPACA

The United States Supreme Court's decision on the challenges to the PPACA was issued on June 28, 2012. The Supreme Court upheld most of the PPACA. The committee will review the state's obligations and opportunities under the PPACA as determined by the Court's decision.

The committee will receive testimony from the New Mexico Office of Health Care Reform and entities with which it contracts, such as the Leavitt Group, to learn of its plans to implement a state health insurance exchange and meeting exchange requirements under federal law to share enrollment capabilities with the state's Medicaid program; to implement a navigator program to assist residents in enrolling in qualified health plans; and to offer cost-sharing subsidies, tax credits and insurance mandate exemptions. The committee will also continue to receive ongoing testimony from the New Mexico Office of Health Care Reform regarding federal grants that public and private entities receive pursuant to the PPACA.

The committee will hear testimony from the superintendent of insurance and the superintendent's staff regarding the recommendations of the Insurance Division of the Public Regulation Commission on changes to the New Mexico Insurance Code and on its implementation of federal rules relating to the "essential benefits" that the PPACA requires that any non-grandfathered comprehensive plan sold in the state offer to beneficiaries. The

committee will request testimony from the division on the implementation of new rate review rules, on the status of the division's ombudsman office and consumer assistance programs and the division's efforts to maintain accreditation by the National Association of Insurance Commissioners.

The committee will hear testimony on the development of a nonprofit cooperative health care coverage plan that local experts and employers have been working to establish through a corporation established pursuant to Section 501(c)(29) of the United States Internal Revenue Code to provide coverage to individuals and employers.

In addition to the PPACA's mandate that states expand public coverage through Medicaid, the PPACA proposes that states offer a basic health program for low-income individuals ineligible for Medicaid and offer attendant-care services through the Community First Choice (CFC) Program. If the state opted for the CFC Program, it would likely replace the state's current provision of services through the Personal Care Option offered to Medicaid recipients at the standard federal match in favor of the CFC option.

Delivery System Innovations

The committee will hear testimony on the steps that public health coverage programs are taking to implement PPACA provisions on health care delivery and reimbursement. These include expansion of the medical home model, accountable care organizations, community care teams, the use of *promotoras*, or community health workers, and new long-term care delivery options.

Hospitals and Health Facilities

There are a number of issues relating to hospitals and health facilities that the committee will review this interim:

1. billing and collection: the committee will receive testimony regarding the impact that new American Hospital Association guidelines might have in the state. The committee will also review guidelines and practices relating to financial arrangements for uninsured and underinsured patients;

2. credentialing: in 2011, there was a high-profile case in the state involving grave medical malpractice allegations that some contend arose partly due to lax physician peer credentialing. In response to Representative Terry McMillan's House Memorial 24, passed in the 2012 regular session, the committee will hear testimony by a panel that has been charged with reviewing hospital peer credentialing practices and intends to make recommendations; and

3. an important area of review that the committee will undertake is the status of efforts to reduce the incidence of health care-associated infections and challenges to patient safety. The New Mexico Healthcare-associated Infections Advisory Council, led by the Department of Health, is prepared to present a report to the committee. The committee will hear testimony regarding infections arising from ambulatory surgical facilities. The committee will also hear

testimony regarding a new patient bill of rights.

Incarceration Health Care

The Corrections Department currently delivers physical health care and prescription drugs to individuals in its custody by contracting with a managed care entity, and it delivers behavioral health services through the Collaborative. The committee will examine:

- the funds that the state expends on corrections health care, high-risk and high-cost conditions and services such as those for pregnancy and childbirth, substance use and infectious diseases;
- a cost-benefit analysis regarding geriatric release programs; and
- whether to combine corrections health purchasing with that of other agencies, how to maximize federal and other funding through programs such as Medicaid and Medicare and how to use technology to increase efficiency.

Health Care Work Force

The committee will continue its work in assessing the need and capacity for health care professionals statewide, including a review of:

- the capacity of state educational institutions to increase the supply of providers;
- registered nurse staffing guidelines pursuant to House Memorial 51 (Representative Brian F. Egolf, Jr., 2012) and American Hospital Association recommendations;
- licensure of nurses to perform ultrasound;
- health care professional retention: an examination of tax incentives and covenants not to compete and their effect upon the work force; and
- the prospects for and utility of a public health school in the state, pursuant to House Memorial 43 (Representative Joseph Cervantes, 2012).

Dental Health

There is continued discussion of the possibility of using dental therapists and creating programs to train dental therapists in the state to address the shortage of dental services in many areas of the state.

Guardianships

The committee will hear testimony pursuant to House Memorial 61 (Representative Gail Chasey, 2012), which requests the New Mexico Supreme Court and Administrative Office of the Courts to study and make recommendations for better monitoring of guardianship, conservator and elder abuse cases.

Alzheimer's Disease

House Memorial 20 (Representative Picraux, 2012) requests that the Aging and Long-Term Services Department convene a multi-agency, multidisciplinary task force to study the causes and effects of Alzheimer's disease and report its findings to the committee.

Assisted Suicide

A group of doctors have filed lawsuits to challenge state law on assisted suicide, seeking

an interpretation that exempts physicians under certain circumstances involving terminally ill patients. The committee will examine other states' laws and receive testimony from all sides of this controversial issue.

Chronic Obstructive Pulmonary Disease (COPD)

The committee will hear testimony from the Department of Health regarding its recommendations on COPD prevention and management pursuant to Senate Memorial 57 (Senator John M. Sapien, 2012).

Substance Abuse, Misuse and Dependence

The epidemic of substance abuse, particularly prescription drug abuse, misuse and dependence, in the state continues to be a major focus of the committee. It will hear testimony on the state's efforts to monitor and enforce appropriate prescribing of prescription drugs, especially opioids; review efforts to prevent dependence and misuse; and the services available in the state for prevention and treatment of substance abuse.

The committee will also review the plans the respective state licensing boards for prescribers and dispensers have to address the state's substance abuse crisis.

Disabilities Concerns Subcommittee (DCS)

The DCS will continue its examination of the status of programs and services for individuals living with disabilities. A major area of concern continues to be the Developmental Disabilities Waiver Program and changes to that program that have been implemented in the past year, especially as those changes relate to the assessment of need and the assignment of services.

The DCS will continue its review of the status of long-term services in the state and employment supports for individuals living with disabilities.

The DCS will receive testimony from the Governor's Commission on Disability on the services provided through that office and funding sources for its programs.

The DCS will hear testimony from the HSD and advocates regarding the HSD's decision not to pursue the Money Follows the Person Program to move individuals currently in institutional care to community settings.

The Mi Via Program allowing recipients to self-direct care received under home- and community-based waivers has been the object of many complaints by recipients and their advocates. The DCS will hear testimony on the Mi Via Program and self-direction of home- and community-based services under Centennial Care.

The committee will also review the role of family and community supports in providing care to individuals enrolled in Medicaid attendant-care or home- and community-based waiver services.

Health Information Technology (IT)

The committee will examine how health IT, including electronic health records, telehealth and telemedicine and the use of IT enrollment, technical assistance, data mining and fraud prevention strategies, can help the state in purchasing and effectively providing quality health care services.

**Legislative Health and Human Services Committee
2012 Approved Meeting Schedule**

<u>Date</u>	<u>Location</u>
June 25	Santa Fe
July 9-10	Truth or Consequences
August 13-15	Farmington/Shiprock
September 10-12	Las Vegas
October 10-12	Santa Fe
November 26-27	Santa Fe

**Disabilities Concerns Subcommittee
2012 Approved Meeting Schedule**

<u>Date</u>	<u>Location</u>
September 13	Santa Fe
October 9	Albuquerque
November 9	Santa Fe

**Behavioral Health Subcommittee
2012 Approved Meeting Schedule**

<u>Date</u>	<u>Location</u>
August 16	Gallup
September 7	Albuquerque
October 18	Las Cruces