

**LEGISLATIVE HEALTH AND HUMAN SERVICES
COMMITTEE**

FINAL REPORT



**New Mexico Legislative Council Service
Santa Fe, New Mexico
December 2006**

LEGISLATIVE HEALTH & HUMAN SERVICES COMMITTEE

Title	Name	Role	Party
Representative	Danice Picraux	Chair	Democrat
Senator	Dede Feldman	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	Miguel P. Garcia	Advisory	Democrat
Senator	Clinton D. Harden	Advisory	Republican
Representative	Irvin Harrison	Advisory	Democrat

Representative	<u>John A. Heaton</u>	Advisory	Democrat
Senator	<u>Timothy Z. Jennings</u>	Advisory	Democrat
Senator	<u>Gay G. Kernan</u>	Advisory	Republican
Senator	<u>Linda M. Lopez</u>	Advisory	Democrat
Representative	<u>Antonio Lujan</u>	Advisory	Democrat
Representative	<u>James Roger Madalena</u>	Advisory	Democrat
Representative	<u>Terry T. Marquardt</u>	Advisory	Republican
Representative	<u>Rick Miera</u>	Advisory	Democrat
Senator	<u>Gerald Ortiz y Pino</u>	Advisory	Democrat
Senator	<u>Nancy Rodriguez</u>	Advisory	Democrat
Representative	<u>Edward C. Sandoval</u>	Advisory	Democrat
Senator	<u>Leonard Tsosie</u>	Advisory	Democrat
Representative	<u>Luciano "Lucky" Varela</u>	Advisory	Democrat
Representative	<u>Gloria C. Vaughn</u>	Advisory	Republican

LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

Representative Danice Picraux, Chair
Senator Dede Feldman, Vice Chair

At the beginning of the interim, the Legislative Health and Human Services Committee (LHHS) again set its top priority as providing broader and more affordable health insurance coverage to the estimated 400,000 New Mexicans without insurance. As in previous years, the committee may have expected to try for a sweeping plan but was able to effect only a ripple of change, expanding various forms of coverage piecemeal.

However, after Massachusetts announced passage of an insurance plan that included public and private partnership, the governor appointed a special group to study ways to make health insurance more broadly and reliably available to a mass of New Mexicans, and LHHS moved on to work on its next highest priorities.

Beyond its duties to oversee the new statewide providers of behavioral health care and the systems for providing care to those with long-term and chronic disabilities, the committee set about ways to equalize geographic, racial and gender disparities in health care availability; to prevent health problems and hunger; and to improve planning for children from birth through age 21. It committed to travel both to the southwestern part of the state and to a different native population in the north, building on its previous travel and continuing to expand its awareness of both problems and solutions to health problems across the state.

Oversight and Alerts

The committee's duties to oversee the behavioral health care system and to alert the legislature of urgently needed health care measures led to endorsement of several policy priorities. To that end, LHHS will alert the full legislature of the need to address obvious health concerns raised by the inability of some New Mexicans to pay for adequate heat during the winter. The committee voted to endorse an emergency measure requesting that its peers double the request of the human services department for funding and instead devote \$4 million to implement low income heating and energy program (LIHEAP) so that low-income families can again receive state funds to offset high utility prices in the coldest months of the year.

The committee endorsed sending a message to the Legislative Finance Committee to request that the budget for the state's single behavioral health care provider, ValuOptions, be unified so that money in and out for behavioral health can be more readily understood. Further, LHHS decided to ask for an annual report from the behavioral health provider during its interim meetings.

Because it identified an urgent need to clarify and equalize the funds available to

local communities as they attempt to address the needs of the indigent population, LHHS endorsed directing the New Mexico Health Policy Commission (HPC) to reach a clear definition of "indigent care" so that the burdens of large and small counties, highly and rarely used centers can be more fairly shared. Its goal in requesting that the HPC convene yet another task force to study indigent care is not to repeat previous work, but as a means of making an "apples to apples" comparison of burdens and costs for charity and indigent care so that funding decisions have a rational foundation during future legislative sessions.

Finally, the committee endorsed changes proposed to codify and clarify duties and responsibilities of the Aging and Long-Term Services Department for the state's elderly and persons with long-term disabilities through changes to the adult protective services statutes. In addition, the committee heard about plans of the department to prepare for being the state with the fourth highest population over age 65 in a matter of only a few years, and was introduced to the department's plan to expand individualized services for those on the developmental disabilities waiver. During its meetings hosted at the Pueblo of Jemez by Governor James Roger Madalena, the committee heard about the particular special problems of Native American persons with disabilities who live in rural areas that do not have easy wheelchair access or convenient transportation and subsequently endorsed expansion of independent living centers at a pueblo site.

Workforce, Hunger and Children's Priorities

Workforce. When the committee traveled to Silver City in August, it heard testimony on several regional innovations for provision of health care in rural areas using private-public partnerships. Building on such information, the committee endorsed several bills encouraging development of work and training opportunities for doctors, particularly primary health care providers, that would meet the demand for care expected when and if insurance becomes more accessible. Such bills included ones emphasizing the strengths of identifying potential hometown doctors early in life and supporting them as students through medical school's many potential pitfalls; mentoring with Hispanic and other regional doctors, shifting emphasis at the university level to include more regional contact and more primary care; expanding opportunities for scholarships; and providing more support for models that include a "telehealth" component permitting consultation and sometimes examination by video or other electronic access. In addition, the committee heard and endorsed measures to emphasize wellness programs to prevent declines in local populations and to shore up nonprofits, especially those in rural areas, through skill-building to improve the capacity for delivery of health care.

Hunger. The committee spent a morning hearing from the state's Hunger Task Force about the problems of access to healthy foods, food insecurity and solutions to address such problems. The committee was especially impressed with the potential for New Mexico farmers to provide solutions to nutritional and access problems with locally

grown produce in partnership with schools and senior centers and endorsed a range of appropriations to bolster the geographic and financial availability of healthy foods statewide.

Children. Programs to ensure that New Mexico's children live healthy lives and grow into productive members of the workforce engaged committee members throughout several meetings. Endorsing a major increase in funding for early childhood programs, including universal home visits available to all families, was a major area of concern and priority for the committee, as was funding for programs to provide stable affordable housing, health care and education for older children who come of age in the state's foster or juvenile systems. In addition, the committee endorsed legislation to mandate coverage for hearing and visual aids for children through age 21 and to change the children's mental health statutes to reflect recent policy shifts that emphasize community rather than institutionalized mental health placements. After hearing from members of the Coalition to End Homelessness, the committee endorsed measures to provide a better system of care for homeless people, particularly since most of the state's homeless persons are in families with young children, and endorsed more equalized funding for such care.

The Children, Youth and Families Department (CYFD) closed the New Mexico Boys' School at Springer during the interim, and the closure caused a series of problems for youth housed in other facilities, including alleged rapes and beatings by serious youthful offenders. Responding to the gravity of the situation, the committee met at CYFD offices in Albuquerque and toured the Youth Diagnostic and Detention Center (YDDC) to speak with young people incarcerated by the state, who were able to speak candidly with committee members and to express their views of programs and safety. Among the presenters called in to testify before the committee were representatives of organizations that entered a settlement with the state over conditions in all state juvenile facilities. The presenters cautioned committee members that progress in changing the degree of safety and health conditions was not yet adequate but expressed willingness to continue with plans set forth in the legal settlement at least for the time being.

Conclusion

The Legislative Health and Human Services Committee again launched into improving systems and policies to ensure that more New Mexicans start and continue life in good health. It made funding a priority for accessible medicine and health programs in rural areas, improvements in training opportunities for those entering medical careers, health improvements for children and a head-on address of hunger and food insecurity. It alerted the legislature to the urgent need for low-income energy assistance funds and a permanent means of generating such funds and for clarification of the definition of indigent care so that the impact of trauma and emergency room use can be equalized among hospitals around the state. It carefully monitored juvenile health programs,

changes in the state's unwieldy behavioral administration and preparation for a major population shift as New Mexico faces the need for more health services for an aging population.

The committee's care in setting and sticking to its priorities helped it shift into an evermore important policymaking role. Such priorities are demonstrated by the interim agendas, the minutes of meetings and the long list of deserving policy initiatives and appropriations attached to this final report.

**2006 APPROVED
WORK PLAN AND MEETING SCHEDULE
for the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

Membership

The Legislative Health and Human Services Committee was created by Section 2-13-1 NMSA 1978 to study programs, agencies, policies, issues and needs relating to health and human services, including review and study of the statutes, constitutional provisions, regulations and court decisions governing such programs, agencies and issues. The committee was also created to study the full continuum of programs and services available and needed for children, families and the aging population. Committee members are:

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:

Sen. Sue Wilson Beffort
Rep. Ray Begaye
Rep. Gail Chasey
Rep. Miguel P. Garcia
Sen. Clinton D. Harden, Jr.
Rep. Irvin Harrison
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
Sen. Nancy Rodriguez
Rep. Edward C. Sandoval
Sen. Leonard Tsosie
Rep. Gloria C. Vaughn
Rep. Luciano "Lucky" Varela

Work Plan

During the 2006 interim, the Legislative Health and Human Services Committee will concentrate on the areas of health care reform, workforce and resources problems, long-term health and children's health. It will:

- (1) explore ways to expand insurance coverage to increase the number of New Mexicans covered by insurance, thereby reducing demands on emergency care;
- (2) oversee and evaluate the performance of the new statewide providers of behavioral health care;
- (3) consider means of preventing health problems and hunger;
- (4) study geographic, racial and gender disparities in health care availability and consider means of reducing the disparities;

(5) thoroughly explore and begin to prepare for the steamroller effect of demands on health care from a rapidly aging population;

(6) oversee care and coverage plans for those with long-term or chronic disabilities;

(7) consider the adequacy of health care planning and funding for children through age 21; and

(8) recommend legislation or changes, if they are found to be necessary, to the legislature.

Committee members plan to travel to Silver City in August to observe the disparities between rural and urban health care, and to observe border health and community health services. Members also plan to travel to Espanola and Jemez for discussion of children's issues.

The committee's request to create a subcommittee to hear, when necessary, items of interest to the public that do not involve its current top priorities was approved by legislative council on June 28, 2006.

2006 Approved Meeting Schedule

<u>Date</u>	<u>Location</u>
June 20	Santa Fe (one day)
July 24-26	Santa Fe
August 28-30	Silver City
September 25-27	Santa Fe
November 1-3	Espanola and Jemez
November 20-22	Santa Fe

Revised 05/31/06

TENTATIVE AGENDA
for the
FIRST MEETING
of the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

June 5, 2006
State Capitol
Room 307

Monday, June 5

- 8:45 a.m. **Welcome and Introductions**
- 9:00 a.m. **Demographic Trends of New Mexico and Their Impact on Health and Human Services**
—Brian Sanderoff, President, Research and Polling
- 10:00 a.m. **Presentation of Health Care Financing Study**
—Tony Popp, New Mexico State University
- 11:30 a.m. **Review of Results of Committee Bills in 2006 Session**
—Jennie Lusk, Staff Attorney, Legislative Council Service
- 12:00 noon **Discussion of Tentative Interim Work Plan and Meeting Schedule**

Appointment of Special Requests Subcommittee
- 12:30 p.m. **Adjourn**

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

**June 5, 2006
State Capitol, Room 307
Santa Fe**

The first meeting of the Legislative Health and Human Services Committee (LHHS) for the 2006 interim was called to order by Representative Danice Picraux, on Monday, June 5, 2006, at 9:10 a.m. in Room 307 of the State Capitol in Santa Fe.

Present

Rep. Danice Picraux, Chair
Sen. Dede Feldman, Vice chair
Sen. Rod Adair
Rep. William "Ed" Boykin
Rep. Keith J. Gardner
Sen. Steve Komadina
Rep. Jim R. Trujillo

Absent

Sen. Mary Kay Papen

Advisory Members

Sen. Sue Wilson Beffort
Rep. Ray Begaye
Rep. Gail Chasey
Rep. Kandy Cordova
Rep. Miguel P. Garcia
Rep. John A. Heaton
Rep. Antonio Lujan
Rep. James Roger Madalena
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez
Rep. Edward C. Sandoval
Rep. Gloria C. Vaughn

Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings
Sen. Gay G. Kernan
Sen. Linda M. Lopez
Rep. Terry T. Marquardt
Rep. Rick Miera
Sen. Leonard Tsosie

Staff

Jennie Lusk
Raul E. Burciaga
Tim Crawford

Guests

The guest list is in the meeting file.

Copies of all handouts and written testimony are in the meeting file.

Monday, June 5

Welcome and Introductions

Committee members and staff introduced themselves and offered Representative Picraux their condolences on the passing of her father, Dr. Kent. Representative Picraux thanked the committee for their condolences. Representative Picraux advised the committee that she hoped to help keep the committee on time and on track because, as usual, it would be a busy interim. Representative Picraux reminded the committee to be respectful of the presentations and testimony in process by turning off cell phone ringers, taking calls outside of the committee room and asking direct questions of presenters while keeping their comments short.

Demographic Trends of New Mexico and Their Impact on Health and Human Services

Brian Sanderoff, president of Research and Polling, provided the committee with an overview of three major demographic trends in the nation and their impact on New Mexico and its health and human services economy:

1. the aging of the population, primarily those born between 1946 and 1964;
2. the surge in legal and illegal immigration; and
3. the migration from throughout the country to the southwest and Rocky Mountain areas.

Mr. Sanderoff expanded on a number of issues that were included in the handout presentation (available in the meeting file):

- how the lack of health care resources in the state, particularly the rural areas, impacts the population density;
- many New Mexicans cross state lines for state-of-the-art health care or cross the United States-Mexico border for inexpensive health care and prescription drugs;
- New Mexico has five incredibly diverse regions that mirror the nation's diversity (north central, northwest, southwest, east and Albuquerque metropolitan area);
- the Native American population is significantly impacted by federal cuts in the Indian Health Service (IHS) and Contract Health Services (CHS) programs and the migration of Native Americans to urban areas where there is limited or no access to IHS or CHS programs, thus placing more pressure on an already underfunded and limited private health care system;
- emergency rooms continue to be used for primary care, often due to lack of health insurance, creating a significant problem in the amount of delivered but uncompensated care;
- New Mexico has the highest percentage of Hispanics in the country and the highest percentage of Native Americans in the continental United States, both of which have considerable implications on education and health and human services because these segments of the population tend to have younger and larger families;
- the most important issues facing New Mexico include the educational system, the crime rate, water, health care, the DWI rate, the lack of good jobs, teacher salaries, illegal drug use, availability of affordable housing and immigration;
- the growth in the population is due to natural increases (births versus deaths) and net migration (incoming versus outgoing);

- county population increases ranged from a low of 1.71 percent in Lea County to 71.92 percent in Lincoln County and decreases ranged from a low of 6.64 percent in Union County to 25.03 percent in Harding County;
- the U.S. Census Bureau projects a population of 2.1 million in 2030 while the University of New Mexico Bureau of Business and Economic Research projects a population of 2.6 million, which Mr. Sanderoff attributed to a "history of undercounting" by the U.S. Census Bureau;
- the U.S. Census Bureau projects the state to be fourth in the nation in the percentage of the total population 65 years and older;
- twenty-three and one-half percent of New Mexicans have at least a four-year degree but only one county exceeds 50 percent (Los Alamos), four counties are between 22 and 37 percent (Dona Ana, Sandoval, Bernalillo and Santa Fe) and the rest of the state is below 16 percent;
- government jobs account for almost one-quarter of the employment rolls and health services account for just over 13 percent;
- New Mexico ranks fourth in federal government per capita expenditures, about \$10,436 per person, while neighboring states, Colorado, Arizona, Texas and Nevada, receive between \$5,500 and \$7,300 per person;
- approximately 25 percent of children under 18 years of age are in households with incomes below the poverty level;
- approximately \$222 million are spent in the state on food stamps, temporary assistance for needy families and medicaid, with medicaid accounting for almost 90 percent of that total;
- approximately 21 percent of New Mexicans are uninsured, ranking the state 49th in the nation, with the lowest rate among Native Americans, Hispanics, 18-to-34-year olds, rural areas, low-income households and the working poor;
- one-fifth of New Mexicans are enrolled in medicaid, with women and children comprising 73 percent of enrollees but only 27 percent of expenditures, while the elderly and disabled comprise 27 percent of the population but consume 70 percent of the expenditures;
- fifty-nine percent of New Mexico employers offer health insurance but the employers are generally those with higher numbers of employees and more years in business;
- on the positive side, New Mexico ranks well in the rate of cardiovascular or cancer deaths, immunization coverage, obesity rate and total mortality rate;
- on the challenging side, New Mexico ranks poorly in access to prenatal care, the uninsured, motor vehicle deaths, teen births, children in poverty, accidents, suicides and chronic liver disease; and
- additionally, primary health care concerns among Native Americans are diabetes, obesity, substance abuse, high blood pressure, mental health and depression, cancer, elder care and sexually transmitted diseases.

Comments and discussion from committee members included:

- the number of Native Americans moving to urban areas where IHS and CHS services are limited or nonexistent;
- Luna County is one of the poorest counties but had an increase in population probably due to immigration, retirement and proximity to Las Cruces;

- the state's prenatal care is the worst in the country despite some recent improvements; funding is available but many pregnant women are not seeking care until late in the second trimester or well into the third trimester;
- the federal government will continue to shrink the medicare and medicaid budgets, placing a greater burden on the states to provide funding and services;
- although New Mexico has a low obesity rate, obesity is connected to diabetes and high blood pressure, both of which are prevalent among Hispanics and Native Americans;
- the U.S. Census Bureau acknowledged that it recorded the worst undercount in New Mexico between 1990 and 2000, and it apparently will continue to undercount or underestimate projections over the next several decades;
- undocumented immigrants generally receive uncompensated health care in emergency rooms;
- significant amounts of health care services and prescription drugs are purchased in Mexico by border county residents, especially dental care;
- there may be too much dependence on public sector employment and not enough on the private sector, but a good amount of the private sector employment is due to government subsidies and contracts;
- the percentage of elderly in the state will grow, but the distribution by age will be spread more evenly by the year 2030; and
- the total amount of uncompensated care in the state is difficult to determine; but for UNM Hospital (UNMH) recently, it was about \$188 million and for all hospitals statewide, including UNMH, it was about \$350 million.

Presentation of Health Care Financing Study

Professor Tony Popp from New Mexico State University provided a status report on the update of the health care financing study. Professor Popp reviewed some preliminary expenditures for calendar year 2004 as compared to the expenditures for 2002 reported in the December 2004 study. Professor Popp advised that some of the numbers still had to be verified and that some of the variances from the last study would need to be explained. He also indicated that they were still working on the impact of those expenditures on the state's economy. Initial estimates are that \$9.2 billion was spent on health care in New Mexico in 2004, about an 18 percent increase over 2002.

Comments and discussion from committee members included:

- \$39.2 million was spent on health care professional instruction at UNM for 333 graduates plus an unknown number of undergraduates in other two- and four-year programs;
- Apollo College has a sizable number of students in allied health care programs, but their expenditures are not available;
- premium dollars paid to health insurance companies should be identified or accounted for in the expenditures;
- the almost \$1 billion increase in expenditures for private self-insured plans between 2002 and 2004 should be further investigated or verified;
- the health care financing dollars provided by both the public and private sector must be identified and coordinated to decrease the number of uninsured New Mexicans;

- there were concerns about duplicate figures from 2004 and the incompleteness of the report; and
- the health care financing study may fall under the statutory charge of the New Mexico Health Policy Commission, but it does not have the budget or resources for this type of study.

Professor Popp advised the committee that he would work with Raul Burciaga to ensure that the final report is verifiable and acceptable.

Review of Results of Committee Bills in 2006 Session

Jennie Lusk provided the members with a chart and a brief description of the committee's legislative priorities from the 2005 interim and the results of those initiatives in the 2006 session. The chart included a listing of appropriations requests and an indication of whether they were funded or vetoed.

Comments and discussion from committee members included:

- the committee must make a better effort to ensure that its request for priorities are given appropriate consideration by the Governor's Office, including a meeting with the governor as needed; and
- committee staff should provide a postsession summary of vetoed legislation and appropriations for committee members to discuss with the governor.

Discussion of Tentative Interim Work Plan and Meeting Schedule

Jennie Lusk reviewed the New-Mexico-Legislative-Council-approved meeting dates and areas of focus, along with a proposed 2006 interim work plan chart identifying the themes and topics to be addressed at the different meetings.

Comments and discussion from committee members included:

- devoting an entire day to Native American issues
- asking each state agency involved in health and human services, including the insurance division of the public regulation commission, to present what it is doing in the way of health care reform;
- assessing waiting time in emergency rooms
- assigning the receipt of memorial-directed studies and topics not within the committee's priorities to a subcommittee of the LHHS;
- reducing the number of uninsured New Mexicans as one of the major objectives of the committee, particularly in light of recent far-reaching initiatives by other states to cover their respective residents;
- involving the LHHS committee more in the budget process;
- expressing concerns that some of the executive branch initiatives over the past few years are targeted toward a single payer system;
- requesting a presentation from a Massachusetts legislator to discuss that state's recent health care coverage reform efforts; and
- recognizing that there are many important issues with which the committee must grapple that require setting priorities on what the committee will tackle.

The committee asked Ms. Lusk to request approval for the creation of a subcommittee to receive testimony on memorial-requested studies and to change the October 30-November 1 meeting dates to November 1-3.

Committee members were reminded that the Human Services Department and the Children, Youth and Families Department will provide a legislative briefing on the impact to the state of the federal Deficit Reduction Act of 2006 on Thursday, June 8, from 1:30 to 4:30 p.m. Per diem and mileage have been authorized for LHHS members to attend.

Adjournment

Representative Picraux adjourned the meeting at 1:25 p.m.

Revised: July 12, 2006

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

**July 24 and 25, 2006
State Capitol, Room 307
and
July 26, 2006
Santa Fe Community College
Board Room**

Monday, July 24

Agency Efforts to Reform Health Care Services

- 9:00 a.m. **Department of Health**
 —Michelle Lujan-Grisham, Secretary of Health
- 10:00 a.m. **Insure NM! and Human Services Department**
 —Pamela Hyde, Secretary of Human Services
- 11:30 a.m. **Aging and Long-Term Services Department**
 —Debbie Armstrong, Secretary of Aging and Long-Term Services
- 12:00 noon **Lunch**
- 1:30 p.m. **Children, Youth and Families Department (CYFD)**
 —Dorian Dotson, Secretary-Designate, CYFD

Autoclosure of Medicaid Cases

- 2:30 p.m. **New Mexico Center on Law and Poverty**
 —Kim Posich, Executive Director
 —Gail Evans, Legal Director
- 4:00 p.m. **Recess**

Tuesday, July 25

Models of Health Insurance Coverage

- 9:00 a.m. **Models for New Mexico**
 —Pamela Hyde, Secretary of Human Services
 —Announcement of Governor's Proposal
- 10:30 a.m. **Wisconsin Proposal**
 —Senator Russell Decker
- 12:00 noon **Lunch**

1:30 p.m. **New Mexico Insurance**
—Mike Batte, Chief Life and Health Actuary
Insurance Division
Massachusetts Health Model, State Insurance Regulations — Market Implications

3:30 p.m. **Committee Discussion**

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

Wednesday, July 26

9:00 a.m. **Behavioral Health**
—Peter Cubra, Co-Chair, Bernalillo County Behavioral Health Local
Collaborative and Lawyer for People with Disabilities

10:00 a.m. **Lovelace Hospital Transition of Behavioral Health Services**
—Ron Stern, Chief Executive Officer, Lovelace Health Care System

11:00 a.m. **Human Services Department Behavioral Health**
—Pamela Hyde, Secretary of Human Services

12:00 noon **Tour of Nursing Facility, Santa Fe Community College**

12:30 p.m. **Lunch Provided by Community College Culinary Program**

1:30 p.m. **Legislative Finance Committee — Review of ValuOptions Contract**
—Mark Weber, Analyst, Legislative Finance Committee

2:30 p.m. **Adjourn**

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

**July 24-25, 2006
State Capitol, Room 307
Santa Fe
July 26, 2006
Santa Fe Community College
Santa Fe**

The second meeting of the Legislative Health and Human Services Committee (LHHS) for the 2006 interim was called to order by Representative Danice Picraux, chair, on Monday, July 24, 2006, at 9:10 a.m. in Room 307 of the State Capitol in Santa Fe.

Present

Rep. Danice Picraux, Chair
Sen. Dede Feldman, Vice Chair
Sen. Rod Adair (7/24, 25)
Rep. William "Ed" Boykin
Rep. Keith J. Gardner (7/25)
Sen. Steve Komadina
Sen. Mary Kay Papen
Rep. Jim R. Trujillo

Absent

Advisory Members

Sen. Sue Wilson Beffort (7/25, 26)
Rep. Ray Begaye (7/25, 26)
Rep. Gail Chasey (7/24)
Rep. Miguel P. Garcia
Rep. John A. Heaton
Sen. Gay G. Kernan
Sen. Linda M. Lopez
Rep. Antonio Lujan
Rep. Rick Miera (7/24, 26)
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez (7/24, 25)
Rep. Edward C. Sandoval
Rep. Luciano "Lucky" Varela
Rep. Gloria C. Vaughn

Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings
Rep. James Roger Madalena
Rep. Terry T. Marquardt
Sen. Leonard Tsosie

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

Staff

Jennie Lusk
Raul E. Burciaga

Tim Crawford
Ramona Schmidt

Guests

The guest list is in the meeting file.

Copies of all handouts and written testimony are in the meeting file.

Monday, July 24

Investing in Balance: Health Reform in New Mexico

Secretary Michelle Lujan Grisham, Department of Health (DOH), addressed health care reform in New Mexico and improving health and providing the right providers at the right time. Secretary Grisham noted that prevention reduces the need for direct care but does not remove it entirely. Other areas addressed involving prevention or treatment included: access to care; access to dental care for children; primary care professional shortage areas; improvements in access; access to insurance; quality of care; improvements in quality; investing in balance with Kids First Initiative; Carrera Model; public health infrastructure; and continuing partnerships with local entities to provide the right investments for the right services. She stated there is a need to make Tdap (for tetanus with pertussis booster) and HPV (to prevent cervical cancer) immunizations available to adolescents.

Committee members raised questions concerning early intervention for children exposed to traumatic experiences and the relationship between trauma and the vast majority of behavioral health problems such as alcoholism, substance abuse, depression and suicide; the most cost-effective, efficacious ways of providing public health services; developmentally disabled populations and sufficient money to serve that population; case management and self-directed waivers; school-based health centers; fitness programs for youth in schools; use of infrastructure currently in schools to improve the mental and physical health of youth; not just recruiting physicians but finding work opportunities for their spouses; and telemedicine and its impact on the rural areas of the state.

The committee requested that staff from the General Services Department be included in presentations on universal health care.

Insure NM! and Human Services Department

Secretary of Human Services Pamela Hyde presented the Human Services Department (HSD) overview and update. She addressed the Medicaid update, including budget projections for fiscal years (FY) 2007 and 2008 and FY 2007 initiatives, including executive initiatives and provider increases. Total expenditures beginning in FY 2004 have been growing at a minimal rate. Secretary Hyde noted the state general fund has had more increases due to losses in federal funds. She stated challenges include new initiatives in process and complications of projecting enrollment and expenditures; federal changes effective July 1; and how FY 2008 will be even more difficult to project due to "things in play". She noted that good news includes no supplements or deficiencies since 2003, despite federal reductions and cleanup of tens of

millions dollars of prior year expenses; the lowest amount of carryover of prior year expenses projected into FY 2006 of only \$1.9 million; FY 2007 is a small increase over FY 2006; FY 2008 is a small decrease over FY 2007; and the result is approximately the same FMAP for FY 2007 and FY 2008.

Secretary Hyde reviewed initiatives for children, including targeting an additional 20,000 to 25,000 enrollees (children and parents under 30 percent of the federal poverty level by the end of FY 2007), and benefit changes. She reviewed initiatives for adults and some children including: an increase in eligibility for pregnant women; a self-directed waiver; ensuring \$15.6 million in general fund dollars be spent on D&E waiver services and Mi Via waiver services for D&E waiver individuals; ensuring \$1.3 million in tobacco settlement funds be spent on breast and cervical cancer services; allowing hospice while on other programs; increasing preventive dental office benefits for individuals with developmental disabilities to two times per year; adding telemedicine benefits; changing case management and life skills for behavioral health into comprehensive community support services; and exploring long-term care service changes with the Aging and Long-Term Services Department (ALTSD), DOH, stakeholders and vendors. Topics also reviewed included: provider rate increases; provider rate increase principles; the federal Deficit Reduction Act (DRA) involving Medicaid, TANF and child support enforcement; Income Support Division field office staffing challenges; general assistance; food stamps; LIHEAP state and federal funding; and information technology issues.

Discussion occurred regarding the federal government's requirement for proof of citizenship; federal limitations on what food stamps may be used for and the possibility of waivers to broaden their use; the burden placed on the poor through the DRA; and the challenge of staffing and turnover regarding case management within the HSD.

Aging and Long-Term Services Department

Secretary Debbie Armstrong, ALTSD, spoke to the committee regarding reforming the long-term care system. She stated the principles for reform include a preference for home and community-based services, self-determination at all levels and access to information and infrastructure. The systems change initiatives include a real choice systems change grant, an aging and disability resource center grant, a Robert Wood Johnson Foundation cash and counseling grant, a system transformation change grant and coordinated long-term care. The self-directed waiver will be administered jointly by ALTSD, DOH and HSD. The system transformation grant includes improved access to long-term support services, a comprehensive quality management system and transformation of information technology to support systems change. Secretary Armstrong reviewed the Aging and Disability Resource Center information, including a web-enabled social services resource directory.

Committee members addressed issues including under- or over-utilization, waiver eligibility, the financial impact of the Medicaid Part D Program, monitoring, oversight of the guardianship program, adult protection services and the ombudsman program.

Public Comment

Dr. Pat Larragoite stated he would like to present before the committee a more comprehensive update on oral health. The dental residency program at UNM has been successful and there is hope to expand it to include a pediatric dental residency program.

Children, Youth and Families Department (CYFD)

Secretary-Designate Dorian Dodson spoke to the committee regarding health care reform: FY06 initiatives and activities; Medicaid coverage to age 21 for youth in foster care and independent living; and an overview of CYFD health care prevention initiatives, including home visiting and reducing methamphetamine use. Secretary-Designate Dodson noted the department is as much a consumer as it is a provider. She stated CYFD is in partnership with all of the behavioral health purchasing collaborative agencies. New approaches for the behavioral health system include a transformation grant; children's core services agencies; children's comprehensive community support services; family/youth peer specialists; early childhood mental health services; functional family therapy and a multisystemic therapy update; Chafee Medicaid expansion proposal; and CYFD prevention initiative home visiting. She addressed CYFD's response to the methamphetamine epidemic.

Committee members addressed issues including the juvenile justice system, a holistic approach for therapy, home visitation for new mothers and programs run through ValueOptions.

Autoclosure of Medicaid Cases

Kim Posich, executive director for the New Mexico Center on Law and Poverty, addressed the problems that have been caused by the HSD's autoclosure of Medicaid cases, including the loss of continuity of care. He stated that since autoclosure was put in place, about 60,000 fewer people and 20,000 fewer children have Medicaid despite the outreach by HSD. Gail Evans, legal director, stated justification used by the HSD for the policy of automatic closure of Medicaid cases included a federal audit. However, information from the audit was from a different time period and the audit had little to do with financial eligibility or the three issues related to autoclosure, according to center representatives. Ms. Evans noted there have been problems related to individuals not being notified, resulting in closures of cases. She related a number of reasons why this may be occurring, including a lack of caseworkers and too many cases. Ms. Evans stated the numbers from the HSD support this information. The committee was asked for its support in ending the autoclosure policy.

A committee member stated a joint memorial had been introduced last session to end the policy and had passed the House but did not clear the Senate due to lack of time.

Committee members raised issues, including: the effect of the autoclosure policy on the MCO for reimbursement of benefits; whether the department can work with advocates to address concerns; and whether autoclosure or six-month recertification is problematic.

Ms. Evans asserted that the autoclosure policy violates federal law and regulation. Mr. Posich asked the committee to write a letter to Governor Richardson asking HSD to rescind autoclosure and, until that occurs, to resume tracking the impact of autoclosure. He also asked the committee to send a letter to Secretary Hyde tracking the impact of autoclosure.

Representative Trujillo made a motion to send letters, and Senator Feldman seconded the motion. A vote on the motion was called with 10 in the affirmative and three in the negative and the motion passed.

Senator Komadina stated it would be helpful if the committee had actual documentation when voting on a motion and would still like to request a copy of the lawsuit. Mr. Burciaga will access the lawsuit for the pleasure of the committee.

Public Comment

No public comment.

The meeting recessed at 5:08 p.m.

Tuesday, July 25

Representative Picraux reconvened the meeting at 9:15 a.m.

Models for New Mexico

Secretary Hyde presented the health insurance coverage models for New Mexico. She noted last week the governor announced a five-point plan that builds on recommendations by the Insure New Mexico! Council. There are immediate steps and long-term solutions. Governor Richardson's five-point plan includes:

1. requiring state vendors to offer health insurance for their employees;
2. ensuring state employees are insured;
3. maximizing Medicaid for low-income adults;
4. expanding the State Coverage Insurance (SCI) Program; and
5. analyzing health coverage models for New Mexico.

Secretary Hyde said the results from Insure New Mexico! are building blocks for the governor's five-point plan. She reviewed the goals of Insure New Mexico!, which included reducing the number of uninsured in New Mexico, especially children, and to increase the number of small businesses offering employer-sponsored insurance and maintaining retention of insurance coverage. The Insure New Mexico! solutions include SCI, the Small Employer Insurance Program, the New Mexico Health Insurance Alliance, the New Mexico Medical Insurance Pool, the Premium Assistance Program and Medicaid initiatives. Secretary Hyde reviewed the SCI benefit package and the numbers enrolled; the Small Employer Insurance Program; the New Mexico Health Insurance Alliance activity; the New Mexico Medical Insurance Pool; the Premium Assistance Program goals; Medicaid; the action plan for FY07; and the pending recommendations.

Secretary Hyde reviewed other state's models of health insurance coverage and shared common elements among all states. These elements include:

- maximizing Medicaid for low- and middle-income families;
- helping small employers (under 50 employees);
- subsidizing premiums for moderate income families and individuals;

- creating a state-defined health plan or benefits;
- a crowd-out to preserve the commercial market;
- the use of the commercial market for plan administration or insurance offering;
- strong state role in subsidies;
- uncompensated care funds or taxes; and
- mandates.

Secretary Hyde noted there are some models that no states have introduced. She stated New Mexico starts with the following:

- much higher uninsured rates;
- more families at lower federal poverty levels;
- generally lower Medicaid maximization;
- less state infrastructure;
- more small employers; and
- a higher proportion of existing health care expenditures by government.

Secretary Hyde stated that Ruby Ann Esquibel has outlined Massachusetts' recent plan, Maine's DirigoChoice, Maryland, Illinois All Kids Program, the Michigan First Healthcare Plan and the Vermont Catamount Health as informational resources for the committee members.

Committee members raised issues concerning existing or new waivers, how many employers are taking up the SCI Program, clarification of individuals enrolling in SCI through UNM or MCOs; the underwriting criteria for the high-risk pool and its use as a cost containment mechanism; the profile of uninsured New Mexicans; the cash employment economy that exists in New Mexico for many workers; and current funding for uncompensated care.

Wisconsin Proposal

The Wisconsin Health Care Partnership Plan (WHCPP) was presented by Senator Russell Decker from Wisconsin. It was noted this proposal is a labor/management partnership solution to the health care crisis. Senator Decker noted that the legislature is controlled by Republicans although the governor is a Democrat. Labor has been a strong supporter of the proposed plan but businesses are beginning to come on board.

Senator Decker noted that the patchwork, fragmented health care system has failed. He stated the United States pays more for health care than other countries with unified plans but the United States is not as healthy. America ranks low in life expectancy after birth and one out of six Americans has no health insurance. He shared the high cost of Wisconsin's uninsured and noted that the insured must absorb costs of the uninsured. Senator Decker noted the expensive health care in Wisconsin costs the state good jobs. Wisconsin has the second highest cost for health care in the United States. The vicious, upward spiral of cost shifting as the cost of insurance goes up causes employers to cut health benefits. The cut leads to more uninsured and underinsured who seek uncompensated care in emergency rooms. The cost for their care is shifted to payers, people with health insurance and their employers. In Wisconsin, residents need health care and dental care. Senator Decker reviewed some of the different ways Wisconsin has addressed funding for health care costs. He stated one-third of Wisconsin

legislators are willing to take this issue on, one-third are not sure what to do and one-third feel that the free market should be allowed to address the issue.

Senator Decker reviewed the proposed WHCPP, which is a unified system of comprehensive affordable care that builds on the tradition of employer-based access to health care. He stated Wisconsin has a Patients Compensation Fund that requires all physicians practicing in Wisconsin to pay in and positively impact the cost of health care. Senator Decker reviewed the following aspects of WHCPP:

- all workers and their dependents, both in the private and public sector in Wisconsin, would be covered;
- anyone not covered by the WHCPP, Medicare or Medicaid could buy into the WHCPP at cost (in a separate community-rated pool);
- all medically necessary care and prescription drugs are included except for vision and long-term care benefits, which may be added later;
- the cost of the WHCPP is split between employers and employees;
- the employee fair share is paid in deductibles and co-pays;
- the employer share is a flat monthly fee per worker, paid into a central fund;
- the employer monthly fee is estimated at less than \$300 per month (based on 2003 costs) and includes a 50 percent reduction in fees paid by employers for part-time workers and low-wage workers in small businesses;
- legislation would establish a Labor-Management Oversight Commission to determine details of the plan, put out bids for administration, determine fee schedules and modify plan, fees and charges as necessary; and
- streamlined administration, a single risk pool, bulk-buying power to reduce the cost of prescription drugs, public accountability and high-quality health care delivery and a dramatic reduction in the number of uninsured (Wisconsin's uninsured population would be cut from 650,000 to less than 85,000).

Senator Decker noted the bill was not passed during the past session due to lack of time, but if he and Republican Representative Terry Musser, as co-sponsors, are both re-elected, they will reintroduce the bill during the next session.

Discussion occurred regarding costs of health care being driven by technological competition, the services provided to tribes in Wisconsin and the employment rate within the state.

Public Comment

Discussion was opened to the public, which included questions on substance abuse within Wisconsin and the 85,000 individuals not included in the plan, which include self-employed individuals who would choose not to be part of the plan. In response to audience questions, Senator Decker noted that:

- cost estimates were gathered by the Levin Group out of Chicago;
- physicians to date have not been active although they would like to be involved along with other providers to address compensation;
- businesses and religious organizations throughout the state are involved and have given input; and

- medical malpractice rates.

Ana Hatanaka Otero commented on a problem that could occur if organizations that wish to contract with the state are required to provide health care. She noted some nonprofit employers cannot afford to provide health care to their employees and asked that nonprofit agencies be adequately represented on the health care task force. Jim Jackson, executive director of New Mexico Protection and Advocacy, clarified there is a reimbursement rate that is set by providers that is not necessarily based on specific cost incurred; it is a flat rate that providers are paid and does not reflect the actual cost.

New Mexico Insurance

Mike Batte, chief life and health actuary, Insurance Division, presented the Health Care Access and Affordability Conference Committee report addressing the Massachusetts plan. Mr. Batte suggested that the threat of losing \$385 million in federal funds was related to passage of the Massachusetts reform bill.

The reforms put in place in Massachusetts include the Commonwealth Health Insurance Connector, which is the central mechanism to connect individuals and small businesses with health insurance products. The connector certifies and offers products of high value and good quality, making it easier for small businesses to give their employees the opportunity to buy health insurance with pretax dollars. An authority will be set up under the Executive Office for Administration and Finance. Individuals and businesses with 50 or fewer employees will be eligible to connect to coverage. Employed individuals may purchase health insurance with pretax dollars through the connector.

Mr. Batte reviewed the insurance market and included such issues as a dysfunctional individual market, limited take up on HSAs, an "any willing provider" market, bad value for younger adults, no consequences for lifestyle choices, hard cutoffs for dependents and a growing list of mandates. Mr. Batte stated that subsidized health insurance includes the Commonwealth Care Health Insurance Program, which is a new program through the connector for individuals who are below 300 percent of the federal poverty level and who are not eligible for Medicaid, and the Insurance Partnership Program, which is an expansion of the existing program from 200 percent of the federal poverty level to 300 percent.

Committee members raised questions regarding whether there is anything special within the Massachusetts plan that would help to design a plan for New Mexico, the effect of the cost of malpractice insurance within the United States versus other countries, if any of the models looked at making the patients consumers rather than users of health care, insurance term definitions and personal responsibility.

Committee Discussion

Representative Picraux listed some of the issues that may need to be addressed by the committee when looking at health care coverage, including mandating coverage, the governor's plan and the impact of an increasingly aging population.

Committee members stated they would like to see what the governor's plan entails because it will affect legislators in January. Discussion occurred regarding review of the first four points of the governor's plan. Issues discussed by the committee included preventive care and the status of prevention programs, public health, expansion of Medicaid, the cost of health care, the not-for-profits, the premium assistance program, urban Indian issues, telemedicine (including mental health), incentives for healthy lifestyles, individual catastrophic health care costs and managed care/Salud contracts. Concern was raised that the committee tends to focus on spending more money on Medicaid rather than looking at other alternatives. Senator Komadina shared cost-saving data related to breast feeding as an example of healthy behavior.

The meeting recessed at 4:47 p.m.

Wednesday, July 26

Santa Fe Community College (SFCC) Board member Linda Siegle and SFCC Board Chair Carole Brito welcomed committee members to the SFCC campus. Ms. Siegle introduced Dr. Sheila Ortego, who will serve as president of SFCC beginning August 1. President Ortego welcomed committee members to SFCC. She shared the changes and growth occurring on the campus and thanked committee members for their support.

Behavioral Health

Peter Cubra, co-chair, Bernalillo County Behavioral Health Services, spoke to the committee regarding behavioral health issues. He spoke about the change by Governor Richardson to carve-out behavioral health from each state agency and combine it into one entity. He expressed concern that the behavioral health purchasing collaborative attempts to manage \$350 million through holding a monthly public meeting and that the care is provided through a private corporation. Mr. Cubra stated he does not feel the structure is working. It has been noted that no one else in America is doing what New Mexico is doing. Mr. Cubra predicted that underfunding will cause this initiative to fail and encouraged committee members to increase funding. Mr. Cubra stated outpatient mental health services are underfunded and noted Lovelace has stopped providing outpatient services. He said the state has set up 13 entities as local collaboratives, but there needs to be clarification on what is expected from these local collaboratives. Currently, there is confusion whether the local collaboratives are to have any real say as they have not been structured to do so. He asked whether it is the intent that Secretary Hyde command all the behavioral health money; effectively she does since she has the largest amount budgeted to behavioral health. He stated there is need for oversight and said ValueOptions cannot be trusted. Mr. Cubra listed the subsidiaries owned by Ronald I. Dozoretz, the owner of ValueOptions. He suggested the state publish critical incident indicator reports from ValueOptions.

Mr. Cubra advocated spending money on treatment rather than using a model backed by the governor and the mayor of Albuquerque to force treatment of individuals with mental health problems who have been locked up in the past several years. Mr. Cubra asked if it would be better to spend money on treating children rather than spending the money on those children through CYFD. He stated there should be a transitional system in place to support individuals when released from treatment. He asked the members to adopt the prerelease benefits approach.

Questions by committee members included: providing context for behavioral health in universal health care; whether to maintain government control in health care or to attempt to privatize; the possibility of using telemedicine for mental health treatment; and solutions for treating incompetent individuals who need a treatment guardian or who are competent and have the right to refuse.

Mr. Cubra was requested to submit his notes for committee members. Concern was raised that there is transparency with ValueOptions. Mr. Cubra stated the New Mexico Medical Review has completed an audit but no information has been released. It was noted the Echo funding should be reviewed by the committee to assist psychiatrists in the rural market. Mr. Cubra was asked to recommend how to assist the local collaboratives. He recommended that a few government employees be assigned to the local collaboratives to make them more effective and command some of the dollars for services to allow a choice in what to fund. It was noted that if strong collaboratives are in place, there could be some autonomy because there could be better knowledge of what that community requires.

There is a need to provide help to people who are a threat to themselves or others. Discussion ensued on case management, the services provided and the government's role in accountability. It was stated that case management is underfunded and is becoming increasingly worse. It was noted that at some point in time many agencies have been involved with mental health that resulted in some duplication of effort, and bringing it together is a monumental chore and is desperately needed. There is a need for development of the kinds of reports to show that money is being spent appropriately and is assisting in providing accountability. Mr. Cubra asserted that it is crucial to hold private sources accountable for the money spent on mental health treatment and that value is present for the funds spent in the marketplace.

Public Comment

Gabriel Palley gave public comment regarding substance abuse and the effect of ValueOptions in treatment of the facilities where he works. He stated that since ValueOptions has taken over, there has been delay in payment, stays have been reduced, as have inpatient services. He stated the annual budget has been reduced and fee-for-service per day has been released. There is no current opiate detox service in Rio Arriba County and individuals are now referred to Turquoise Lodge in Albuquerque, where there is currently a three-month wait. He noted social detox requires individuals to be very stable and individuals with diabetes or high blood pressure do not qualify. The costs in terms of manpower within the hospital are great because individuals working in intensive care units do not want to deal with detox individuals. Mr. Palley stated it appears ValueOptions is attempting to standardize treatment and Mr. Palley is concerned that this may limit the different options required.

Lovelace Hospital Transition of Behavioral Health Services

Ron Stern, chief executive officer from Lovelace Health Care System, addressed the committee regarding transition of the Lovelace outpatient behavioral health services and stated it is his intent to find the best transition process to ensure appropriate care. Mr. Stern noted the press raised the closure of Lovelace outpatient behavioral health services. He stated significant funding will be provided to transition this process. In early January, Lovelace conducted a

meeting with community leaders, including representatives from LHP, Blue Cross/Blue Shield, Medicaid representatives, ValueOptions representatives, community leaders and physician group representatives. Mr. Stern reviewed various meetings that took place throughout the community and state regarding transition approaches, but said that the physicians and therapists feel the process is inappropriate. UNM officials have stated they do not have the funding to take over the process, Michelle Welby from the Governor's Office and Secretary Hyde have been asked to provide the appropriate process to transition the patients to community providers, as well as a meeting with Mr. Cubra. Mr. Stern noted they went through an elaborate process to communicate with all of the patients in the process. Mr. Stern stated that of 6,600 patients, only 71 were not contacted, 20 were deceased and 30 did not answer the phone. As a health care system, Lovelace has great concern that patients continue to be provided appropriate care to ensure that there is not greater need. He stated a hotline has been in place through the end of June with few calls.

It was noted that of the 42 Lovelace providers, all but one remained in New Mexico. Committee members stated that the transition was handled in a very ethical way and Lovelace went above and beyond the call of duty when it was realized it was unable to provide the kind of service required.

Human Services Department Behavioral Health

Secretary Hyde stated that she and Mr. Cubra have agreed on much, including a need for more funding. She clarified that every behavioral health collaborative meeting is a public meeting where information is distributed but the department is not able to keep all data on the web as the data may constantly change and there is not enough staff to enter the information. Secretary Hyde noted Value Options behavioral health is a unique public policy initiative to address fragmentation and increase quality of services and consumer outcomes. The collaborative is more than just common purchasing through a statewide entity and is more than just the ValueOptions contract. She shared the statutory duties of the behavioral health collaborative. She reviewed the following problems with the collaborative:

- often insufficient and inappropriate services and a lack of attention to evidence-based practices;
- a lack of common agreement about desired goals and outcomes;
- multiple disconnected advisory groups and processes;
- not maximizing resources across funding streams, especially Medicaid;
- multiple contracts for providers for similar services and populations, with different rates and billing mechanisms;
- insufficient or duplicative oversight of providers and services with little attention to quality or capacity;
- fragmentation; and
- duplication of effort and infrastructure at state and local levels.

Secretary Hyde noted the vision is quality behavioral health care that promotes recovery and resiliency. She reviewed the statutory members, the new departments and entities since 2004 working with the collaborative, the collaborative structure, where they are to date, the phases and expectations, what has happened so far, the Transforming Behavioral Health in New Mexico newsletters, the local collaborative priorities and preliminary statewide legislative priorities. She

stated the administration is proposing a transfer of the Behavioral Health Services Division from DOH to HSD with legislative authority and budget transfer. Secretary Hyde shared how the collaborative effort is being evaluated qualitatively and quantitatively and tying shifting dollars to shifting outcomes. She drew committee members' attention to preliminary reports discussing the consumers served and amounts paid, comments and grievances, claims summaries and appeals.

She noted that as more information is produced, more people want this information and policy issues are now being identified from the data being gathered. There is a public forum process and the legislative process. The Albuquerque meeting on mandatory treatment is August 31 at the YDI Wool Warehouse facility, 516 First Street NW in Albuquerque.

Committee members raised issues concerning licensing for providers and whether that is a new requirement of the collaboratives, clarification on ValueOptions setting rates, the progress of the local collaboratives in identifying their priorities, the cross-training between departments and staff on behavioral health, clarification on administrative fees, substance abuse needs, flat budget requests as opposed to what funds are actually needed, identification of resources and needs, providing services as needed when coming out of incarceration and a community-wide approach.

Secretary Hyde was thanked for her thoroughness and attention to getting information to the committee members when requested. Secretary Hyde, in turn, thanked Lesley Tremaine and Matt Onstott for their hard work and dedication in this area.

Mark Weber, analyst, Legislative Finance Committee (LFC), reviewed what the LFC is working on now and shared financial information regarding the ValueOptions contract in preparation of the FY08 budget. He stated LFC is working closely with the agency and contractor and noted there are some questions that need to be answered in more detail to tie the contractor to the services. Mr. Weber stated that in some of the performance measures, it remains to be seen whether patients are actually improving. He stated LFC is attempting to work with the clinicians closest to the programs to develop better performance measures for FY08. Mr. Weber stated to date it is difficult to clearly see who is responsible for some of the areas, but with the new division that is being proposed, performance measures should be appointed for the target areas.

Mr. Weber introduced Charles Sallee, LFC performance auditor, to brief the committee in terms of the LFC review. Mr. Sallee stated the three main objectives are review of effectiveness and efficiency; the implementation and status of moving toward a single entity; and evaluation of performance criteria.

Committee members asked for clarification on the amounts for administrative costs in the contract. Pam Galbraith, ValueOptions, stated the audits will be available at the close of the year to verify administrative costs. The question was raised as to what state government is spending on behavioral health, including federal, state and grant funding. The supposition is \$245 million, which is the contract estimate, but includes such services as the in-prison services. The committee was reminded this task is similar to when the Salud! Program was introduced with

much unknown regarding ultimate cost. Concern was raised whether there are enough providers to provide the kinds of services needed.

Public Comment

Ms. Galbraith addressed the complaint made earlier during the morning's public comment regarding the substance abuse issue. She stated there was a delay in the funding payment last week due to an information glitch. Ms. Galbraith said ValueOptions does request fewer days for inpatient stays because it does not consider every patient "cookie-cutter". She stated ValueOptions believes in community-based services but there will always be a need for acute services. Ms. Galbraith also stated that if there is a funding issue that results in a physician being let go, it is not related to rates but rather to some other issue. She said the agency is not allowed to perform medical detox through telehealth and medical detox is not allowed because of the severe seizures related to alcohol substance abuse.

Arturo Gonzales responded to questions regarding placing the money into facilities and whether there will be enough providers to provide services and stated that in order to answer those questions the state should look at some of the best practice models used in other states, and one is the integration of behavioral health with primary care. He stated telehealth is an important aspect in providing care to the rural areas.

Adjournment

Representative Picraux adjourned the meeting at 4:20 p.m.

Revised: August 24, 2006

TENTATIVE AGENDA
for the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE
August 28-30
Workforce and Disparity Issues
Global Resource Center, Western New Mexico University
Silver City

Monday, August 28

- 9:00 a.m. **Welcome**
—Henry Torres, Chair, Grant County Commission
—James Marshall, Mayor, Silver City
—Gwen Cassel, Dean, WNMU School of Health Sciences and Human Performance
- 9:30 a.m. **Expanding Medical Career Opportunities for New Mexico Hispanic Students**
—Steve Lucero, Executive Director, New Mexico Hispanic Medical Association
—Anthony Vigil, M.D., President, New Mexico Hispanic Medical Association
- 10:15 a.m. **The Need for Nurses in Rural Areas**
—Pat Boyles, Executive Director, Center for Nursing Excellence
—Carolyn Roberts, Executive Director, New Mexico Nurses Association
—Patricia McIntyre, R.N., M.S., N.P., Department Chair, WNMU Nursing Program
- 11:00 a.m. **Increasing Access to Health Care Through Including Prescriptive Authority for Chiropractors**
—Dr. Stephen Perlstein
- 12:00 noon **Working Lunch at Gila Regional Medical Center**

Status of Hospital Services in Southwestern New Mexico
—Dr. John Rossfeld, Chief Executive Officer, Gila Regional Medical Center

Tour of Gila Regional Medical Center and New Cancer Center

Report on Emergency and Trauma Services
—Don McNutt, Director, Gila Regional Medical Center
- 1:30 p.m. **Bus Tour of Fort Bayard Medical Center, National Cemetery Historic Landmark**
—Members of the Fort Bayard Historical Society
—Mayor James Marshall

3:00 p.m. **Statewide Primary Health Care Needs (Presentation at Fort Bayard Theater)**
—David Roddy, New Mexico Primary Health Association

Tuesday, August 29

- 9:00 a.m. **The Impact of Hunger on Overall Health in New Mexico**
—Clark deSchweinitz and Mary Oleske, Co-Chairs, New Mexico Task Force to End Hunger
- 9:15 a.m. **Looking Toward a Future Without Hunger for New Mexicans**
—Laurel Wyckoff, New Mexico Association of Food Banks
—Melody Wattenbarger, Roadrunner Food Bank and New Mexico Association of Food Banks
—Sherry Hooper, The Food Depot and New Mexico Association of Food Banks
- 10:45 a.m. **What Can Be Done to Address Hunger in New Mexico?**
—Pam Roy, New Mexico Food and Agriculture Policy Council
—Ruth Hoffman, Lutheran Office of Governmental Ministry-New Mexico
—Kari Bachman, New Mexico State University Cooperative Extension Service
- 12:00 noon **Working Lunch (Provided by New Mexico Task Force to End Hunger)**
- 1:00 p.m. **Community Health Assessment, Priorities, Profile and Plan to Reduce Disparities**
—Beverly Allan-Ananins, Coordinator, Grant County Community Health Council
—Gary Stailey, Chair, Grant County Community Health Council
- 2:00 p.m. **Three-County Update on Behavioral Health Redesign in Rural-Frontier New Mexico**
—Grant, Luna and Hidalgo County Representatives, Judicial District 6 Behavioral Health Local Collaborative
- 3:00 p.m. **Border Area Mental Health and Border Behavioral Health Update**
—Kathy Hunt, Director, Substance Abuse and Mental Health Services Administration Grant
- 4:00 p.m. **Expanding Access to Dental Care Through Dental Hygienists**
—Barbara Posler, R.D.H.
—Paula Jenkins, R.D.H., Collaborative Dental Hygienist

Wednesday, August 30

- 8:30 a.m. **Policies Affecting the Health of Rural New Mexico**
* Hidalgo Medical Services and the Federally Qualified Health Center Model
* Health Disparities and the Family Support Services Model
* School-Based Health Clinics (Cobre, Silver City and Lordsburg Schools)
* The Wellness Coalition Model for Community Resources Development and

Capacity-Building for Southwest New Mexico Counties
—Charlie Alfero, Chief Executive Officer, Hidalgo Medical Services
* Health Professionals Supply and Health Care Costs
—Charlie Alfero, Chief Executive Officer, Hidalgo Medical Services
—Art Kaufman, Chair, Family and Community Medicine, University of
New Mexico

11:00 a.m. **Adjourn**

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

August 28-30, 2006
Global Resources Center
Western New Mexico University
Silver City

The third meeting of the Legislative Health and Human Services Committee (LHHS) for the 2006 interim was called to order by Representative Danice Picraux, chair, on Monday, August 28, 2006, at 9:10 a.m. at the Global Resources Center at Western New Mexico University in Silver City.

Present

Rep. Danice Picraux, Chair
Sen. Dede Feldman, Vice Chair
Sen. Rod Adair
Rep. William "Ed" Boykin
Rep. Keith J. Gardner
Sen. Steve Komadina
Rep. Jim R. Trujillo

Absent

Sen. Mary Kay Papen

Advisory Members

Rep. Ray Begaye (8/28, 29)
Rep. Miguel P. Garcia
Rep. Antonio Lujan
Sen. Gerald Ortiz y Pino
Rep. Edward C. Sandoval
Rep. Gloria C. Vaughn (8/28, 29)

Sen. Sue Wilson Beffort
Rep. Gail Chasey
Sen. Clinton D. Harden, Jr.
Rep. John A. Heaton
Sen. Timothy Z. Jennings
Sen. Gay G. Kernan
Sen. Linda M. Lopez
Rep. James Roger Madalena
Rep. Terry T. Marquardt
Rep. Rick Miera
Sen. Nancy Rodriguez
Sen. Leonard Tsosie
Rep. Luciano "Lucky" Varela

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

Staff

Jennie Lusk
Cristina Martinez
Ramona Schmidt

Guests

Senator Ben D. Altamirano

Representative Manuel G. Herrera

The guest list is in the meeting file.

Copies of all handouts and written testimony are in the meeting file.

Monday, August 28

Representative Picraux welcomed all to the meeting and introduced Senator Altamirano, who also welcomed all to the LHHS meeting. Senator Feldman asked Henry Torres, chair, Grant County Commission, and James Marshall, mayor of Silver City, to address the committee. Mr. Torres gave a brief history of the area and encouraged all to return to enjoy the recreational facilities and hospitality of Grant County. Mayor Marshall welcomed the committee. Gwen Cassel, dean, School of Health Sciences and Human Performance, welcomed all to Western New Mexico University (WNMU) and shared the programs offered through the school. Committee members introduced themselves to the audience.

Expanding Medical Career Opportunities for New Mexico Hispanic Students

Steve Lucero, executive director, and Anthony Vigil, M.D., president of the New Mexico Hispanic Medical Association (NMHMA), described expanding medical career opportunities for New Mexico Hispanic students. Dr. Vigil stated NMHMA is restructuring the organization to increase its impact. He reviewed the various programs in which NMHMA is involved. Mr. Lucero noted NMHMA is currently developing a discount card program for uninsured and low-income families in New Mexico. Mr. Lucero noted that if minority and disadvantaged students are provided with equal education opportunities and experiences, they will have a greater chance of success and be able to effectively compete for opportunities in medicine and medical-related fields. The presenters described a new undergraduate medical school preparation program currently being negotiated for funding at New Mexico Highlands University. Mr. Lucero reviewed the five-year budget and said NMHMA would be working with legislative staff on future legislation.

Committee discussion involved funding in the Public Education Department's budget, the future of physicians returning to practice in rural areas of the state, the percentage of Hispanics graduating from the University of New Mexico (UNM) School of Medicine, discount determination for the discount card program, scholarships granted for Kaplan preparation for the MCAT and legislation requirements.

The Need for Nurses in Rural Areas

Pat Boyles, executive director, Center for Nursing Excellence, introduced Carolyn Roberts, executive director for the New Mexico Nurses Association, and Patricia McIntyre, R.N., M.S., N.P., department chair, WNMU Nursing Program. Ms. Boyles reviewed New Mexico nursing statistics: there are 15,168 registered nurses (RNs) with residency and 2,916 licensed practical nurses (LPNs), with residency, for a total of 18,084. She noted the number of nurses compared to Labor Department 2002-2012 projections, with RNs above the projected

need and LPNs below the projected needs. Ms. Boyles said the hard work done by those involved, including legislative support in funding, has resulted in an increase in nurse candidates passing their state boards; however, there is concern that the number of nurses who have passed their state boards is not reflected in the numbers in the workforce. She noted work is being done on methodology to collect data on an ongoing trending basis to support future decision-making.

Ms. McIntyre shared some of the accomplishments of the nursing department and addressed some of the challenges in nursing in rural New Mexico near the border. She noted the AND Program has graduated a total of 241 nurses. Challenges of rural nursing education programs in New Mexico include distance, technology, student preparation, clinical sites, capacity, faculty shortage and funding.

Ms. Roberts reviewed the staffing numbers of RNs and LPNs in New Mexico by county. She addressed available student loan programs in the state. The ranking of nurses and pertinent regulations were shared with the committee. Committee members raised issues concerning the annual faculty funding process and its impact on teaching, the traveling nurse and the impact of a master's degree in nursing.

Increasing Access to Health Care Through Including Prescriptive Authority for Chiropractors

Dr. Stephen Perlstein stated that chiropractors are proposing an advanced chiropractic bill seeking to expand their scope of practice to include prescriptive authority for advanced certification chiropractors to better use chiropractors as primary care physicians, thus allowing them to expand their services into rural areas. He noted if this legislation passes here, New Mexico would be the first state in the nation to adopt this practice. It was clarified that chiropractors are not currently included in the New Mexico Drug, Device and Cosmetic Act, the Pharmacy Act and the Controlled Substances Act. The bill would require advanced training in primary care prior to issuance of the advanced practice license. It was clarified that advanced chiropractors would continue their current practices, but with expansion to include prescriptive authority. The panel stated that it is looking for independent prescribing authority for the types of drug prescribed in a primary care setting and would create a formulary similar to proposals of doctors of oriental medicine, which would be germane to the specific type of practice. A request was made that a specific formulary be drafted and shared with the committee to assist with evaluating the proposed legislation.

Committee members raised issues including whether the federal Drug Enforcement Agency would allow certification, the effect on malpractice insurance coverage for chiropractors and the dispute within the profession regarding the basic philosophy of chiropractic medicine of no drugs/no surgery.

Status of Hospital Services in Southwestern New Mexico

Committee members and staff were transported to the Gila Regional Medical Center for lunch and a presentation by John Rossfeld, chief executive officer, on the Gila Regional Medical Center and the surrounding area's health care services. Mr. Rossfeld discussed both the center's operating philosophy and its expansion of services.

Report on Emergency and Trauma Services

Don McNutt, director, described the emergency and trauma services at the Gila Regional Medical Center and reviewed the Gila Regional EMS Operations Plan.

Forty Bayard Tour

Committee members and staff were taken on a tour of Fort Bayard, including its cemetery and grounds.

Statewide Primary Health Care Needs

David Roddy reported on New Mexico primary care clinics. Mr. Roddy stated that due to increased demand from the uninsured and rising costs, primary care clinics lost \$2.3 million in 2004 and \$2.8 million in 2005, despite implementing austerity measures. Mr. Roddy requested legislative funding for a \$3 million increase in operating capital to maintain the increased capacity developed to serve New Mexico's rural, underserved and uninsured populations. He also stated he is requesting a capital investment of \$4 million over a two- to three-year period to implement electronic health records at primary care and school-based clinics. Mr. Roddy noted that primary care clinics are major partners with the state in telehealth, school-based clinics, immunization and other public health initiatives.

Public Comment

Fort Bayard Historic Preservation Society members stated they are committed to the preservation of the Fort Bayard National Historic Landmark. They noted their endeavors focus on the preservation of buildings currently being used, the restoration of buildings that can no longer be used and the preservation of the narrative of Fort Bayard in both its role as a fort in the Indian wars of the region and as a United States Army and public health facility for the treatment of tuberculosis.

The meeting recessed at 4:50 p.m.

Tuesday, August 29

Representative Picraux reconvened the meeting at 9:15 a.m.

The Impact of Hunger on Overall Health in New Mexico/Looking Toward a Future Without Hunger for New Mexicans

Mary Oleske and Clark deSchweinitz addressed the committee on the face of hunger in New Mexico 2005. Mr. deSchweinitz reviewed the goals of the organization. Rozella Kennedy presented an overview on hunger, stating that hunger is closer than people think and sometimes difficult to recognize. Panel members reviewed who lives in poverty, who seeks help from emergency food providers, the impact of hunger on children, ways parents shield their children from hunger, the impact of hunger on seniors, the food gap, the 2006 federal poverty guidelines, the effects of poor nutrition, the health cost of poor nutrition and the cost of obesity in New Mexico. The executive summary from 2005 was shared with the committee.

What Can Be Done to Address Hunger in New Mexico?

Panel members spoke to the committee on closing New Mexico's rural food gap. The New Mexico Association of Food Banks is a collaborative organization consisting of eight food banks that service the entire state. The system of delivery of foods was reviewed. Federal and

state programs were reviewed, including food stamps, the Emergency Food Assistance Program, Women, Infant and Children (WIC) Program, Commodity Supplemental Food Program, Homeless Meals Program and Summer Food Service Program. The program information shared included program administration, number of meals and clients served and the cost of the programs.

Panel members made the following legislative support requests to the committee:

1. \$1,440,000 for healthy kids and healthy economy with the farm-to-school initiative;
2. \$500,000 in new funds, for a total of \$1,100,000, for expansion of the New Mexico food bank programs;
3. \$126,000 for the Senior Farmers' Market Nutrition Program to provide 2,000 low-income seniors \$60.00 to purchase fresh produce at farmers' markets;
4. \$2,000,000 for the Seniors Food Stamp Supplement Program; and
5. an increase by \$2,700,000, for a total of \$4,200,000, to fully fund statewide the Universal School Breakfast Program.

Committee members asked that they be kept informed on departmental budget requests that may affect these programs. Panel members and committee staff were asked to track the possible effects on the program by the federal Deficit Reduction Act as they become available. It was noted that there is an outside evaluator looking at reasons why people do not apply for food stamps, some of which include transportation, issues with pride and the wait period. The end results of the demonstration program will be shared with committee members. The WIC Farmers' Market Program was discussed and it was noted there is a hope to expand the program. Ms. Hoffman stated they are making progress in increasing use of farmers' markets by those enrolled on food stamps.

Brenna Brown, a certified chef and resident of Silver City, prepared a meal for the committee and audience members. Ms. Brown stated the ingredients in the meal were all raised in New Mexico and each plate provided for lunch cost approximately \$4.00.

Discussion included the food offered through the backpack programs and various suggestions for providing healthy food for adults and children. Ms. Hoffman noted that the legislative request for new money is less than \$5 million and would have a great impact in reducing hunger.

Community Health Assessment, Priorities, Profile and Plan to Reduce Disparities

Gary Stailey, co-chair of the Grant County Community Health Council, introduced the other members of the health council, including Sam Redford, Bob Reese, Priscilla Lucero, Dale Pelton and Beverly Allan-Ananins. The wellness model used by the health council, which includes the physical, emotional, spiritual, intellectual, social, cultural, occupational, material and financial, and environmental components, was reviewed. The issues discussed included the diverse health council membership, the health council history, the mission of the health council, the value of health councils, community health improvement, building community capacity, the community enhancement fund, assessing and prioritizing needs, the Grant County focus group priorities for 2006, mobilizing community action and the Red Hot Children's Fiesta. Health council profiles are being developed in each county and legislators are encouraged to access

information through that forum. Panel members also encouraged members to ensure that funding not be reduced but continue at the present rate.

Three-County Update on Behavioral Health Redesign in Rural-Frontier New Mexico

Mary Stoecker, Megan Pierro, Beverly Allan-Ananins and Rebecca Astrada presented before the committee on the Southwest Behavioral Health Team (SWBHT, also known as the JD 6 Local Collaborative) on the history of the SWBHT, the components of JD 6 Local Collaborative, the core values, the development of the collaborative, the health council role, the health council/JD 6 role, the district cabinet role, the behavioral health needs assessment, strengths, challenges and the cost of travel to Albuquerque/Santa Fe. The JD 6 legislative priorities for FY 2008 were reviewed and include funding for staffing, new or enhanced treatment and housing and funding for behavioral health professionals and early intervention services. It was noted that the SWBHT legislative committee is a subcommittee of the JD 6 Local Collaborative. Panel members said the local collaborative development has benefited from the three-county relationship, which has been strengthened due to joint planning, assessment and coordination.

Former Representative Murray Ryan was recognized from the audience and he welcomed the committee members and staff to Silver City.

Committee discussion included adequate funding, concern by providers experiencing difficulty with the behavioral health collaborative move to ValueOptions and the inadequacy of services provided for those needing substance abuse or violence abuse counseling.

A motion was made to approve the July meeting minutes, as corrected, motion seconded and unanimously adopted.

Border Area Mental Health and Border Behavioral Health Update

Rob Connoley, Border Health Mental Health Services, presented before the committee on border area mental health issues. Mr. Connoley stated his organization is addressing needs through collaboration by using data from the Community Health Assessment, agency utilization statistics and national data. The Border Health Mental Health Services are under the guidance of the Southwest New Mexico Behavioral Health Continuum of Care and JD 6 Local Collaborative. He noted the Kokopelli Intensive Outpatient is funded through federal support and uses the Matrix Institute Model. Mr. Connoley reviewed aspects of the matrix model, including traditional models, that are supported by funding that include either outpatient or inpatient.

The HRSA Rural Healthcare Services Outreach Program goals were reviewed by Mr. Connoley. The goals include: Intensive Outpatient Program (IOP) services for clients with alcohol addiction, interagency networking, workforce development and access to psychotropic medications. The challenges include seeking rate schedules consistent with Department of Health fee for services, seeking ValueOptions service definition for IOP aligned with federal partners, seeking continued streamlining of the licensure process, seeking state encouragement of child psychiatric services and seeking stronger support of psychotropic medications through ValueOptions.

Expanding Access to Dental Care Through Dental Hygienists

Barbara Posler and Paula Jenkins addressed the committee regarding collaborative dental hygiene practitioners (CDHP). Ms. Posler discussed some of the challenges, including difficulty in finding consulting dentists (especially Medicaid providers), reluctance of third-party payers to recognize dental hygienists as primary care providers and limited effectiveness due to restrictions in the statutes and regulations on diagnosis, supervision and written authorizations. She stated that recommended solutions include allowing delivery of local anesthesia without dental supervision in order to provide cost-effective periodontal care, allowing CDHP to assess for sealants, enforcement of the law requiring third-party payers to recognize CDHP as primary care providers and allowing CDHP who have additional certification to receive the special needs Medicaid reimbursement for treating people with developmental disabilities. Ms. Jenkins shared her experiences as a dental hygienist working with Hidalgo Medical Services (HMS).

Delivery of local anesthesia and assessments for sealants by CDHP would require statutory change. Ms. Posler stated that in the future, dental hygienists would like to see a mid-level dental hygiene practitioner, modeled after the nurse practitioner, who with additional education can deliver therapeutic, preventive, diagnostic and limited restorative services in public health partnerships to fill the gap in needed services.

Ms. Posler stated that while no states currently have mid-level dental hygienist practitioners, there is a recommendation from HRSA to increase the number of mid-level practitioners.

Subcommittees

Representative Picraux reminded the committee members that the committee may create subcommittees as needed and asked committee members for their preferences if the volume of committee requests requires additional review. It was suggested to use the morning of the first day of scheduled LHHS meetings for review, but if the committee is unable to complete the review of requests, then to use the afternoon of the third day. Requests will be evaluated at the October meeting to see if subcommittees are necessary or if needed for the November meeting. It was suggested to break the subcommittees up by topic and have staff develop a common template for evaluation criteria.

Public Comment

No public comment was given.

The meeting recessed at 4:50 p.m.

Wednesday, August 30

Representative Picraux reconvened the meeting at 8:35 a.m.

Policies Affecting the Health of Rural New Mexico

Charlie Alfero, chief executive officer, HMS, introduced Nikki Zeuner, Dr. Art Kaufman and Eileen Sullivan to address the committee on health disparities, integration of medical, dental and mental health services, the development of the Wellness Coalition to expand resources to address disparity in health and the distribution of health professionals within the state.

Recommended considerations and legislative initiatives were: improved primary care funding, a creative rural primary care training model, improved loan repayment opportunities, establishment of community health extension offices, telehealth, local capacity building, rural long-term care development, substance abuse intervention and increased capital outlay.

Mr. Alfero stated that Rural Primary Care Act funding mitigates some distribution problems but he would like the committee to look at expansion of models and electronic medical records transfer within the state. Mr. Alfero shared the history and current services and programs offered through the HMS model. He noted HMS is working on workforce housing, which will positively affect economic development. Mr. Alfero reviewed the HMS growth and trends with a 30 percent increase in services annually and a 50 percent increase just in the past year. He stated the number of HMS employees has grown from 40 in 2002 to 125 in 2006. Health plan priorities for future development include expansion of site development, program development and a recruitment plan including developing primary care residencies in Silver City. Mr. Alfero shared the primary care environment implications, data on preventable hospitalizations and local health issues, recommending primary health care and dental health residencies and a "hospitalist" for Silver City.

Dr. Art Kaufman, chair, Family and Community Medicine, UNM, stated that UNM is moving in a different direction to address the growing need for new models of care integrating public health and medicine. He suggested filling UNM residencies with medical students working in their hometowns rather than placements in unfamiliar environments and noted that most doctors establish practices in the same town in which they completed a residency. Mr. Alfero reviewed the concepts of family support integrated into the HMS model and noted the importance in improving wellness and access to health and human services. He stated the Growing Up Together Strong (GUTS) Program is working with teens who are pregnant or parenting. HMS also contracts for external evaluation of the efficacy of the program.

When questioned on health status problems related to the incidence of mining, it was noted that there is no specific data but the incidence of depression and alcoholism did rise when the mines closed. It was clarified that rural areas have a higher incidence of health issues in part due to older populations and fewer resources. The number of uninsured people in rural areas is estimated to be 50 percent higher than in urban areas. Discussion occurred on school-based health clinics versus school-located health clinics and the issues related to using public facilities by private entities and the liability issues. Mr. Alfero stated this is a public health and an acute care setting model. He noted that the numbers of primary health care doctors graduating from medical school remains small because of higher salaries for specialists and an academic emphasis on training of specialists.

Eileen Sullivan, executive director of the Wellness Coalition, stated it is the goal of the Wellness Coalition to improve the quality of life and build capacity in southwest New Mexico. She stated the Wellness Coalition uses a collaborative approach allowing the four-county area to leverage and share resources, learn from each other and share implementation or successful models. She gave an overview of some of the programs under categories such as youth development and substance abuse and prevention programs. She stated building capacity includes human resources and technical infrastructure and there is a need for coordination on a larger level to ensure there is not duplication of effort. Ms. Sullivan said that on a statewide

level there is a need to merge electronic medical records with the telehealth technologies; and within the four-county area, what they have learned from the Chasi System will help to integrate and make the most use of the systems out there.

Ms. Zeuner stated that when a large number of grants were received through the Wellness Coalition, the coalition recognized barriers resulting from inadequate capacity development of nonprofit entities. She reminded the committee that as a sector, nonprofit organizations are a large part of the economy and as a group are major state vendors. She reviewed characteristics shared by health nonprofits and their challenges.

Mr. Alfero discussed issues related to the primary care supply in America and within New Mexico. A study by Dr. Mario Pacheco addressing the impact on rural New Mexico of a family medicine residency was distributed to committee members and discussed by Dr. Kaufman. Factors associated with building the work health force were reviewed. Mr. Alfero stated three concepts for consideration by the legislators include community health extension centers, expanding community-based education and rural residency program expansions.

Ms. Zeuner reviewed gaps between community and UNM programs; ways to improve the partnerships; existing building blocks in New Mexico communities; criteria for selecting community partners; volunteer pilot sites; long-term goals; first-year priorities, which include education, service, research and policy; and implementation of pilot community health extension offices.

Mr. Alfero shared his vision of how to expand primary care practice in the areas, including rural primary care training for family practice and inclusion of pediatric, psychology and other subspecialties. He suggested using Medicaid funds if possible to match dollars needed for training in the rural areas.

Committee members raised issues including other state medical school graduation retention rates, integration of residents into rural communities, the changing demographics in New Mexico and future needs. It was noted it will be necessary to address the disparities in pay.

Senator Feldman thanked all for their presentations and stated she regretted the committee did not have the opportunity to discuss rural long-term care but would hope to do so at a future meeting. She asked for more detailed information from Mr. Alfero on his proposal for partial Medicaid funding for primary care residency in rural areas.

Adjournment

Senator Feldman adjourned the meeting at 12:20 p.m.

Revised: September 25, 2006

TENTATIVE AGENDA
for the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

September 25-27, 2006
State Capitol, Room 322
Santa Fe, New Mexico

Monday, September 25

- 9:00 a.m. **Effects of the Deficit Reduction Act on Medicaid Clients and Child Care**
—Bill Jordan, Deputy Director for Policy, New Mexico Voices for Children
—Dr. Baji Rankin, Executive Director, New Mexico Association for the
Education of Young Children
- 10:00 a.m. **Addressing the Unmet Needs of the Uninsured**
—Stacey Cox, Executive Director of Community Action Agency of
Southern New Mexico
—John Johnson, Project Director for Healthy Communities Access
Program
- 12:00 noon **Lunch**
- 1:30 p.m. **UNM BA/MD Combined Program**
—Dick Minzner
- 2:30 p.m. **Adult Protective Services**
—Debbie Armstrong, Secretary, Aging and Long-Term Services
Department
—Karen Wells, Medical Investigator, Aging and Adult Protective
Services, Aging and Long-Term Services Department
- 3:30 p.m. **Nursing Homes — Administrative and Systemic Issues**
—Debbie Armstrong, Secretary, Aging and Long-Term Services
Department
—Sondra Everhart, Long-Term Care Ombudsman
—Katrina Hotrum, Department of Health (Invited)
- 4:30 p.m. **Follow-Up on Hispanic Latino Health Summit — Solutions**
—Dr. Eva Pacheco, M.D., Past President, New Mexico Hispanic Medical
Association
—Margaret Montoya, J.D., Southwest Hispanic Research Institute

Tuesday, September 26

9:00 a.m. **Telehealth in New Mexico**

—Bob Mayer, Chair, Governor's Telehealth Commission, Chief Information Officer, Department of Health

Project ECHO (Hepatitis C)

—Sanjeev Arora, M.D., Professor of Gastroenterology and Hepatology, Executive Vice Chair, Department of Internal Medicine, University of New Mexico, Principal Investigator for Project ECHO

Bernalillo and Taos Counties of the Regional Health Information Organizations (RHIOs) or Health Information Exchanges

—Maggie Gunter, Ph.D., Project Director, New Mexico Health Information Collaborative, President, Lovelace Clinic Foundation
—Jeff Blair, Director of Informatics at Lovelace Clinic Foundation

12:00 noon **Working Lunch**

Cavernous Angioma, Hereditary Illness in the Hispanic Population of Northern New Mexico

—Joyce Gonzales, Advocate for the Cavernous Angioma Alliance and Geneologist
—Leslie Morrison, M.D., New Mexico Neurologist and Researcher

1:30 p.m. **Health Professional Obligation Programs**

—Jerry N. Harrison, Ph.D., Executive Director of New Mexico Health Resources

2:30 p.m. **Synopsis of Oral Health Developments in New Mexico**

- New Dental Programs
 - Participation in Western Interstate College Exchange (WICHE)
 - Potential for a New Mexico Dental School
- Patricio Larragoite, Executive Director, New Mexico Health Policy Commission
—Jerry Harrison, University of New Mexico

3:30 p.m. **Subcommittees**

Committee 1 (Room 315):

Health Consequences of Homelessness

- New Mexico Coalition to End Homelessness
- Lisa LaBrecque, Policy and Advocacy Director
—Hank Hughes, Executive Director

Homelessness Near the Border

—Pamela Angell, Mesilla Valley Community of Hope

National Dance Institute

—Kelly Barnes, Development Director

Committee 2 (Room 326):

Brain Injury — Problems for Persons with Brain Injuries: The Need for a Full Spectrum of Diagnostics and Services

—Glenn Ford, Executive Director, High Desert Roads for People with Brain Injury

Santa Fe Clubhouse

- For People Recovering from Severe Mental Illness

—Catherine Hebenstreit, Executive Director, Santa Fe Clubhouse

UNM Center for Development and Disability

—Catherine McClain, M.D., Director

Wednesday, September 27

9:00 a.m. **Committee Reports and Recommendations**

10:30 a.m. **PACE (Program of All-Inclusive Care for the Elderly)**

—Charlie Alfero, Chief Executive Officer, Hidalgo Medical Services

—Les Rubin, Hidalgo Medical Services

—Gina DeBrossi, PACE in Albuquerque

11:30 a.m. **Community Services Block Grant**

—Cathy Sisneros, Bureau Chief, Work and Family Support Bureau, Human Services Department

—Yvonne Rodriguez-Ulanowicz, Community Services Block Grant Manager, Human Services Department

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

September 25-27, 2006
State Capitol, Room 322
Santa Fe

The fourth meeting of the Legislative Health and Human Services Committee (LHHS) for the 2006 interim was called to order by Representative Danice Picraux, chair, on Monday, September 25, 2006, in Room 322 of the State Capitol in Santa Fe.

Present

Rep. Danice Picraux, Chair
Sen. Dede Feldman, Vice Chair
Sen. Rod Adair (9/25)
Rep. William "Ed" Boykin
Rep. Keith J. Gardner (9/25, 26)
Sen. Mary Kay Papen
Rep. Jim R. Trujillo

Absent

Sen. Steve Komadina

Advisory Members

Sen. Sue Wilson Beffort (9/25, 26)
Rep. Ray Begaye
Rep. Gail Chasey (9/26, 27)
Rep. Miguel P. Garcia
Rep. Irvin Harrison (9/25, 27)
Rep. John A. Heaton
Sen. Gay G. Kernan
Sen. Linda M. Lopez
Rep. Antonio Lujan
Rep. Terry T. Marquardt (9/26)
Rep. Rick Miera (9/27)
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez
Rep. Edward C. Sandoval (9/25, 26)
Sen. Leonard Tsosie (9/26)
Rep. Luciano "Lucky" Varela (9/25)
Rep. Gloria C. Vaughn

Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings
Rep. James Roger Madalena

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

Staff

Jennie Lusk
Raul E. Burciaga
Tim Crawford
Ramona Schmidt

Guests

The guest list is in the meeting file.

Copies of all handouts and written testimony are in the meeting file.

Monday, September 25**Deficit Reduction Act Impact on Medicaid Clients and Child Care**

New Mexico Voices for Children Deputy Policy Director Bill Jordan told the committee that parents have reported problems with finding adequate photo identification for school children to meet new requirements of the new federal Deficit Reduction Act (DRA), despite state efforts.

The biggest concern of the Voices organization was originally that Native American children would be found ineligible for Medicaid because many do not have birth certificates to prove citizenship. Reports from the field, however, indicate that parents have not been prepared to have to prove identity, especially of their younger children. Mr. Jordan reported that the Human Services Department (HSD) and Department of Health (DOH) have been working closely together to solve the problem and ease transition into the new requirements, and he has been pleased with departmental responses. However, he reported that Medicaid enrollment has dropped by approximately 30,000 clients and the identification problems could compound problems.

Baji Rankin, executive director of the New Mexico Association for the Education of Young Children, urged legislators to consider the DRA limitations as an opportunity to recognize that the state cannot depend on the federal government to fund child care for low-income working families. Federal policy has shifted from this high-priority item, yet the state should keep the needs of working families as a priority. She also urged legislators to expand child care supports outside the system of the Temporary Assistance for Needy Families Program as a commitment to serve all families so that future generations can grow up healthy and strong.

On questions from committee members, Dr. Rankin estimated that another \$10 million would be required to expand child care in New Mexico to 200 percent of the federal poverty level (FPL). Although Secretary-Designee Dorian Dodson at the Children, Youth and Families Department (CYFD) has requested a \$5.5 million expansion, a comparable request for the same increases from early childhood providers would be closer to \$18.5 million. The early childhood networks support both the CYFD request and whatever other money is required to bring support for child care assistance available to those who make up to 200 percent of the FPL.

Other issues raised by committee members were: getting more field offices in Native American country; limitations on Medicaid enrollment based on congressional immigration concerns and laws; whether pre-kindergarten programs intrude into child care quality initiatives; and scheduling of court proceedings on the HSD autoclosure policy.

Addressing the Unmet Needs of the Uninsured

Stacey Cox, executive director of the Community Action Agency of Southern New Mexico, described the broad-based programs operated by that agency, including developing assets both through individual development accounts and through links between middle-class mentors and lower-income workers. She said that the most important indicator of whether a person who loses a job will be poor in the coming year is whether that person knows two people from the middle class.

The agency finds itself trying to provide for basic needs rather than as a "band-aid" service provider in emergencies, and is finding that its services and needs do not match.

John Johnson, project director for the Healthy Communities Access Program, gave an overview of the three years of work done by 24 Dona Ana County health care providers in response to a suggestion that they apply for a federal grant. The federal grant funding has not been as expected, but the strength of the program is the three years of local collaboration, which has eliminated much duplication of effort. The providers have initiated a collaborative enrollment program and a system for scanning records (including birth certificates) so that clients can be served and information does not have to be re-created for each visit. The community's goal is to increase Medicaid enrollment by five percent and to reduce emergency room visits in the first year by three percent.

The groups will ask for \$500,000 in the upcoming session in order for the program to sustain itself for another year until the benefits of increased Medicaid funding and reduced emergency room costs are realized; to begin compiling historical data for baselines on indigent care; and to contract for evaluation of the effectiveness of the program through the Epidemiology Department at New Mexico State University (NMSU). The appropriation could probably be nonrecurring funds through the HSD, since the program should be self-sustaining before long. As it is, \$34 million in costs for indigent care are written off annually at Memorial Hospital and \$7 million at Mountainview Hospital, Mr. Johnson said, so with new software and collaboration, those costs could be greatly reduced, leaving more local funds available. He reminded the committee that estimates are that 32 percent of children qualified for Medicaid are not enrolled and that 33 percent of residents are uninsured or underinsured in New Mexico.

The HSD representative in attendance was asked to explain how and whether the department cooperates in data sharing with the local agencies.

Minutes

The minutes of the August 28-30, 2006 meeting in Silver City, New Mexico, were approved by unanimous vote.

Adult Protective Services and Nursing Homes

Secretary Debbie Armstrong and Adult Protective Services (APS) Division medical investigator Karen Wells, both of the Aging and Long-Term Services Department (ALTSD), discussed the need for an Adult Protective Services Act.

The two presented proposed revisions to New Mexico law to make the statutes more readable and to group topics related to elder neglect and abuse with other adult protective services. The nature of the charge to prevent elder abuse requires input from behavioral health, home health and other areas of concern in multidisciplinary teams, and the statutory organization should recognize this. Among the changes are clarifying the terms "capacity", "self-neglect", "facility" and "provider" and adding civil penalties to four sections of the act in order to make enforcement of the act more possible and more practical. The request for statutory revisions will not carry an appropriation with it.

Secretary Armstrong was joined by Katrina Hotrum, DOH, to distinguish the respective responsibilities of the two departments. The DOH oversees nursing facilities and follows up with residents when facilities close. The ALTSD focuses on investigating complaints and maintains and staffs a 24-hour hotline for abuse and neglect reports. The APS division of ALTSD has an individual focus; DOH has a focus on institutional training, certification and management.

Questions and suggestions by the committee included holding hearings for stakeholders on APS revisions, making education about exploitation a priority for the department and the number of complaints arising from nursing homes. The secretary said that there are approximately 12,000 reports per year, of which 6,000 are thrown out. Some 4,800 complaints are investigated, approximately 300 of which come from nursing facilities. She also noted that APS does not have jurisdiction on tribal lands, though it has a number of workers who can deal with native speakers off-reservation. The secretary said that ALTSD, DOH, CYFD and the attorney general created a Health Facilities Joint Protocol through which the agencies can share more information. Formerly, each agency could investigate a complaint, but could not pass its information along to the next agency. Lately, the attorney general left the voluntary protocol when the office's focus was narrowed to Medicaid fraud; the bulk of its investigation results had to be held confidential in any case. A major purpose of the protocol is to minimize the trauma to a victim of abuse or neglect forced to undergo interviews with several agencies on the same complaint.

Ms. Hotrum, formerly the ombudsman for long-term care, reported on the statewide employee abuse registry. While the registry has helped prevent abuse, it is useful only in tracking the history of a particular individual, and not a facility that has a pattern of employing abusive or neglectful staff.

The presenters answered questions from committee members, including the disposition of a complaint filed at the Miner's Hospital a few years ago; the requirements for staffing at facilities

that receive Medicaid; the Money Follows the Person Act; the state's shift in direction to a more self-directed waiver program in smaller settings; revisions of the residential care rules; the special needs population's priorities in long-term facilities and the caution required as fragile and Alzheimer patients are moved into more home-like settings; the close of ResCare and transition of its patients; and maintaining all services through a network of providers in a given area.

BA/MD Program

Valerie Romero-Leggott and Richard Sanchez, co-directors of the Undergraduate-to-Medical School Program created by the committee, introduced a first-year student, Estevan Apodaca, and BA/MD staff. The committee was thanked for creating the program, which is open to New Mexico high school graduates and nearly guarantees a college freshman admission to medical school upon graduation after a preparation program that includes close mentoring and a curriculum that focuses on success in medical school. Of the first class, two-thirds are minority candidates, and students take seminars in economics, journalism and communications, health medicine and human values and cultural content, among other classes, and spend two summers in service learning. The entirety of the class lives together throughout its undergraduate years and has the same advisor. The program provides for financial needs of those who could not otherwise participate. Currently, there are 16 faculty members. Of 141 applicants, 30 were accepted, five of them as alternates. Of the first class, eight required at least one remedial course.

On questions from committee members, presenters discussed details of their outreach program, nationally available programs that compare with the New Mexico program, means of preparing for the medical school entrance examination and the opportunity to spend four weeks each summer in a practicum in rural New Mexico.

Introduction of New Committee Member

Representative Irvin Harrison was introduced by the chair to the remainder of the committee after he was appointed by the Legislative Council to the LHHS.

Hispanic Health Report

Dr. Eva Pacheco, Hispanic Medical Association, discussed creating a "pipeline". The "pipeline" concept was among initiatives recommended after the statewide seminar on racial disparities in health. The pipeline encourages and involves students beginning in middle school to consider entering medical careers. The federal funding of \$643,000 for the program will be gone altogether by June 2007 and, without state help, the program is likely to end. The appropriation needed will be approximately \$500,000. Another initiative recommended through the seminars was a state information technology program linking nurses, nurse practitioners and case managers while also collecting data on ethnicity, race and primary language. Finally, the seminar attendees requested an appropriation of \$25,000 to cover a study of hiring patterns for faculty at New Mexico health facilities and at the University of New Mexico (UNM), NMSU and New Mexico Highlands University.

Public Comment

Reba Eagles, a family provider under the Developmental Disabilities Waiver Program, complained about cuts to the program and circulated materials documenting her problems with the DOH. DOH representatives were asked to present answers to her problems the next morning.

Recess

The committee recessed at 5:10 p.m.

Tuesday, September 26

Representative Picraux called the meeting to order at 9:10 a.m.

Bernalillo and Taos Counties of the Regional Health Information Organizations (RHIOs) or Health Information Exchanges

Jeff Blair, director of informatics at Lovelace Clinic Foundation, presented to the committee on the planning framework to establish a statewide health information infrastructure for New Mexico. Mr. Blair discussed the purpose; the challenges faced by the United States health care delivery system; challenges that appear to defy solutions; the convergence toward a solution; the growing understanding of health information technology; health information infrastructure (HII) becoming a high priority; the bipartisan support; privacy and security requirements; HII components; electronic health record (EHR) systems; the EHR system for a single health care facility or medical practice; the health information exchange (HIE) network; the telehealth network; the e-prescribing network; the payer-provider (reimbursement) network; the personal health record (PHR) networks; specialized health care programs; the state of New Mexico public health and health care information programs; the roles related to EHR systems; the roles related to telehealth networks; the roles related to e-prescribing networks; the roles related to payer-provider transaction networks; and the roles related to PHR networks. Mr. Blair stated that privacy and security need to be top priorities. He noted that much of the work has been done by the private sector and the federal government and the state should intelligently look at the gaps and how to fill in the gaps.

Committee discussion covered physician tort liability under state and federal law; the impact of privacy requirements related to electronic medical records; federal health information policy; the cost to the state of implementing HIPAA requirements; reimbursement and physician pay for performance issues. In response to a concern raised on security protections related electronic medical records, Mr. Blair stated that patient medical records will still be housed at the location where the patient is seen for care and further discussed authorization for access.

Telehealth in New Mexico

Bob Mayer, chair, Governor's Telehealth Commission, chief information officer, DOH, spoke on telehealth in New Mexico and stated the commission will propose changes to the New Mexico Telehealth Act, emphasizing insurance reimbursement for telehealth and expansion of covered providers. Mr. Mayer shared the programs for FY07, which will be expanded for FY08. He gave a summary for FY07 relating to equipment/circuits; pilot programs; electronic medical

records; HIE; reimbursement rule changes; and prescribing rules changes. The summary for FY08 includes pilot programs (remote monitoring); program expansion; statute changes; network management agreement; the HIE, pilot clinical service hubs; and electronic medical records.

Committee members raised concerns regarding patient privacy through a telehealth link and third-party payer reimbursement for telehealth.

Project ECHO (Hepatitis C)

Dr. Sanjeev Arora, professor of gastroenterology and hepatology, executive vice chair, Department of Internal Medicine, UNM, principal investigator for Project ECHO, stated the goals of the ECHO Program are to develop the capacity for safely and effectively treating hepatitis C in all areas of New Mexico; to monitor outcomes; and to develop a model to treat complex diseases in rural locations and developing countries. He reviewed the facts related to hepatitis C in New Mexico and reminded the committee that hepatitis C was discovered in 1989. Dr. Arora stated that his method is to use technology to leverage scarce health care resources. He uses a disease management model, case-based learning and a centralized database that is HIPAA-compliant to monitor outcomes. Under the model, steps include training providers, nurses, pharmacists and educators in hepatitis C; installing protocols and software on site; conducting regular telemedicine clinics; initiating co-management; collecting data and monitoring outcomes centrally; and assessing cost and effectiveness of programs. Dr. Arora stated that Project ECHO works for any disease and hepatitis C was the pilot program. He noted that it is very important to use best practice protocols and the importance of the role of knowledge network. Through Project ECHO, a new cadre of physicians well-informed about hepatitis C is being developed and the cadre will, in turn, train other new physicians through telehealth consultations statewide.

Dr. Arora stated that Project ECHO barriers include rural physician time; inadequate nursing resources; and connectivity for rural clinics. He reviewed the Project ECHO clinic sites located throughout the state. He stated that the project's emphasis is shifting toward physicians in rural clinics developing patient-specific knowledge on demand and access to case-specific information. He shared Project ECHO's area of focus, Project ECHO benefits and potential future applications. Dr. Arora clarified that telehealth is not a UNM priority and so he is not requesting an appropriation on behalf of UNM. In response to a question as to the funding he would need, Dr. Arora stated he would need \$750,000 for expansion throughout the state. Greg Geisler, Legislative Finance Committee analyst, will meet with Dr. Arora to clarify budget requests.

Committee discussion occurred on the origins of hepatitis C; future expansion of Project ECHO into more counties within the state; the criteria for those diseases that could be addressed through Project ECHO; the voluntary nature of the physician telehealth participation; and resistance by some physicians because they want hands-on treatment. Dr. Arora clarified that Project ECHO is in partnership with the DOH and half of the project is prevention.

Bernalillo and Taos Counties of the Regional Health Information Organizations (RHIOS) or Health Information Exchanges

Maggie Gunter, Ph.D., project director, New Mexico Health Information Collaborative, and president of the Lovelace Clinic Foundation (LCF), gave an overview on the background of the LCF, whose mission is applied health research and education to improve the quality, efficiency, availability and cost-effectiveness of health care in New Mexico and the United States. She stated that the LCF has been a pioneer in disease management and the area of best practices.

Dr. Gunter said the overall goal of the start of the RHIOS Program was to build a cross-system HIE in Bernalillo and Taos counties with plans to expand statewide. The expansion will allow health care providers, with patient consent, to locate all of a patient's records across multiple health care facilities. She stated there is much data available currently and that when a physician has access to shared data, it improves care. The long-term vision is to create a statewide HIE that improves quality, coordination and efficiency while restraining costs and to create a culture of personal accountability for health.

Dr. Gunter noted that health IT is a national priority. She stated that benefits to New Mexico of the RHIOS Program include reducing duplication and costs; improving care; improving detection and management of pandemics, mass disasters and bioterrorism; streamlining of mandated public health reporting; allowing community-wide disease management for chronic diseases; sharing clinical information through telehealth at both ends of the encounter; and attracting businesses that relocate based in part on high-quality, cost-effective health systems. With another three years of funding to leverage the current federal and state funding to fully implement the current system, Dr. Gunter said RHIOS could result in a sustainable business model based on subscriptions paid by users. She stated the program is seeking funding through various resources and recognizes the valuable funding available through the state.

It was clarified that the budget request for recurring operations is \$1.3 million and \$1.1 million for a capital budget request. Dr. Gunter clarified that there are grant requests pending that could have an impact on the amount requested and she will keep the committee informed of the effects on the request.

Cavernous Angioma, Hereditary Illness in the Hispanic Population of Northern New Mexico

Dr. Leslie Morrison, New Mexico neurologist and researcher, and Joyce Gonzales, advocate for the Cavernous Angioma Alliance and genealogist, addressed the committee members on cavernous angioma. Ms. Gonzales stated that cavernous angiomas are clusters of abnormal blood vessels found in the brain, spinal cord and, rarely, in other areas of the body. For at least 20 percent of those with the illness, cavernous angioma is inherited. It affects up to one out of 200 individuals in the state.

In response to a question of whether early testing could reveal the diagnosis of cavernous angioma, Dr. Morrison stated it is a dilemma without a definitive answer at this time since cavernous angioma is not detected until there has been a bleed and it is revealed through an MRI

scan. Genetic testing for the disease is possible, but whether a patient actually develops the angioma and its location is detected through MRI. Most medical insurance will only cover the imaging. The less expensive genetic testing could eliminate the need for an MRI scan for some patients. Dr. Morrison stated that most efforts for cavernous angioma funding have been largely volunteer and there is not current data that has been gathered to track demographics and mortality. She noted that obtaining funding is difficult for such a regionally specific disease as this. Dr. Morrison stated that the funding request would be approximately \$100,000, with \$50,000 to launch an educational campaign including grand round presentations and family education, \$20,000 for genetic testing and \$30,000 to maintain and advance the ability to use the database.

A packet was distributed to committee members regarding endorsement of a memorial on the study of aspartame.

Health Professional Obligation Programs

Dr. Jerry Harrison, executive director of New Mexico Health Resources, and Dr. Alex Griego addressed the committee regarding recurring funding for programs through NMHED and the DOH. Dr. Harrison requested funding for:

- New Mexico loan repayment and New Mexico loan for service:
 - to increase the primary care allowed amount from \$12,500 to at least \$25,000 and to increase funding to the loan repayment program by \$2 million; and
 - to create a "specialist loan repayment" program; five awards of \$100,000 each, administered by NMHED and DOH;
- nursing faculty retention to continue at least \$3 million to \$5 million for nursing faculty and to increase faculty salaries;
- dental programs to increase Western Interstate Commission for Higher Education (WICHE) loan for service dental funding (recurring) for 15 additional slots, to increase New Mexico Health Services Corps dental funding (recurring) and the UNM dental residency funding for \$500,000;
- anticipate federal funding cuts (HRSA) in training for health professionals; and
- minority student BA to DDS program.

Handouts were distributed to the committee, including a summary of the New Mexico pre-dental student data involving applicant and first-year enrollees statistics and 2006-07 early look statistics; a three-year expenditure analysis on health loan-for-service programs; and the estimated FY08 budget for WICHE loan-for-service. Dr. Harrison encouraged committee members to fund the programs as fully as possible. Dr. Griego, who was a member of the WICHE Program, was introduced and spoke about his personal loan situation. Discussion occurred on recruitment issues, funding for current slots and students in the pipeline. The committee asked Dr. Harrison to resubmit his request to specify what the priorities are, as well as specific needs. Senator Kent L. Cravens, who was in the audience, stated the \$1.6 million is necessary to continue current progress.

The committee voted to send a letter regarding the "J1" visa program that permits foreign-trained medical students to complete residencies in the United States and that is now in

jeopardy. The committee instructed staff to write a letter on this topic to the New Mexico congressional delegation.

Synopsis of Oral Health Developments in New Mexico

Patricio Larragoite, executive director, New Mexico Health Policy Commission, stated the goal of the Governor's Oral Health Council is to raise awareness of oral health within the state. A matrix addressing topics, accountable entities, goals, objectives, activities and performance measures was distributed. Dr. Larragoite stated there is a legislative request to expand the funding for the dental club to other entities. Jane Batson, UNM-Roswell, updated the committee on dental hygiene educational programs funding. She stated that according to the Labor Department occupational employment projects in New Mexico for 2002-2012, the need for dental hygienists will increase by 44.6 percent during the 10-year period. She reviewed the need for dental hygienists in southeastern New Mexico and stated there is a request for a total of \$420,000 for program costs for each institution of \$140,000, which includes full-time faculty salary and benefits, telecommunications expenses, supplies and equipment.

Dr. Gary Cuttrell, chief of dentistry at UNM, addressed the committee and reviewed the dental residency program. He stated the residency program, which is an ADA-accredited general dentistry residency program, began three years ago as a one-year program. Dr. Cuttrell said he is looking at ways to increase residency training to ensure that participants become well-rounded practitioners and to expand the residency in Roswell. He stated the Roswell residency expansion budget includes salary support of \$350,000, ongoing program development of \$125,000 and travel for \$25,000.

Wayne Powell, associate director, Center for Community Partnerships and the Institute for Public Health, UNM School of Medicine, Family and Community Medicine Department, and project director, Community Voices New Mexico, addressed the committee on Bridging the Gap; Partnerships Between Dental Schools and Colleges to Produce a Workforce to Fully Serve America's Diverse Communities, which is funded by the Kellogg Foundation's Community Voices Project - Morehouse School of Medicine Project Office. He pointed out that access to dentistry is a national problem. He stated the underrepresented minority student enrollment in the nation's dental schools has remained almost flat over the past 15 years. Mr. Powell spoke of the proposed models environment and said a new model offers pathways that would work best in settings where minority-serving universities/colleges can affiliate with a cluster of dental schools and establish kindergarten-12 pipeline programs or a health careers magnet high school. Mr. Powell stated this is not a budget item at this point until further discussion with other entities occurs.

Sam Howarth, DOH, and Dr. Ray Lyons, director of the Developmental Disabilities Program of DOH, stated the developmentally disabled segment of the community has a special need for oral health. Mr. Howarth said studies show that very few dentists are trained in the type of additional care required by this population. The state has developed two additional resource centers to act as safety nets and serve as training facilities. Mr. Howarth noted both of these facilities require upgrades in equipment to provide the care required and additional funding

could provide care through a number of liaisons. He stated that DOH is requesting \$500,000 to expand services and formalize its relationship with UNM to form partnerships and is also asking for \$500,000 for dental care for children ages birth to six and pregnant women. Dr. Harrison reminded the committee of the previous funding requests for the WICHE Program and the successes being seen.

Dr. Larragoite stated there is a request for a formal feasibility study for another dental school in the state. The 2007 legislative proposal was presented to the committee.

The committee broke into subcommittees to address specific topics and funding requests.

Recess

The subcommittee 1 meeting recessed at 5:30 p.m.; the subcommittee 2 meeting recessed at 6:00 p.m.

Wednesday, September 27

Developmental Disabilities Waiver Family Living (Home-Based) Services

Ms. Hotrum and Steve Dossey, DOH, presented to the committee on the Developmental Disabilities Waiver Family Living (Home-Based) Services. Ms. Hotrum stated that every five years, the department's federal application has to be renewed for the developmental disabilities waiver. Centers for Medicaid and Medicare Services (CMS) has informed the department that as of this year, it is no longer permitted to provide respite services for the same time period that a home-based service is being charged. Ms. Hotrum said that CMS recognizes the need for family caregivers to be able to take time off and that it will continue to allow the state to continue funding substitute care as part of home-based services. However, the New Mexico attorney general will no longer allow this charge to be included in part of a blended rate or payment bundle. Ms. Hotrum noted that, in effect, the payment has not changed, though there is a provision built in to penalize a family provider who goes over 54 respite hours in a given month. She said that home-based services are in the same billing category and will not be paid jointly.

Committee Reports and Recommendations

Subcommittee 1

Representative Heaton reported that subcommittee 1 endorsed all of the requests presented. Senator Papen stated that although she was not part of the subcommittee hearing the requests, she feels the Mesilla Valley Community of Hope funding request is not for an appropriate funding level and stated it is her hope that the funding will be increased substantially over the \$60,000. Senator Papen made a motion to increase the funding for \$60,000 for each of the five services provided through the Mesilla Valley Community of Hope for a total of \$300,000.

Representative Heaton expressed his continuing concern that there are worthy programs such as Mesilla Valley Community of Hope throughout the state, but there appears to be no

centralized method for proportional funding for similar entities less organized to request funding through the legislature. Representative Picraux suggested a memorial or bill to address establishment of a centralized system for distribution. Representatives from the New Mexico Coalition to End Homelessness and the Veterans Association will be invited to the November meeting to address funding. Representative Chasey asked that a letter be sent to the New Mexico congressional delegation addressing concern with the homelessness issue facing New Mexico veterans.

The motion was moved and approved by the committee for a funding request of \$300,000 for Mesilla Valley Community of Hope.

Representative Heaton reported that the subcommittee endorsed a request made by the New Mexico Coalition to End Homelessness for its priorities, which include:

- increasing state funding for homeless programs by \$500,000 (from \$950,000 to \$1.45 million) to reward the most effective programs;
- \$10 million to create the affordable housing trust fund; and
- creating a state supplement to federal supplemental security income (SSI) payments (approximately a \$10 million appropriation).

The National Dance Institute has an appropriation currently of \$400,000 and requests an increase to \$1,025,000 for expansion in addressing in part the obesity issue facing youth in the state.

A motion was made to adopt the subcommittee 1 report as amended, seconded and approved.

Subcommittee 2

Subcommittee 2 reported hearing three issues — brain injury, Santa Fe Clubhouse and the UNM Center for Development and Disability. The brain injury request is a nonrecurring request for \$150,000, which the subcommittee endorsed. The Santa Fe Clubhouse requested funding of \$1.5 million for purchase of a building through capital outlay and a one-time appropriation of \$250,000 for operating expenses for FY08. It was clarified that the purchase of the building would be through Santa Fe County, which would make the formal request in the capital outlay hearing process. The UNM Center for Development and Disability presentation was cut short due to closing of the building. A motion was made to accept the subcommittee 2 report, with the request for Catherine Hebenstreit, Santa Fe Clubhouse or a Santa Fe County representative to address the capital outlay request.

Public Comment

Stephen Fox presented before the committee and shared a speech presented to the United Kingdom Parliament regarding the health effects of artificial sweeteners. Mr. Fox reviewed issues related to the use of aspartame. He also asked the committee to endorse a bill banning the use of the artificial sweetener aspartame in food products. Senator Ortiz y Pino

stated he is trying to bring to light the problems related to aspartame and invited committee members to sign a letter raising awareness to these issues if they so choose.

PACE (Program of All-Inclusive Care for the Elderly)

Charlie Alfero, chief executive officer, Hidalgo Medical Services (HMS), introduced Gina DeBlassie, vice president of operations, and Dr. Mark Wesselman, medical director for Total Community Care, LCC, based in Albuquerque, who addressed the committee on the Program of All-Inclusive Care for the Elderly (PACE).

Ms. DeBlassie stated that PACE is fully integrated acute and long-term care for frail older adults and is the only federally qualified provider type that fully integrates all Medicare and Medicaid services. She noted that PACE services those 55 years of age or older living in a designated PACE service area who are certified as needing nursing home care and are able to live safely in the community with the services of the provider organization at the time of enrollment. Dr. Wesselman reviewed how the interdisciplinary team works and stated that in the PACE model, an adult day health center becomes the focal point of service delivery. Services are often provided directly in the day center setting.

Ms. DeBlassie stated that the services provided through PACE include hospital inpatient, durable medical equipment, adult day care, dental, therapy and nursing home services. The care is coordinated and all specialty visits are arranged through the PACE staff in collaboration with the interdisciplinary team and others throughout the community. The hospitalization rates are comparable to those of the healthy Medicare population. The key features of PACE include flexibility, all-inclusive care and interdisciplinary care with capitated financing. Ms. DeBlassie stated that there is a national PACE association including 42 PACE provider members and 29 prospective provider members. The demographics of the individuals served through the PACE model in Albuquerque and the per member per month capitation was reviewed. Some of the natural expansion is taking components of the PACE model and introducing it into rural areas.

Ms. DeBlassie reviewed the Wisconsin Partnership Program, which is an adaptation of PACE, that allows for viability in both urban and rural communities and serves populations besides frail elders. Discussion occurred as to the cap placed on the program. The total community care's FY07 contract, which includes 3,810 member months, 78 member months designated for nursing home relocation and the contract, allows for a net of three new enrollments per month (one nursing home relocation). It was clarified that the cap on the program does not allow for expansion within the state.

Les Rubin, Hidalgo Medical Services, addressed the committee on the integrated delivery service model offered through HMS. He stated that demographic information reflects that HMS has over 1,500 users over the age of 65 and a little less than that number between the ages of 55 and 65, and noted that southwestern New Mexico demographics will most likely change as more retirees relocate. Mr. Rubin stated that a program such as PACE allows the opportunity for rural residents to consider options other than nursing home care.

Ms. DeBlasie said Total Community Care is looking for support of the expansion of the PACE model. Senator Feldman reminded committee members that it was the conclusion of the Medicaid Task Force that the PACE model be embraced, but it appears that with the cap on the program by the state, the opposite result has occurred. Doyle Smith, ALTSD, stated the PACE model, after its move from Medicaid to ALTSD, works very well and the satisfaction level is very high with competitive costs. He noted that the funding and budget concerns are addressed through HSD.

Mr. Burciaga clarified that it had been the recommendation of the Medicaid Task Force to expand rural PACE programs and its recommendation was passed in statute. The statutory language, however, allows expansion "as resources allow". Dr. Wessleman clarified that the PACE enrollees have the opportunity to disenroll. Committee discussion involved the PACE budget, the cap by HSD on funding and the availability of state funds for these projects. Mr. Alfero requested the committee to expand the existing program, and will provide the committee with the amount of the appropriation required at a future meeting.

In response to committee inquiry, Larry Heyeck, deputy director of the Medicaid Assistance Division of HSD, clarified that there is a cap on the number of enrollees in Total Community Care. He stated the department has been speaking with total community care regarding the wait list and also with ALTSD regarding the need for expansion into Rio Rancho or the current location. Mr. Heyeck stated that Secretary Armstrong has met with Governor Richardson for additional funding on this issue.

It was clarified that Total Community Care is compensated by both Medicare and Medicaid and is one of the few integrated plans within the state. Mr. Heyeck stated there is not currently a rural PACE model in the state. He noted that HSD has issued a request for proposal (RFP) to develop a long-term care strategy and is currently working with two organizations, EverCare and AmeriGroup, to develop such a strategy.

A committee member suggested that the PACE model, which is already in the state, should be looked at for a pilot project rather than contracting with outside organizations. Mr. Heyeck reviewed the history of seeking a provider for long-term community care, explaining that the department's original RFP was modified after meetings with stakeholders. While Total Community Care did respond to the RFP, and while the two programs are similar, the service model used by EverCare and AmeriGroup was preferred.

Community Services Block Grant

Cathy Sisneros, bureau chief, Work and Family Support Bureau, HSD, spoke to the committee on the Community Services Block Grant (CSBG) and introduced Yvonne Rodriguez-Ulanowicz. Ms. Sisneros stated there were three documents distributed, including two documents for the committee members to review at their leisure. She stated the block grant provides a flexible funding source to local communities through a network of community action agencies for the reduction of poverty. Ms. Sisneros said a legislative hearing is required every

three years in conjunction with the state plan due on September 1, 2007 and so the two are presenting before LHHS to seek legislative input. Ms. Sisneros reviewed the following components: designation, CSBG federal funding, required allocation of funds, New Mexico CSBG-eligible entities, geographic areas served, fund distribution to community action agencies, New Mexico service initiatives, some FFY 2005 outcomes, HSD fiscal controls and monitoring and CSBG's uncertain future.

Ms. Sisneros asked committee members to review the September 2007 state plan and provide any input by December 31, 2006 to Yvonne Rodriguez-Ulanowicz, program manager.

Committee members asked about discretionary funds expended, the availability of information on community action agencies, accountability of community action agency boards and the effectiveness of community action agencies.

Senator Papen requested a letter be sent to the New Mexico congressional delegation to encourage it not to cut funding to the CSBG because of the incredible need for those in poverty. The motion was made, seconded and approved.

Public Comment

Ona Porter stated she would like to celebrate New Mexico's action agencies and noted that New Mexico is one of the few states in the nation that has agreed across all agencies as to what indicators and measurements to follow, along with a unified reporting system. She said the community action network is being recognized for best practice state in the nation for the New Mexico Assets Consortium.

John Martinez, executive director, HELP New Mexico, shared the status of the community action agency and distributed information on his agency and asked the committee to support the agencies through the state.

Adjournment

Representative Picraux adjourned the meeting at 1:12 p.m.

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Revised: October 31, 2006

TENTATIVE AGENDA

for the

LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

November 1-3

Bernalillo, Jemez and Albuquerque

Wednesday, November 1 - Sandoval County Historical Society*

9:00 a.m.

Behavioral Health and Substance Abuse

—Pamela Hyde, Secretary of Human Services

—Michelle Lujan-Grisham, Secretary of Health

10:00 a.m.

At-Home Infant Care

—Susan Loubet

10:45 a.m.

Home Visits and the First Born Program

—Dorian Dodson, Secretary-Designee of Children, Youth and Families

—Susan Herrera, Executive Director, Los Alamos National Laboratory Foundation

—Deborah Boldt, M.P.A., Program Officer, Los Alamos National Laboratory Foundation

11:30 a.m.

Blue Ribbon Commission on the Welfare of Children of Arrested and Incarcerated Parents

—Dorian Dodson, Chair of the Commission and Secretary-Designee of Children, Youth and Families

—Angie Vachio, Executive Co-Chair of the Commission

—Angela Adams, Director, Protective Services Division, CYFD

12:00 noon

Bag Lunch and Tour of the Sandoval County Community Health Program (Health Commons)

—Peggy Cote, Community Services Director

—Nicola Baptiste, Community Health Program Director

2:00 p.m.

Trauma System Fund Authority Act

—Dale Kester, M.D., Chair, State Trauma Authority

—Tres Schnell, Department of Health

2:30 p.m.

Children's Telehealth Services

—Deborah Hall, M.D., Department of Pediatrics, University of New Mexico Health Sciences Center (UNMHSC)

3:00 p.m.

Homelessness Structure in State Government

—Hank Hughes, Executive Director, Coalition to End Homelessness

—Lisa LaBrecque, Policy and Advisory Director, Coalition to End Homelessness

—Lionel Holguin, Community Coordinator, New Mexico Mortgage Finance Authority

—Jeff Doyle, LISW, Acting Program Coordinator, Health Care for Homeless Veterans Program, Veterans' Services Department

4:00 p.m.

UNM-NMSU Community Health Care Alliance

—Art Kaufman, M.D., Chair, Department of Family and Community Medicine, UNM School of Medicine

—Paul Gutierrez, M.D., Vice Provost for Outreach Services,
Associate Dean and Associate Director, Cooperative Extension
Service, New Mexico State University

4:30 p.m.

LIHEAP and Moratorium on Disconnects

—Ernie C de Baca, Director, Governmental Affairs, PNM
—Art Hull, Administrator, Governmental Affairs, PNM

4:45 p.m.

LIHEAP Program Priorities

—Cathy Sisneros, Bureau Chief, Workforce and Family Support Services Department

Thursday, November 2 - Pueblo of Jemez**

9:00 a.m.

Welcome by Pueblo of Jemez Governor James Roger Madalena

—Pueblo of Jemez Health Care

10:00 a.m.

Out-of-County Indigent Care and Uncompensated Care

—Patricio Larragoite, Executive Director, New Mexico Health Policy
Commission (NMHPC)
—Kevin McMullan, Health Policy Analyst, NMHPC
—Dr. Paul Roth, Vice President, UNMHSC

11:00 a.m.

Underage Drinking

—Jill Anne Yeagley, LISW, LADAC, Program Manager,
University of New Mexico Center on Alcoholism Substance Abuse
and Addictions
—Annjennette "AJ" Torres, Enforcing Underage Drinking Laws
Coordinator, CYFD Family Services

12:00 noon

Lunch

1:00 p.m.

RIOs Program

—Shirley Alexander, Program Manager, UNM Family and Community Medicine
—Andrew Hsi, M.D., UNM Family and Community Medicine

2:00 p.m.

Update on the Governor's Women's Health Advisory Council

—Giovanna Rossi, Women's Health Policy Advisor, Department of Health
—Dr. Justina Trott, Medical Director, Women's Health Services

3:00 p.m.

Teen Pregnancy Coalition and Fatherhood Programs

—Sylvia Ruiz

3:30 p.m.

Tribal Emergency Management Request

—Steve Shaw, Director of Public Safety, Pueblo of Jemez
—David Ryan, Emergency Services Program Director, Pueblo of Jemez
—Don Diego Gonzales, Ph.D, Tribal Consultant on Emergency
Management

4:00 p.m.

Native American Center for Independent Living

—Joseph Rey, Liaison with Independent Living Resource Center

—Juana Valencia, Liaison with Independent Living Resource Center

—Gil Yildiz, Executive Director, Independent Living Resource Center

**Friday, November 3 - CYFD Protective Services Field Offices, Kiva Room, 1031
Lamberton, and Youth Diagnostic and Detention Center***
4000 Edith NE, Albuquerque**

9:00 a.m.

CYFD Proposed Legislation

—Dorian Dodson, Secretary-Designee of Children, Youth and Families

9:30 a.m. **Addressing Health Concerns in Juvenile Detention**
—Dorian Dodson, Secretary-Designee of Children, Youth and Families
—Peter Cubra, ACLU Attorney in Conditions Litigation Against
CYFD
—Maureen Sanders, ACLU Attorney on Women's Health Issues

10:30 a.m. **Independent Living Plans and Foster Care**
—Peter Cubra, Children's Attorney
—Angela Adams, CYFD
—Mary Ann Schaening, Coordinator, Supreme Court
Improvement Project, and Facilitator, Blue Ribbon
Commission on the Welfare of Arrested and Incarcerated Parents

11:30 a.m. **Adjourn**

11:40 a.m. **Tour of YDDC**

* To reach the Sandoval County Historical Society: from I-25 take Highway 550, passing over the Rio Grande and heading west toward San Ysidro. Pass the big Jackalope building and the entrance to the Coronado Monument. Take the entrance to the first gas station immediately after the Coronado Monument exit and find the gravel road that leads away from it. That road will become a circle drive, on which the historical society building is located. The building is very close to the Coronado Monument.

** To reach the Jemez Intergenerational Center: go to the Pueblo of Jemez. (Take Highway 550 to San Ysidro and then go right on State Road 4 to the Pueblo of Jemez.) Once you get to the Pueblo of Jemez, watch for the Health Department building, which is the first two-story building on the left. Pass this and keep going past the EMS building, which marks the first paved road into the village. Pass that paved road, continue approximately 100 yards, pass an arroyo and then take a left on the second paved road. This road will end at a T intersection where you have to turn one way or the other. At that junction, turn left and start looking for a cluster of buildings about one-fourth mile away. The Intergenerational Center is in that cluster on a small road that runs between the Head Start Building and the Senior Citizens Center. If you get lost, call the senior center at 834-9168 and people there can probably direct you to the building next door. Also, the pueblo is going to put up balloons to mark critical turning points.

*** To reach the CYFD Protective Services Field Office, 1031 Lamberton Place NE (841-7800): from Menaul just west of I-25, go north on Broadbent Parkway, at the light by Apollo College. Lamberton is the first little street north of Menaul, branching off to the west from Broadbent Parkway. There is a cluster of buildings on Lamberton, and the CYFD office at 1031 Lamberton is the dark gray one. Committee members will caravan from the CYFD office for a tour of the nearby YDDC at 4000 Edith NW at the close of the meeting.

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

November 1-3, 2006

The fifth meeting of the Legislative Health and Human Services Committee (LHHS) for the 2006 interim was called to order by Representative Danice Picraux, chair, on Monday, November 1, 2006, at 9:40 a.m. at the Sandoval County Historical Society in Bernalillo, New Mexico.

Present

Rep. Danice Picraux, Chair
Sen. Dede Feldman, Vice Chair
Rep. Keith J. Gardner (11/1, 2)
Sen. Steve Komadina
Rep. Jim R. Trujillo

Absent

Sen. Rod Adair
Rep. William "Ed" Boykin
Sen. Mary Kay Papen

Advisory Members

Sen. Sue Wilson Beffort (11/3)

Sen. Clinton D. Harden, Jr.

Rep. Ray Begaye
Rep. Gail Chasey (11/3)
Rep. Miguel P. Garcia (11/1, 3)
Rep. Irvin Harrison (11/3)
Rep. John A. Heaton
Sen. Linda M. Lopez
Rep. Antonio Lujan
Rep. James Roger Madalena (11/1, 2)
Rep. Rick Miera (11/1, 3)
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez (11/1)
Rep. Edward C. Sandoval
Sen. Leonard Tsosie (11/1, 2)
Rep. Luciano "Lucky" Varela
Rep. Gloria C. Vaughn (11/1, 2)

Sen. Timothy Z. Jennings
Sen. Gay G. Kernan
Rep. Terry T. Marquardt

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

Staff

Jennie Lusk
Tim Crawford
Ramona Schmidt

Guests

The guest list is in the meeting file.

Copies of all handouts and written testimony are in the meeting file.

Wednesday, November 1

Behavioral Health and Substance Abuse

Secretary Pam Hyde, Human Services Department (HSD), stated that the objectives of the presentation before the committee include the substance abuse initiatives 2007 and 2008; northern New Mexico issues; behavioral health and the 15 local collaboratives' 2008 legislative priorities; and the status of the ValueOptions contract and outcomes.

Secretary Michelle Lujan Grisham, Department of Health (DOH), spoke to the committee about the substance abuse initiatives for FY 2007 and stated the goal is to offer a continuum of services from prevention to recovery to stop the growing methamphetamine problem in New Mexico. She reviewed the following topics:

- direct services of \$3,250,000;
- provider training of \$151,000;
- start-up services of \$850,250;
- the use of capital funds for San Juan, Bernalillo, Eddy and Grant counties;
- substance abuse initiatives for FY 2007 initiatives;
- the total community approach: what it is, how it works;
- the process with the state collaborative, with ValueOptions help;
- the methamphetamine and substance abuse prevention campaign; and
- other substance abuse prevention efforts.

She then reviewed the northern New Mexico issues, which include:

- Hoy Recovery Program, Inc.;
- Ayudantes;
- Taos/Colfax Community Mental Health Center;
- Rio Grande Recovery Center;
- Santa Fe Recovery Center;
- the context for problems that include state funding that is flat or reduced over several years, quality and capacity issues due to a lack of resources, increasing operating costs and increasing needs in the communities they serve;
- considerations;
- what ValueOptions is doing about the challenges faced; and
- what the collaborative is doing.

Discussion occurred as to the difficulties experienced in other parts of the state with substance abuse. Secretary Hyde reminded the committee that funding is made up of federal and state dollars, and providers may have received one- or two-year grants and when they end, the result can be inconsistent growth in service providers.

Secretary Hyde reviewed the behavioral health and local collaboratives legislative priorities for FY 2008. She stated the legislative proposals include: statewide priorities incorporating 15 local collaboratives; state BHPC and stakeholders' priorities; a legislative review team headed by Secretary of Aging and Long-Term Services Debbie Armstrong; and help to the executive and legislature to target budget priorities. She stated there is a proposal to transfer some Behavioral Health Services Division responsibilities from the DOH to HSD. The highlights of FY 2008 budget requests were shared with committee members. Questions from the committee included who is eligible under what programs for substance abuse treatment.

Secretary Hyde reviewed the behavioral health legislative budget priorities for FY 2008 and clarified that items listed in bold in the handout are either included in budget priorities or in the governor's legislative priorities. She then reviewed reports included in the documents, including the behavioral health consumers served and expenditures report, the ValueOptions/behavioral health direct and indirect costs report, the behavioral health services delivered report and the behavioral health unduplicated count report. In response to a question, Secretary Hyde stated there will be proposed language changes to Kendra's Law, which was introduced during the 2005 legislative session.

Discussion occurred as to the value during committee meetings to have representation from all departments on some of the issues facing the committee.

At-Home Infant Care

Susan Loubet, At-Home Infant Care, addressed the committee on the pilot program in Las Cruces. She described the reasons for the program, which include lack of quality infant care, especially in rural areas; the lack of child care for ill infants; the need for child care for families with special needs; and the need for parental training, especially for first-time parents. She stated that she would like to establish two pilot programs to see how the programs work in different areas of the state.

Home Visits and the First Born Program

Secretary-Designee Dorian Dodson, Children, Youth and Families Department (CYFD), stated that CYFD did receive money to do home visiting, and then reviewed the CYFD home visiting initiative program issues, including:

- the program background;
- staff qualifications;
- funding background;
- what does the home visiting requests for proposals (RFP) request;
- whom does the home visiting RFP target;
- the required core program components, including identification of community priorities, home visiting that is offered at no cost and is universally accessible, staff training, program collaboration, supervision, community outreach and education and general performance outcomes performance measures;
- general outcome themes; and
- additional outcome themes.

Susan Herrera, executive director, Los Alamos National Laboratory (LANL) Foundation, reviewed the LANL Foundation's First Born program, which has been named one of the nation's

10 most innovative and exemplary prevention programs by the Center for Substance Abuse Prevention and other collaborative national agencies. The goals of the program include:

- to improve the health and wellness status of all first-time families by building family strength and resiliency through relationships, support, education and referrals;
- to increase positive birth outcomes and early infant development through prenatal, postpartum and weekly home visits up to three years of age; and
- to evaluate the efficacy of the First Born model for potential statewide, and possibly national, application.

The model for the program began in Silver City and will be piloted throughout the state. A film was viewed describing the First Born program.

Committee discussion included why the program is under ValueOptions and possible duplication of services with the Primatora program.

Blue Ribbon Commission on the Welfare of Children of Arrested and Incarcerated Parents

Secretary-Designee Dodson presented the report of the Governor's Blue Ribbon Commission on the Children of Jailed and Incarcerated Parents: Leaving No Child Unattended. Angie Vachio, executive co-chair of the commission, stated the commission was charged with investigating arrest protocols, visitation practices within detention facilities and existing resources for children and caregivers in New Mexico. The recommendations of the commission include:

- enacting legislation to provide a statewide standard for law enforcement that children will be identified upon parental arrest;
- addressing the safety and welfare of children of incarcerated parents by establishing community-based child resource advocates to work within the local detention facilities; and
- requesting an appropriation to establish contact visitation between jailed and incarcerated parents and their children at four demonstration sites.

Tour of the Sandoval County Community Health Program (Health Commons)

Committee members were taken on a tour of the Sandoval County Community Health Commons area.

The minutes of the September 25-27, 2006 meeting in Santa Fe, New Mexico, were approved by unanimous vote.

Trauma System Fund Authority (TSFA) Act

Dale Kester, M.D., chair, State Trauma Authority, and Tres Schnell, Department of Health presented the annual report for the New Mexico trauma system. Dr. Kester reviewed the different designations of the trauma levels. The financial losses that occur in the trauma system were reviewed. He noted that to date, the TSFA has been making great progress. Dr. Kester reviewed the following:

- TSFA membership;
- monthly progress to date;
- anticipated milestones;

- the trauma system strategic action plan for direction and accountability;
- trauma system strategic priorities; and
- the FY08 Trauma System Fund request of \$7.7 million, which includes a base budget for TSFA of \$4.7 million and for the Governor's Invest New Mexico of \$3 million.

Jeff Dye, president and CEO, New Mexico Hospitals and Health Systems Association, stated it is a huge financial issue to become trauma-designated. Discussion occurred as to the requirements of each trauma level designation, the need to use trauma centers in El Paso and Lubbock, Texas, the need for funding to make centers sustainable, the reminder that this does make a difference in saving lives, rewards for hospitals willing to commit themselves to long-term capital outlay expense and the need for a state plan to address trauma care needs.

Children's Telehealth Services

Deborah Hall, M.D., Department of Pediatrics, University of New Mexico (UNM) Health Sciences Center (UNMHSC), and Jane McGrath, M.D., presented on the UNM children's telehealth service, which is part of the UNMHSC Department of Pediatrics. Dr. Hall reviewed telehealth sites using existing networks. Dr. Hall spoke of the CDD REACH training, the technical assistance and clinical services. Dr. McGrath addressed the obesity issue facing New Mexico adults and children, the cost of obesity and the child overweight medical management telehealth consultation program. Dr. Hall shared the cost savings involved.

Homelessness Structure in State Government

Hank Hughes, Lisa LaBrecque, Lionel Holguin and Jeff Doyle gave a presentation on the gaps in funding to end homelessness. Mr. Hughes, executive director, Coalition to End Homelessness, reviewed the current funding sources and agencies and the recommendations regarding state and federal funds for homeless programs, which include:

- increasing funding for homeless programs by \$500,000;
- allocating most of this new funding toward transitional and permanent supportive housing projects;
- reviewing the Mortgage Finance Authority (MFA) funding formula so that the amount of funding for grantees does not fluctuate drastically from year to year;
- allowing the Housing Advisory Committee to play a more active role in reviewing the MFA Selection Committee's recommendations; and
- creating an interagency task force on homelessness that includes representatives from various agencies to ensure statewide coordination.

Mr. Holguin, community coordinator, MFA, reviewed the program years, funding sources and budget for homeless programs through the MFA. Concerns raised by the committee included how many veterans are homeless and clarification as to the need for additional funding.

UNM - New Mexico State University (NMSU) Community Health Care Alliance

Art Kaufman, M.D., and Paul Gutierrez, M.D., addressed the committee on the UNM-NMSU Community Health Care Alliance. Dr. Gutierrez presented an executive summary that includes a request for a FY08 general fund appropriation of \$200,000. He shared information on the purpose, value, rural empowerment, university alliance and community advisory board involved. Dr. Kaufman spoke about the need for partnership and the need for human contact.

LIHEAP and Moratorium on Disconnects

John Hedgington and Art Hull, PNM representatives, spoke to the committee on the moratorium on disconnects passed during the last special session. Mr. Hull reviewed the challenge being faced with the increase in natural gas prices, which continue to rise. He stated that currently, all PNM will be able to rely on is federal funding for the low-income home energy assistance program (LIHEAP), as there was no additional funding through the state during the last regular session. Mr. Hull presented proposed legislation and stated it would prevent unintended debt accumulation. The proposed legislation would include a minimum payment during the four-month heating season by customers who would then pay the remainder of the heating season charges during the eight-month nonheating season.

Discussion occurred as to whether a business should be responsible for subsidizing individuals, the requirements for when service is shut off, the numbers of people who were on LIHEAP who ultimately had their service shut off and the number of those with their service turned back on.

LIHEAP Program Priorities

Cathy Sisneros, bureau chief, Work and Family Support Bureau, HSD, and Katie Falls, deputy secretary, HSD, reviewed LIHEAP funding, which includes a direct HHS federal base grant, federal emergency contingency funds, federal leverage funds and state funds. The following was reviewed:

- federal funding requirements;
- historical HSD LIHEAP funding;
- historical LIHEAP weatherization funding;
- 2007 household eligibility;
- benefit level and delivery;
- point calculation;
- historical households served and average benefits;
- 2006 \$23 million state fund outcomes;
- LIHEAP challenges; and
- 2007 unsuccessful funding efforts.

It was noted that without more information on the number of households that had service shut off outside of the moratorium, it was difficult to compare.

A subcommittee was formed to discuss further LIHEAP funding and the moratorium on disconnects. The subcommittee consisted of Senator Tsosie, Representatives Heaton and Sandoval and representatives of PNM, HSD and advocacy groups. The motion to form the subcommittee passed over the objection of Senator Komadina.

The meeting recessed at 6:00 p.m.

Tuesday, November 2

Representative Picraux reconvened the meeting at 9:10 a.m.

Welcome by Pueblo of Jemez Governor James Roger Madalena

The meeting opened with a prayer from the Pueblo of Jemez lieutenant governor, and the second lieutenant governor and staff from the Pueblo of Jemez introduced themselves. Representative Madalena stated a HUD grant was leveraged with additional state funding for the senior center where the meeting was held. Governor Madalena stated that November 12 is feast day and invited all to attend.

The pueblo's elders were asked to present the history of the Pueblo of Jemez. David Yepa gave his history, and stated the pueblo is strong in its Indian tradition and speaks the Towa language. The legislators introduced themselves to the audience. Robert Shendo, a tribal member, spoke before the committee. He stated the Pueblo of Jemez had the highest casualties among New Mexico pueblos in the Vietnam War, with four comrades who died. He asked that the committee consider erecting a monument to those individuals, as well as to four firefighters who died fighting forest fires in. Senator Tsosie stated that New Mexico is the only state that has an Indian Affairs Department at the cabinet level.

Sarah Machaud gave a presentation on the Pueblo of Jemez Health and Human Services Department (JHHS). She stated that JHHS has been with the Pueblo of Jemez since the late 1960s and the campus includes seven physically separated buildings spread across one square mile. JHHS programs and related issues were reviewed, including the:

- tribal enrollment program;
- dental program;
- social services program, which has two legislative concerns: (1) the lack of housing; and (2) the lack of jail facilities;
- behavioral health program;
- public health program and related legislative concerns regarding the needs of the comprehensive health clinic patient management group, the community wellness program, the Jemez vocational rehabilitation program and the senior citizen's program;
- diabetes program, which focuses on prevention and treatment activities;
- the CHR and health education program; and
- the diversion project for flood control.

Committee members raised questions concerning the limitation of serving food through the senior citizen center, the need for replacement of the floor for the Walatowa Youth Center gymnasium because the floor is deteriorating and the number of programs going through ValueOptions and the initial complications in their implementation, which has since improved.

Out-of-County Indigent Care and Uncompensated Care

Patricio Larragoite gave a presentation on uncompensated care and indigent care and the importance of understanding the definitional constraints with uncompensated care. Mr. McMullan stated the definition of "uncompensated care" includes charity care and bad debt. He noted it is important to exclude voluntary or involuntary discounts or "reductions in revenue", such as underpayment from Medicaid and Medicare or discounts to private payers. The uncompensated care, County Indigent Hospital Claims Fund and Sole Community Provider Fund interchange was discussed. It was suggested that entities look at statewide funding and

distribution to ensure equity throughout providers within the state. A provider from the Pueblo of Jemez suggested developing a list of entities involved in qualifying for indigent funds.

Dr. Robert Katz, vice president of clinical affairs, UNMHSC, presented before the committee on uncompensated care and meeting the health care needs of New Mexicans. The presentation addressed the health sciences center organizational structure; terminology used; uncompensated care costs, trends and impacts; and the school of medicine faculty/physicians retirement, retention and compensation issues.

Underage Drinking

Jill Anne Yeagley, LISW, LADAC, program manager, University of New Mexico Center on Alcoholism, Substance Abuse and Addictions, addressed the committee on prevention and treatment for youth. Ms. Yeagley stated that JoinTogether, a national organization, had put out a blueprint of recommendations on how to systematically and efficiently address the issues. Ms. Yeagley discussed the environment facing teenagers in New Mexico. In terms of closing gaps, Ms. Yeagley stated that in New Mexico, there is no specific law addressing consumption of alcohol by a minor; rather, the laws address an attempt or actual purchase of alcohol or service to a minor. General statistics regarding underage drinking were shared.

Committee discussion occurred as to taxes paid by the alcohol industry, proposed legislation to affect drinking and the programs available for youth who have received citations for being a minor in possession of alcohol.

RIOS Program

Andrew Hsi, M.D., and Shirley Alexander, program manager, UNM Family and Community Medicine, shared information on RIOS Net, or the research involving outpatient settings network. RIOS Net consists of clinicians serving New Mexico's low-income, medically underserved and culturally diverse communities. Ms. Alexander introduced some of the individuals involved in the program. The following topics were reviewed:

- areas of the state covered;
- opportunities for rural clinicians, including research projects, connecting with peers, continuing medical education visits, notification of other CMEs, annual meeting, national meetings and building relationships;
- RIOS Net past and current projects;
- diabetes;
- tobacco use;
- community involvement;
- reporting results back to the communities;
- access to health care;
- the RIOS Net goals, including addressing health disparities in New Mexico, working to retain clinicians in medically underserved areas, researching health care that works in New Mexico and taking UNM resources to communities; and
- how the future includes continuing to interest statewide clinicians and providing engaging opportunities, continuing to examine problems relevant to all New Mexicans and that communities could be involved in all stages of the research process if they are given more resources and can invest in infrastructure to leverage more federal dollars.

It was clarified that this is not a priority by the UNM board of regents, and a legislative funding request was made for the budget total of \$312,000. Committee members stated this is important to rural health care in the state and if this program goes away, it would negatively affect health care coverage. RIOS Net staff were encouraged to use technology that would help them communicate throughout the state.

Teen Pregnancy Coalition and Fatherhood Program

Sylvia Ruiz, executive director, New Mexico Teen Pregnancy Coalition (NMTPC) and Fatherhood Programs, and Dave Breault addressed the committee on youth becoming parents in the state. Ms. Ruiz shared the cost of the effects of teen pregnancy. Mr. Breault spoke about the fatherhood programs, which for some time were a missing piece. He noted that for a long time, the approach had been to keep fathers away from their babies; however, the outcomes of that are changing, with an increase in the rate that fathers are getting diplomas, establishing paternity and increasing the amount of child support they pay and their children receive and the amount of actual contact and time they spend with their children. Mr. Breault noted that many of the men in the project are Hispanic and in gangs, many of whom have addiction or anger management problems. He stated the project is quite small and much is being accomplished with the program. Many individuals in the program are incarcerated and it is being demonstrated that they can be worked with effectively. Ms. Ruiz stated that many are now recognizing what a critical role fathers have on their children's lives. The NMTPC partners in the state were introduced and it was noted that the young fathers' projects are funded through federal funds.

Some of the young fathers present gave their stories and how they had been affected by the project. There are six sites funded through DOH to support teen pregnancy programs, of which NMTPC is one, across the state but there is a need for more. Ms. Ruiz encouraged the legislators to increase the teen pregnancy programs by \$750,000 for a total of \$1 million to fund expansion of the program throughout the state through DOH. It was noted that teen births have been decreasing since 1990.

Update on the Governor's Women's Health Advisory Council (WHAC)

Giovanna Rossi, women's health policy advisor, DOH, introduced Dr. Justina Trott, medical director and chair, Women's Health Services, who addressed the committee on the background of WHAC; the mission of the council, which is to create an environment in which every woman and girl in New Mexico will experience optimal health and well-being; the guiding principles that address disparities; including all women in all their diversity; bidirectional communication from each area of the state; and including each community in government and health care delivery systems. A list of the members of the council was shared with committee members. Dr. Trott took the committee through one example of addressing a female-specific issue, the heart truth. The example spoke to what heart disease is, that there is no quick fix and some of the resources available. Dr. Trott stated another example is knee replacement, with technology being developed for artificial knees specifically for women.

In response to an inquiry asking if having more female physicians is impacting the change in treatment to women as well as the change to specificity in technology addressing women, Dr. Trott said women tend to study what is more of interest to themselves, but change is slow because health care institutions are slower to move than the legislative and judicial systems

in the nation. As more marginalized groups enter, they, too, will impact the focus on health care. The number of women in medical school at UNM has been over 50 percent for quite some time.

Tribal Emergency Management Request

Presenters Don Diego Gonzales of DOH and Steven Shaw from the Pueblo of Jemez Department of Public Safety presented legislators with the need to hire and retain emergency managers for tribes in order that tribes can formulate hazard plans and incident management systems and build tribal capacity to respond to health and safety emergencies. The group is requesting \$1,350,000 to fund one person for each tribe that currently does not have a tribal emergency management department. The tribes have agreed to do annual training on communication for emergencies by working with the DOH's emergency management programs. Tribes have also agreed to help develop a free core dependency program, staff training on pandemic flu and emergency operations. The training and staffing will require approximately \$60,000 each year for salary, with office space and support staff funded through other tribal entities. The major problem remaining is whether to route the tribal money through the Indian Affairs Department. The federal government will match 50 percent of state money for tribal emergency services.

Native American Center for Independent Living

Joseph Ray and Juana Valencia appeared before the committee to request funds for the Native American Independent Living Coalition to expand services and establish centers at the Pueblos of San Felipe and Laguna. The coalition works with Native American clients in the area who have acquired a disability and need both practical and emotional help in getting resources. Finding reasonable transportation in rural areas, adapted housing and assistive technology to support living independently is difficult in rural tribal areas. The group will also request funding for leadership development among the leaders of the independent living coalition.

Public Comment

Jo Sanford from the New Mexico Coalition for Reproductive Choice gave public comment on the need for the legislature to inquire as to the nature of the Public Education Department's (PED) funding for teen pregnancy prevention coming entirely from the GRADs program. The GRADs program is funded through a joint powers agreement between the PED and Socorro schools, and its only model for pregnancy prevention is through abstinence-only education that has not been independently evaluated. The program includes little information about sexually transmitted diseases, and teaches that "renewed virginity" is possible and that sex is appropriate only within the context of marriage. Further, the state summary data indicate that the GRADs program serves only 699 students and has a high dropout rate. The GRADs program also funds a "covenant marriage program" through the Trinity Christian Fellowship. The New Mexico Coalition for Reproductive Choice advocates requiring teen pregnancy education funding to be designated through an open RFP process rather than as a sole source process.

The meeting recessed at 6:00 p.m.

Wednesday, November 3

CYFD Proposed Legislation

Representative Picraux thanked staff for their hard work hosting the committee, and they were introduced. Secretary-Designee Dodson spoke about the program for children with incarcerated parents. She reviewed the proposed changes to the Children's Mental Health Code resulting from recommendations made by a broad-based task force. David Schmidt, a member of the task force, gave details of the individuals and process involved in the task force. He noted that the rights of children are not just driven by the code but by federal regulations and statutes, and the task force has taken these into consideration during the revisions. Secretary-Designee Dodson stated that it is unclear as to who has authority over children in some instances and so joint powers agreements have been signed by relevant agencies and will address this through amendments to statute.

Representative Varela asked staff to create a mock-up of the proposed changes to the code and present it at the last meeting of the LHHS. Committee discussion involved the quality of medical services provided to children with the reduction in reimbursement rates and involvement on the task force by the judicial branch.

Addressing Health Concerns in Juvenile Detention

Secretary-Designee Dodson reviewed the safety plan for the Youth Diagnostic and Development Center (YDDC). She addressed concerns that YDDC is understaffed and reliant on overtime shifts, thereby compromising safety and increasing the opportunity for youth-on-youth assaults. CYFD has enhanced staffing and safety supports at YDDC, including:

- a security contract for YDDC;
- 15 new hires coming on board, including temporary personnel;
- trained JPPOS covering shifts;
- functional family therapists augmenting facility behavioral health staff;
- protective services social workers supporting facility staff;
- juvenile correction officer managers and supervisors covering shifts; and
- senior department management working shifts and providing leadership presence and support.

Secretary-Designee Dodson noted these safety enhancements have already resulted in an approximately 50 percent reduction in overtime shifts. The CYFD strategic vision for the juvenile justice services system (JJSS) was reviewed, including the four pillars of the strategic vision; the plan to implement the vision; the Juvenile Justice Special Commission; CYFD juvenile justice facilities services summary; how to empower staff; the JJSS facilities population on November 1, 2006 with facility type, capacity, total and percentage utilized; the YDDC unit cottages and focus populations; a New Mexico Boys' School (NMBS) update on area 1; the NMBS transition update; the NMBS staff relocation as of October 31, 2006; the FY08 budget request summary for juvenile justice; reinvestment of NMBS funds; the FY08 proposed program change for the pilot community based on agency/JJSS partnership; and FY08 proposed program change for the girls' treatment unit and the Youth Civic Justice Corps. Additional information was distributed to the committee, including CYFD juvenile justice facilities programming descriptions; CYFD juvenile justice facilities girls' programs; national articles on the JPTC "fresh eyes" photography program; the Foothill High School award of excellence for positive behavioral support program; and the *Albuquerque Journal* op-ed by Kay Monaco.

Discussion occurred as to moving high-risk children out of YDDC, how to separate populations who need to be separated given the limited resources and the efforts to date by CYFD to separate the various populations.

Diane Wood read a statement from Maureen Sanders regarding the American Civil Liberties Union (ACLU) litigation against CYFD and concerns unique to the needs of young women who are in state custody. Peter Cubra stated there was a lawsuit that had been filed and resulted in implementation of an agreement with CYFD to meet the needs of the children. Mr. Cubra addressed the effect on all of the children who end up in the facilities, including mental health needs. He urged the committee to support and fund early intervention rather than allowing children to fail and then being placed in prison. He stated that the legal rights of the children are not being met due to a lack of resources available and the need for technical assistance for CYFD staff. Mr. Cubra stated that the medical care inside the facilities is inadequate, the current Wexford contract is not working and money will need to be spent in the facilities. He stated the agreement is elaborate and is a bit behind schedule, but resources will need to be found to meet the agreement.

Committee discussion included the need for accurate budgets being brought before the legislature rather than the flat budgets that do not meet the need; the contract with the ACLU; aggressiveness on requesting the appropriate funding for the CYFD budget; and addressing the issues involved in gang violence in ways other than separation.

Independent Living Plans and Foster Care

Mr. Cubra distributed two drafts of legislation to the committee that had been presented at the July LHHS meeting. He requested that the committee endorse the bills and support the funding required to enforce the bill.

Public Comment

Stephanie Browne, executive director, YMCA of Central New Mexico, reviewed the core principles of the YMCA health communities initiative, including school and community programming and a Heights family YMCA youth fitness center. Senator Ortiz y Pino stated that he had encouraged the YMCA to present the bill, as it is a partnership.

Adjournment

Representative Picraux adjourned the meeting at 12:45 p.m.

Revised: November 17, 2006

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

**November 20-22, 2006
State Capitol**

Monday, November 20, Room 322

- 9:00 a.m. **Aging and Long-Term Services Department Memorials: HM 4 and HJM 36**
 —Debbie Armstrong, Secretary of Aging and Long-Term Services
- 10:30 a.m. **Updating Public Health Statutes**
 —Clifford Rees, J.D.
- 11:00 a.m. **Statutory Changes Suggested by the Board of Nursing**
 —Allison Kozlowski and Deborah Werner
- 11:30 a.m. **Performance Audit of ValuOptions**
 —Charles Sallee, Performance Auditor, Legislative Finance Committee
- 12:00 noon **Working Lunch**
- 12:30 p.m. **Revisions to the Children's Mental Health and Disability Act**
 —Dorian Dodson, Secretary-Designee, Children, Youth and Families
 Department
 —Judge Susan Conway and Tara Ford, Members of the Children's Mental Health
 and Disability Revision Task Force
- 1:30 p.m. **Child Psychiatry, University of New Mexico (UNM)**
 —Steve Adelsheim
- 2:00 p.m. **UNM Priority Programs**
 —UNM/New Mexico State University Pharmacy Cooperative
- 2:30 p.m. **St. Vincent Regional Medical Centers Legislative Requests**
 —Alex Valdez, Chief Executive Officer, St. Vincent Regional Medical Center

3:00 p.m. **Other Memorials**

HM 38: Requiring Insurance for Contraceptives

—Elisha Leyba-Tercero, Economist, New Mexico Health Policy Commission
—Patricio Larragoite, Director, New Mexico Health Policy Commission
—Michael Batte, Insurance Commissioner

3:30 p.m. **HM 5 and HM 13: Mercury Reduction**

—Mack Sewell, Director of Epidemiology and Response Division,
Department of Health

3:45 p.m. **HM 25 — Workers' Compensation Premiums for Nonprofits**

—Charley Winters, Chief, Workers' Compensation Bureau, Insurance
Division, Public Regulation Commission

4:00 p.m. **HM 16: Mandating Insurance Coverage for Hearing Aids for Children
Through Age 21; Removing Gross Receipts Tax on All Hearing Aids and
Visual Aids for the Blind; Increase Medicaid Reimbursement for Hearing
Aids**

—Diane Wood

4:30 p.m. **Medicaid Coverage of All Substance Abuse and Mandated Treatment for
Families**

—Treatment for Families Coalition

5:00 p.m. **Health Care Liability Insurance — Affordability and Availability**

—Charlie Marquez

5:30 p.m. **Improving Health Infrastructure in New Mexico**

—NGO New Mexico Policy Committee

November 21 Subcommittees

Morning Sessions: 9:00 a.m. to 11:30 a.m.

Subcommittee 1 (Senator Lopez and Representative Heaton, Co-Chairs), Room 322:

Regional Alcohol Treatment Facility in Ft. Sumner — Representative Jose A. Campos
Developmental Disabilities Request and Family, Infant, Toddler Programs — Ana Hatanaka and
Jane Larsen, Interagency Coordinating Council, Family, Infant, Toddler Program
Lovelace Clinic Foundation — Maggie Gunter
Early Childhood Action Network — Baji Rankin and Angie Vachio
Treatment of Adolescent Sex Offenders — Kim Alaburda, Executive Director of the New
Mexico Coalition of Sexual Assault Programs, and Teresa Jacobs, Violence
Against Women Coordinator, Office of Injury Prevention, Department of Health
March of Dimes — Birth Defects Registry — Loretta Quintana, State Director, March of Dimes,
New Mexico Chapter

Subcommittee 2 (Senator Papan and Representative Trujillo, Co-Chairs), Room 321:

Women's Health Services — Justina Trott

Santa Fe Mountain Center — Sky Gray

Low-Income Heating and Energy Assistance Program

—HSD Proposals

—Community Action Agencies Proposals

—PNM Proposals

Remove Rolfing from Massage Board Oversight — Valerie Berg

Increase Nurseline Funding Statewide — Fornessa Randal

Aspartame — Stephen Fox

12:00 noon **Lunch**

Afternoon Sessions — 1:30 to 3:00 p.m.

Subcommittee 1:

Smoke-free Workplaces — Linda Siegel, New Mexicans Concerned about Tobacco

New Mexico Health Care Association

Christian Science Committee on Publication — Shannon Horst

Governor's Commission on Disability Proposals

Subcommittee 2:

Autism Funding Request — Gaye Finlayson

Bernalillo County Local Collaborative

Safe Haven Funding — Victoria Romero

3:30 p.m. **Reconvene as a Whole Committee for Committee Reports**

Wednesday, November 22, Room 322

9:00 a.m. **Presentation of the Matrix and Voting**

10:30 a.m. **Priorities Computation**

12:00 noon **Adjourn**

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

**November 20-22, 2006
State Capitol, Santa Fe**

The sixth meeting of the Legislative Health and Human Services Committee (LHHS) for the 2006 interim was called to order by Representative Danice Picraux, chair, on Monday, November 20, 2006, at 9:10 a.m. at the State Capitol.

Present

Rep. Danice Picraux, Chair
Sen. Dede Feldman, Vice Chair
Sen. Rod Adair (11/22)
Rep. Keith J. Gardner
Sen. Steve Komadina
Sen. Mary Kay Papen
Rep. Jim R. Trujillo

Absent

Rep. William "Ed" Boykin

Advisory Members

Rep. Ray Begaye
Rep. Gail Chasey (11/22)
Rep. Miguel P. Garcia
Rep. Irvin Harrison (11/20, 11/22)
Rep. John A. Heaton (11/20, 11/21)
Sen. Gay G. Kernan (11/20, 11/21)
Sen. Linda M. Lopez (11/21, 11/22)
Rep. Antonio Lujan
Rep. Rick Miera (11/21)
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez
Rep. Edward C. Sandoval
Sen. Leonard Tsosie (11/22)
Rep. Luciano "Lucky" Varela (11/21, 11/22)
Rep. Gloria C. Vaughn

Sen. Sue Wilson Beffort
Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings
Rep. James Roger Madalena
Rep. Terry T. Marquardt

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

Staff

Jennie Lusk
Ramona Schmidt
Tim Crawford

Guests

The guest list is in the meeting file.

Copies of all handouts and written testimony are in the meeting file.

Monday, November 20

Aging and Long-Term Services Department Memorials

Secretary of Aging and Long-Term Services Debbie Armstrong reported on House Memorials 36 and 4, which involve New Mexico's response to the White House Conference on Aging and Financing of Long-Term Care, respectively.

As to the conference on aging, Secretary Armstrong noted that New Mexico is expected to double the number of persons over 65 by the year 2030 and become home to the fourth highest population of persons over 65 by the year 2025. At the same time, her department is projecting a shortfall in the number of caregivers. The Interagency Long-Term Care Committee sent a delegation of 17 persons to the White House conference, which had a priority of rebalancing home and community-based care. New Mexico legislation passed in 2003 that created the Aging and Long-Term Services Department (ALTSD) had the same rebalancing as a priority, in the wake of the *Olmstead* decision of the supreme court holding that segregation in institutions can be, in and of itself, a form of discrimination.

Today's top five priorities for New Mexico are rebalancing, transportation, workforce, financing of long-term services and housing. These five are among the federal government's top 10 priorities. New Mexico and Oregon now lead the nation in reducing institutional housing for both the elderly population and those with disabilities. Community-based programs now include "Mi Via", which went live on November 1; a federal demonstration grant on the Money Follows the Person Act, plan for an expansion of the Aging and Developmental Disabilities Resource Center, which already gets about 200 calls per day; a web-based resource directory that includes 10,000 providers; and a one-stop shop for eligibility determinations.

ALTSD is also concerned about better coordination of transportation services for Bernalillo, Valencia, Sandoval and Tarrant counties; statewide housing including young people in foster care; expanding the workforce to be ready for the day when 25 percent of the population is over 65 years old; providing senior mentors for younger people and Office of Workforce Training and Development (OWTD) clients; and a more aggressive leveraging of long-term care funds. The secretary mentioned that middle- and higher-income people can benefit from long-term care partnerships, but many cannot afford the premiums required to protect their assets.

Committee members raised questions concerning the impact of migration of the youth in the state and its impact on demographics; accountability of the Housing Trust Fund for affordable housing for those with developmental disabilities; integration of the information technology systems; telemedicine strengths versus weaknesses (including the need for direct

service providers such as physical therapists); the wisdom of creating a state pool for long-term care insurance; the status of "211" resource directories; the status of appropriations for grandparents raising their grandchildren; the Transit Fund; geriatrics education; and the decline in volunteerism. Secretary Armstrong introduced members of her staff.

Updating Public Health Statutes

Clifford M. Rees addressed the committee on New Mexico public health law reform and the past and future reform attempts. He noted that Representative Trujillo has agreed to sponsor a bill to begin to clean up areas within the Public Health Act for the 2007 session. He also noted that a new Public Health Code has now been introduced in 33 states, and 44 bills have passed. Committee members discussed the need for consolidation of health law-related statutes, support of the initiative for a new health code, the cost of redrafting the Public Health Code and the resources available and department support to recompile the Public Health Code.

Mr. Rees said it would take no money to change the code, as there are many volunteers prepared to help, and addressed Raul Burciaga's concern at the Legislative Council Service about losing any legislative history through an update of statutes. The committee recommended working on aspects involving nutrition, exercise and environmental pollutants and other controversial subjects at a later date, but drafting on noncontroversial subjects this session. The committee expressed concerns about the potential of having to wait through two long sessions to commence the work of a revision, and Mr. Rees suggested revising small pieces to begin with, including working this session on the licensing of children's facilities that the Children, Youth and Families Department (CYFD) is already planning to seek to amend.

Senator Feldman asked why the Department of Health (DOH) was absent from these discussions. DOH Legislative Liaison Sam Howarth and Acting Deputy Secretary Kathy Kunkell, who were in the audience, expressed concern about opening up issues that could lead to contentious debate, inevitably causing a back and forth on the merits as well as the codification or revisions. The committee suggested looking at areas where there is general agreement, making the revisions easier, and then moving to more difficult subjects later.

Statutory Changes Suggested by the Board of Nursing

Allison Kozlowski and Deborah Werner spoke to the committee on suggested statutory changes by the Board of Nursing, including creating a statewide program for certification of nursing assistants. The current proposed revisions are focused on hospital and long-term care employees who work under the supervision of a licensed nurse. For clarification, the committee suggested that the title of the new certified employees should be something other than "nursing assistant-certified". Senator Kernan also recommended clarifying that receiving the certification is an optional activity and suggested establishing a fee structure for getting certification.

Performance Audit of ValueOptions

Charles Sallee, performance auditor, Legislative Finance Committee (LFC), addressed the committee on the performance audit on ValueOptions. Mr. Sallee reviewed significant findings that include:

- how the collaborative could still improve on its key statutory duties necessary to ensure a well-planned and functioning behavioral health system;
- how the collaborative's financial oversight of ValueOptions needs improvement to ensure sound business practices;
- that the collaborative lacks rulemaking authority needed to streamline regulations common to all behavioral health programs and to improve access to quality services, which results in the public lacking information on and input into its decisions;
- how New Mexico still lacks a unified behavioral health budget; and
- how consumers and families lack access to information on the quality and performance of ValueOptions and its network providers.

While the collaborative has encouraged involvement, there is no formal process for accepting public comment or conducting hearings, and the State Rules Act does not apply to the collaborative.

Further, significant terms have been put in the contract rather than in statute, a practice not recommended since it supplants the legislature's authority and since terms ensuring the minimum acceptable standards for performance and care should be clear in the law.

Significant recommendations for the collaborative and the legislature were also reviewed by Mr. Sallee. He noted there had not been a good baseline established previously. He also noted that ValueOptions was paid \$11 million without performance measures, undermining the legislature's funding standards. He explained that the payment could not be explained as payment for any services, and could cost as much as three to six percent to the state in lost earnings on the general fund.

Recommendations included: reporting data to the LFC; requiring the collaborative to create a strategic plan by summer 2007; reporting annually on progress made, including actual services delivered; ensuring that performance measures are clearly stated; changing the scope of the contract; eliminating any prepayment bonuses; establishing external auditors; publishing quality assessment results; and creating a behavioral health services budget that cuts across agencies.

Member questions included whether the state is getting better or more services with the reorganized behavioral health programs, the need for charted outcomes and problems of providers who did not receive timely payment from ValueOptions. Concern and confusion were expressed over the \$11 million payment, especially in a year when some providers allegedly were forced to close because of bureaucratic delays in shifting to the new system. Pamela Hyde, secretary of human services, commented that the collaborative's response to the LFC audit had been circulated, indicating that the collaborative disagreed with 40 percent to 60 percent of the

LFC findings and projected that it could take 10 years to fully transform the behavioral health system.

Revisions to the Children's Mental Health and Disability Act

Dave Schmidt, contractor with the CYFD, walked committee members through proposed revisions to the Children's Mental Health Act. Among the changes are putting the statutes regarding the least restrictive care early in statute and the more restrictive provisions later. At the time the original statutes were written, most children were in very restrictive care, so doing the reverse made sense; now, with *Olmstead* revisions requiring the least restrictive care be assigned first, it makes better sense to begin with more flexible standards. The strengths of the revisions include: detailing the rights of children, the responsibilities of service providers, the involvement of parents in treatment plans and the more logical flow, according to Mr. Schmidt. Tara Ford, executive director of Pegasus Legal Services, who worked with Mr. Schmidt and others on the revisions, stated that better treatment planning will be forced by revisions to the statute, since a review of files is due every 60 days, not just in the first 60 days and then again after a year has passed. Further institutions will be required to monitor psychotropic medications.

Representative Begaye asked the presenters to review the proposed changes with the Navajo Nation, especially since there are now 33,000 Native Americans in Albuquerque and the buy-in will come through the comment period, and then to report to him.

Child Psychiatry and University of New Mexico (UNM) Priorities

Steve Adelsheim, UNM, appeared before the committee to report on psychiatry in rural areas. He noted that one-half of those with mental health problems are identified by age 14, but often children do not have access to services for another six to eight years later. Mental health problems are frequently seen as co-morbidity with substance abuse.

Rural areas are in particular need of psychiatric services, yet the department is not requesting additional support since UNM has other higher priorities. After Senator Ortiz y Pino expressed concern that girls at the Youth Diagnostic and Detention Center receive services only from DOH while boys at the facility receive programming through both DOH and UNM Health Sciences Center, the committee suggested following up on mental health concerns for incarcerated children during the next interim.

More resources for school-based mental health care would help with suicide prevention and other mental health issues, according to Dr. Adelsheim. Discussion followed on the Youth Risk and Resiliency Survey (YRRS) and the federal Youth Risk and Behavior Survey.

UNM Priority Programs

Representatives from UNM reported that the top three university priorities are: the bachelor to M.D. (B.A. to M.D.) program, the expansion of nursing programs and pharmacy programs. A joint UNM-New Mexico State University program is in the works to address

shortages of pharmacies and pharmacists statewide, and more on these programs was presented to the committee.

Sandra Ferketich from the UNM School of Nursing presented on the need for nurses statewide, noting that the UNM nursing program needs recurring dollars so that she can budget for new nurses in ample time to enter into contracts with them. Without fulfillment of a \$6.1 million request for funding for all state universities for nursing departments, Ms. Ferketich predicted one-half of the state's nursing slots will be empty. Vanessa Hawker, UNM Health Sciences Center, testified that some formula funding is available for nursing programs through the Higher Education Department, but she is not certain that modifications to the formula will be made in a timely way to benefit nursing programs.

Bob Mayer, chair of the New Mexico Telehealth Commission, reported that a couple of telehealth initiatives are being proposed and that policy amendments are needed for the New Mexico Telehealth Act to ensure that providers of telehealth are paid. Discussion ensued on the differences among telehealth programs, on the educational versus direct services purposes of various telehealth programs and formula funding. A memorial regarding defining "telehealth procedures" was, reportedly, considered by the Indian Affairs Committee.

Carla Prando appeared before the committee to mention that a bill changing the state's Office of the Medical Investigator statute is currently being drafted. She said the new statute, by which the "Office of the Medical Investigator" would be changed to the "Office of the Medical Examiner", among other things, would be more inclusive of the Native American population of New Mexico and reflect that the office does both public health and safety as well as investigations. As the statute is currently written, there is no appeals process for the determination of suicide, either.

St. Vincent Regional Medical Center's Legislative Requests

Alex Valdez, chief executive officer, St. Vincent Regional Medical Center, spoke to the committee about that hospital's needs for a bigger emergency room, which will be funded through capital outlay; to become a designated level-three trauma center; to be designated as an electronic medical records center; and for a breast cancer and women's treatment program. He said the hospital also finds itself providing uncompensated medical care for indigent clients and therefore needs supplemental funding as a sole community provider in order not to lose supplemental federal funding available when counties match federal funds.

Questions from committee members included Santa Fe County's ability to charge a mill levy for indigent clients, the state constitutional provision that permits the hospital to receive state funds directly as a charity hospital funded by the territorial legislature and the possibility of a statewide tax for out-of-county indigent care.

Other Memorials

HM 37: Requiring Insurance for Contraceptives—Elisha Leyba-Tercero and Dr. Patrick Larragoite from the New Mexico Health Policy Commission (HPC) reported on a survey

assessing current levels of compliance with current law that providers of health insurance provide coverage for contraceptives. The HPC asked 359 insurers, including some that provide only very limited coverage, whether they offer contraceptive coverage. Of the 50 providers who responded, 41 provide prescription drug coverage and 100 percent of those reported offering the coverage. Some 28 of these reported using formularies; however, and HPC has not yet checked coverage offered by the formularies. Part of the HM 37 requirement was to develop educational materials on contraceptives, which HPC has now done and posted on its web site. HPC also recommends that statutes be changed to recognize pharmacies as "providers" for the purpose of being able to dispense contraceptives.

HM 5 and HM 13: Mercury Reduction—Mack Sewell from the Department of Environment (NMED), Mary Jewell of the New Mexico Air Quality Control Board, Stewart Jeter from the City of Albuquerque and Lynn Flowers, bureau chief of the NMED, reported on the mercury reduction recommendation made in response to these two memorials. HM 5 mandated an action plan be developed so that the state could adopt a policy statement on reducing or eliminating vehicle emissions. The NMED intends to request \$100,000 immediately to reduce mercury, including that found in dental amalgams and other solid waste, and removing and recycling it from the waste in streams.

Medicaid Coverage for Substance Abuse—Reena Sypanski from the Drug Policy Alliance and Sally Moore of Community Action New Mexico came to talk about providing coverage of all substance abuse under Medicaid. Especially as the number of prisoners in New Mexico continues to increase, the state needs to rely less on incarceration as a corrections tool and to provide coverage through Medicaid programs, they said.

HM 16: Hearing Aids—Diane Wood reported on the findings of task forces established last year to examine the issues of hearing loss. The task force established by HM 16 recommends mandating that insurance companies must provide early audiology reports and provide quality care. Most insurance companies do not cover the cost of hearing aids currently, she said, though putting a hearing aid on a baby is no longer considered a waste of time, with the increase of awareness of the importance of early learning. The task force advocates mandating insurance coverage for both hearing and vision aids for children up through age 21 and eliminating the gross receipts tax on hearing aids and increasing Medicaid reimbursement for hearing aids.

HM 25: Workers' Compensation Premiums for Nonprofits—Charley Winters reported on the findings of the Insurance Division of the Public Regulation Commission (PRC) that noted workers' compensation premiums for nonprofits are excessive. He reported that no legislative action is needed or requested.

Health Liability Insurance—Affordability and Availability

Charley Marquez reported on medical malpractice premiums as a lobbyist for the New Mexico Health Care Association, the interest organization for the nursing home industry. Malpractice premiums have an impact on salary and affordability of all premiums, Mr. Marquez

reported. The group recommends doing something similar to the Medical Malpractice Act by beginning to transfer liability and build it into the cost of nursing care, thereby reducing the impact of such malpractice payments, especially on rural providers. He mentioned that Texas now has put limits on punitive damages available to those alleging malpractice.

Improving Health Infrastructure in New Mexico

Nikki Zeunner and Lauren Reichelt from the New Mexico Nonprofit Association urged the committee to create comprehensive statewide programs for nonprofits for the purposes of building healthier communities. With better infrastructure, support, board training and orientation, statewide nonprofits could be in much better shape to provide the administration of programs that is so badly needed across the state, especially in building health programs that involve communities in wellness and prevention.

The meeting recessed at 7:00 p.m.

Tuesday, November 21

Subcommittee 1:

Subcommittee members present included Senator Lopez and Representative Heaton, co-chairs, Senators Kernan and Komadina and Representatives Picraux, Vaughn, Garcia and Varela. Representative Heaton called the meeting to order at 9:00 a.m. and reminded the members that the presentations before the subcommittee this morning would require deliberation and agreement on the requests to go before the formal committee.

#1: Regional Alcohol Treatment Facility - Fort Sumner

Representative Campos reviewed the eight-county initiative to build a substance abuse center in Fort Sumner. The cost includes:

Treatment Center	\$1,314,000
Medical Detox	730,000
Other Administrative Costs	960,000
Subtotal	\$3,004,000

Representative Heaton clarified that there is no funding with the exception of county DWI money. The total amount requested to enable phase-in is \$1.7 million to increase funds as results are shown in the future. Representative Campos clarified that it is expected the funding would be recurring and Medicaid would be used when available. The integration with the Behavioral Health Collaborative is unclear to date due to the inability to meet and discuss. Committee questions included current and future facility usage and the collaboration with other local entities.

#2: Early Childhood Action Network

Angie Vachio, Early Childhood Action Network, presented a history of the Early Childhood Action Network. Baji Rankin addressed the committee on the areas of family involvement and quality early learning from the 2008 policy recommendations summary. Representative Heaton requested the presenters clarify each individual request. Funding request totaled \$18,783,600.

#3: Developmental Disabilities Request and Family, Infant, Toddler Programs

Ana Hatanaka reviewed the 2007 legislative requests and reviewed the program funding and statutory requests, as well as a memorial request. (Item #2)

#4: Lovelace Clinic Foundation

Maggie Gunter, Lovelace Clinic Foundation, spoke on the New Mexico Health Information Collaborative's (NMHIC) ability to connect doctors to missing information. She clarified that her request is for \$2.4 million. (Item #3)

#5: Treatment of Adolescent Sex Offenders

Teresa Jacobs, MPH, and Kim Alaburda, executive director, New Mexico Coalition of Sexual Assault Programs, presented to the committee regarding the coalition's programs. They requested \$150,000 in recurring funding for training of existing programs throughout the state and a mandate to DOH to provide staff to support this service.

#6: March of Dimes

Loretta Quintana, state director, and Tony Base, March of Dimes New Mexico chapter, addressed the committee on development of a birth defects registry. Ms. Quintana said Senator Komadina will be introducing a bill involving approximately \$150,000 in recurring funds for the birth defects registry through DOH to replace the grant currently funded through the Centers for Disease Control and Prevention, which will be ending.

#7: Smoke-Free Workplaces

Nathan Bush spoke to the committee regarding a bill proposing smoke-free workplaces.

#8: Christian Science Committee on Publication

Shannon Horst asked for a statutory change in order that medical criteria and requirements will not be imposed on the services of Christian Science nurses.

Subcommittee 2:

Subcommittee members present included Senator Papen and Representative Trujillo, co-chairs, Representatives Begaye, Lujan, Sandoval and Miera and Senators Feldman and Tsosie. Representative Trujillo called the meeting to order at 9:05 a.m.

#1: Women's Health Services

Dr. Justina Trott discussed the proposal of Women's Health Services for purchase of a building and for direct services. The group requests recurring funding for electronic medical records (operational support) as well as support to do a pilot project using the new building as a means to decrease energy use through modeling "green" building codes.

#2: Santa Fe Mountain Center

Board President Jennifer Croix discussed the strengths of the 28-year-old Santa Fe Mountain Center programs in providing experiential therapy for juveniles statewide. Programming includes river rafting, rock climbing and community-based programs. The center

leads the nation in evidence-based research. The current request is for \$530,000 in capital outlay funding.

#3: LIHEAP

The committee discussed ways to provide permanent funding for the Low Income Home Energy Assistance Program (LIHEAP), which was funded at \$23 million in the 2006 special session but which received no funding for the current year.

Ernie C' de Baca from PNM spoke on the importance of changing the law prohibiting disconnections during the winter months while LIHEAP funds are available, especially when the state has provided no LIHEAP funding. He also raised the issue of the need to ensure that poor people are not met with an undue burden of back bills because of paying nothing over the colder months. The PNM-backed legislation would require a consumer to pay a minimum of 25 percent of the billed amount and for the state at a minimum to match federal LIHEAP funds before imposing a moratorium on disconnects.

Ona Porter, representing Jami Lara-Porter at the Community Action Agencies, spoke on alternate means of financing energy funding for the poor without saddling poor users with stigmas and urged the committee to direct the PRC to address LIHEAP in its rate structure, as required by the *Mountain States* lawsuit. The Community Action Agencies urged legislators to ensure that energy be affordable and provided with dignity for low-income consumers of utilities. Cathy Sisneros, Human Services Department, provided committee members with a list of varying approaches for LIHEAP funding from other states. On questioning by Senator Ortiz y Pino, PNM said it received 52 percent of the state's \$23 million appropriation last year, though a long list of other vendors also received funding. Households that qualify for LIHEAP funding are at or below 150 percent of federal poverty levels and are citizens. Payments are made directly to vendors on their behalf, unless the recipient of LIHEAP funding heats with the recipient's own wood. Senator Feldman asked Ms. Porter to give the committee her proposals.

On motion of Representative Sandoval and seconded by Senator Tsosie, the subcommittee recommended two bills: one creating a permanent fund for LIHEAP and the other fixing a \$2 million recurring emergency appropriation. Senator Tsosie moved to take the issue of a moratorium on utility disconnects off the list of recommendations, but encouraging the LIHEAP Subcommittee created at the November 1 meeting of the whole to meet. If the subcommittee cannot reach consensus, matters would move forward with individual bills to address the moratorium.

#4: Rolfing

Valerie Berg presented the case for removing those who practice rolfing from the oversight of the State Massage Board. Rolfing is not massage and is not like massage, she said, and anyone certified as a rolfer already is under supervision of the national board. Further, having to take classes in massage or other disciplines not pertinent to the practice in order to maintain a rolfing license is wasting the time and resources of rolfers.

#5: Nurse Advice Line

Fornessa Randal and Dr. Bruce Kaufman presented the need for more funding for the nurse advice line at UNM, which already receives 7,000 calls per day and expects 12,000 per day by January. The line is operated through a private-public partnership that involves managed care organizations as well as nurses, many of them retired, who serve on contract. The program will be available statewide within the coming year. They noted that among the benefits of the line is that it provides a triage system that advises patients whether or not to go to an emergency room. Some 64 percent of those surveyed by the nurse advice line answered that they would have sought help at an emergency room if they had not been able to speak with a nurse on the nurse advice line. While the organization is working with the DOH to be included in the department's permanent budget, it will still need additional funding in the coming session. The organization requests an additional \$500,000 to support the cost of providing services to uninsured clients.

#6: Aspartame

Stephen Fox presented news of a response from Dr. Von Eschenbach to letters from legislators regarding the dangers of aspartame use and suggested further steps to persuade those at the federal level to prohibit use of aspartame. He also suggested broadening the focus of activism to include Splenda, saccharin and colas with sugar in them. He urged committee members to write Senators Edward Kennedy and Patrick Leahy to urge them to convene hearings of the congressional health and judiciary committees.

#7 Autism—Behavioral Health Collaborative

Gay Finlayson and Liz Thompson requested the committee to fund autism spectrum disorder programming and brought a parent to highlight the inconsistency of having to wait on a list of waived clients awaiting services while the child with an autism spectrum disorder aged out of being able to put such services to full use. She said the governor's proposal includes funds for early diagnosis and training for professionals, but not necessarily for doctors. Sam Howarth, DOH, noted that providing coverage for children with autism spectrum disorder would require amendments to the state Medicaid plan. However, changing the federal plan would require a number of steps to overcome barriers such as the federal definitions that waivers be granted to facilities and that treatment programs are covered, but autism spectrum disorder diagnosis and services are not defined as a treatment. Senator Feldman emphasized that improving funding for those with autism spectrum disorders is the first priority of the state's largest behavioral health collaborative so, while it is difficult to untangle necessary steps, it is important.

Protest

Representative Begaye protested the scope and direction of the proposals presented, noting that he had decided to ask only those with programs of statewide impact to come before the committee, whereas his view was that the subcommittee was presented with programs sometimes with only local impact. He was asked to bring the issue to the whole committee.

Reconvening the Whole Committee

The committee reconvened as a whole to review subcommittee recommendations. Members discussed whether to endorse appropriations that will have effect statewide or include regional impact appropriations. The committee agreed to make deciding Representative Begaye's issue a priority for the next interim.

A motion was made by Representative Trujillo, seconded by Representative Vaughn to accept the report of each subcommittee for an up or down vote; the motion carried with one objection. Subcommittee decisions to vote against a measure would be accepted; those that carried would be included in the rankings and weighted voting would be done on the matrix of bills presented to the committee over the interim. The request was made to give a one-line discussion on the items included in the matrix presented if a draft of the bill was not included.

Representative Heaton reviewed the presentations before Subcommittee 1 which included support for all but the following measures: state general funds waiver services for persons with developmental disabilities (the "DD waiver"); amending the Family, Infant, Toddler Program to prohibit collecting copayments; and creating an annual Medicaid waiver. Representative Trujillo reviewed the presentations before Subcommittee 2, which included support for all the presentations except for that on aspartame.

Senator Komadina moved that the findings of the subcommittee be accepted without reading into the record, which was seconded by Representative Sandoval.

The meeting recessed at 5:10 p.m.

Wednesday, November 22

Representative Picraux reconvened the meeting at 9:00 a.m. Ms. Lusk reviewed policy concerns expressed during the interim with the committee, and committee members decided as follows:

For LIHEAP and related issues, the committee endorsed requesting \$4 million for emergency LIHEAP funds and encouraged the subcommittee appointed November 1 to meet to reach any consensus issues possible otherwise.

For out-of-county indigent care, the committee endorsed Representative Trujillo's planned memorial directing the HPC to arrive at a unified definition of indigent care and convening a task force that includes the New Mexico Association of Counties and Hospital Association to recommend changes to the Indigent Fund Act. The HPC should, by rule, standardize language so the task force can agree to report consistent "apples to apples" data so the HPC can fulfill its statutory duty to collect information on indigent care.

A motion was made to have a task force of 15 members appointed with statewide representation, with legislators as advisory members, and county representatives from all involved through the HPC to study indigent care, definitions and related issues such as taxes, which was seconded by Senator Ortiz y Pino. There was no objection and the motion passed.

It was suggested to request a discreet line-item from LFC on the budget for ValueOptions and present an annual report of the source of money and where the money is being spent by ValueOptions to the committee. The committee will write LFC and request a unitary budget for ValueOptions and will annually request a report to LHHS from ValueOptions.

The matrix was reviewed for appropriations requests. It is attached to this report in priority order for appropriations requests, and only those appropriations with a ranking of 2.5 or above on a 4.0 scale are included. Some items came before the committee without sponsors; those items will be endorsed if advocates find a sponsor.

Minutes

The minutes of the November 1-3, 2006 meeting were approved unanimously with the amendment that the LIHEAP Subcommittee was appointed on November 1 (minutes were amended to reflect the change).

Adjournment

Representative Picraux adjourned the meeting at 11:58 a.m. after thanking committee members for their enthusiastic participation and courtesy, and the staff for its work.

APPENDIX
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE
2007 LEGISLATIVE PRIORITIES & RESULTS

Substantive Bills

Advocate \$4M emergency appropriation for LIHEAP and create permanent funding (Sandoval)
Direct HPC to define "indigent care"; convene an out-of-county indigent care task force to make recommendations for next session on ways to equalize the out-of-county indigent fund (Trujillo)
Create adult protective services statutes (Wirth)
Amend Children's Mental Health and Developmental Disabilities Code (Miera)
Remove gross receipts taxes on hearing aids (Silva)
Amend facilities licensing statutes to give CYFD oversight of facilities serving children (Miera, Ortiz y Pino)
Create certification program overseen by Board of Nursing (Beffort)
Clean up references to "disability", Governor's Commission on Disability

Subcommittee Topics Accepted by Full Committee

Lovelace Clinic Foundation (endorsed with other telehealth package) (Picraux)
Birth defects registry \$150,000 (Komadina)
Smoke-free workplaces-statutory change only
Christian Science Committee on Publication-exempt from nursing statute
Santa Fe Mountain Center-adventure-based experiential therapy-\$1.5M
Remove rolfing from Massage Therapy Board oversight
Increase nurseline funding \$1M nonrecurring and \$300,000 infrastructure and training (Feldman)
Autism funding request \$6M recurring (Feldman)
Make pharmacists "providers" for women's contraceptives
Mercury reduction changes (Wirth)
Office of the State Medical Investigator statutory changes (Beffort)

APPROPRIATIONS ENDORSED

REQUEST (proponent, origins)	Approximate appropriation requested (if known)
LIHEAP	\$4M to HSD
Medicaid Waivers; cost of living increase for all Medicaid Waiver Programs	\$3.04M
NM combined BA/MD program-UNM	\$1,132,300 for third year of the program
Family Infant Toddler, fund the deficit projected for current fiscal year	\$1.8M
Fund 15 dental WICHE slots	\$600,000-HED
Behavioral health solutions telehealth program	\$40,800 UNM psychiatry & HSD
Require CYFD to apply for social security assistance for children in state custody	
Coalition for Sexual Assault programs; to train 60 existing therapists from DOH funded Community Mental Health Centers, Rape Crisis Centers and youth violence prevention agencies	\$150,000
Trauma system request	\$7.7M to DOH
Increase loan repayment funds available for primary care physicians	\$600,000 to HED
Primary care residencies in southwestern NM	\$175,000
Brain injury programs at a clubhouse	\$130,000 ALTS
Day program for persons with severe mental illness (Hebenstreit-The Clubhouse)	\$250,000 to DOH

REQUEST (proponent, origins)	Approximate appropriation requested (if known)
UNM-NMSU cooperative pharmacy program	\$516,300 to UNM HSC
Birth defect registry expansion	\$150,000
Healthy kids-healthy economy NM hunger task force	\$1.44M to NMSU for fresh fruits and veggies in school lunches
Require agency to apply for benefits for incarcerated persons and for persons with mental disorders prior to release	\$225,000 to HSD
March of Dimes; to fund the New Mexico Birth Defects Surveillance Program	\$150,000
State Use; start-up funds to implement State Use Act program to expand employment opportunities to persons with disabilities	\$50,000
Increase NM Health Service Corps dental funding	\$500,000 (currently ½ that) to DOH
New Mexico Health Information Collaborative	\$2.4M
NM Telehealth Network School-based health center equipment Associated line costs Rural health care clinics-equip.	\$750,000 \$440,000 \$240,000 \$70,000
Coalition to End Homelessness Increase state funding for homeless programs	\$500,000 (in addn to \$950K)=\$1.45M
Expand project ECHO and replace lost federal \$	\$750,000

REQUEST (proponent, origins)	Approximate appropriation requested (if known)
Rural primary care: Increase in operating capital for rural-underserved & uninsured	\$3M
Electronic health records at primary care and school-based clinics	\$4M
Programs and services for children of jailed and incarcerated parents	\$3.32M to CYFD
Native American centers for independent living	\$250,000 to PED
Fund substance abuse treatment through medicaid	
Intermediate care facility for people with mental retardation; Cost of living increase to improve staff recruitment and retention	\$230,000
Voluntary Universal Home Visiting (Early Childhood Continuum)	\$50,000 to CYFD/DOH
Increase funding for special needs dentistry	\$500,000 to DOH

REQUEST (proponent, origins)	Approximate appropriation requested (if known)
ECAN proposals package- Prenatal and pre-pregnancy dental services Improve developmental care Early intervention through FIT Infant mental health Statewide family policy partnership Early childhood public awareness campaign Child care assistance subsidies through 200% of FPL Improve all quality learning (TTAPS and AIM high) TEACH NM Other quality initiatives, including child development, extended head start and inclusive child care	\$950,000 \$500,000 \$4.3M \$500,000 \$500,000 \$400,000 (\$10M) \$2M \$2M \$4.2M
Scholarships for low-income dental students	\$50,000 each
At-home infant care-expansion to 2nd pilot site Susan Loubet	\$180,000 to each program (CYFD)
Universal breakfasts \$2.7M addl (so \$4.2M total) program	Additional \$2.7M (for total of \$4.2M instead of current \$1.5M)
College of nursing program expansion-UNM	\$2.25M UNM HSC
NM TELEHEALTH NETWORK (\$190,000 nonrecurring) Rural early access to children's health telehealth project (REACH) Invest NM (home health pilots-clinical hub)	\$190,000-DOH \$200,000-DOH
Require HSD to notify clients of expiration of benefits	N/A
State match for senior citizen food stamps (\$20 per person) hunger task force	\$2M to HSD

REQUEST (proponent, origins)	Approximate appropriation requested (if known)
Law enforcement training to identify minors when arresting their parents, ensuring child safety	\$100,000 to DPS
Universal home visiting-built on families 1st, healthy families, first-born and other programs	\$6.5M
Dental hygienist residency program-fund addl year (program must be in business 2 years before formula funding can kick in)	\$420,000 (\$140,000 each for D.A. Com. College, Luna Com. College and ENMU-Roswell)
Expand scope of practice - dental hygienists (allow hygienists to apply fluoride). HPC recommendation	N/A
Model wellness programs in SW New Mexico	\$150,000 to DOH
Buddy Lujan sealant protection program-NFP	\$300,000
Coalition to end homelessness Supplement federal SSI payments with state dollars to bring recipients up to 100% FPL (homeless coalition)	\$10M
BA/DDS program	
Teen pregnancy coalition: increase the teen pregnancy programs	\$750,000 to DOH for total \$1M for program expansion
Five loans of \$100,000 each for health specialists loan repayment programs	\$500,000 to HED
Recruitment of specialists trained at UNM to return to New Mexico	\$100,000 to UNM-HSC
HERO-NMSU-UNM alliance for a healthier New Mexico - create extension offices for health	\$200,000

REQUEST (proponent, origins)	Approximate appropriation requested (if known)
Eight-County Initiative; Regional Treatment Center Phase I, including administration and professional staffing	\$1.7M
UNM pipeline program (medical education middle school through post-medical school)	\$1.5M to UNM HSC
Recruitment and training of Hispanic med students at smaller universities	\$125,000 to NMHU
HM 16-Diane Wood Mandate coverage for hearing aids and vision aids for those 21 and under	N/A
Women's Health; Services/Building	\$200,000
Teen pregnancy coalition request (includes young fathers programs)	\$750,000 additional
Coalition to End Homelessness Create dedicated funding stream for the Affordable Housing Trust Fund	\$10M
Fair share health care (WalMart insurance)	N/A
Disability placards-Governor's Commission on Disability	\$250,000 to MVD
Integrating primary care and family support services in SW NM	\$100,000 to DOH
Children's telehealth - REACH and Envision (to expand pediatric services)	\$600,000
Medical research involving outpatient medicine (RIOSnet)	\$312,000-UNM-HSC
Addressing unmet needs of uninsured - Dona Ana county	\$500,000 to DOH
Nurse advice line at UNM	\$500,000 for uninsured users
Cavernous angioma programs and research	\$100,000

REQUEST (proponent, origins)	Approximate appropriation requested (if known)
Expand dental residencies in Roswell	\$500,000-UNM HSC