

New Mexico State Legislature
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

2008
INTERIM REPORT



Legislative Council Service
411 State Capitol
Santa Fe, New Mexico

2008 INTERIM REPORT
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

CONTENTS

Executive Summary and Legislative Proposals

Work Plan and Meeting Schedule

Agendas

Minutes

EXECUTIVE SUMMARY & LEGISLATIVE PROPOSALS

**2008 Interim Report
Legislative Health and Human Services Committee**

EXECUTIVE SUMMARY
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE, INTERIM 2008

This interim, the Legislative Health and Human Services Committee heard testimony in Las Cruces, Deming, Farmington, the Beclabito Chapter of the Navajo Nation, Albuquerque and Santa Fe and made site visits at a number of hospitals, clinics and community centers in those locations. The topics covered included a greater emphasis on human services than permitted during 2007's reform-focused interim and a great deal of emphasis on providing access to health services for prevention and disease management.

Human services testimony included programs such as the Low Income Heat and Energy Assistance Program, or "LIHEAP", and efficiency-raising weatherization services. The committee heard from advocates and agencies, including the New Mexico Mortgage Finance Authority, New Mexico Voices for Children and the Lutheran Advocacy Ministry, regarding services to reduce the effects of a declining economy on poverty in New Mexico and the impact that the lack of affordable housing, increased foreclosure rates, food insecurity and rising fuel costs are having on citizens. The committee heard extensive testimony on programs such as the Children, Youth and Families Department's home visiting program designed to foster healthy children in families that are getting the information and access to services they need to support healthy children; guardianship services; and services for developmentally disabled and autistic individuals.

The committee reviewed extensively the matter of a health care work force shortage, hearing testimony from a number of experts regarding measures that may have to be taken to increase incentives for training and retaining more doctors, dentists, nurses and allied health professionals, including scholarships, tax incentives and loan-forgiveness-for-service programs. The committee made a written request to U.S. Senators Jeff Bingaman and Pete Domenici to increase the number of J-1 study visas so that the number of physicians from abroad working in New Mexico might be increased. The committee looked at ways to expand the scopes of practice for providers such as dental hygienists and others so that their expertise might be used in the absence of more

highly trained health professionals. The committee examined the opportunities presented for spreading health services and professional supervision throughout the state via telehealth or other health information technology through testimony about New Mexico programs that provide health services to people, including individuals with behavioral health illnesses or diabetes, children with disabilities or people needing referral for substance abuse services.

The committee heard extensive testimony on the importance of access to health information and access to primary care as ways to keep citizens healthy and thus avoid greater social and financial burdens that result from poor health outcomes. Examples of integrated models for providing such information and services include a "medical home", a "health commons", community clinics and community health workers or *promotoras*. The committee made site visits, and it heard testimony from the New Mexico Primary Care Association, Hidalgo Medical Services, the statewide 24-hour Nurse Advice Line, Sandoval County Health Commons and the South Valley Health Commons.

The committee heard from several speakers on approaches to health care reform that involve addressing rising costs while getting more people covered. Experts from Vermont and Pennsylvania state governments discussed their states' multipronged approaches that involve expanding coverage through state subsidies, including Medicaid and SCHIP expansion and premium assistance; reducing costs through wellness, prevention and chronic disease management; and using health information technology to spread and share health information and expertise. Expert testimony from Len Nichols of the New America Foundation included a recommended reform that combines a health insurance exchange with guaranteed issue, a preexisting-conditions exclusions ban and an insurance mandate.

The committee looked into the issue of prescription drugs and measures other states have taken to reduce the influence that drug marketing and nontherapeutic considerations have on prescribing in New Mexico. The committee heard testimony on Vermont's use of gift disclosures and other states' outright bans on gifts to providers from drug manufacturers. Ideas such as promotion of generics, therapeutic substitution and

drug recycling were discussed as policies to save on drug costs and to increase access.

The committee heard extensive testimony regarding electronic medical records (EMR) and accompanying privacy issues. Among the priorities for any EMR, legislation that the committee heard about were policies to:

- authorize the use and maintenance of EMRs;
- protect the privacy of the information in EMRs, including legislation to tighten the federal HIPAA disclosure provisions and provide a private right of action;
- set guidelines for EMR disclosures;
- define terms such as "health information exchange" and "record locator service"; and
- provide for intrastate and interstate disclosures.

The committee heard extensive testimony on the state of behavioral health services in New Mexico. The behavioral health collaborative reported on its bidding process for a four-year contract that will start July 1, 2009. The Department of Health, the Veterans' Services Department, Bernalillo County and independent service agencies testified regarding programs to assist New Mexicans, including a growing population of veterans, who are facing substance addiction and issues such as post-traumatic stress disorder.

Native American health was a focus in any discussion of statewide health and human services issues. The committee heard testimony on the new Bernalillo County program to address urban Indian health care needs and visited the Beclabito Chapter House of the Navajo Nation, where it heard testimony on a number of issues such as preventive health care, access to services, challenges for rural Native Americans and community health workers' roles in promoting health.

The matrix below identifies priority areas of concern and specific measures endorsed by the committee that will be introduced in the 2009 legislative session.

Legislative Health and Human Services Committee
 ENDORSEMENTS
 December 10, 2008

PART I: APPROPRIATIONS

Category	Description of Request	Appropriation
Health Professional Work Force	<ul style="list-style-type: none"> • Establish a UNM Division of Health Workforce Development - \$400,000 • Expand rural community rotations and the number of primary care residents - \$600,000 • Provide rural-based faculty - \$300,000 • Expand training for physician assistants and family nurse practitioners - \$300,000 • Increase rural rotations for specialties - \$225,000 	\$1,825,000
	Increase the number of WICHE dental slots to 10 additional slots	\$230,000
	Increase award amounts and the number of awards in the New Mexico Health Service Corps	\$300,000
	Expand Health Extension Rural Offices (HEROs) to 10 sites to serve all counties and for 2 regional coordinating offices	\$1,800,000

Category	Description of Request	Appropriation
Poverty	Establish a recurring funding stream for the weatherization and LIHEAP programs	\$8,000,000 (50% each)
	Sustain increases in child care assistance eligibility at 200% FPL	\$13,200,000
Hunger	Expand funding for Healthy Kids, Healthy Economy, a program that uses local farm-grown food to feed low-income children	\$3,300,000
Behavioral Health	Provide inpatient crisis triage, treatment and community-based services	\$4,513,000
	Establish a network of safe houses as voluntary, short-term alternatives to hospitalization or jail for people in behavioral health crises (Rep. Cote)	\$4,100,000
	Continue funding of SBIRT, a statewide program for screening, brief intervention, referral to treatment program (grant ended 9/30/08)	\$800,000 (to match \$2.1 million)
Health and Health Care Access	"Kids First": cover the remaining 40,000 uninsured children in the state through PAK, SCHIP and Medicaid; includes guaranteed issue in PAK, education and outreach; mandate to HSD	\$40,000,000 ((\$38 million for coverage and \$2 million for outreach)
	Fund the continuation of Bernalillo County Off-Reservation Native American Health Commission	\$150,000
TOTAL:		\$78,218,000

PART II - LEGISLATION

Category	Description of Request
Prescription Drugs	Prescription drug donations: permit the reuse of prescription drugs under certain circumstances
	Mandate use of 340B federal prescription drug pricing for the Corrections Department and other agencies
	Disclose gifts from manufacturers to prescribers
	Create a mechanism for pharmacists to initiate prior authorization
Health and Health Care Access	<ul style="list-style-type: none"> • Facilitate primary care clinics and federally qualified health centers to serve as medical homes and promote health commons models; provide start-up funding • Require insurers to pay financial incentives to primary care providers to increase access to primary care services on weekends, in the evening and as walk-ins
	A memorial to request the development of a financing and reimbursement system that supports a health commons health care delivery model; explore the primary care case management model as a vehicle for this
	Define and implement a plan for an obstetrics administrative compensation system that mirrors the workers' compensation system
	Mandate insurance companies to cover routine care while a patient is participating in a cancer clinical trial that is projected to be at least as effective as any other medical treatment
	Move toward mandatory reporting of hospital-acquired infections
	A memorial to request the early childhood network to identify ways to implement a commons model with the WIC program statewide

Category	Description of Request
Brain Injury	Amend language from a current appropriation to the DOH to permit pre- and post-deployment screening for brain injury
	Include red light camera violations as qualifying for Brain Injury Trust Fund contributions
Health Professional Work Force	Amend the physician's assistant law to create a new category of physician assistant called "physician associate" that can practice primary care and family medicine independently
Protection	A memorial requesting an end to the <i>Jackson</i> lawsuit
	A memorial to ask Congress to expand the federal Radiation Exposure Compensation Act to include uranium workers through 1990
Reorganization	Convert the LHHS into the Legislative Health Committee; create a "health unit" in the LCS; create the Legislative Human Services Committee from the Welfare Reform Oversight Committee, which is due to sunset

WORK PLAN & MEETING SCHEDULE

2008 Interim Report
Legislative Health and Human Services Committee

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

Members

Sen. Dede Feldman, Chair
Rep. Danice Picraux, Vice Chair
Sen. Rod Adair
Rep. Keith J. Gardner

Rep. Joni Marie Gutierrez
Sen. Steve Komadina
Sen. Mary Kay Papen
Rep. Gloria C. Vaughn

Advisory Members

Sen. Sue Wilson Beffort
Rep. Ray Begaye
Rep. Jose A. Campos
Rep. Nathan P. Cote
Rep. Nora Espinoza
Rep. Daniel R. Foley
Rep. Miguel P. Garcia
Sen. Clinton D. Harden, Jr.
Rep. John A. Heaton
Sen. Timothy Z. Jennings
Sen. Gay G. Kernan

Sen. Linda M. Lopez
Rep. Antonio Lujan
Rep. James Roger Madalena
Rep. Rodolpho "Rudy" S. Martinez
Rep. Rick Miera
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez
Rep. Edward C. Sandoval
Rep. Jeff Steinborn
Rep. Mimi Stewart
Sen. David Ulibarri

Approved Work Plan and Focus for 2008

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

The committee plans to:

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

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

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

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

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

PROPOSED 2008 MEETING SCHEDULE

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

AGENDAS

2008 Interim Report
Legislative Health and Human Services Committee

Revised: June 5, 2008

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

**June 6, 2008
Room 307, State Capitol
Santa Fe**

Friday, June 6

- 9:30 a.m. **Call to Order**
- 9:35 a.m. **Interim Legislative Meeting Protocols**
—Paula Tackett, Director, Legislative Council Service (LCS)
- 10:05 a.m. **2008 Legislation Summary**
—Michael Hely, Staff Attorney, LCS
- 10:30 a.m. **Focus for Interim and Upcoming Session(s), Children, Youth and Families
Department (CYFD)**
—Dorian Dodson, Secretary, CYFD
- 10:45 a.m. **Focus for Interim and Upcoming Session(s), Aging and Long-Term Services
Department (ALTSD)**
—Cindy Padilla, Secretary, ALTSD
- 11:00 a.m. **Focus for Interim and Upcoming Session(s), Department of Health (DOH)**
—Alfredo Vigil, Secretary, DOH
- 11:15 a.m. **Focus for Interim and Upcoming Session(s), Human Services Department
(HSD)**
—Pam Hyde, Secretary, HSD
- 11:30 a.m. **Medicaid Home Resource Exclusion — Proposed Changes to Regulations**
—Pam Hyde, Secretary, HSD
- 12:00 noon **Review and Discussion of Work Plan, Meeting Dates and Locations for 2008
Interim**
—Michael Hely, Staff Attorney, LCS
- 1:00 p.m. **Adjournment**

Revised: July 15, 2008

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

**July 16-17
Memorial Medical Center; Rooms A & B
2450 So. Telshor Blvd., Las Cruces**

**July 18
Mimbres Valley Special Events Center, Room 144
2300 E. Pine St., Deming**

Wednesday, July 16

- 10:00 a.m. **Call to Order**
- 10:05 a.m. **Welcome and Introductions**
—Paul Herzog, Chief Executive Officer, Memorial Medical Center
- 10:15 a.m. **Behavioral Health Overview and Status Report**
—Legislative Council Service (LCS) Staff
- 10:30 a.m. **Behavioral Health Panel**
—Joe Rodriguez, Acting Chief Executive Officer, Peak Behavioral Health Services
—Margaret McCowan, Chief Executive Officer, Mesilla Valley Hospital
—Silvia Sierra, Director, Doña Ana County Health and Human Services
Department
—Becky Beckett, President, National Alliance on Mental Illness-New Mexico
—Susan Campbell and Chistena Scott, Co-Chairs, Doña Ana County Behavioral
Health Collaborative
- 12:30 p.m. **Lunch**
- 1:30 p.m. **Screening, Brief Intervention and Referral to Treatment Program (SBIRT)**
—Arturo Gonzales, Ph.D., Executive Director, Sangre de Cristo Community Health
Partnership
- 2:00 p.m. **Health Reform Status Report**
—Staff, LCS

4:00 p.m. **Public Comment**

4:30 p.m. **Recess**

Thursday, July 17

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

9:05 a.m. **Healthy Kids Initiative**

—Patty Morris, Director, Healthy New Mexico Kids Initiative

—Hon. Ken Miyagishima, Mayor, City of Las Cruces

—Stan Rounds, Superintendent, Las Cruces Public Schools

9:45 a.m. **Home Visiting Program**

—Dorian Dodson, Secretary, Children, Youth and Families Department (CYFD)

10:15 a.m. **Border Health Issues**

—Paul Dulin, Director, Office of Border Health, DOH

11:00 a.m. ***Promotoras/Community Health Workers***

—Angie Sanchez, Community Development Coordinator, Office of Border Health

11:30 a.m. **Human Services Department (HSD)/Medicaid/Behavioral Health
Collaborative Status Report**

—Katie Falls, Deputy Secretary, HSD

12:30 p.m. **Lunch**

1:30 p.m. **New Mexico State University College of Health and Social Services —
Undergraduate and Graduate Nursing Programs; Outreach Programs; Border
Health**

—Dr. Virginia Higbie, Interim Dean, New Mexico State University College of
Health and Social Services

2:30 p.m. **City of Las Cruces Senior Programs**

—Shelley Modell, Administrator, Senior Programs

2:45 p.m. **Elderly Victims Assistance Program**

—Susana Martinez, District Attorney, Doña Ana County

3:00 p.m. **HM 4/SM 10 — Medicaid Enrollment**

—Kim Posich, Executive Director, New Mexico Center on Law and Poverty

3:30 p.m. **Public Comment**

4:30 p.m. **Recess**

Friday, July 18

10:00 a.m. **Call to Order**

10:05 a.m. **Primary Care Health Work Force Study (HM 2)**

- Charlie Alfero, Chief Executive Officer, Hidalgo Medical Services
- Arthur Kaufman, M.D., Vice President, Community Health, University of New Mexico (UNM) Health Sciences Center
- Kooch Jacobus, Deputy Director, New Mexico Health Policy Commission
- Tom Kauley, Management Analyst, New Mexico Health Policy Commission

11:00 a.m. **Work Force Issues Panel**

- Recruitment and Retention Overview
 - Jerry Harrison, Ph.D., Executive Director, New Mexico Health Resources
- Rural Provider Tax Credit Experience
 - Harvey Licht, Director, Primary Care and Rural Health Office, DOH
- B.A. to DDS Program
 - Peter Jensen, DDS, Director, Advanced Education in General Dentistry Program, UNM
- Loan Repayment Experience
 - Tashina Banks Moore, Director of Financial Aid, New Mexico Higher Education Department
- Nursing Recruitment and Retention
 - Ann DeBooy, R.N., Chief Nursing Officer, Memorial Medical Center

12:00 noon **Working Lunch**

1:00 p.m. **Private Border Health Practitioners Panel**

- Kamran Kamali, M.D.
- Anthony Levatino, M.D.
- Denise Leonardi, M.D.

1:30 p.m. **Report on State Facilities**

- Katrina Hotrum, Deputy Director for Facilities, DOH

2:30 p.m. **Public Comment**

3:00 p.m. **Adjourn**

Revised: September 12, 2008

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

**September 15-16
San Juan College
4601 College Boulevard, Room 9010
Farmington**

**September 17
Beclabito Chapter House, Navajo Nation**

Monday, September 15

- 10:00 a.m. **Call to Order**
- 10:05 a.m. **Welcome and Introductions**
—Nancy Shepherd, Dean, School of Continuing Education, San Juan College
- 10:15 a.m. **Utility Assistance**
—Ona Porter, Executive Director, Community Action New Mexico
—Sara Kaynor, Executive Director, Economic Council Helping Others
(ECHO)
- 11:00 a.m. **Housing Issues**
—Ruth Hoffman, Lutheran Advocacy Ministry
—Ed Rosenthal, Local Office Director, Enterprise Community Partners
—Joseph Montoya, Deputy Director, New Mexico Mortgage Finance Authority
- 11:45 a.m. **Hunger Issues and Food System Solutions**
—Pam Roy, Co-Director, Farm to Table; Director, New Mexico Food and
Agriculture Policy Council
- 12:00 noon **Working Lunch**
—Hosted by Farm to Table and the Bloomfield, New Mexico, School Nutrition
Association
- 12:30 p.m. **Physician Health Information Technology Survey and Study**
—Liz Stefanics, Executive Director, New Mexico Health Policy Commission
- 1:15 p.m. **Electronic Health Records: Practitioner Experience**
—Dawn R. Brooks, Chief Executive Officer, San Juan Independent Practice
Association

- 1:45 p.m. **Toward an Electronic Medical Record Environment: Department of Health (DOH) Programs Supporting Practitioners**
—Bob Mayer, Chief Information Officer, DOH
- 2:30 p.m. **Health Information Exchange**
—Bob White, M.D., M.P.H., Lovelace Clinic Foundation
- 3:15 p.m. **Electronic Medical Records: Review of Recent Legislation**
—Michael Hely, Staff Attorney, Legislative Council Service (LCS)
- 3:30 p.m. **Electronic Medical Records: Privacy Issues**
—Twila Brase, President, Citizens' Council on Health Care
—Maggie Gunther, Ph.D., Executive Director, Lovelace Clinic Foundation, Health Information Security and Privacy Collaborative
—Tonya Oliver, Staff Attorney and Privacy Officer, Presbyterian Healthcare Services
- 5:00 p.m. **Public Comment**
- 5:15 p.m. **Recess**

Tuesday, September 16

- 9:00 a.m. **Call to Order**
- 9:05 a.m. **Overview: Health Professional Practice Issues**
—Karen Wells, Researcher, LCS
- 9:20 a.m. **Health Professional Scope of Practice Issues and Proposal (HJM 71)**
—Randy Marshall and John Anderson, N.M. Medical Society
—Barbara Posler, Legislative Committee Chair, and
 Ginny Berger, President, New Mexico Dental Hygienists Association
—Linda Siegle, Nurse Practitioners and Chiropractors
—Joseph Menapace, N.M. Dental Association
- 11:00 a.m. **Health Care Coverage for Children**
—Bill Jordan, Deputy Director, New Mexico Voices for Children
—Anne Stauffer, Policy Analyst, New Mexico Voices for Children
- 12:00 noon **Working Lunch**
—Hosted by San Juan Regional Medical Center
- Review of 2008 Special Legislative Session**
—Michael Hely, Staff Attorney, LCS

- 12:30 p.m. **Obstetric Health Care Practitioner Liability Insurance (HM 9)**
—T.C. Shaffer, Program Manager, New Mexico Health Policy Commission
—Barbara Overman, C.N.M., Ph.D., Chair, HM 9 Task Force
—Elaine Brightwater, C.N.M., M.S.N.
- 1:30 p.m. **Antidepressants and Youth Suicide (HM 34)**
—T.C. Shaffer, Program Manager, New Mexico Health Policy Commission
—LisaMarie Gomez, Management Analyst, New Mexico Health Policy Commission
- 2:15 p.m. **Health Care Provider Reimbursement in Detention Facilities (SM 48)**
—Reina Guillen, Management Analyst, New Mexico Health Policy Commission
—Tasia Young, New Mexico Association of Counties
- 3:00 p.m. **Overview of Indigent Funding in New Mexico**
—Karen Wells, Researcher, LCS
- 3:30 p.m. **Sole Community Provider Issues**
- Standardized Reporting Resolution
—Rhonda Burrows, Health Affiliate, New Mexico Association of Counties
 - Hospital Needs and Use of Sole Community Provider Funds
—Jeff Dye, President, New Mexico Hospital Association
- 4:30 p.m. **Public Comment**
- 5:00 p.m. **Recess**

Wednesday, September 17

- 10:00 a.m. **Call to Order**
- 10:05 a.m. **Native American Health Policy**
—Alvin Warren, Cabinet Secretary, Indian Affairs Department
- 10:45 a.m. **Native H.O.P.E. (Helping Our People Endure), Total Community Approach and Navajo Nation Behavioral Health Services**
—Regina Roanhorse, Diné Local Behavioral Health Collaborative #15
- 11:45 a.m. **Project Trust: Enhancing Well-Being of Native American Youths, Families and Communities**
—Dr. Susie John, Teen Life Center
- 12:00 noon **Working Lunch**
—Hosted by Beclabito Chapter House

- 12:45 p.m. **Health Promotion/Disease Prevention in the Indian Health Service**
—Janet Hayes, M.P.H., Northern Navajo Medical Center, Health Promotion
Program
- 1:45 p.m. **Community Health Representatives**
—Kimbrow Talk, Senior Community Health Worker, Shiprock Service Unit,
Community Health Representative Program
- 2:30 p.m. **Public Comment**
- 3:00 p.m. **Adjourn**

Revised: October 14, 2008

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

**October 15-17, 2008
State Capitol, Room 307, Santa Fe**

Wednesday, October 15

- 9:00 a.m. **LHHS Call to Order**
- 9:05 a.m. **Welcome and Introductions**
- 9:15 a.m. **Department Oversight — Human Services Department:
Medicaid and SCHIP Funding; Status Report on State Coverage Insurance
(SCI); Funding Priorities for 2010**
—Pamela S. Hyde, Secretary, Human Services Department (HSD)
- 10:45 a.m. **Coordination of Long-Term Services (CoLTS) (HM 16/SM 17)**
—Carolyn Ingram, Director, Medical Assistance Division, HSD
—Cindy Padilla, Secretary, Aging and Long-Term Services
Department
- 11:45 a.m. **Department Oversight — Aging and Long-Term Services Department:
Future Trends in Aging and Long-Term Services; Aging Network Services;
Domestic Violence and Protection Continuum; Access to Long-Term Services**
—Cindy Padilla, Secretary, Aging and Long-Term Services Department
- 12:00 noon **Working Lunch**
- 1:15 p.m. **Interagency State Housing Initiative**
—Marti Knisely, Consultant, Technical Assistance Collaborative
- 2:15 p.m. **Department Oversight — Children, Youth and Families Department:
Missouri Model of Juvenile Incarceration (HM 8); Domestic Violence; Child
Care**
—Dorian Dodson, Secretary, Children, Youth and Families Department
- 3:45 p.m. **Graduate Student Child Care**
—Dick Minzner, Lobbyist, University of New Mexico
- 4:00 p.m. **Public Comment**

4:15 p.m. **Recess**

Thursday, October 16

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

9:05 a.m. **Autism Report**

—Cate McClain, M.D., Director, Center for Development and Disability

—Gay Finlayson, Parent Advocate

10:00 a.m. **F.I.T. Sustainability Plan, COLA Recommendation and Proposed Jackson Lawsuit Memorial**

—Anna Otero Hatanaka, Executive Director, Association of Developmental Disabilities Community Providers

10:30 a.m. **Guardianship Task Force Report (HM 6)**

—Jim Jackson, Executive Director, Protection and Advocacy

—Greg McKensie, Esq., President, New Mexico Guardianship Association

—Pat Putnam, Director, Developmental Disabilities Planning Council

11:30 a.m. **Lunch**

12:15 p.m. **Employee Health Promotions**

—Brandi Prince, Health Promotions Director, San Juan Independent Practice Association

1:00 p.m. **The Impact of Diabetes on African Americans**

—Kalonji Mwanza, Former Director, Office on African American Affairs

1:30 p.m. **Women's Health Report**

—Giovanna Rossi, Governor's Women's Health Advisory Council

2:15 p.m. **New Mexico Teen Pregnancy Coalition**

—Sylvia Ruiz, Executive Director, New Mexico Teen Pregnancy Coalition

3:00 p.m. **Medicare: The Effect of Medicare Reimbursement on Access to Health Care in New Mexico**

—Michael Hely, Staff Attorney, Legislative Council Service

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

4:00 p.m. **Recess**

Friday, October 17

- 9:00 a.m. **Call to Order**
- 9:05 a.m. **A New Model for Quality Health Care Coverage**
—Len Nichols, Ph.D., Director, Health Policy Program, New America
 Foundation
- 10:15 a.m. **Vermont Blueprint for Health**
—Jim Hester, Jr., Ph.D., Director, Vermont Commission of Health Care
 Reform
- 12:00 noon **Lunch: Rio Chama**
- 1:30 p.m. **Prescription for Pennsylvania**
—Shelley Bain, Director, Bureau of Accident and Health, Commonwealth of
 Pennsylvania
- 2:30 p.m. **Health Care Work Force Shortages**
—Dick Minzner, Lobbyist, University of New Mexico
—Susan Fox, Acting Dean, University of New Mexico College of Nursing
- 3:15 p.m. **Early Childhood Issues**
—Baji Rankin, Ed.D., Executive Director, New Mexico Association for the
 Education of Young Children
- 3:45 p.m. **Public Comment**
- 4:00 p.m. **Adjourn**

Revised: November 7, 2008

**TENTATIVE AGENDA
for the
FIFTH MEETING IN 2008
of the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

November 10, 2008 (3 locations):

**9:00 a.m. — New Mexico Primary Care Association
4206 Louisiana Blvd. NE
Albuquerque**

**12:00 noon — University of New Mexico Health Sciences Center
Room 3010, Domenici Educational Building
1001 Stanford NE
Albuquerque**

**1:30 p.m. — University of New Mexico Health Sciences Center
Room 2112, Domenici Educational Building
1001 Stanford NE
Albuquerque**

November 11, 2008

**Metropolitan Assessment and Treatment Services (MATS)
5901 Zuni SE
Albuquerque**

November 12, 2008

**South Valley Health Commons
2001 N. Centro Familiar SW
Albuquerque**

Monday, November 10

- 9:00 a.m. **Call to Order**
- 9:05 a.m. **Welcome and Introductions**
- 9:15 a.m. **NurseAdvice New Mexico — Tour**
—Connie Fiorenzo, R.N., M.S.N., C.P.H.Q., Interim Director, Nurse Advice NM
- 9:45 a.m. **The Role of Primary Care Clinics in Health Care Access**
—David Roddy, Executive Director, New Mexico Primary Care Association

- 10:45 a.m. **Health Care, Freedom and Privacy**
—Diane Wood, Director, Northern Office, ACLU-NM
—Heather Brewer, Executive Director, NARAL Pro Choice New Mexico
- 11:30 a.m. **Drive to University of New Mexico Health Sciences Center (UNM HSC)**
- 12:00 noon **Lunch at UNM HSC — Room 3010**
- 12:45 p.m. **Greetings and Welcome**
—Paul Roth, M.D., Executive Vice President for Health Sciences, Dean, School
of Medicine, UNM
- 1:00 p.m. **Overview of National Telehealth Initiatives**
—Dale Alverson, M.D., Medical Director, Center for Telehealth and Cybermedicine
Research, UNM HSC
- Reconvene at UNM HSC - Room 2112**
- 1:30 p.m. **Project ECHO**
—Sanjeev Aurora, M.D., Director, Project ECHO
- 2:30 p.m. **CDD REACH: Telehealth for Children with Disabilities**
—Deborah C. Hall, M.D.
- 3:00 p.m. **Envision New Mexico: The Initiative for Child Health Care Quality**
—Jane McGrath, M.D., Director, Envision New Mexico
- 3:30 p.m. **Telepsychiatry**
—Steve Adelsheim, M.D., Director, Center for Rural and Community Behavioral
Health, UNM
- 4:00 p.m. **Future of Telehealth in New Mexico**
—Bob Mayer, Chair, New Mexico Telehealth Commission
- 4:30 p.m. **Public Comment**
- 5:00 p.m. **Recess**

Tuesday, November 11

- 9:00 a.m. **Call to Order**
- 9:05 a.m. **Veteran and Family Support Services**
—Chris Burmeister, L.M.F.T., Administrator
—Linda Roebuck, Director, Intrastate Behavioral Health Purchasing Collaborative
- 10:00 a.m. **Veterans with Brain Injuries**
—Elizabeth Peterson, Director, Brain Injury Advisory Council
—Scott Pokorney, Program Manager, Brain Injury Program, Aging and Long-Term Services Department
- 10:45 a.m. **Healing the Warrior Research Project**
—Sadhu Singh Khalsa, L.I.S.W., M.S.W.
—Philip Sachs, Vietnam Veteran
- 11:30 a.m. **Working Lunch**
- 11:30 a.m. **Addiction Recovery Services**
—John Dantis, Deputy County Manager, Bernalillo County Public Safety Division
- 12:15 p.m. **Tour of MATS**
—Adan Carriaga, Administrator, Bernalillo County Public Safety Division
- 1:30 p.m. **New Mexico Advocates for Treatment Solutions**
—Nancy Koenigsberg, Legal Director, Protection and Advocacy
—Al Galves, Ph.D.
—Debbie Wayne, Mother
- 2:30 p.m. **Underage Drinking Prevention**
—Shelley Mann Lev, Office of Student Wellness, Santa Fe Public Schools
—Phil Baca, Assistant Attorney General
—Glenn Wieringa, Underage Drinking Coordinator, New Mexico Traffic Safety Bureau
—Karen Armitage, M.D., Chief Medical Officer, Department of Health
- 4:00 p.m. **Bernalillo County Off-Reservation Native American Health Commission**
—TBA
- 4:30 p.m. **Public Comment**
- 5:00 p.m. **Recess**

Wednesday, November 12

- 9:00 a.m. **Call to Order**
- 9:05 a.m. **The Health Commons and Care Of New Mexico's Uninsured**
 —Art Kaufman, M.D., Department of Family and Community Medicine,
 UNM School of Medicine
- 9:45 a.m. **The Health Commons Model: Hidalgo Medical Services**
 —Charlie Alfero, Chief Executive Officer, Hidalgo Medical Services
- 10:30 a.m. **Sandoval County Health Commons: New Developments**
 —Nikihanna Baptiste, Executive Director, Sandoval County Community Health
 Alliance
- 11:15 a.m. **Tour of South Valley Commons**
 —Melissa Manlove, C.O.O, First Choice Community Healthcare
- 12:15 p.m. **Working Lunch**
- 12:15 p.m. **South Valley Health Commons: On Becoming a Commons**
 —Santiago Macias, M.D., Clinical Supervisor
 —Michelle Varela, Nurse Manager
- 1:15 p.m. **Health Information System Act Issues**
 —Liz Stefanics, Director, New Mexico Health Policy Commission (NMHPC)
- 2:00 p.m. **Issues Regarding Consolidation of Public Programs**
 —Wayne Propst, Executive Director, Retiree Health Care Authority
 —Liz Stefanics, Director, NMHPC
 —Debbie Armstrong, New Mexico Medical Insurance Pool
- 4:00 p.m. **Public Comment**
- 4:30 p.m. **Adjourn**

Revised: December 2, 2008

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

**December 3-5, 2008
Room 307, State Capitol
Santa Fe**

Wednesday, December 3

- 9:00 a.m. **Call to Order**
- 9:05 a.m. **Welcome and Introductions**
- 9:15 a.m. **Prescription Drugs in New Mexico: A Legislative History**
—Karen Wells, Researcher, Legislative Council Service (LCS)
- 9:45 a.m. **The Prescription Project**
—Harry L. Chen, M.D., Representative, Vermont House of Representatives
- 11:00 a.m. **State Pharmacy Disease Management and Prevention Programs**
—Dale Tinker, President, New Mexico Pharmaceutical Association
- 11:45 a.m. **Serving Seniors: Prescription Drug Programs for the Aging and Disabled**
—Buffie Saavedra, Program Manager, Benefits Counseling
—Juanita Thorne-Connerty, Program Manager, Medbank
- 12:00 noon **Working Lunch**
- 12:30 p.m. **Prescription Drug Donation and Any Willing Provider**
—Barbara L. McAneny, M.D., CEO, New Mexico Cancer Center
- 1:30 p.m. **Cancer Clinical Trials**
—Terri Stewart, New Mexico Cancer Alliance
- 2:00 p.m. **Tax Credits for Qualified Workplace Wellness Programs**
—Jim Campbell, Wellness Trainer and Coach, Wellness Improvement Experts
- 3:15 p.m. **Federal Updates and Health Reform in the 111th Congress**
—Frederick A. Isasi, Senator Jeff Bingaman's Legislative Counsel for Health
Care
- 4:00 p.m. **Social Worker Student Loan Forgiveness Program**

—Lisa Nance, National Association of Social Workers

4:15 p.m. **Workers' Compensation for Farm and Ranch Workers**

—Kim Posich, Center for Law and Poverty

—Tiffany Mercado, New Mexico Legal Aid, Inc.

4:45 p.m. **Public Comment**

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

Thursday, December 4

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

9:05 a.m. **Hospital-Acquired Infection (HAI) Task Force Report**

—Alfredo Vigil, M.D., Secretary, Department of Health (DOH)

—Karen Armitage, M.D., Chief Medical Officer, DOH

9:50 a.m. **Health Authority and Health Reform Options**

—Michael Hely, Staff Attorney LCS

10:30 a.m. **Public Comment**

11:00 a.m. **Presentation of Potential Legislative Agenda and Discussion**

—Karen Wells, Researcher, LCS

—Michael Hely, Staff Attorney, LCS

12:00 noon **Working Lunch**

4:00 p.m. **Recess**

Friday, December 5

10:00 a.m. **Call to Order**

10:05 a.m. **Adopt Legislative Health and Human Services Committee's Legislative Agenda**

1:00 p.m. **Adjourn**

MINUTES

2008 Interim Report Legislative Health and Human Services Committee

MINUTES

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

**June 6, 2008
State Capitol, Room 307
Santa Fe**

The first meeting of the Legislative Health and Human Services (LHHS) Committee for the 2008 interim was called to order by Senator Dede Feldman, chair, on Friday, June 6, 2008, at 9:50 a.m. in Room 307 of the State Capitol in Santa Fe.

Present

Sen. Dede Feldman, Chair
Rep. Danice Picraux, Vice Chair
Rep. Keith J. Gardner
Sen. Mary Kay Papen
Rep. Gloria C. Vaughn

Absent

Sen. Rod Adair
Rep. Joni Marie Gutierrez
Sen. Steve Komadina

Advisory Members

Rep. Ray Begaye
Sen. Sue Wilson Beffort
Rep. Jose A. Campos
Rep. Nora Espinoza
Rep. Gail Chasey
Rep. John A. Heaton
Sen. Gay G. Kernan
Sen. Linda M. Lopez
Rep. Rick Miera
Rep. Antonio Lujan
Rep. James Roger Madalena
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez
Rep. Edward C. Sandoval

Rep. Nathan P. Cote
Rep. Daniel R. Foley
Rep. Miguel P. Garcia
Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings

Staff

Michael Hely
Raúl 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.

Friday, June 6

Welcome and Introductions

Senator Feldman called the committee to order at 9:50 a.m. Committee members introduced themselves, and Senator Feldman introduced the committee staff.

Interim Legislative Meeting Protocols

Paula Tackett, director, Legislative Council Service, presented a number of committee protocol issues to the LHHS. The presentation included information on the establishment of a quorum, how the committee can conduct limited business without a quorum, appointments by the speaker of the house of representatives and the senate president pro tempore and member resignations from committees. Additionally, Ms. Tackett provided an overview of voting requirements and the "blocking" provision that allows one house to reject committee action if a majority of the appointed house or senate members vote against the measure despite a majority, pursuant to Section 2-3-3 NMSA 1978.

Ms. Tackett also discussed a number of logistical issues that the committee may confront, including limited seating at the dais in State Capitol committee rooms, reminders about how the committee room sound systems work, conflicts for voting members of committees that meet on the same day and committee staff efforts to assist committee members to make meetings more effective.

2008 Legislation Summary

Michael Hely, lead staff for the LHHS, provided the committee with a written summary of the health care-related legislation introduced during the 2008 regular session. The summary included the bill number; the sponsor; the committees to which the bill was assigned; the action taken on each bill, including votes; and notes of interest. The summary also included information on LHHS-endorsed legislation and memorials requesting studies or other action, usually by state agencies. Mr. Hely made note of some of the major pieces of legislation that sought to reform health care and health coverage.

Focus of Interim and Upcoming Session: Children, Youth and Families Department (CYFD)

Secretary Dorian Dodson presented the CYFD's priorities. Secretary Dodson discussed the long-term focus for juvenile justice in shifting emphasis from confinement and punishment to rehabilitation and restorative justice; and the short-term focus for a pilot regional facility based on the Missouri model that features small community-based centers that stress therapy, not punishment. She addressed some of the challenges in recruiting and retaining foster care providers and presented statistical information on foster care maintenance payments, their relation to the consumer price index and the state distribution of foster care homes and children in foster care. Secretary Dodson provided an overview of the department's efforts to improve the quality of licensed child care providers to ensure safe and healthy environments for optimal child development and to balance accessibility, availability and quality. The CYFD is working with

providers to establish individual safety plans and intervention programs for batterers to reduce domestic violence. The CYFD is also working to expand services to better transition youth leaving foster care to minimize negative outcomes, such as homelessness, unemployment, criminal activity, teen pregnancy and lack of education. Finally, Secretary Dodson discussed the information technology needs to ensure that federal funding is not jeopardized by not meeting reporting requirements.

Focus for Interim and Upcoming Session: Aging and Long-Term Services Department (ALTSD)

Secretary Cindy Padilla provided the committee with an overview of the department, its staff and its focus. The ALTSD's areas of focus include:

- civic engagement;
- a focus on health and wellness through Senior Olympics;
- the Task Force to End Hunger;
- Area Agencies on Aging (AAA) meetings;
- the New Mexico Conference on Aging; and
- coordinated long-term services.

Coordinated long-term services (CLTS) is a program that has been in the planning stages through the ALTSD and the Human Services Department (HSD) for some time. It is due to be implemented on July 1, 2008, contingent on approval by the Centers for Medicare and Medicaid Services of managed care and home- and community-based waivers. Evercare and Amerigroup are managed care contractors for CLTS. Approximately 38,000 persons are targeted to be covered under this program for full Medicaid acute and long-term care services, while ensuring quality and intended outcomes. The program's goals are to reduce fragmentation, coordinate Medicare and Medicaid services and funding, promote home- and community-based services, decrease dependency on nursing home utilization, provide a broader range of supports and services, ensure quality management and data sharing, apply principles of community integration and multidisciplinary teams and enhance the infrastructure of long-term services, particularly in rural areas.

Focus for Interim and Upcoming Session: Department of Health (DOH)

Secretary Alfredo Vigil discussed the DOH's role in public health initiatives to address more effectively childhood obesity, improve childhood immunization rates, reduce infectious diseases and commit to expanding dental programs in the state. The department is also looking at the current status of and future plans for Fort Bayard Medical Center. Other facility challenges include increased fuel and food costs, increased numbers of court-mandated referrals to the Los Lunas community program and court commitments to the New Mexico Behavioral Health Institute. Secretary Vigil discussed the DOH's ongoing efforts to increase the number of health care professionals in the state, to expand telehealth services and increase the use of electronic medical records and to further evolve the state's trauma and emergency medical services system.

Focus for Interim and Upcoming Session: HSD

Secretary Pam Hyde described the HSD's mission to reduce the impact of poverty on people and on the state and to help low-income and disabled individuals participate fully. Secretary Hyde provided a brief overview of the department's major service areas, including income assistance, food supply, utilities, employment, educational opportunities, community services and physical and behavioral health care. She provided an organizational overview of the HSD. Information technology, a health and human services "super complex", staffing challenges and managing ever-changing federal mandates are areas of focus for the department's program support areas. Federal changes have a significant and often adverse impact on the HSD. Efforts in behavioral health include the Los Lunas Substance Abuse Treatment and Training Center, rate equalization, housing, support for the Behavioral Health Planning Council and the local collaboratives, special appropriations cleanup and guardianship. The Child Support Enforcement Division of the HSD faces issues such as potential revenue losses, arrears management and working with Indian tribes on their child support enforcement programs. The Income Support Division of the HSD will focus on improvements and changes in food stamp, income assistance and energy assistance programs. The Medical Assistance Division of the HSD continues to work on HealthSolutions New Mexico initiatives to reform health insurance, consolidate public programs, consider employer and individual responsibilities for coverage and review privacy issues in health information exchange efforts. Additionally, Medicaid must deal with the number of eligible-but-not-enrolled children and adults, CLTS coordination with the ALTSD, federal rule changes and approaches to managing growing enrollment and increased costs.

Secretary Hyde presented a summary of the costs of providing coverage for uninsured individuals in the state. The information includes the demographics of the uninsured and the sources of the statistics. She indicated that the cost of health care coverage for New Mexicans under age 65 and non-institutionalized persons would approach \$7 billion in fiscal year 2010. Additional information was provided on state and national health care expenditures.

Linda Roebuck, Behavioral Health Collaborative chief executive officer, presented an overview of the Behavioral Health Purchasing Collaborative's priorities for fiscal year 2009. Ms. Roebuck reviewed the statutory requirements, the collaborative's structure and the request for proposals (RFP) that will to be issued in July 2008 for a bidder selection in December 2008 and a four-year contract commencing on July 1, 2009. She stressed that the collaborative wants public input on the draft RFP.

Secretary Hyde provided information on the effect of the federal Deficit Reduction Act of 2005 that requires that persons owning a home with equity value in excess of \$500,000 are not eligible for long-term care under Medicaid. The state has the option to raise the equity value to \$750,000. A hearing on the proposed Medicaid state rule is set for June 13, 2008, and the rule, once finalized, will be effective on August 1, 2008.

Committee Discussion

Upon comments and questioning from the committee, the following issues were discussed based on presentations made by the cabinet secretaries:

- the turnaround on lab testing done at the state laboratory;
- the need for financial literacy information for families facing long-term care needs for the elderly and disabled;
- a review of the demographics of children in the juvenile justice system;
- incentives for child care and reimbursement based on benchmarks;
- potential loss of Temporary Assistance for Needy Families funding based on the broader use of those funds;
- transitional housing needs for youth moving out of foster care;
- a pilot project for training case workers and others on post-traumatic stress disorders;
- a request for a copy of the behavioral health RFP and committee input to the HSD on the RFP;
- the need for accountability and transparency in the administration of behavioral health programs; and
- the need for the HSD to consider new approaches as federal funds decrease and existing waivers are under review or consideration to ensure that programs are sustained while managing and containing costs.

Public Input

During public comment, several advocates made the committee aware of the severe impact that rising fuel and food prices are having on their clientele.

There was criticism of the implementation of the CLTS program in that there is supposed to be "meaningful consultation" with advocates and consumers, which two advocates stated was not taking place.

One advocate stressed the need to control health care costs through wellness and prevention programs. The effect would be to lower insurance rates and cut costs.

An advocate for mid-level health providers stressed the importance of using dental hygienists to stretch the reach of professional dental care in underserved areas of New Mexico.

Review and Discussion of Work Plan, Meeting Dates and Locations for 2008 Interim

Mr. Hely reviewed the committee's proposed work plan and addressed the renewed focus of the committee on human services issues, in addition to the ongoing examination of health care reform efforts at the national level and in other states.

Upon comments and questioning from the committee, the following issues were discussed and added to the proposed work plan:

- veterans services;
- facilities;
- housing and hunger;

- electronic records and health information exchange;
- requests received by staff for presentations to the LHHS;
- urban (or off-reservation) Native American health care issues;
- guardianship;
- universal health care financing, including looking at county funds;
- consideration of the Health Insurance Alliance and the Medical Insurance Pool;
- the health insurance exchange model; and
- foster care/CYFD incidents and investigations in southeast New Mexico.

The dates and locations for the LHHS meetings are as follows:

- July 16-18 Las Cruces and Deming;
- August 20-22 Albuquerque;
- September 15-17 Farmington and Beclabito Chapter;
- October 15-17 Santa Fe; and
- November 10-12 Santa Fe.
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Adjournment

Senator Feldman adjourned the meeting at 2:00 p.m.

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

**July 16-17, 2008
Memorial Medical Center; Rooms A and B
2450 Telshor Blvd., Las Cruces**

**July 18, 2008
Mimbres Valley Special Events Center, Room 144
2300 E. Pine St., Deming**

The second meeting of the Legislative Health and Human Services Committee (LHHS) meeting was called to order at 10:05 a.m. by Senator Dede Feldman, chair. After general welcoming remarks, members of the committee and staff introduced themselves. The chair acknowledged the local members of the legislature.

Present

Sen. Dede Feldman, Chair
Sen. Rod Adair
Rep. Joni Marie Gutierrez (7/16)
Sen. Mary Kay Papen (7/16)
Rep. Gloria C. Vaughn (7/16, 7/17)

Absent

Rep. Danice Picraux, Vice Chair
Rep. Keith J. Gardner
Sen. Steve Komadina

Advisory Members

Rep. Ray Begaye
Rep. Nora Espinoza (7/16, 7/17)
Rep. Daniel R. Foley (7/16)
Rep. John A. Heaton
Sen. Linda M. Lopez (7/17)
Rep. Antonio Lujan
Rep. Rodolpho "Rudy" S. Martinez (7/16,
7/18)
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez
Rep. Edward C. Sandoval
Rep. Jeff Steinborn
Rep. Mimi Stewart (7/16, 7/17)

Sen. Sue Wilson Beffort
Rep. Jose A. Campos
Rep. Nathan P. Cote
Rep. Miguel P. Garcia
Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings
Sen. Gay G. Kernan
Rep. James Roger Madalena
Rep. Rick Miera
Sen. David Ulibarri

Other Legislative Members

Sen. Dianna J. Duran (7/17)
Rep. Mary Helen Garcia (7/16, 7/17)
Sen. Mary Jane M. Garcia (7/17)
Sen. Leonard Lee Rawson

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

Staff

Michael Hely
Karen Wells
Tim Crawford
Alicia Santos

Guests

The guest list is in the meeting file.

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

Wednesday, July 16 — Memorial Medical Center, Las Cruces

Welcome and Introductions

Paul Herzog, chief executive officer of Memorial Medical Center, thanked the committee members for coming and for their hard work in the legislature.

A sufficient number of members were present to constitute a subcommittee for the purpose of conducting the business of the committee.

Behavioral Health Panel and Status Report

Ms. Wells presented an overview and status report of the New Mexico Behavioral Health Collaborative (BHC). She reviewed its legislative history, statutory requirements, a time line of the request for proposals (RFP) process to choose a statewide entity to manage behavioral health services and some areas of interest for the committee to consider on a policy basis.

Committee members had questions and comments in the following areas:

- opportunities for the committee to comment on the RFP process;
- the administrative costs incurred by the statewide entity and needed oversight of the contract;
- the importance of going forward with ValueOptions as the statewide entity to ensure continuity; and
- issues of timeliness of claims payments, the prior authorization process and the challenge of interfacing with Medicare as a payer of services.

Linda Roebuck, chief executive officer of the collaborative, and Eddie Broadway, chief executive officer of ValueOptions, were introduced and made themselves available to answer questions.

Senator Papen chaired the committee for the remainder of the morning. She urged the committee to participate in the newly established behavioral health caucus, which will meet in conjunction with LHHS meetings.

Behavioral Health Panel

Silvia Sierra, director, Dona Ana County Health and Human Services Department, discussed the need for behavioral health services in Dona Ana County, identifying transportation, community-based services, increased awareness and unfunded services and programs as priorities. She reviewed the structure and organization of the Dona Ana County Health and Human Services Alliance, which has established pilot projects to address diabetes, prescription drug coverage, teen pregnancy prevention, specialty care and crisis intervention. She described a plan for a crisis triage center to serve as a short-term facility to assess and provide immediate, crisis-oriented services and to decriminalize behavioral health services. The alliance is requesting \$6.013 million to establish an eight-bed crisis triage facility, to fund ongoing operations and to develop community-based services.

Susan Campbell and Christena Scott, co-chairs of the Dona Ana County Local Behavioral Health Collaborative, described as successes a community-based clubhouse for teens and a crisis response program conducted in collaboration with local police. They identified the local collaborative as a very successful organization with a good cross-section of participants.

Margaret McCowan, chief executive officer, Mesilla Valley Hospital, reviewed the historical commitment of Mesilla Valley Hospital to provide behavioral health services in the area. She reviewed the array of services the hospital provides and the geographic locations in which it operates statewide. She discussed reimbursement issues and highlighted the need for continued funding for residential treatment facilities and inpatient care. The hospital is limited in its ability to receive Medicaid funding and indigent care funds. She identified a need for an increase of \$1.7 million for uncompensated inpatient psychiatric care. This amount was identified in SJM 34, which was reported to the legislature in 2008.

Joe Rodriguez, acting chief executive officer of Peak Behavioral Services (a sister organization to Mesilla Valley Hospital), testified regarding the stigma of mental health services, which is often reflected in inadequate funding. Peak has been undergoing organizational changes and is developing new areas of expertise. Its services will address needs not already met by Mesilla Valley Hospital.

Becky Beckett, president of the New Mexico chapter of the National Alliance on Mental Illness (NAMI-NM), spoke about advocacy efforts through partnerships with others. She supported the establishment of a crisis triage center. She described a grant that NAMI-NM has received to address treatment guardianships. She emphasized the importance of ongoing outreach and education regarding the availability of services and how to access them. Special attention was drawn to the issue of therapeutic substitution of prescription drugs and the inherent risks of such substitution.

The following issues were raised by committee members and addressed by panel members:

- coordination of care for people with mental health needs leaving detention centers;
- differing reimbursement rates for providers serving people in detention centers;
- how the crisis triage facility will be funded beyond what the legislature may provide;
- the relationship between the proposed crisis triage facility and local jails;
- how and if substance abuse issues will be handled by the crisis triage facility;
- clarification regarding the Southern New Mexico Inpatient Fund;
- whether behavioral health funds are appropriately blended though the BHC;
- how local priorities are determined;
- the difference between and effectiveness of generic drugs, name-brand drugs and therapeutic equivalent drugs in treating mental illness;
- how mental health parity is working in New Mexico;
- the importance of identifying funding priorities early and coordinating with the Legislative Finance Committee;
- information regarding the number and composition of local collaboratives; and
- the high incidence of DWI offenders in Dona Ana County (1,500 per month) and how this problem is best addressed.

Kathleen Hunt, director of border area mental health services, testified that outpatient comprehensive community health services providers represent the safety net for people with behavioral health needs and that they need to be adequately funded. Preserving a continuum of services is vital. ValueOptions has been both a blessing and a problem in southern New Mexico. She would like to see profits reinvested in the community.

Representative Lujan chaired the committee during the afternoon.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Dr. Arturo Gonzales, executive director of the Sangre de Cristo Community Health Partnership (SDCCHP), gave a presentation to the committee on SBIRT. He briefly described the SBIRT model, which was originally funded in New Mexico through a five-year, \$17-million federal grant. Statistics were provided about the number and geographic location of people served around the state. The SBIRT model involves integration of behavioral health and medical health services. SBIRT services are often provided in school-based health center sites. This project has resulted in many behavioral health providers being trained and the work force being expanded. Paul Helsinger, chief financial officer for SDCCHP, testified that a major feature of SBIRT is the use of telehealth to ensure a statewide network of services, including psychiatrists, in very rural areas. Among the challenges are the lack of connectivity and the costs thereof. SBIRT shares its telehealth network connections to facilitate the use of telehealth among other programs such as the University of New Mexico's Project Echo. Dr. Gonzales presented data about the very favorable outcomes attributed to the use of the SBIRT model, including economic savings. SBIRT staffer Ramona Flores Lopez discussed the benefits to patients, including greater compliance with therapy and follow-up. Dr. Gonzales identified the next steps for SBIRT, with grant funding ending on September 30, 2008. SBIRT is requesting \$800,000 in

support out of a total budget need of \$2.1 million. Harriet Brandsetter, director of La Clinica de la Familia in Las Cruces, gave positive testimony regarding how SBIRT has enabled the clinic to provide behavioral health services.

Committee members had questions and comments in the following areas:

- acknowledgment that appropriations requests should be made through executive agencies and the Legislative Finance Committee to ensure funding;
- the potential for SBIRT services to be reimbursed under the Medicaid program; to date, 10 states have decided to reimburse the SBIRT diagnosis, but New Mexico has not; and
- a request for data on the total number of people served and the total impact of the program in the state.

Senator Feldman noted that a quorum of the committee was now present.

Health Reform Status Update

Mr. Hely, lead staff for the committee, presented an update of health care reform initiatives in New Mexico and elsewhere. He drew the committee's attention to a bound collection of articles on the subject that provides a more in-depth analysis of health reform initiatives, as well as a recent publication of the New Mexico Health Policy Commission comparing other states' reform efforts.

Meaningful reform should first identify what should be included, and a determination should be made as to whether reform is incremental or comprehensive in nature. He reminded the committee of many important incremental reform measures that have already been accomplished in New Mexico, including the establishment of a high-risk pool, consolidated purchasing of health insurance (IBAC), various insurance reforms and the use of Medicaid/SCHIP dollars to expand coverage to children and adults. Efforts that have been undertaken nationally and in other states were reviewed. He discussed the benefits and challenges of certain insurance reforms and individual and employer mandates. Opportunities to achieve health cost savings were described, including emphasizing prevention and better use of technology, increasing efficiencies through managed care and increasing transparency and models of care, such as health care commons and medical homes. Additional opportunities include better management of prescription drug costs, evidence-based medicine, limiting the availability of services and expanding access to clinics such as FQHCs.

Reform could be addressed through structural changes, such as consolidation of public programs or developing a health authority. He acknowledged that reform, to be effective, should ensure an adequate work force, a subject that would be covered later in the meeting, as well as an adequate physical infrastructure.

Senator Feldman encouraged committee members to take this report seriously and review the provided documents in order to be prepared for an anticipated special session dealing with health care. Senator Ortiz y Pino reported that a group of senators have been meeting with the

administration to try to come to agreement on health reform. Some consensus has been reached on electronic medical records and insurance reforms, but there is less agreement on the idea of an authority.

The committee raised the following concerns and questions:

- more information was requested regarding the tentative senate consensus on electronic medical records;
- what it would take to fund Medicaid fully;
- the possibility of fully covering children without requiring them to enroll in Medicaid;
- how New Jersey and other states use state dollars to go beyond Medicaid and SCHIP eligibility rules;
- the issue of aging physicians and how to make sure they are replaced;
- the importance of ensuring adequate health care coverage for children; and
- the critical balance between health reform initiatives and the limited availability of funds.

Mr. Herzog spoke about the shortage of all kinds of health care providers and efforts, such as local residency programs, to address this. The problem is nationwide and recruitment of physicians to New Mexico is difficult.

Public Comment

Roque Garcia commented that although the behavioral health system has improved, there is still a long way to go, particularly with regard to provider satisfaction. Providers must get paid accurately and on time. Without immediate changes, many rural providers will go out of business. He suggested that the RFP include a requirement that the statewide entity have a policy for provider complaints.

Ron Gurley would like to see a "money map" depicting how behavioral health dollars are used in each local collaborative. He advocates a change to the mental health disability code to extend the amount of time in which a mentally ill person can be in protective custody from 24 hours to 72 hours. Finally, he would like to see the number of civil commitment beds increased.

Ms. Beckett notified members about a free "bolo ties and jeans" event that NAMI-NM is sponsoring that will honor legislators on August 15 in Albuquerque. She also distributed a video that depicts the problem of post-traumatic stress disorder among returning military veterans.

Anna Otero Hatanaka, New Mexico Association for Developmental Disability Community Providers, expressed concern that there has been inadequate opportunity for the public to offer input about an anticipated special session regarding health care. She is also concerned about the governor's executive order requiring employers who contract with the state to provide health care coverage to their employees because many employers are unable to fund this. She would like to see it encouraged, rather than mandated. She reminded committee

members that the rising price of gas has had a very detrimental effect on providers who serve people in their homes.

Ruth Hoffman spoke on behalf of the Healthcare for All Campaign, which strongly encourages the creation of a health care authority as was previously endorsed by this committee. The campaign also supports full funding for Medicaid, meaning supporting coverage of all those currently eligible with the current array of services. Finally, she noted that the campaign is working together with New Mexico Voices for Children to bring forth a proposal to cover all children in the state.

Patti Jennings, director of the New Mexico Medical Insurance Pool, thanked the committee for the Mi Via waiver and the developmental disability waiver programs, both of which have benefited her daughter. The New Mexico Medical Insurance Pool plans to propose a bill to require disclosure of whether providers are contracted with an insurance company. She has studied many approaches to health reform and offered to present these to the committee at a later time.

Paul Berunda spoke on his own behalf. He wants attention given to children with secondary contamination of toxic chemicals passed to them unknowingly by returning military veterans, and the emotional impact on these children from the depression, anxiety and other manifestations of war upon veterans. He also asked for more consideration for those who are in prison.

Joanne Ferrary with the DWI Resource Center, a coalition supporting changes to reduce the influence of underage drinking, testified along with several young people. They support stricter fines and penalties for those who sell alcohol to underage individuals. They also would like restrictions on marketing alcohol to youth. Mayra Franco Vasquez, Tim Young-Onate and Maria Soto-Mayfield of the Dona Ana Action for Youth each gave personal testimony about the work they are doing on this issue.

Margaret Markham described a class action lawsuit currently in district court regarding the conditions and treatment of the mentally ill in the Dona Ana County Detention Center. She urged support of a crisis center in Las Cruces.

The committee recessed at 5:10 p.m.

Thursday, July 17 — Memorial Medical Center, Las Cruces

Representative Lujan called the committee to order at 9:20 a.m. Ken Miyagashima, mayor of Las Cruces, offered welcoming remarks.

Healthy Kids Initiative

Patty Morris, director, Healthy New Mexico Kids Initiative, Stan Rounds, superintendent, Las Cruces schools, and Mayor Miyagashima were invited to testify. Mr.

Miyagashima described a new mayor's award on physical fitness being offered to children in Las Cruces rewarding good nutritional and fitness habits. The city is also planning to offer a contract to children to stay in school.

Ms. Morris lauded the City of Las Cruces for its partnership in health promotion efforts. She provided historical context for the development of the Healthy New Mexico Kids Initiative. One in three children is obese, now at a much younger age. The incidence of diabetes and heart disease is dramatically higher among obese children, and these trends are reaching epidemic proportions. In the fall of 2006, the Department of Health (DOH) established the New Mexico Interagency for the Prevention of Obesity. This group works to strengthen and support obesity prevention programs and develop policies. Healthy Kids Las Cruces is an important initiative of this interagency group. A community-based program, it aims to create an environment where it is easy to make healthy decisions and adopt healthy lifestyles. Over 50 stakeholders collaborated to identify projects and set goals to improve eating habits, increase physical activity and achieve healthier weights. The DOH will work to replicate the Las Cruces experience in other communities statewide. Monitoring and evaluation of these efforts are critical to determine the effectiveness of these efforts.

Representative Steinborn was named acting chair of the committee.

Superintendent Rounds identified key partners in the program, including Alfredo Vigil, secretary of health, Patty Morris of the DOH, the City of Las Cruces and New Mexico State University (NMSU). He noted that healthy kids perform better in school. Critical elements of this initiative include the provision of walking paths, breakfast in the classrooms, the food and vegetable tasting program, recess before lunch, banning of vending machines in elementary schools and limited vending choices in middle and high schools. Future goals include continuing the partnership with the city to expand out-of-school activities, weekly health columns in the local newspaper and more state-of-the-art playground equipment. Beginning in September 2008, physical education will be provided in 14 elementary schools, thanks to legislative funding. In the future, it is hoped that physical education will be extended to all elementary schools.

The committee raised the following questions and issues:

- the time line for expanding physical education to all other schools in Las Cruces;
 - the use of fruits and vegetables from local farmers and community gardens;
 - whether the program addresses eating disorders; the program does not, at present, but in the future, the goal is to change the focus to healthy weight versus solely obesity;
 - other sources of funding for this program, including grants and private funding;
 - contact information for replicating this initiative in other locations, such as Albuquerque;
 - opportunities to extend physical education to other schools;
 - the extent of legislative funding for physical education in Las Cruces and the state;
- Chris Meurer of the Public Education Department clarified that this funding is being

utilized in a phased-in fashion, with the goal of funding all elementary schools in the state;

- the most critical measures to evaluate and monitor the success of the initiative;
- the projected cost of funding a school walking program and other measures to ensure lifestyle changes in children;
- data sources regarding the incidence of obesity;
- the importance of community-wide efforts versus focusing entirely on schools; and
- the potential for taxing junk food and using the revenues for health education.

Border Health Issues

Paul Dulin, director of the Office of Border Health, identified geographic and demographic information regarding the border: 63 percent of the border population is Hispanic and poor and 30 percent of the border population is uninsured. Transmobile populations cross the border daily to obtain health care services, for children to attend school and because services in this country are superior to those available in Mexico. The cost of much of this health care is written off by providers as bad debt. The border region accounts for high percentages of tuberculosis, diabetes, obesity and other public health concerns in New Mexico. The incidence of sexually transmitted diseases is likewise high at the border. The cost of these problems to New Mexico is high, including an estimated \$1.3 billion for diabetes alone.

The strategic goals of the Office of Border Health emphasize coordination and collaboration between countries and the use of community health workers (*promotoras*).

The following issues were discussed by the committee:

- the issues and challenges of making policy decisions regarding serving illegal immigrants and the need for comprehensive immigration reform;
- the importance of balancing immigration policy with public health imperatives;
- the ongoing nature of these issues and problems;
- the current extent of border crossings per day, including illegal crossing activity;
- the high incidence of obesity among youth as compared to adults;
- immunization rates in Mexico compared to New Mexico;
- ways in which medical costs are affected by the immigrant population;
- avenues for hospitals to get reimbursed for serving immigrants, including limited Medicaid funding for emergency services; Bob Beardsley, deputy director of the Medical Assistance Division of the Human Services Department (HSD), clarified that this coverage only extends to residents of New Mexico;
- how immigrants can obtain social security numbers;
- the impact of the salmonella crisis and the federal Food and Drug Administration quarantines on the chile industry; and
- how the \$4 million in federal 1011 funds is spent.

Promotoras/Community Health Workers

Angie Sanchez, community development coordinator, Office of Border Health, gave the committee an overview of community health workers (CHWs) in New Mexico. She provided

valuable fact sheets as a handout. She described fragile funding mechanisms for CHWs, proposed potential mechanisms for financing them and a CHW certification and training program.

Committee members raised the following questions and concerns:

- whether CHWs are promoted as an avenue to encourage immigrants to cross the border to receive health services;
- the circumstances under which Medicaid will pay for CHW services; and
- details regarding a CHW project implemented by Molina.

HSD/Medicaid/BHC Status Report

Katie Falls, deputy director of the HSD, was asked to defer the Medicaid portion of the presentation until after lunch. Ms. Roebuck noted that much of the information regarding the BHC was covered the previous day. She briefly reviewed the time line for the behavioral health RFP. She provided the committee with copies of the concept paper and RFP, as requested. Data were provided regarding the number of consumers to be served, anticipated spending on encounter-based (not Medicaid) services and the anticipated increase in utilization of community-based services in FY08. The movement toward home- and community-based services and away-from-residential or inpatient care was described. She provided updates on three new initiatives: Total Community Approach (TCA), a partnership between the collaborative and local communities experiencing serious substance abuse problems, is currently funded in four sites around the state; the Clinical Home Pilot is comprehensively assessing children and providing wrap-around services to children in 10 sites; and the third initiative will establish three new local collaboratives to serve Native Americans. Funding for the local collaboratives and the Behavioral Health Planning Council is through the transformation grant, which will end in two years.

The committee requested information about the following issues:

- clarification regarding the amount of administrative costs incurred by the statewide entity. Ms. Roebuck will provide more detailed information;
- concern regarding the amount of New Mexico funding that goes out of state;
- the medical loss ratio set in the RFP or contract: 86 percent is for services and 14 percent is for administrative overhead, according to Ms. Roebuck; the contract will be an addendum to the RFP;
- how the RFP addresses timely payments to providers, provider grievances, denials and prior authorizations;
- a desire that, when the contract is drafted, it should address issues raised by this committee;
- how proposed reimbursement to the statewide entity will be determined and whether this will be publicly disclosed;
- the percent of the contract that will be capitated versus fee-for-service;
- provider concerns that have been expressed regarding comprehensive community support services, such as limitations on approved hours to serve homeless people;
- the anticipated number of potential bidders on the RFP; and

- how rural communities will be served.

A request was made that the committee concerns and comments be formally reflected in a letter from the committee to Ms. Roebuck. Senator Feldman requested staff to prepare such a letter for her signature.

After a break for lunch, Ms. Falls resumed the presentation, offering an update on Medicaid enrollment. She noted that discrepancies exist between the data presented here and the data on the HSD's web site. A question was raised as to why the cost of Medicaid has grown at a more significant rate than the enrollment numbers would suggest. Ms. Falls attributed it in part to the rising cost of health care services. She reminded the committee of the content of SM 10 and HM 4 regarding the Medicaid renewal project (a written report was provided). This project alters the process by which clients recertify their eligibility for Medicaid. Prior to its institution, there were many problems with recertification that caused people to fall off the Medicaid rolls. The project, which began as a pilot, affects only low-income children, their parents and family planning and greatly simplifies the recertification process. Updated information can be emailed, phoned in or dropped off at a local income support office. Medicaid staff proactively work to ensure that all those who are eligible for Medicaid remain on Medicaid.

Ms. Falls reported that the very old mainframe computer system that the HSD uses makes it difficult to generate all the data requested in the memorials. Reports that can be generated by this system are often misleading. The pilot has shown that there has been a slight improvement in renewals, but a significant improvement has been made on updated addresses on returned mail. The pilot has led the department to make numerous changes in its approach to recertification, including ways to partner with providers. The project is no longer a pilot; regulations to make it a permanent program will be forthcoming. In the long term, new computer systems and an automated voice response system are needed to maximize efficiency. A process map depicting the new system for enrolling people into Medicaid was described. This process will be implemented beginning in the HSD Income Support Division (ISD) offices in Albuquerque.

Ted Ross, deputy director of the ISD, Mr. Beardsley, deputy director for Medicaid, HSD, and Steven Randazzo, legislative liaison, were introduced as resources.

The committee asked questions and made comments in the following areas:

- how the department is addressing courtesy with clients phoning in with questions;
- other states' experiences that have adopted the streamlined process for ISD offices;
- whether satisfaction surveys evaluating a person's experience in an ISD office have been conducted;
- opportunities for replicating the "one-stop" process utilized by the Workforce Solutions Department;
- clarification about why paperwork is not always processed properly and measures the department is taking to address this problem;
- challenges that arise due to high turnover of ISD staff;

- how the new approach will expedite the process and facilitate serving a higher volume of clients; and
- how staffing in ISD offices in New Mexico compares to other states.

HM 4/SM 10 — Medicaid Enrollment

Kim Posich, executive director, and Gail Evans, litigation director, both of the New Mexico Center on Law and Poverty, testified that they are very pleased with the efforts undertaken by the HSD to increase enrollment in Medicaid; however, their center is aware that clients across the state are still having difficulty in working with the HSD. They are concerned that the caseloads of ISD workers are too high, which contributes to the problem of people gaining access to these important programs and benefits. They advocated for legislative support for increased funding for these caseworkers. Additionally, they support an independent review and evaluation of the information technology needs of the department and possible solutions to it. They also urged a closer investigation of the impact of autoclosure for some of the most vulnerable Medicaid-eligible populations.

Ms. Falls was asked to respond to the issue of the shortage of caseworkers. She said that increasing efficiencies, as previously described, is the approach the department is taking, rather than asking for funding for additional caseworkers.

NMSU College of Health and Social Services — Undergraduate and Graduate Nursing Programs; Outreach Programs; Border Health

Dr. Virginia Higbie, interim dean, NMSU College of Health and Human Services, introduced Dr. Esperanza Joyce, associate dean and director of the College of Nursing, and acknowledged several staff members in the audience. Dr. Joyce oriented the committee with the handouts in the packet they provided. NMSU offers baccalaureate, masters and Ph.D. programs in nursing. Options are available for distance and alternative learning models. Challenges in finding qualified faculty limit the ability to admit all the students who apply. Nursing shortages in the country and in New Mexico are expected to intensify. Fact sheets were provided about both nursing shortages and faculty shortages. NMSU is fortunate in that it has graduated 85 percent to 90 percent of its nursing students. Dr. Higbie noted that the problems being faced at NMSU are occurring across the nation and are quite serious.

The committee asked for information in the following areas:

- clarification regarding program funding challenges;
- the amount of recurring state appropriations received by the school for nursing;
- the amount of money NMSU provides to fund the nursing programs;
- efforts to encourage pathways to a nursing degree in local high schools; and
- methods to attract and retain Ph.D. nurses to faculty.

City of Las Cruces Senior Programs/Elderly Victims Assistance Program

Shelley Modell, administrator, senior programs, and Susana Martinez, district attorney, Dona Ana County, were invited to testify. Ms. Modell asked the committee to think about the aging of New Mexico. This population has been growing at four percent to seven percent per

year; within the next 20 years, it will increase to 150 percent to 200 percent per year, and older adults will outnumber those under the age of 20. She thanked the legislature for its generous support of aging network services and capital outlay to help senior centers across the state. These centers keep people healthy and engaged and give back to the community. She highlighted the importance of home care aides and the services they provide. She noted, in light of the behavioral health testimony heard on the previous day, that most elderly people prefer to receive behavioral health services in their homes rather than in outpatient settings. Many of these people neglect themselves and experience such behaviors as hoarding. The rising cost of home-delivered meals for the vulnerable elderly is an especially pressing need due to increased gasoline prices. A central kitchen would help the county to be more efficient in preparing these meals. All these services allow elders to remain in their own homes and out of nursing homes.

Ms. Martinez testified about a grant-funded program called Communities Against Senior Exploitation (CASE). The goal of the program is to inform people about how to avoid becoming victims of financial exploitation. They are also educating bank employees. The program has been in place for two years and is extremely successful.

The committee was interested in the following:

- whether the district attorney's office in Las Cruces offers any services similar to those provided by the Senior Citizen's Law Office in Albuquerque;
- any available statistics regarding exploitation;
- encouragement for the district attorney's office to collaborate with the Attorney General's Office, which is also addressing this issue;
- questions about how a central kitchen would be utilized in Las Cruces;
- a recommendation to invite seniors to participate in the planning for a central kitchen; and
- concerns regarding limitations in the number of people who can be served by Meals on Wheels due to the high cost of gasoline.

Home Visiting Program

Dorian Dodson, secretary, Children, Youth and Families Department (CYFD), presented a new report entitled "Building a System of Home Visiting in New Mexico". She began by reporting on an announcement by the governor to include in the agenda for the upcoming special session an increase in the eligibility level for state-subsidized child care services to 200 percent of the federal poverty level and offered to answer questions about that at the end of her presentation. The report on home visiting was the result of a task force study. The task force concluded it was more important to focus on outcomes of home visiting rather than recommending a particular model. Programs should be able to demonstrate that babies are born healthy, that children are physically and mentally healthy, that they are safe, that they are nurtured by their parents and caregivers and that the family is connected to formal and informal supports in the community. Funding for home visiting programs are now, and will be in the future, managed directly by the CYFD, rather than by ValueOptions. The source of funding is a combination of legislative appropriations to the CYFD and Los Alamos National Laboratory (LANL) Foundation funding. A policy issue to be determined is whether home visiting services

should be available to everyone or targeted to people who are at risk. The department will be able to obtain Medicaid matching funds for about one-fourth of the funds and is putting out RFPs for the remainder. The report recommends an expansion of home visiting programs by \$2 million per year so that services can be universally available across the state. She promised to provide a fact sheet that identifies areas of the state in which home visiting is currently available.

Questions and comments focused on:

- whether a program called "The Gathering Place" is currently being funded;
- the role of the LANL Foundation in funding home visiting;
- support for the universal approach to providing home visiting;
- information regarding other assistance measures to be proposed by the governor;
- the real importance of early intervention in a child's life;
- any information about the governor's intentions concerning health care reform; and
- interest in how *promotoras* are used in home visiting programs and parallels to the services provided to seniors.

Public Comment

Pamela Angel, Mesilla Valley Community of Hope, spoke to the committee about homeless issues. In 2007, 3,900 people accessed her program, and the program was able to help more than 400 individuals and families to find housing. She supports increased funding to the CYFD for housing services to the homeless, including permanent, emergency and supportive housing options. She noted that homelessness cuts across all populations and needs.

Trina Witter spoke as a concerned citizen and as a member of the Bicycle Coalition of New Mexico. She asked for support for any legislation promoting bicycle safety education and for promotion of biking. Chris Brown also spoke in support of any initiative to make bicycling more accessible and safe.

The committee recessed at 5:20 p.m.

Friday, July 18

The chair called the meeting to order at 10:05 a.m. Senator John Arthur Smith was recognized and offered some welcoming comments. The chair noted that the New Mexico Health Policy Commission provided the committee with a handout outlining the topics the governor intends to cover in a special session.

Primary Care Health Work Force Study (HM 2)

Charlie Alfero, chief executive officer, Hidalgo Medical Services, Arthur Kaufman, M.D., vice president, Community Health, University of New Mexico (UNM), Kooch Jacobus, deputy director, New Mexico Health Policy Commission, and Tom Kauley, management analyst, New Mexico Health Policy Commission, gave a presentation on the report "State Funded Primary Care Residency Slots". Ms. Jacobus made preliminary comments about the content of the report and described the task force composition and the process of preparing the report. Mr.

Kauley gave a brief summary of the purpose, findings and recommendations of the report. The goal was to identify ways to expand primary care training opportunities and to increase the availability of primary care services and the primary care work force in New Mexico.

Dr. Kaufman provided background data identifying the problem addressed in HM 2. Currently, New Mexico has a need for 150 primary care physicians in clinics around the state. Nationally, there is a declining number of medical students who are choosing primary care as a specialty. Residencies for this specialty are largely funded through teaching and training hospitals, resulting in poor reimbursement to the doctors. Residency training that occurs in rural areas often results in those physicians remaining in those areas to practice. Research clearly shows that provision of primary care improves health outcomes. As primary care is increased, the impact of health disparities decreases. Additionally, the positive economic impact to communities is great.

Mr. Alfero addressed a program, funded by the legislature, to provide valuable services at Hidalgo Medical Center in Silver City to residents. He introduced other members of the task force in the audience who are all continuing to work on this issue. He focused his comments on the necessary components of a pipeline to improve the supply and distribution of primary care physicians and other health professionals in the state. He noted that the issue affects both urban and rural areas. He presented the task force's legislative recommendations. The financial requests are as follows: \$600,000 to expand residency slots; \$300,000 to provide rural faculty; \$225,000 for rural training opportunities for internal medicine, pediatrics and psychiatry; and \$400,000 to the Division of Health Workforce Development in the UNM Health Sciences Center.

Committee members expressed interest in the following:

- whether primary care physicians are leaving the state or if there is just a shortage;
- the extent of primary care shortages in urban areas;
- the extent to which gross receipts taxes on medical care contribute to the problem;
- a comparison that shows that Medicaid rates in contiguous states are not worse than New Mexico, as generally claimed;
- the average outstanding debt for a primary care physician, which averages \$185,000 for physicians and \$190,000 for dental students;
- the disparity in potential earning between primary care practitioners and specialists;
- the need to include work force development in health care reform efforts;
- the fact that Massachusetts, with its new universal health care statute, does not have enough physicians to provide services to everyone who is now covered;
- the negative impact of a cap on residency slots tied to Medicare reimbursement;
- the effect that a high percentage of Medicaid patients has on the total compensation of a provider;
- the relationship between Medicaid and Medicare reimbursement and the effect of New Mexico having a lower Medicare reimbursement rate than many other states;
- an examination of providers who do not agree to take Medicaid patients;

- the possibility of tying Western Interstate Commission for Higher Education (WICHE) principles to loan repayment programs in New Mexico universities;
- the relationship, if any, between the New Mexico First Town Hall recommendations and the recommendations in the HM 2 report; and
- the surprisingly high percentage of physicians who are in employment relationships versus those in private practice.

Work Force Issues Panel

The next panel of presenters included Jerry Harrison, executive director, New Mexico Health Resources (NMHR), Harvey Licht, director, Primary Care and Rural Health Office, DOH, Peter Jenson, D.D.S., director, advanced education in general dentistry program at UNM, Tashina Banks Moore, director of financial aid, Higher Education Department (HED), and Ann DeBooy, R.N., chief nursing officer, Memorial Medical Center.

Dr. Harrison noted that NMHR is currently recruiting for 570 practitioners, not including nurses. He reviewed the programs the DOH offers, including a centralized recruitment and retention clearinghouse, the Health Services Corps stipend program, the J-1 Visa program and a tax incentive program for rural health professionals. The HED offers a health education loan for service program and a health professional loan repayment program. He noted that the Dental Health Care Act is up for sunset next year. He recommends legislation to ensure that the act recognize all regional dental boards. It is a measure that will cost nothing, but will increase access to dentists in the state. Another recommendation is to increase the number of WICHE slots to 20 for dentists.

Mr. Licht stated that, nationally, reasonable projections for the shortage of physicians in 2020 is 150,000. New Mexico will probably experience a shortage that is double what it is now experiencing.

Dr. Harrison oriented the committee to a spreadsheet that reflects recent New Mexico legislation addressing work force issues. He expressed thanks for these efforts.

Ms. Moore described the health professional loan repayment program, how much it funds and the significant impact it has had on the New Mexico work force. Still, the applicants for this program far exceed the number of awards the program is able to make. Clarifying questions were asked about the maximum amount of the awards. Data were provided regarding which counties benefited and what kind of health professionals received awards. Currently, 35 health professionals are committed to working in shortage areas for two years through 2010. To fund fully the 230 applications that were received, the program would cost \$9 million. She noted that the expansion of the loan to \$25,000 per year (or \$35,000 in some situations) has made the loan far more attractive to medical students and has resulted in far more coverage in rural areas.

Mr. Licht briefly explained the myriad programs that are designed both to recruit and retain health professionals in shortage areas of New Mexico. The newest of these is a tax incentive program. It provides a personal income tax credit of \$3,000 to \$5,000 to an eligible

health care practitioner providing a year of service in a rural and underserved area. In the 2007 tax year, 1,356 participants benefited from this tax credit. Data were shared regarding the types of practitioners who received credits and the geographic distribution of their practices. This was a very popular and successful program, resulting in a significant impact on the health work force in rural areas and Native American health systems. More than 67 percent of the participants are working full time in an underserved area. He noted that next year's statistics will be important to determine if this program is working as a retention mechanism.

Dr. Jenson presented the bachelor's to D.D.S. program to be offered at UNM. It is intended to attract middle school and high school students to dental school and to support them in their efforts to become dentists. Part of the program includes bringing graduates of out-of-state dental schools back for a dental residency program in rural New Mexico. He noted that the Medicare cap on residencies does not apply to dental residents. To date, the program has resulted in 13 of 21 dental residents remaining in New Mexico to practice dentistry. A \$1 million appropriation in 2008 will allow expansion of this program. Dr. Jenson would like legislative support in 2009 for creation of the bachelor's to D.D.S. portion of the program, which will be modeled on the bachelor's to M.D. program already in place. By year four, the recurring cost of the program is expected to be \$1,501,900. The program is now working to establish collaborative relationships with out-of-state dental schools, independent of WICHE funding.

Ms. DeBooy provided a number of statistics regarding the nursing shortage in New Mexico. The numbers of nurses and nursing education programs in New Mexico are increasing; however, the employment rate of nursing is declining. Many nurses are choosing to work in ambulatory settings versus acute care settings, leaving hospitals without adequate staffing. The aging of the work force continues to be a concern. The attrition rate of nurses within the first few years after graduation is alarmingly high. Support for flexible, safe and positive work environments in which to practice, opportunities for professional development and approaches to attract nurses who desire to return to the profession are needed. Educational forums, development of pathways to excellence and approaches to attract and retain faculty are all underway in New Mexico.

The committee raised the following issues and questions:

- how the tax credit program will work for practitioners who do not desire to continue practicing in a rural area;
- the approval process by the DOH to be eligible for the tax credit and other programs;
- lessons learned from prior initiatives and which ones show the most promise;
- the effect of the tax credit program in communicating state support for the practitioners, which is appreciated far beyond the actual cash value of the credit;
- a request for ideas regarding incentives that would retain nurses;
- a statement of committee support for the entire topic of recruitment and retention of health care practitioners;
- the criteria and scoring process for determining recipients of loan repayment program funds;
- the number of urban providers who practice in rural areas;

- how "rural" is defined; there are federal criteria that Mr. Licht will share with the committee;
- the source of information regarding nursing employment status; it is the Board of Nursing;
- clarification about the status of the J-1 Visa program participants and how they can be kept in the state, especially in rural areas. Competition for a narrowing pool of specialists will make it harder to keep them as they are recruited into more lucrative specialty practices;
- a suggestion that the committee write a letter to New Mexico's congressional delegation regarding federal decisions to limit the J-1 Visa program;
- a desire to extend the tax credit further;
- consideration of paying the malpractice premiums for practitioners in rural areas. Lobbyist Linda Siegle noted that legislation was passed to subsidize premiums for obstetrical providers who take Medicaid. Mr. Licht noted that the experience in other states is that the benefit of this approach is short-lived; and
- the potential for telehealth to help address work force issues.

Senator Feldman thanked the panel and recognized that the report reflects that many previous efforts are beginning to show very positive results.

Private Border Health Practitioners Panel

Dr. Kamran Kamali, Dr. Antonio Levatino and Dr. Denise Leonardi addressed problems associated with border health. Dr. Levatino, an obstetrician, reported that numerous providers, including himself, have ceased practicing due to inadequate pay; that there is a poor payer mix, with up to 60 percent Medicaid patients; and that malpractice rates are extraordinarily high. He suggest that the only true solution to the problem is significant and meaningful tort reform. He said that Texas has a good model.

Dr. Leonardi, a family practitioner and an employed physician, is considering leaving medicine due to the lack of reimbursement for many administrative activities, such as disease management, care coordination and the cost of electronic medical records. She feels the legislature does not appreciate the amount of free care that physicians provide.

Dr. Kamali, a general surgeon, provided a perspective about practicing in southern New Mexico. He noted that El Paso is heavily recruiting physicians in Las Cruces. He provided a handout with statistics in support of his position. Potential solutions include greater attention to prevention, abolishment of the gross receipts tax for indigent care, medical malpractice reform, accountability for poor lifestyle choices and increases in "sin" taxes.

Committee questions and comments included the following:

- discrepancies between the fact sheet reporting comparative Medicaid reimbursement rates and actual personal experience with Medicaid;
- the big need for medical transport of patients to other settings of care;

- a request for consideration of gross receipts tax relief for southern New Mexico, the fiscal impact of which would be \$1.8 million;
- recognition that the physicians' testimony is a symptom of a much larger problem with the health care system;
- the reality of multiple needs and limited, fixed resources; and
- the potential for tort reform as a vehicle to attract physicians into the state at no cost to the state.

Report on State Facilities

Katrina Hotrum, division director, with Anita Westburg and Naomi Ulibarri Neraga, all of the Office of Facilities Management in the DOH, testified. The state runs seven facilities meeting diverse needs and serving diverse populations. The DOH has reorganized this division in a more businesslike manner to maximize efficiency, consistency and productivity in these sites. The department has identified a critical need for a long-term care psychiatric facility. Challenges are great in recruitment and retention of staff, the rising cost of gasoline and aging buildings. Despite the challenges, the office is doing very well and doing some exciting things. She identified some specific measures at each of the facilities. Goals for the Office of Facilities Management include establishing best practices statewide, identifying programs to address gaps and needs, ensuring availability of safety net providers, continuously monitoring regulatory compliance, developing strategies for recruitment and retention and ensuring the financial viability of each facility.

The committee raised the following issues and concerns:

- ways in which to attract health care professionals to work in state facilities, including salary issues; the State Personnel Office is conducting a study on this;
- the current status of the old Turquoise Lodge site;
- the ability of the Behavioral Health Institute to offer a sexual offender treatment program; Ms. Hotrum will provide statistics about that program;
- options for long-term treatment of people with traumatic brain injuries; and
- treatment options for people with addictions in state facilities.

Senator Feldman invited public comment. There being none, the committee adjourned at 3:40 p.m.

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

**September 15-16, 2008
San Juan College; Room 9010
4601 College Boulevard, Farmington**

**September 17, 2008
Beclabito Chapter House**

The third meeting of the Legislative Health and Human Services Committee (LHHS) was called to order at 10:05 a.m. by Senator Dede Feldman, chair. The chair recognized Representative Thomas C. Taylor. The LHHS members, staff and audience members introduced themselves.

Present

Sen. Dede Feldman, chair
Rep. Danice Picraux, vice chair
Rep. Keith J. Gardner
Rep. Joni Marie Gutierrez
Sen. Steve Komadina

Advisory Members

Rep. Ray Begaye
Rep. Nathan P. Cote
Rep. Antonio Lujan
Rep. James Roger Madalena (9/16, 9/17)
Rep. Rodolfo "Rudy" S. Martinez

Absent

Sen. Rod Adair
Sen. Mary Kay Papen
Rep. Gloria C. Vaughn

Sen. Sue Wilson Beffort
Rep. Jose A. Campos
Rep. Nora Espinoza
Rep. Daniel R. Foley
Rep. Miguel P. Garcia
Sen. Clinton D. Harden, Jr.
Rep. John A. Heaton
Sen. Timothy Z. Jennings
Sen. Gay G. Kernan
Sen. Linda M. Lopez
Rep. Rick Miera
Sen. Gerald Ortiz y Pino
Rep. Edward C. Sandoval
Rep. Jeff Steinborn
Rep. Mimi Stewart
Sen. David Ulibarri

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

Other Legislative Members

Rep. Paul C. Bandy (9/15, 9/16)

Staff

Tim Crawford

Michael Hely

Karen Wells

Guests

The guest list is in the meeting file.

Monday, September 15 - San Juan College

Welcome and Introductions

Nancy Shepherd, dean, School of Continuing Education, San Juan College, thanked the committee for coming and made brief comments about the college.

A quorum being present, the chair entertained a motion to approve the minutes of the June and July meetings of the LHHS. Motions were duly made, seconded and adopted.

Utility Assistance

Ona Porter, executive director, Community Action New Mexico (CANM), introduced Sara Kaynor, executive director of the San-Juan-County-based Economic Council Helping Others (ECHO), who briefly described the work of her organization. She reviewed numerous statistics regarding utility needs and housing issues in the Farmington area. She described the Farmington electric utility system, highlighting the area and population served by it. She commended the city and the work it does in ensuring access to utilities; however, the number of people seeking utility assistance far exceeds the available resources. The cumulative cost of reconnecting services once disconnected is higher than \$500,000 per year. Ms. Porter stated that at least 181,000 individuals in New Mexico qualify for the Low Income Home Energy Assistance Program (LIHEAP); it is estimated that the affordability gap for utilities for the working poor is \$800 per year. Weatherization can reduce costs significantly; however, only a small percentage of eligible homes are weatherized yearly. San Juan County can serve as a model for public/private partnerships; Marion Gas and Oil, a local energy producer, is working with ECHO on a grant to address this issue jointly.

CANM believes the focus for state general fund expenditures should be on bill assistance (25%), weatherization (70%) and appliance replacement. Increases in funding at the federal level are also needed. Energy efficiency should be emphasized in all new construction, including for low-income housing. Consumer protection and advocacy remain major focuses of CANM. She believes that a comprehensive plan is needed for energy affordability and sustainability in New Mexico. A Supreme Court decision, called *Mountain States*, provides an avenue for the establishment of household caps on disconnect fees.

Questions from committee members concerned the following:

- the veracity of the figures presented; Representative Taylor, who was in the audience, spoke to the issue, stating that the numbers are misleading;
- the formula by which the estimates are calculated;
- the need to balance providing energy assistance to those in need with the necessity for the energy companies to remain profitable;
- the feasibility of using weatherization dollars to rehabilitate mobile homes;
- the importance of education about energy conservation;
- the value of energy audits to determine the most effective weatherization measures for a household;
- whether the money appropriated in the recent special session of the legislature for LIHEAP is adequate; and
- the extent of cooperation with the Human Services Department (HSD) and the Workforce Solutions Department, particularly regarding the needs of Native Americans.

Housing Issues

Ruth Hoffman, executive director, Lutheran Advocacy Ministry (LAM), and Joseph Montoya, deputy director, New Mexico Mortgage Finance Authority (MFA), were invited to address the committee. Ms. Hoffman reviewed statistics regarding poverty, hunger and home ownership in New Mexico as depicted in a handout. Although 71.5% of New Mexico residents own a home, this ownership includes mobile and manufactured homes that are not appreciable assets. There are too few units of affordable housing to meet the need of those who qualify for such housing. She recommended that more low-income housing units be made available and that state money be invested in home rehabilitation. The LAM recommends establishing an ongoing funding stream for the New Mexico Housing Trust Fund and targeting the use of those funds for extremely low-income people. Additionally, the LAM supports expanded weatherization funding, funding for rehabilitation and emergency repairs to homes, implementation of the "Housing First" model in New Mexico and increased funding for tenant-based and project-based vouchers and subsidies.

Mr. Montoya noted that a stable home enables people to get out of poverty. He focused his remarks on issues of affordability and the disparate impact that the lack of affordable housing has on people living in poverty. MFA programs to address this disparity were described. He presented the MFA's 2009 legislative funding priorities.

The committee had questions and comments regarding the following:

- how the HERO Program is funded and the sustainability of that program;
- where and how the HERO Program is being implemented;
- the application of building codes and other regulations on sovereign nation land;
- the extent of problems due to buildings that do not meet code;
- how much of the cost of a home is labor;
- the need to revise regulations to permit wider use of manufactured homes;
- the benefits of partnerships with organizations like Habitat for Humanity; and

- the default rate of the MFA and the impact of the current housing crisis.

Pam Roy, Farm to Table, introduced Clark DeSchweinitz, also of Farm to Table, and Craig Maples, marketing director for the New Mexico Department of Agriculture in the northern part of New Mexico, Sharon Graham, and others. Ms. Roy presented information regarding food systems and barriers to obtaining adequate food. New Mexico is second-highest in the nation for those who experience food insecurity. One in six children experiences hunger on a daily basis. In a food system that works, all New Mexicans will have access to healthy, affordable and culturally appropriate food. She noted that in rural communities, food is less accessible and more expensive. Currently, most of New Mexico's agricultural products go out of state. The Healthy Kids, Health Economy Program is a measure designed to provide more than 200,000 at-risk children with healthy local foods and to create new markets for New Mexico farmers. Funding for this measure in 2007 has had a very positive impact in the state so far; additional funding will be sought for 2009. Ms. Graham described her experience as food service director for the Bloomfield schools and gave examples of healthy lunches that she is able to provide to local schools that include fresh fruits and vegetables. Shrinking federal funds pose a serious challenge to continuation of this program; state funding is more and more important.

Committee members asked questions and made comments on the following topics:

- how school lunch menus maximize the use of seasonal foods;
- whether menus are uniform throughout a school district;
- whether schools can eat the foods they produce themselves;
- ways in which state funds are allocated to schools for food programs;
- how the Human Services Department (HSD) and the Public Education Department partner with Farm to Table and others to maximize efficiencies in food distribution;
- how much it would cost to ensure that fresh fruits and vegetables are available for school lunches every day; and
- why underfed children are overweight.

Senator Feldman spoke to the value of funding the Healthy Kids, Healthy Economy Program. Mr. Maples noted that no state money, except the \$85,000 funded in 2007, goes into the school lunch program. Mr. DeSchweinitz noted that better collaboration and better communication are needed to ensure better use of limited resources available for food. Ms. Roy spoke to the importance of farmers' market nutrition programs as a vehicle to improve health, support the local economy and address hunger. She also discussed the Electronic Benefit Program (EBP), which allows people to use food stamps to purchase food at farmers' markets. The economic value of food and nutrition programs was emphasized.

Electronic Medical Records Briefing

Legislative Council Service staffer Michael Hely provided a legislative history regarding electronic medical records. Senator Feldman drew the committee's attention to the National Conference of State Legislatures' frequently asked questions document on health information technology. Mr. Hely reviewed key elements and differences in two bills debated during the

recent special session of the legislature and the 2008 regular session of the legislature that did not pass. He covered important features and definitions that became the subject of debate. He identified that one aim of both bills was to address aspects of the privacy of electronic health records that are not adequately addressed in the federal Health Insurance Portability and Accountability Act (HIPAA). An issue of concern was whether the establishment of electronic medical records should be mandated. Issues regarding the burden of implementation of privacy rules need to be balanced by the desired protections to be achieved for consumers.

Physician Health Information Technology Survey and Study

Liz Stefanics, executive director of the New Mexico Health Policy Commission (HPC), reported on a survey the HPC conducted to determine the extent to which physicians in New Mexico are using electronic medical records. She described how the definitions for "health information technology", "electronic health record" (EHR) and "health information exchange" are the foundation to understanding the results of the survey. The study showed that 31% of respondents had already implemented EHRs, 32% were in the process of implementation of EHRs and 37% had no plans to implement EHRs. Most providers with no plans to implement EHRs are independent or sole practices. Additional research is needed. The full report is available on the HPC's web site.

Questions were asked about the following:

- the concerns regarding the cost of implementing EHRs;
- the difference between EHRs and electronic billing requirements;
- the lack of standardization in available EHRs technology, coupled with the cost of implementing EHRs;
- how the results of the survey are affected by the characteristics of the population surveyed;
- the availability or lack thereof of statistics from the Indian hospital and the veterans' hospital; and
- the imperative that individuals have the ability to access and amend their own medical records.

Senator Komadina described discussions that occurred in conference committee on the bill considered in the special session. The issue of immunity for providers seems to be the biggest stumbling block toward passage of this measure.

EHRs: Practitioner Experience

Dawn Brooks, chief executive officer of the San Juan Independent Practice Association (IPA), described the IPA and the process by which it obtained and implemented a community EHR system. Dr. Pope, a member of the IPA, stressed the importance of physician involvement in the process. Though expensive, he emphasized that the quality of care and access to care for his patients are vastly improved with the system. Ms. Brooks stated it was also done to improve practice management and efficiency. Their project, called "CHINS", was developed collaboratively with many local, state and federal partners. She identified existing barriers to full

implementation. After the initial start-up expense of \$232,000 and an additional investment by the IPA of \$400,000, the system now serves 69% of all the doctors in the IPA. Interoperability, or the necessity to interface with other EHR vendors, software and providers, proved to be a substantial challenge. Financial and regulatory challenges were also presented. Dr. Cumberworth, medical director of the IPA, commented on the efforts of the IPA to audit its own members for quality purposes and the ways in which EHRs improve these efforts. Ms. Brooks noted that EHRs have both a medical and a billing component. Health record locator services are subject to many HIPAA privacy concerns that hinder a physician's ability to access the information needed to make appropriate medical decisions. The IPA intends to continue the journey of implementation of EHRs.

EHRs: Privacy Issues

Twila Brase, president, Citizen's Council on Health Care, identified four elements that should be addressed in any legislation dealing with electronic records: patient trust, patient privacy, patient safety and patient rights. She contends that HIPAA actually permits disclosure, rather than protecting the privacy of patient information. She raised numerous concerns regarding the ease with which patient information can be inadvertently exposed without a patient's consent. She critiqued the EHR bill that was debated during the 2008 special legislative session. The patient consent requirement was weakened by the removal of the word "written". The centralized data system, the audit log and the warranty provisions all permitted private information to become accessible without patient consent. She asserted that provisions stronger than HIPAA should be written and put into state law. She made specific, strong recommendations for any future electronic medical records bills to protect privacy.

A committee member asked if the law in Minnesota requires electronic medical records to adequately protect patient privacy. Ms. Brase stated that the consent provisions in the law are among the strongest in the country, but that efforts are being made to strengthen it further.

Diane Fisher, general counsel, Presbyterian Healthcare Services (PHS), described its system for electronic health care records. She identified elements believed to be important for any future EHRs legislation. PHS holds that state laws should not duplicate HIPAA and should only identify additional protections that are lacking in HIPAA. She highlighted the features of the EHR bill to which PHS objected that would limit or hinder physicians' ability to provide care. She urged consistency between the ways paper records and electronic records are protected. The requirement for an audit log should be reasonable and not unduly costly. PHS is very supportive of EHRs, as it believes EHRs improve the quality of care; however, a balance of concerns must be addressed. She has offered PHS help in drafting a bill before the next regular session. Dr. Jason Mitchell, a PHS family practice physician, noted that EHRs promote collaboration in the patients' best interest and are consistent with the concept of a "medical home".

Maggie Gunther, executive director, Lovelace Clinic Foundation (LCF), testified that the health care industry lags behind all other industries in the use of technology. She discussed the importance of a health information exchange (HIE) to promote the safe sharing of information electronically. In developing an HIE for the LCF, privacy concerns were at the forefront. A

balance must be found among patients, providers, society and technology. She identified several states that have passed EHRs legislation and evaluated each piece of legislation based on whether it is consistent with HIPAA or more restrictive than HIPAA. One state, Rhode Island, has an "opt-in" provision, meaning no information can be entered into the EHR without overt consent of the patient; 99% of all patients do opt-in. She acknowledged that this topic is difficult and controversial. Future revisions should reflect input from community forums and stakeholders.

Committee members had questions and comments on the following topics:

- how EHRs in Minnesota interface with the Indian Health Service and to what extent data are shared;
- public health considerations inherent in EHRs;
- ways in which electronic health data can be, and should be, protected by firewalls and other existing technologies;
- whether this issue needs to be addressed by government at all or whether the private sector could take care of it;
- the role of personal responsibility for health information; and
- the dangers inherent in private, on-line collection of personal medical information.

Electronic Medical Record Environment and HIE Issues

Bob Mayer, chief information officer, Department of Health (DOH), presented the activities the DOH has engaged in to assist providers to implement EHRs. Barriers include cost of implementation, the lack of technical assistance, the impact of implementation on productivity and system selection. The DOH has targeted assistance in all four areas. The DOH has offered a grant to help offset start-up costs for providers. It has a web-based system that a physician can utilize for a monthly fee. Under exploration are tax incentives and enhanced reimbursement for those providers who implement EHRs. The DOH has partnered with the New Mexico Medical Review Association (NMMRA) and the Primary Care Association to provide technical assistance and develop a broadband subsidy (beginning in FY09). They offer work force analyses and templates for sole practice offices.

Dr. Bob White, LCF, described the LCF participation in a nationwide health information network (NHIN). Handouts visually depicted the process by which a HIE occurs. He described the history of this project in New Mexico. He identified multiple partners that participated in the development of the project. The elements of NHIN were identified. He discussed the difference between interoperability and connectivity and the technology by which computers can "talk" to each other to exchange information. Standards for interoperability are important and have been established. New Mexico is held in high regard for its role in NHIN. Out of 18 participants, New Mexico is one of five lead partners. He requested general fund support, budget participation by the DOH, state legislative convening power and ongoing involvement of the physician community. The state can play a major role in helping the project focus more on rural communities and the need to connect in these remote areas.

The committee asked questions on the following topics:

- the process by which medical information is added to form a complete medical record;
- who is the ultimate keeper of EHRs; and
- liability concerns with multiple contributors to EHRs.

Public Comment

Ms. Gunther lauded the DOH for installing electronic medical record systems in 50 primary care clinics around the state in one year. The estimated cost of which, according to Mr. Mayer, was \$1.75 million.

The meeting recessed for the evening at 6:15 p.m.

Tuesday, September 16 - San Juan College

The meeting was called to order at 9:13 a.m. by the chair.

Overview: Health Professional Practice Issues

Legislative Council Service staffer Karen Wells presented an overview of scope of practice issues and the efforts taken by several other states in reviewing prospective changes to professional scopes of practice.

Health Professional Scope of Practice Issues and Proposal (HJM 71)

Randy Marshall, executive director of the New Mexico Medical Society (NMMS), gave a brief history of the position of the NMMS on this issue. He acknowledged that it is difficult to address scope of practice changes during a legislative session due to the complexity of the issues. In 1997, a bill was introduced subsequent to a task force study that was passed, but vetoed by the governor. He presented proposed legislation defining a process for considering proposed changes to professional scopes of practice during the interim.

Barbara Posler, legislative committee chair of the New Mexico Dental Hygienist Association (NMDHA), presented a proposal to establish an advanced dental hygiene practitioner degree. Ginny Berger, president of the NMDHA, noted the great need for such a change due to the shortage of dentists in the state. Senator Feldman suggested that this proposal be utilized today to test the NMMS proposed bill.

Linda Siegle, lobbyist for numerous health professional groups, noted that all of the organizations she represents oppose the NMMS proposed bill. She contends that the most important issue in considering proposed changes to scope of practice is to ensure that the public is protected. Any change should be reviewed in light of the history of a practice, education and training and evidence of the competence of a profession to perform the proposed activities. Though all generally agree with this principle, there remains disagreement on how to accomplish it. Changes in scope of practice are inherent in today's health care system. Collaboration is critical. The organizations she represents feel these proposed changes belong in the realm of the licensing boards, rather than a separate board or commission. Parameters that licensing boards

would be required to consider could be developed. An independent entity could be established for consideration of new professions seeking licensure.

Jim Blenham, family nurse practitioner, gave the perspective of nurse practitioners, including a description of the education and training required for his profession, and the role of the Board of Nursing in regulating its profession. He critiqued the bill, expressing a fear that, as drafted, it reflects a physician bias. He urged caution in moving forward with a proposal of this nature.

Joe Menapace, lobbyist for the New Mexico Dental Association (NMDA), testified regarding the efforts the NMDA has undertaken to identify avenues to expand the supply of dentists in New Mexico. The NMDA does not have a position for or against the NMMS proposal. He provided a historical perspective about how changes in scope of practice that are developed unilaterally generally fail. He urged careful review of past efforts. He will take the NMMS proposal to the NMDA for consideration. Dr. Kirk Graham, DDS, past president of the NMDA, supports that suggestion. His only concern at present is that the bill may lack sufficient detail.

Mr. Marshall was asked to guide the committee through the intended process, relative to the dental hygienist proposal presented to the committee today. He walked the committee through the process, stressing that no binding decision will be made until the legislature decides to act upon, or reject, the proposal. Ms. Siegle described how the approach of the groups she represents would work. Mr. Menapace expressed concern that the HPC is not adequately funded at present to accomplish this work. Ms. Berger noted this process would not work in this instance, as dental hygienists do not have an independent licensing board.

Committee members discussed the following points and questions:

- the number of boards that would be affected by this proposal;
- why the Collaborative Practice Act passed in 1999 did not achieve the desired results;
- whether or not people seeking dental care in Mexico are receiving safe and quality care;
- the potential value of an independent review;
- clarification regarding the current role of the HPC in this area;
- a need for additional funding to accomplish this task;
- the composition of the proposed membership of the ad hoc review panel;
- why the school of medicine is specifically named as a member of the panel;
- whether any existing licensure board has ever approved a proposed change in scope of practice that is brought to it from a competing board;
- other scope of practice changes that are currently under consideration;
- whether the dental hygienists' proposal was brought to the Board of Dental Health for consideration;
- recognition that boards are generally supportive of their own profession, but not that of other, competing boards;
- clarification regarding the "sunrise" commission within the LCF that sets parameters for new professionals that want to be established;

- the need to ensure that the process has a level playing field that fairly represents all perspectives;
- support for an objective process of review;
- the estimated length of time such a process would take and whether it is efficient;
- how the shortage of health professionals affects the need to consider scope of practice changes;
- the potential for a "super board" to resolve disputes between related, subsidiary boards;
- the concept of exempting from educational expenses any health professional who agrees to make a 10-year commitment to practice in New Mexico (Senator Komadina); and
- acknowledgment that scope of practice changes alone will not solve the health professional manpower shortage problem.

Representative Gardner described his reasons for introducing HJM 71. He noted that workers' compensation has a process for vetting any proposed legislation that will affect it. He would like to see an objective process established that will remove the legislature from the need to resolve conflicts between boards.

Health Care Coverage for Children

Bill Jordan, deputy director of policy, New Mexico Voices for Children (Voices), introduced his co-presenters, Anne Stauffer, policy analyst for Voices, and Dr. Karen Gelpan, a pediatrician in Farmington. Voices believes every child deserves health care and every parent should be free from worry about the cost of that care. Though there may not be agreement about how to achieve these goals, Voices hopes that everyone can agree on the goals themselves.

Mr. Jordan testified that the funding provided in the recent special session will provide coverage to an additional 17,000 children, which will leave an estimated 40,000 children still without insurance. He noted that the HSD will not enroll children without adequate funding to cover the cost of enrollment. He presented statistics regarding uninsured children in New Mexico, employer-based insurance coverage and premium costs. The cost to cover children under Medicaid currently represents only 4% of the Medicaid budget and 15% of all spending on health and human services. An additional \$40 million (\$38 million for coverage and \$2 million for outreach and enrollment) would insure the remaining children. Voices also advocates for guaranteed issue for children under the Premium Assistance for Kids Program and a requirement that the state has the responsibility to ensure access to health care through education and outreach. Voices calls its measure "*Kids First!*". He highlighted the economic benefits of expanding Medicaid to cover all children in New Mexico and emphasized that these measures serve as a good first step in providing health care coverage for all New Mexicans.

Dr. Gelpan identified lower costs and better health outcomes as benefits of covering children, ultimately leading to a healthier society. She provided examples of care she has personally provided to children.

Anne Stafuuer provided some information about Washington state's efforts to cover all children.

Committee members asked questions regarding the following:

- the cost of providing a well-baby check in Dr. Gelpan's practice;
- the shortage of pediatricians and primary care physicians to provide care to all children;
- the point that the second-leading cause of death in America is now medical error attributable to the system of care;
- HSD goals for enrolling more children;
- the need for performance standards to accompany reform measures;
- the potential for using other, nonprofit groups to assist with enrollment; and
- clarification of the corporate structure and funding sources of Voices.

Larry Heyeck, deputy director, Medical Assistance Division, HSD, reported that Medicaid is working collaboratively with the Income Support Division offices and others to identify how to best enroll more children in their communities.

Review of 2008 Special Legislative Session

Mr. Hely provided an overview and explanation of the health legislation that was considered and the bills that passed in the 2008 special session of the legislature. He also described human services legislation and action taken on it.

Obstetric Health Care Practitioner Liability Insurance (HM 9)

T.C. Shaffer, program manager, HPC, described the organization of the task force that studied this issue. Barbara Overman, chair of the HM 9 Task Force, emphasized the cooperation and collaboration among those who attend births in New Mexico. Nurse midwives attend about one-third of the births in New Mexico. Outcomes are better than the rest of the nation. The increase in malpractice insurance rates is threatening the fragile infrastructure. She drew the committee's attention to maps depicting the availability of obstetric care in New Mexico. Elaine Brightwater, a certified nurse midwife, provided a historical context of the midwives' attempts to be included in the Medical Malpractice Act. Previous efforts were not fruitful. Much has been learned about models of obstetric care. Mr. Shaffer identified the legislative recommendations identified in the HM 9 report.

Questions from the committee addressed the following issues:

- the feasibility of "health courts" to mediate and resolve issues rather than lawsuits;
- the difficulty of working in an environment dominated by trial lawyers; and
- general commendation for the published report and the work of the task force.

Antidepressants and Youth Suicide (HM 34)

Mr. Shaffer and Lisa Marie Gomez presented the findings of HM 34/SM 9, which requested a study of the possible relationship between antidepressants and youth suicide. Copies of the research report were mailed to members of the legislature last month. Information was provided about the prevalence of youth suicide in the United States and New Mexico. Demographics, a description of the means of youth suicide, predisposing factors, common stressors and physical

findings were identified. In 2003, the federal Food and Drug Administration (FDA) conducted a study on the subject resulting in a "black-box warning" for antidepressants. Following the warning, continued research has shown declines in diagnoses for depression in youth; the percentage of patients not receiving antidepressant treatment for depression increased significantly. Best practices for the treatment of pediatric patients with depression were identified and described.

Committee members had questions and requested clarification on the following:

- the data correlating antidepressants and youth suicide;
- whether the Indian Health Service was consulted in the preparation of the report;
- whether control subjects were used in the study;
- whether the use of antidepressants ever stimulates the desire to commit suicide in someone who previously was not suicidal; and
- information regarding the percentage of youth receiving mental health treatment and the percentage being treated solely by primary care physicians.

Dr. Steve Adelsheim, University of New Mexico (UNM), has convened a panel that is continuing to study this issue. He notes the issue is complicated; mental health concerns among youth is seen as critically important. The data is still up for review. In his view, untreated depression leads to suicide far more often than suicide that occurs as a result of the use of antidepressants. Access to mental health services and close monitoring of youth who are at risk of suicide are probably the most important factors in preventing suicide.

Kooch Jacobus, deputy director, HPC, provides some additional insight into the black box warning. It is information that is provided as an attachment to pharmacists. Consumers have no awareness that the warning exists.

Dawn Brooks, San Juan IPA, commented that San Juan County has only two psychiatrists and no pediatric psychiatrists. This county relies on primary care providers as front-line providers of mental health services.

Health Care Provider Reimbursement in Detention Facilities (SM 48)

Tasia Young, executive director, New Mexico Association of Counties, introduced Tony Atkinson, chair of the San Juan County Commission and incoming president of the association. Reina Guillen, policy analyst for the HPC, identified the purpose of SM 48. Ms. Young provided background information that led to the introduction of the memorial. She introduced two members of the task force, Patrick Schnedegger and Rhonda Burroughs. A survey was conducted to gather information about the effect of counties funding health care services in county detention centers and the findings presented. The incidence and nature of health care provided was described, as were characteristics of those being served. Options for reimbursement besides counties were identified, including managed care, fixed payment models and inmate copayments. The report identifies four legislative recommendations that were presented to the committee. Mr. Schnedegger thanked the committee for its attention and asked for its support on the

recommendations. Ms. Burroughs commented that in some counties, the cost of providing jail health care is approaching 40% of the county's total budget.

Committee members had questions and comments on the following topics:

- how the workers' compensation payment rate compares to Medicaid reimbursement rates;
- how a system of jail health care is envisioned;
- the potential for economies of scale in pursuing a statewide system;
- the extent of involvement of the Corrections Department in the task force;
- acknowledgment that adequate reimbursement is essential to meeting the need;
- who pays for the transfer of prisoners;
- the effectiveness of cooperation and collaboration between state facilities and county facilities;
- whether the funding reflects accurate percentages of where people are receiving care;
- the appropriate department of state government to administer a health care provider program for county detention facilities; the panel identified a number of options that could be explored; and
- a request for staff to study other state models that could be utilized.

Overview of Indigent Funding in New Mexico

Ms. Wells provided a brief overview of the nature of funding for indigent health care in New Mexico. The presentation was intended to set a framework for understanding the panel presentation that was to follow.

Sole Community Provider (SCP) Issues

Ms. Burroughs, health care affiliate, and Lisa Akley, San Juan County health care affiliate, New Mexico Association of Counties, along with Jeff Dye, president, New Mexico Hospital Association, were invited to make their presentation.

Ms. Burroughs presented information about the Association of Counties health care affiliates and its resolution for standardized reporting of SCP funding. She identified the total amount of funding provided by counties for this purpose. The goals of the resolution are to assure the Centers for Medicaid and Medicare (CMS) that they are adhering to federal requirements and to build a baseline of data on uncompensated care. Ms. Akley gave information about county activity in this arena. She asserted that the counties' support and advocacy for local hospitals are critical to the safety net of health care.

Mr. Dye expressed support for the concept of standardized reporting of SCP funds, but desires that complexity is not added to what is already a complex system. He made the point that SCP funding is determined by a formula based on the Medicare upper payment limit and is not claims-based. Ms. Burroughs noted that while the maximum amount of SCP funds that may be funded is formula-based, the counties do consider the amount of uncompensated care provided by the hospital in determining the amount of SCP funding they will support.

The committee had questions about the presentation on the following topics:

- how some hospitals are able to get SCP funding from multiple counties;
- how the definition for SCP has changed to allow communities with more than one hospital to participate;
- whether only hospitals are able to access SCP funds;
- how SCP funds are used;
- clarification that the funds, once received, are not tied to specific claims or specific individuals;
- clarification regarding any restrictions about how the hospitals spend the money;
- the reminder that the *counties* can request an accounting of how the money is spent as part of the negotiation with the hospitals for the use of the funds;
- the federal government's negative position on state requirements, or "claw-back" requirements to make the county whole;
- the assertion that transparency and reporting is a reasonable request, since a substantial amount of public money is involved and the state authorizes the existence of SCP;
- clarification regarding the proposed federal regulatory changes and the current moratorium on intergovernmental transfers;
- the opportunity to use indigent funds to cover more uninsured people;
- the multiple ways in which counties fund health care services; and
- the nature of how hospital (and other) data is collected and how it is used.

Native American Health Policy

Alvin Warren, secretary, Indian Affairs Department, offered comments about new strategies in Native American health policy. He identified some basic health disparities experienced by Native Americans and potential strategies for addressing them. Infant mortality, obesity, diabetes and alcohol-related deaths are prominent problems. Lack of coverage and lack of access to health care services are major contributing factors. Many people believe the federal government has the sole responsibility for caring for the health care needs of Indians; however, it has substantially failed in this endeavor. Even when including third-party reimbursement, federal prisoners receive almost twice the amount of funding for health care than that for Native Americans. The federal Indian Health Care Improvement Act has not been reauthorized in 16 years.

The DOH administers a number of health services programs for Native Americans. It also publishes a state health resource guide. The Behavioral Health Collaborative recently approved the addition of three more local Native American collaboratives. Other health initiatives are surfacing in Bernalillo County and elsewhere, and Native American health issues are included in the statewide comprehensive health plan.

Increased resources and sharing of existing resources will be key to any new strategies. Work is now being done to develop the health career pipeline for Native Americans and to increase resources to address suicide and substance among Indian youth. The Indian Affairs Department

Strategic Plan for 2008-2010 includes strategies that speak to Native American health care needs. Its budget request includes requests for significant funding in this area.

Committee members expressed appreciation for Secretary Warren's testimony. Questions were asked regarding the following issues:

- the lack of Native American applicants for admission to the BA/MD program being offered at UNM;
- the need for a sustained effort that lasts more than four or eight years;
- a request for specific recommendations for programs that the LHHS can support and endorse;
- the unique needs of urban Indians;
- the need for enhanced collaboration between Native Americans and the state, perhaps addressed through a memorial;
- consideration of support for the New Mexico Indian Health Care Act to ensure the necessary continuity of effort;
- whether UNM established a center for Indian health at the health sciences center;
- how other centers at UNM, such as the center for rural and community health and the center for alcohol abuse, are working with Indian tribes and nations;
- ways to optimize the use of 638 tribes and Indian self-determination; and
- encouragement to participate in the Health New Mexico Task Force being developed by the DOH.

The meeting recessed at 5:50 p.m.

Wednesday, September 17 - Beclabito Chapter House

Welcome and Introductions

Representative Begaye called the meeting to order at 10:10 a.m. He recognized and welcomed the Navajo elders present in the audience. He invited the members to introduce themselves. The president of the Beclabito Chapter, Frank Johns, greeted the committee in Navajo and English. He then blessed the committee and the day's proceedings.

Native HOPE (Helping Our People Endure); Total Community Approach and Navajo Nation Behavioral Health Services

Regina Roanhorse, New Mexico Alliance for School-Based Health and Dine Local Behavioral Health Collaborative # 15, offered information in two presentations. She highlighted the youth vision and strategic plan for the Shiprock Navajo community developed by the youth. She also oriented the committee to materials identifying legislative initiatives of the local behavioral health collaborative. Ms. Roanhorse organized the local collaborative as a family member of a person with a behavioral health disorder. Her brother returned from Iraq with post-traumatic stress disorder. She emphasized the need to keep a strong focus on youth and on assisting them in their development. Schools are an important access point to get needed services to youth and to begin to reverse the serious health disparities experienced by Native Americans.

Navajo and pueblo youth are involved in policy decisions, as well as the behavioral health collaboratives.

She showed a video to the committee created by the youth, depicting physical and mental health services in the schools to reduce the high incidence of youth suicide, to teach leadership and to reduce alcoholism. The health center is huge part of community life. She advocated for more teen health centers on reservations.

A summit was sponsored by the Native American Consumer Network and Outreach Project to engage consumers and providers in dialogue. Summit participants identified a legislative agenda for 2009. The number-one priority for children and youth as a result of this summit is support for school-based mental health services.

Committee members asked questions and made comments on the following topics:

- how outreach funding and capital outlay needs are determined;
- details about the Total Community Approach Behavioral Health Project;
- the process by which appropriations and capital outlay dollars flow to the tribes and pueblos;
- the amount of people served with last year's appropriation; and
- the need for more mental health professionals who speak native languages.

Project Trust: Enhancing Well-Being of Native American Youths, Families and Communities

Dr. Susie John, medical director, Teen Life Center, and Janie Lee Hall, school health advocate, DOH, began by identifying the many partners that have participated in Project Trust. The project does not provide direct services but has developed policy and best-practice recommendations. Dr. John stated that she is a physician and dietitian who has worked for Indian Health Services for close to 30 years and who runs a school-based clinic. She reiterated statistics regarding the health disparities highlighted by the previous speaker. Cultural practices and beliefs need to be recognized and incorporated into the system of services. The mental health and well-being of youth should be promoted, as youth are acknowledged as the future of the Native Americans. The project's full report identifies 32 policy, provider and research recommendations. Ms. Hall described the "upstream" approach to studying the issues and the literature search that was accomplished to identify the underlying causes and effects of previous trauma experienced by the Native Americans for years. They talked to many communities to gather information. Dr. John identified that the acronym "TRUST" stands for "truth and healing, responsiveness, understanding, self-determination and transformation". She reviewed the recommendations that emerged as a result of the project.

Committee members asked questions on the following topics:

- Dr. John's background;

- the difficulty of changing long-standing practices and the importance of trying to incorporate the recommendations of the report into health reform efforts; and
- the context of colonial, collective, multigenerational trauma that has generated many of the health disparities.

Community Health Representatives

Kimbro Talk, senior community health worker, Shiprock Service Unit, provided testimony about the nature of his work in the Beclabito community. He began with demographic information about the community. The history, goals and mission of the Community Health Representative (CHR) Program were described. The program incorporates traditional Navajo concepts in the provision of services. He spoke of the duties and functions of a CHR, which revolves around home visits. Services include patient care, health education, public health preparedness, health screenings and training. CHRs serve as liaisons between the Indian Health Service and the tribes. He described the significant role CHRs have played in history, including treating such public health problems as tuberculosis and diabetes. Currently, CHRs are trained in emergency response and incident management. They are often first responders in disasters. He summarized his job responsibilities and expressed that he is fully committed to continued involvement in service to his people in this way.

Committee members had questions in the following areas:

- recognition that Mr. Talk and others have helped put New Mexico's CHRs on the map in the U.S.;
- a request for specific ideas about how funding could be redirected to emphasize prevention; Mr. Talk stated that more funding is needed;
- the idea that preventive services could be reimbursed in the same way as treatment services;
- the need for increased funding for transportation; only Medicaid will fund transportation at present;
- whether the program receives any federal funding and any other sources of funding; and
- diabetes and hypertension as the most common health concerns in Beclabito.

Health Promotion and Disease Prevention in the Indian Health Service

Janet Hayes, health promotion and disease prevention coordinator, Northern Navajo Medical Center, described the health promotion and disease prevention program that she runs. The organization and structure of the program were depicted in a handout. Various graphs demonstrated the effectiveness of the program in several areas. The program is a best-practice model, developed by the Centers for Disease Control and Prevention (CDC), and adapted for Navajos. The mission promotes coordination with local resources and incorporation of cultural values. Currently, over 46,000 students and 6,000 teachers are participating in this program. An example of one component funded through this program is Camp Dibe Ni Taa Adolescent Wellness Camp. Students at risk for diabetes and overweight students are targeted. Goals are to increase physical activity and encourage healthier food choices. Partnerships with others have resulted in such collaborative efforts as Envision New Mexico, which educates teachers about health promotion, and the Shiprock Marathon, the only Native American event of its kind. Partners for Wellness (P4W) is a component that serves individuals ready and willing to make changes in their lives for more healthy lifestyles. A summer mentoring program targets high school and college students to promote community service. Just Move It is a series of non-competitive runs and walks that are community-based. This initiative is now Navajo Nation-wide; participation has been steadily growing for 15 years. In 2007, over 38,000 people participated in 129 communities. Another component is called Walking Together for Navajo Nations. Begun in 1996, it has grown to include Hopis and Utes. Wellness on Wheels is a mobile unit to promote health and prevent disease. Four Corners Health Prep is a six-week-long program designed to introduce students to careers in health care. The key to success in the programs is the partnerships with related organizations.

Public Comment:

Frank John, Sr., president of the Beclabito Chapter, expressed concern about Medicare and Medicaid programs, such as those for home health care, that serve the elderly. The financial eligibility standards for many of these program exclude many needy people. He would like to see those standards updated to reflect the current cost of living. Transportation to services is also an issue.

Wallace Todacheeny thanked the committee for supporting all the programs described. More attention should be paid to elderly services, prevention and the needs of Beclabito Chapter and other remote parts of the state.

Lucille Claire commented that she is so proud of Secretary Warren and his position. She spoke on behalf of her mother who is very frail. Many elders are unaware that they may be eligible for Medicare and Medicaid. There are too few providers to meet the needs. She has been waiting for a long time to get dentures, but there is only one dentist in Shiprock, who complains that the HSD does not pay their bills.

Elizabeth Billy commented in Navajo. Representative Begaye translated. She has a Medicaid card that is no longer being honored. Mr. Hely suggested that she call her caseworker or meet with Kimbro Talk to find out if she has been dropped from Medicaid and to see if she can be re-enrolled. Representative Begaye translated. He pointed out that problems such as these are very difficult for the elderly to deal with since they must travel to Farmington to get resolution and

may lack necessary documentation. Mr. Talk suggested that the Indian Health Service Hospital in Shiprock could help her. He noted that many people are reluctant to reveal their income in order to get benefits.

Jessie Yazzi also testified in Navajo, Representative Begaye translated. She thanked the legislators for coming to Beclabito. She told her story. She said that there are many people without records and that the health system is complicated and difficult to access. She told of people who worked in the mines and were exposed to radiation. She did not have any formal education, as she had to stay home to help raise her siblings. Her main concern is about the elders, many of whom are in nursing homes far from their home towns. What brought her through all the struggle is her belief in God.

Melissa Kelly, one of the chapter community service coordinators expressed her appreciation for bringing Santa Fe to Beclabito, and for listening to the concerns expressed during public comment. She read a mission statement that was developed with the help of the elders.

A committee member asked if anyone had any input regarding the proposed state park in Shiprock. Dr. John said they had not yet discussed it as a community. The committee member also encouraged audience members and leaders to consider enrollment of some of their promising high school students in UNM's BA/MD program.

The meeting adjourned at 2:40 p.m.

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

**October 15-17, 2008
Room 307, State Capitol
Santa Fe**

The fourth meeting of the Legislative Health and Human Services Committee (LHHS) was called to order on October 15, 2008 at 9:20 a.m. by Senator Dede Feldman, chair.

Present

Sen. Dede Feldman, Chair
Rep. Danice Picraux, Vice Chair
Rep. Keith J. Gardner (10/15, 10/16)
Sen. Mary Kay Papen (10/16, 10/17)
Rep. Gloria C. Vaughn

Absent

Sen. Rod Adair
Rep. Joni Marie Gutierrez
Sen. Steve Komadina

Advisory Members

Sen. Sue Wilson Beffort (10/15)
Rep. Nathan P. Cote (10/15, 10/16)
Rep. Nora Espinoza (10/16, 10/17)
Rep. Miguel P. Garcia (10/16, 10/17)
Sen. Gay G. Kernan
Sen. Linda M. Lopez (10/15, 10/16)
Rep. Antonio Lujan
Rep. James Roger Madalena
Rep. Rick Miera
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez
Rep. Jeff Steinborn (10/16)

Rep. Ray Begaye
Rep. Jose A. Campos
Rep. Daniel R. Foley
Sen. Clinton D. Harden
Rep. John A. Heaton
Sen. Timothy Z. Jennings
Rep. Rodolpho "Rudy" S. Martinez
Rep. Edward C. Sandoval
Rep. Mimi Stewart
Sen. David Ulibarri

Other Legislative Members

Rep. Gail Chasey (10/17)
Rep. Jimmie C. Hall (10/17)
Sen. Lynda M. Lovejoy (10/17)
Sen. Richard C. Martinez (10/17)
Rep. Nick L. Salazar (10/17)

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

Staff

Michael Hely, Legislative Council Service (LCS)
Karen Wells, LCS

Wednesday, October 15**Welcome and Introductions**

The LHHS committee members, staff and members of the audience introduced themselves.

Department Oversight — Human Services Department

Pamela S. Hyde, secretary, Human Services Department (HSD), presented an update on Medicaid, the State Children's Health Insurance Program (SCHIP) and the state coverage initiative (SCI) and identified the HSD's funding priorities for 2009. She began by discussing food stamps, now identified by a new name, the Supplemental Nutrition Assistance Program (SNAP), and the Low Income Home Energy Assistance Program (LIHEAP). Record high enrollment is seen in both programs. The Transition Bonus Program, a work incentive program for Temporary Assistance for Needy Families (TANF) recipients was described. Replacement of the ISD2 System, the data system for determining eligibility for HSD and Medicaid programs, is in critical need of replacement. The federal government will reimburse 45 percent of the anticipated \$100 million cost over a period of five to seven years. This is the department's number one priority. Increases in child support payments to TANF families and electronic fund transfers to auto-enroll-eligible families were highlighted. An update on the request for proposals (RFP) process for selecting the statewide entity for New Mexico's Behavioral Health Collaborative (BHC) was provided. An interagency housing initiative was mentioned.

Projections for the Medicaid budget for FY08 and FY09 were presented. Expected shortfalls will likely result in constraints on various programs, such as the personal care option, radiology rates, SCI and outreach. The budget request for FY10 is \$871.7 million in general funds and \$3,709,242 in combined state and federal funds just to maintain the current program. The increase in the budget is the result of a projected reduction in the federal match, growth in the number of enrollees and in utilization, Medicare premium increases and prior-year expenditures. Expected enrollment for FY08 is 478,378 people. Secretary Hyde reviewed the anticipated uses for the funds appropriated during the special session. She described outreach efforts to enroll more children in Medicaid.

SCHIP funding is in jeopardy due to changing federal priorities that limit the state's ability to use funds to cover adults. The HSD is working with the New Mexico congressional delegation to obtain additional federal funding. SCI status is affected by the federal priorities regarding SCHIP and the fact that the program operates under a federal waiver. The HSD is currently limiting new enrollment in SCI due to limited state and federal funding. Statistics were provided about the success of SCI to date.

Secretary Hyde identified the department's top 10 legislative priorities, which include information technology, coordination of long-term services (CoLTS), contracts for audits and

data, mental health and substance abuse services, supportive housing and support for the behavioral health planning council. A matrix of HSD proposed legislation was provided as a handout.

The committee asked questions and made comments regarding:

- the ability of Medicaid to include alternative service modalities and their potential for cost savings;
- other ways to ensure coverage of childless adults under Medicaid without jeopardizing funding for uncompensated care at hospitals;
- whether the new eligibility system will be contracted out to the private sector;
- whether the congressional economic recovery measure benefits the HSD;
- the status of the vacant position for a Native American liaison;
- threats to funding for food and nutrition programs;
- issues of child support for single parents living on tribal lands;
- the nature of oversight of the statewide behavioral health entity;
- limits of cash assistance available through electronic benefits transfer (EBT) cards;
- concerns about budget increases and expansion requests in Medicaid;
- the percent of people covered under SCI who are under 100 percent of the federal poverty level;
- whether co-payments under Medicaid are matchable;
- strong concerns about limits to enrollment in SCI;
- the pros and cons of using TANF money to fund child care and pre-kindergarten;
- limits on administrative overhead in managed care contracts in Medicaid;
- how funding appropriated during the special session is being used, especially regarding behavioral health services for children;
- the effect of the governor's line-item veto restricting administrative costs; and
- whether SCI enrollees will be disenrolled if they do not recertify on an annual basis.

A quorum being present, the chair entertained a motion to approve the minutes of the September meeting of the LHHS. Motions were duly made, seconded and passed.

Coordination of Long-Term Services (CoLTS) (HM16/SM17)

Cindy Padilla, secretary, Aging and Long-Term Services Department (ALTSD), and Carolyn Ingram, director, Medical Assistance Division (MAD), HSD, provided the committee with a status report on the progress to implement CoLTS. Secretary Padilla covered background information and the process of developing the program. Currently, 12,063 persons have been enrolled in CoLTS; another 24,500 are expected to be enrolled in subsequent phases. A formal subcommittee of the Medicaid Advisory Committee of the HSD has been formed to hear continued stakeholder input.

Ms. Ingram identified lessons learned in phase one of the enrollment process and changes that have been made as a result of these lessons. She described oversight roles and responsibilities of both departments, federal and state regulatory safeguards that are in place, quality and outcome measures and ways in which CoLTS will be evaluated for success.

Committee members asked questions and made comments regarding:

- why behavioral health is not included in CoLTS and whether this is generating coordination problems;
- how this program is expected to save the projected amount of money;
- contractual limits of profits and administrative costs;
- why the state cannot manage the program itself instead of using managed care companies;
- the number of actual enrollees versus the expected number of enrollees;
- whether providers in the community will be reimbursed less under this program;
- the interface between Medicare and Medicaid, particularly regarding payment responsibilities;
- how providers become CoLTS providers; and
- whether Amerigroup and Evercare are using the existing New Mexico 24-hour nurse advice line.

Department Oversight — Aging and Long-Term Services

Secretary Padilla and Michael Spanier, deputy secretary of the ALTSD, presented an overview of ALTSD issues and concerns. Secretary Padilla provided a brief overview of the organization and structure of the department. She provided information in more detail regarding the aging and disability resource center, adult protective services and the aging network services provided by area agencies on aging. Future trends and changing demographics were presented. Special characteristics and needs of caregivers were discussed. As the need for caregivers increases, the number of available caregivers decreases dramatically. The impact of the economy on retirement, financial security, health care needs and protection in the future was identified. All these trends help inform planning for a continuum of programs and services in the department. She ended her presentation with a description of Engage New Mexico, an initiative that is utilizing the strengths and abilities of seniors to solve community problems by remaining engaged in employment, volunteerism and lifelong learning.

Committee members had questions and comments regarding:

- how the department has changed in partnering with managed care organizations to implement the CoLTS program;
- oversight of CoLTS and program modifications should the outcomes not meet established standards;
- how the department assists people with the high cost of prescription drugs;
- whether the department has any plans to offer "lifeline" services;
- a request for Secretary Padilla to present information on the Medbank program at a future meeting; and
- a request to obtain a copy of the issue papers referenced in the presentation.

Senator Rodriguez announced that Representative Begaye, a member of the committee, tragically lost his grandson the previous day in a freak accident. She asked for a moment of silence to consider his loss. Senator Feldman asked that a large spray of flowers be sent to the funeral home from the committee in time for the services to be held the next day.

Public Comment

Doris Husted, public policy director, ARC of New Mexico, noted that the needs of people with developmental disabilities who are not aged or ill need more attention.

Jim Jackson, director, Protection and Advocacy (P&A), said P&A supports full funding for Medicaid; continuing to pay SCI premiums for people below 100 percent of the federal poverty level; and holding the HSD accountable for spending the appropriations made during the special session, according to legislative intent. He spoke in support of the goals of the CoLTS program, identifying key areas that bear continued attention from the committee and from others. He remains concerned that the CoLTS waiver program has requested an inadequate number of slots to serve the needs in the community. He encouraged legislative support to support the CoLTS program financially.

Committee members raised the following points following Mr. Jackson's testimony:

- There is a problem with funds to expand Medicaid coverage for certain children that were identified as nonrecurring dollars.
- They would like clarification by an LFC staff member that the HSD and the Department of Health (DOH) have been directed to treat the funds as if they are recurring dollars.
- What are the policy implications of how these funds are treated?

Alan Fleg, M.D., raised a concern that access to health care services should be a right and that systematic reforms currently being pursued are not adequately addressing the problem. He urged the committee to consider the moral implications of reform measures and not merely apply Band-Aids to the problem.

Interagency Housing Initiative

Marti Knisley, consultant, Technical Assistant Collaborative, explained what supportive housing is and how it can serve to reduce health care costs, homelessness, institutionalization, incarceration and residential treatment for many behavioral health issues. Supportive housing initiatives are cost effective and save public social services dollars. She described a supportive housing intervention being developed by the BHC. Success comes as a result of partnerships between the housing industry and community social services providers. Money allocated to this initiative is being used for pre-development grants and to operate two pilot projects, building capacity in the state. New federal laws and funding opportunities are creating a favorable environment to develop supportive housing in New Mexico further.

Secretary Hyde emphasized that this initiative is part of the good work being accomplished by the BHC. Dorian Dodson, secretary, Children, Youth and Families Department (CYFD), stressed the value and importance of this initiative in addressing the needs of families and the disabled in New Mexico.

The committee asked questions and made comments regarding:

- the extent to which New Mexico is poised to take advantage of these opportunities;
- clarification that the \$2.9 million for this initiative is part of the HSD budget request;
- the percent of housing that is rental versus permanent housing;
- who the target group is for housing;
- the need to ensure that populations helped by this program, such as those recently incarcerated, do not endanger neighborhoods; and
- an expression of support from Ruth Hoffman and the Lutheran Advocacy Ministry.

Department Oversight — Children, Youth and Families Department

Secretary Dodson began by describing the structure and organization of the CYFD, including a new division focusing on early childhood services. She described Cambiar New Mexico, a model for juvenile justice based on the "best practice" Missouri model. Critical program elements of this model include operational capacity, smaller regional facilities and both front-end and aftercare services. The CYFD has been working on developing this model for two years and will be ready to spread the model statewide by 2013. Characteristics of the youth being served by this model were presented. The department's itemized expansion request for juvenile justice was presented. They are requesting \$900,000 to operate a 36-bed facility in northeast New Mexico and \$744,000 for staff to continue to implement the model.

Secretary Dodson next presented information on child care assistance, a high priority of the CYFD. She thanked the legislature for raising the poverty level at which families can qualify for child care assistance to 200 percent of the federal poverty level. She provided a snapshot of clients being served by this assistance. The program serves predominantly very young children and the poorest of the poor in the state. The CYFD has worked for several years to improve the quality of child care programs in New Mexico through accreditation programs such as STARS/AIM HIGH. A positive trend is that many pre-K programs are embedded in child programs, which improves the quality of both types of programs. She reviewed the funding that passed in the special session and how it is being used.

Finally, Secretary Dodson described the department's efforts with regard to domestic violence. The New Mexico Domestic Violence Leadership Commission, established by executive order in 2007, recognizes domestic violence as a complex problem that needs a multidisciplinary response. A commission report published in July 2008 contains many recommendations and resulted in another executive order asking state agencies to adopt workplace policies to address domestic violence. Secretary Dodson concluded by highlighting the CYFD's FY10 budget request.

Committee members asked questions and made comments regarding:

- ways to retain the best-qualified teachers in child care programs;
- clarifying levels of STARS accreditation;
- truancy as a predecessor to incarceration;
- plans to build more juvenile facilities, especially in rural locations;

- whether children in private facilities have to qualify for free lunch and whether those facilities are still required by executive order to provide free lunches to all enrolled children;
- concerns about CYFD caseworkers interrupting foster parents during working hours; and
- the demise of a reintegration facility in Alamogordo.

Graduate Student Child Care

Dick Minzner, lobbyist, University of New Mexico (UNM), and Lindsey Knudsen, president, Graduate and Professional Students Association, described a problem in CYFD regulations regarding child care benefits. Child care benefits are paid only for families with parents who are working or who are in undergraduate school and not for parents who are attending graduate school. Mr. Minzner has requested \$375,000 to fund child care support for these parents. Ms. Knudsen described the need for, and the consequences of not, providing this support. Mr. Minzner identified broad support for this measure.

Committee members raised questions and concerns regarding:

- whether the requested funding would cover graduate students at New Mexico State University (NMSU);
- a statement from Secretary Dodson that a change of this nature should only be accompanied by funding; she agrees with the principles of the proposal;
- whether child care centers at UNM and elsewhere can accommodate more children; and
- the need for special services in child care programs, such as signing for the deaf.

The committee recessed for the day at 4:45 p.m.

Thursday, October 16

The meeting was called to order by the chair at 9:10 a.m. Senator Feldman called for a moment of silence to recognize the funeral services being held for Representative Begaye's grandson. Senator Kernan made an announcement about breast cancer awareness.

Autism Report

Cate McClain, M.D., director, Center for Development and Disability (CDD), and Gay Finlayson, parent advocate, spoke about autism. Dr. McClain identified the neurological basis for autism spectrum disorder, which manifests itself in impairments in communication, social relating, play, behavior and cognitive abilities. She provided a history and statistics of autism. The cause is not known. The incidence is rising exponentially. Early identification and intensive intervention improve outcomes. The CDD is working statewide to conduct training, evaluate children and provide services to children and coaching to parents. A report for FY08 reflecting how \$4 million in funding was used was presented.

Ms. Finlayson commented that, though the legislature was generous in funding autism, there is still much unmet need. She presented the findings of a study called for in Senate Bill 197. Funding requests include \$200,000 for a statewide registry, \$1 million for expanded diagnostic services, \$1 million for provider professional development and \$1 million for intensive interventions. A critical element of the funding requests involves defining autism spectrum disorder as a benefit of Medicaid.

Committee members had questions and comments regarding:

- whether a standardized curriculum should be developed to train families and providers;
- clarification about counties with no diagnoses of autism;
- the ramifications of misdiagnoses, especially of those children who are diagnosed with autism when they do not really have it;
- treatment and diagnostic priorities;
- the variation in incidence from state to state;
- efforts underway at NMSU to establish an array of autism support services;
- desired allocation of appropriated funds for FY10;
- which services are covered by Medicaid;
- the total amount of money received for autism programs;
- the probability of the current funding remaining recurring;
- the impact if the new behavioral health statewide entity does not provide these services;
- whether special education in public schools addresses autism;
- the need for professional development for teachers on this topic, given that special-needs children are now educated in traditional classrooms; and
- a request for identification of the funding priorities, which are the establishment of a registry and the Medicaid match for intensive intervention services.

The chair requested information from Larry Heyeck, deputy director, MAD, HSD, and Sam Howarth, DOH, to join the panel and provide additional information. Mr. Heyeck clarified that, in order to be covered by Medicaid, the particular service would have to be defined and then added to the state plan. Once added, all Medicaid beneficiaries would have access to that service, which would be very costly. Mr. Howarth addressed ways in which the DOH has distributed funding to date and how it would do so in the future.

Family Infant Toddler (FIT) Sustainability Plan, Cost-of-Living Adjustment Recommendation and Proposed Jackson Lawsuit Memorial

Anna Otero Hatanaka, executive director, Association of Developmental Disabilities Community Providers, oriented the committee members to the content of her handouts. Monica Chlastawa, a parent of a child with Down Syndrome, who was representing the Interagency Coordinating Council (ICC) finance committee, presented a report of a plan for FIT funding sustainability. The report addresses national research on the importance of early intervention. In order to address the needs of the number of children in need of these services, a funding formula, based on a unit value, is recommended. Legislation is requested to codify this funding formula.

The ICC further requests the continuation of the current fee-for-service structure. Secretary of Health Alfredo Vigil supports the formula. Andy Gomm, program manager, FIT Program, DOH, described the formula in additional detail. He cautioned that the figures presented in the report are FY07 figures.

Ms. Otero-Hatanaka presented a request for a memorial to urge the ending of the Jackson lawsuit and to redirect the funds to meet program needs. The cost of continuing the lawsuit is preventing an estimated 3,700 people in New Mexico from receiving needed services. She also requested consideration for funding for a cost-of-living increase for providers of services to people with developmental disabilities.

Questions and comments followed regarding:

- the effect of the Jackson lawsuit on funding for FIT services;
- the lack of motivation to end the lawsuit;
- the impact of an executive order requiring state contractors to offer health insurance to all employees; Ms. Hatanaka reported that this order does not currently affect her providers, but may in the future;
- the effect of a veto of funding for developmental disabilities services; and
- a request for funding priorities.

Guardianship Task Force Report (HM6)

Mr. Jackson of P&A, Pat Putnam, director, Developmental Disabilities Planning Council (DDPC), and Greg McKensie, president, Guardianship Association, offered a presentation on House Memorial 6. Mr. Jackson provided an overview of the problem and recommendations for legislation. The recommendations in the report reflect the extent of the problem and a consensus of the task force members. The focus of the task force was on guardianship. Conservatorship, a separate issue, is only tangentially addressed. The report identifies a lack of oversight and accountability of private guardians, the need for training and support of guardians, the need to maximize autonomy and self-determination, clarification of the role of guardians and guardianship administration. It requests \$200,000 to fund a pilot program of in-depth review and monitoring of guardianship in the Second Judicial District in Bernalillo County.

Mr. McKensie provided an overview of how guardianships actually work and limitations in the current law. Although annual reports are required to be filed with the courts, many are not filed. There is no system in place to identify the number of guardians, whether or not reports are filed and whether or not services are being provided as ordered. There is no assurance that reports are even read by the judges in whose courts the reports are filed. Funding of a pilot project would help to identify the extent of the problem, avenues to address it and a model for statewide implementation.

Mr. Putnam clarified that public guardians whom his office oversees are not part of the problem. The estimated 20,000 to 40,000 people served by private guardians are the focus of this study and its recommendations. The DDPC is most interested in the need for training and development of private guardians. He presented a request for \$111,300 in recurring funding for

training and development specialists in the DDPC as well as \$200,000 in one-time funding to develop web-based training materials.

Mr. Jackson summarized the findings and highlighted the statutory changes to the guardianship law clarifying the role of guardians, guardians ad litem, guardianship proceedings and changes in terminology.

Committee members had questions and comments regarding:

- a request for funding and statutory priorities (priorities are for the pilot project, the training specialists and the curriculum development — \$548,000 total; the statutory changes do not require funding);
- a recommendation that the first required report of a guardian should be filed within 90 days;
- whether the statutory changes should be pursued before, after or concurrently with the pilot;
- whether guardians are paid (public guardians are paid approximately \$300 per month; private guardians are generally not paid);
- whether the courts would receive any money for the pilot project;
- whether courts (other than district courts) should hold guardianship hearings;
- whether the DDPC is the appropriate agency to oversee public guardianships;
- the potential to leverage state dollars from various federal sources to enhance guardianship programs, as is done in some other states; and
- a suggestion for an interagency commission or board to oversee guardianships.

Fern Goodman, Administrative Office of the Courts (AOC), agreed that the AOC has a role, but not full responsibility, for monitoring guardianships. The primary responsibility of the courts is to manage cases; they have neither the expertise nor the staff to do more. Tony Lauderbaugh, Adult Protective Services Division, ALTSD, said the annual reports shall be accumulated in one central location to assure the safety and protection of the persons with guardians.

Employee Health Promotions

Brandi Prince, health promotions director, San Juan Independent Practice Association (IPA), described the employee health promotion program the association offers. The program begins with a risk assessment. As risks are identified, the employee's personal physician is notified. Numerous classes and interventions, such as smoking cessation, weight loss and exercise classes, are program components. The program is offered in several sites. It is available for all the employees of the San Juan Regional Medical Center and the DOH and serves close to 5,000 participants. The program is designed around the federal Healthy People 2010 goals and Healthcare Effectiveness and Information Set measures. Statistics were provided about obesity, diabetes, smoking and stress in New Mexico. Health improvements in all those areas have been seen in participants in their program. The importance of prevention was stressed.

Dawn Brooks, executive director, San Juan IPA, was introduced and provided some additional overview information about the benefits of the program, including reduced insurance claims costs. The chair asked if Ms. Prince would be willing to administer the assessment and blood work. She agreed to do it.

Questions and comments followed regarding:

- whether people can refuse to have their assessment results shared or can request to have their information deleted;
- whether certain medical conditions result in denial of a driver's license; and
- why Native Americans have a higher incidence of diabetes.

The Impact of Diabetes on African Americans

Kalonji Mwanza, former director, Office of African American Health, presented facts and statistics regarding the incidence of diabetes among African Americans in the nation and in New Mexico. The Racial and Ethnic Health Disparities Report Card, published by the DOH in 2007, supports this; however, some areas are lacking due to insufficient data. He highlighted the direct and indirect costs related to this health disparity. He recommended enhanced data collection and raised the possibility of a pilot program to focus on African Americans.

Women's Health Report

Giovanna Rossi Pressley, Governor's Women's Health Advisory Council, presented a report on the health of women in New Mexico. She provided background information about the history, membership and ongoing activities of the council. Ongoing areas of focus for the council include policy, outreach, professional education, leadership development and research. Data were presented describing a profile of women in New Mexico. The focus area for 2009 is pre-pregnancy health. Policy implications of their findings suggest that the work of the council is important and should be ongoing. Council members would like to see the council created in statute (see other recommendations in her handout).

Committee members had comments and questions regarding:

- the extent to which state agencies and other sources financially support the work of the council;
- the projected costs and savings of having expanded Medicaid eligibility and coverage;
- whether home visiting is a requirement or an optional service; and
- clarifying the correlation between educational levels and health.

New Mexico Teen Pregnancy Coalition

Sylvia Ruiz, executive director, Teen Pregnancy Coalition, introduced Paul Golding, a member of the board of directors, Bonnie Condit, board president, and numerous teens and others with firsthand experience with and/or interest in teen pregnancy. She presented information regarding how her organization works to reduce teen pregnancy. Statistics and demographics were shared about the incidence of teen pregnancy in New Mexico compared to the United States. New Mexico has the second highest teen birth rate in the nation. The economic impact of teen mothers, and the cost of raising their children, places a high burden on New Mexico. Evidence-

based programs exist to address this situation, including service-learning, male involvement, positive youth development, clinic services and others.

Individual personal stories were shared by several young teens who have benefited from the program, as well as from volunteers who lead various core programs. Mr. Golding presented information about his efforts to help boys take responsibility to be involved in the life of their children. He has been studying ways in which the educational system fails boys in New Mexico. He publishes a newsletter and has organized a conference on the topic. The conference is to be held on November 18; Ms. Ruiz will email an announcement to committee members.

Committee members had questions and comments regarding:

- the predominant factor leading to teen parenthood, which is thought to be poverty;
- acknowledgment of the important role of fathers;
- whether the program includes abstinence education;
- whether the teen volunteers speak in public schools and the power of peer testimony; and
- a suggestion that stakeholders collaborate to enhance education and campaign in New Mexico about this topic.

At the chair's request, Ms. Ruiz spoke of a bill to be introduced by Senator Lopez to increase state general fund support for evidence-based adolescent pregnancy programming. She requested the committee's support for this effort.

Medicare Reimbursement Issues

Michael Hely, staff attorney, LCS, spoke to the committee about Medicare and why it matters to states. He described the organization and structure of Medicare and identified what Medicare covers and for whom. The rates often serve as a basis for other payers' rates, and inadequate rates of reimbursement can result in imbalances in the supply of physicians and other providers. He reviewed the content and important provisions of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), describing ways in which New Mexico will be affected by those provisions. Among the important provisions is that MIPPA delays potential reductions to physician reimbursement until January 2010. It provides incentives for qualified "e-prescribing" systems and will mandate e-prescribing for 2011 and beyond. Other provisions address access to prescription drugs, marketing of Medicare-managed care plans, delayed cuts to graduate medical education and more. A physician payment formula created in 1997, called the sustainable growth rate (SGR) formula, that is tied to inflation rather than physician spending was delayed with the passage of MIPPA. After January 1, 2010, physician reimbursement will be based on an SGR formula. The American Medical Association and the New Mexico Medical Society both oppose this move. The importance of Medicare reimbursement to other providers, including hospitals, nursing homes and home care agencies, was also covered. A Medicare Payment Advisory Commission (MedPAC) that advises Congress on Medicare issues has identified critical factors in ensuring access to care.

Committee members identified issues and concerns regarding:

- the devastating impact that the anticipated cuts to physician reimbursement now set to take place in January 2010 would have in New Mexico;
- the difference between Medicare payments in New Mexico and Medicare payments in our neighboring states;
- the relationship between Medicare and Medicaid reimbursement rates;
- the difficulty faced by independent practicing physicians to remain in business;
- the probability of more physicians refusing to see Medicare patients due to inadequate Medicare reimbursement and the shortages that may result, especially in rural areas;
- whether or not pharmacies are ready to receive e-prescriptions; cross-walks between prescribers and pharmacies will be critical;
- a suggestion that the committee consider sending a letter to New Mexico congressional delegation expressing the concerns raised;
- an observation that access to health care for Medicare recipients is easier in Texas; and
- a request for additional information regarding reimbursement in New Mexico compared to other states.

There being no public comment, the committee recessed for the day at 4:50 p.m.

Friday, October 17

The meeting was called to order by the chair at 9:05 a.m.

A New Model for Quality Health Care Coverage

Len Nichols, Ph.D., director, Health Policy Program, New America Foundation, made a presentation about health system reform, why it is important now, what states can do and what the federal government might do. He indicated that core values must be reflected in the end product, which, for Democrats, probably means covering everyone and taking care of the most vulnerable, and, for Republicans, means that the government should not run the entire system and that the private market must be involved. Dr. Nichols indicated that Massachusetts provides a good example of a Republican administration and a Democratic legislature agreeing to a public-private partnership. Similarly, during the presidential campaigns, virtually all of the candidates' plans included roles for the private market and the public sector as well as an understanding of markets and costs and that many Americans cannot afford health care premiums. Underlying much of the efforts to reform the health system is a need for behavioral change on how individuals take care of their health. At the federal level, a recent health system bill had eight Republican and eight Democratic co-sponsors, signaling that Congress may be serious about reform.

Dr. Nichols described the role that states can play in reform efforts, using the example of Colorado, which formed a blue ribbon commission and held many public hearings around the state regarding choices. Among the recommendations of the commission were: a ballot referendum before money was expended; requiring that insurers sell to all comers; a mandate to have all Coloradans become part of a risk pool; prohibiting mandates for items deemed unaffordable; and the need to subsidize families further down on the income scale. Although Colorado could not cover everyone in the first year, it was expected that the state would begin

with the most vulnerable; the state would also use health information technology and pay for performance, outcomes and health status assessments to achieve its goals.

Despite state efforts, however, Dr. Nichols emphasized that states will need to go to the federal government because no one state has enough money to achieve health system reform on its own.

Dr. Nichols indicated that there were some promising examples, such as the concept of a medical home that utilizes an expanded role for a primary care physician to identify health problems at an earlier stage, manage chronic conditions and spend quality time with patients to assist them to learn to take better care of their personal health. Additionally, he indicated there may be some shared savings through bundled payment models for purchasing health care products and using best practices or best evidence models.

Upon questioning and comments from the committee, issues were raised and addressed regarding:

- the cost study conducted by Mathematica showing the most cost-effective approach for a single-payer system;
- the opportunity for a bipartisan agreement on health reform as demonstrated by Massachusetts and California;
- the difficulty in determining subsidies that are fair;
- barriers to health reform due to the federal Employee Retirement Income Security Act;
- ways to provide more incentives for physicians to enter the field of primary care;
- the importance of a medical home, especially for children with chronic illnesses;
- the potential challenges and benefits of employer mandates or coverage mandates;
- the potential benefit of bulk purchasing for prescription drugs, such as through partnerships with large retailers, to lower drug costs;
- the critical need to rein in health care costs;
- New Mexico's experience with using SCHIP dollars to fund SCI and the current funding difficulties of that important program; and
- clarification regarding the concept of a health insurance exchange.

Vermont Blueprint for Health

James Hester, Jr., Ph.D., director, Vermont Commission on Health Care Reform, described the process by which Vermont addressed health care reform. He compared its health care reform legislation to a three-legged stool in that it requires increased affordability of insurance, a sustainable reduction in the number of uninsured and expanded development and use of health information technology. Its blueprint for health has elements to address each of those three areas of focus.

As of September 2008, about 11,000 of 60,000 uninsured are now covered. By 2010, Vermont projects that an additional 19,000 will be enrolled, leaving about seven percent uninsured. It established a health information technology fund. Funds came from an assessment on medical claims paid by insurers. The fund is considered necessary because of the huge barrier

posed by moving to electronic records for small, rural physician practices. The benefits of investing in health information technology are supported by major national studies, including a Rand study and a 2005 study reported in "Health Affairs". He noted that chronic illness care, due to such conditions as obesity and diabetes, has been a major cost driver. The federal Centers for Disease Control and Prevention (CDC) has identified best practices to reduce the incidence of these diseases. The Vermont blueprint for health is evidence-based, utilizing a chronic care model. Dr. Hester described a pilot of the model that utilizes a community care team at St. Johnsbury Family Medicine. It has learned that it is not enough to improve reimbursement for primary care providers; specialists, hospitals, and accountable care organizations are critical to improving overall health and managing chronic disease.

Dr. Hester advised not focusing entirely on covering the uninsured. Rising health care costs will ultimately result in failure of reform efforts unless prevention and attention to treatment of chronic illness are addressed.

The committee members had questions and comments regarding:

- whether the health information technology network in Vermont is statewide and the potential for intrastate networks with the development of national standards;
- clarifying the concept of an accountable care organization; it is a provider-centered organization that includes several hospitals and employed physicians;
- comparison of this model to the Hidalgo Medical Center and other health commons models in New Mexico; and
- how to integrate managed care organizations into a model such as this.

Prescription for Pennsylvania

Shelly D. Bain, J.D, director, Bureau of Accident and Health, Pennsylvania Insurance Department, described Pennsylvania's efforts to address access to, and the affordability and quality of, health care. A centerpiece of the Prescription for Pennsylvania is a chronic care management program that works with physicians who are treating chronic care patients. Use of the model can decrease hospitalization and emergency room visits that drive up costs. Pennsylvania has enacted several new laws to provide transparency in health quality and reduce the incidence of health facility-acquired infections, which has dramatically reduced costs as well as saved lives. A cost containment council, which has been in place since 1986, reports on quality initiatives and the resultant savings. Additional legislation has banned indoor smoking, mandated insurance coverage for adolescents with autism and expanded access to affordable health insurance for all children. Autism, previously covered mainly through Medicaid, was very costly to the state. The mandate was presented as a mental health parity issue because autism is a mental health diagnosis. The program to cover all children is likewise a private sector program, allowing parents to buy into Medicaid at cost through a state-federal funding partnership.

The Office of Health Equity, created by executive order in 2007, serves to coordinate the further development and implementation of a statewide health improvement plan. Essential to its success is collaboration between public and private partners, health care providers and communities.

Ms. Bain described steps Pennsylvania has taken to ensure adequate training of the future nursing work force. Nurse education initiative grants leveraged by private funds are allowing expansion of classroom sizes and the hiring of nursing faculty. The grants were created as part of a \$2.5 million appropriation by the Pennsylvania legislature aimed at reducing nurse shortages in the state.

A Patient Safety Authority, aimed at improving patient outcomes and quality of care, analyzes data reported by health facilities. The state is proud to have been the first to require reporting not only of actual medical errors, but also of "near-misses". This focus has resulted in an estimated savings of up to \$150,000 per event by investing no more than \$150 per patient in prevention.

Future proposals involve emphasizing health, wellness and personal responsibility. The Pennsylvania Employee Benefit Trust Fund has implemented a program called "Get Healthy", in which participants can lower their insurance contributions by participating in wellness activities on a regular basis. More efforts are focused on wellness in public schools.

Committee members had comments and questions regarding:

- the number of nursing students enrolled as a result of the incentive grants;
- the types of nursing degrees being pursued;
- clarifying regarding regulations that prohibit reimbursement to providers for medical errors;
- details on the political process to pass the law regarding hospital-acquired infections; and
- recognition that New Mexico has an active task force studying hospital-acquired infections.

Health Care Work Force Shortages

Mr. Minzner and Susan Fox, acting dean, UNM College of Nursing, provided the committee with statistics regarding the rising shortage of nurses in New Mexico. Currently, there are less than 1,300 nurses under age 30; 47.2 percent of nurses were 50 years of age or older. There is a shortage of professors for the number of nursing school applicants; it is hard to recruit masters-level nurses to teach at community colleges because they can make \$30,000 to \$40,000 more per year working in hospitals. Linda Siegel, who lobbies for nurses, stated that in 2007, 742 nurses graduated, but the new net number of nurses was 340 because of attrition. Mr. Minzner described the current, non-statutory funding formula for higher education that does not take shortages such as these into consideration when determining the distribution of funds. He contends that there should be a factor that considers utility or the needs of the state in addition to the cost of education.

Committee members voiced comments and questions regarding:

- the opportunity to tie the funding formula to performance-based budgeting;
- clarifying the educational level of graduating nurses; and
- an observation that the Western Interstate Commission for Higher Education funding formula might provide some guidance in altering the higher education funding formula.

Early Childhood Issues

Baji Rankin, Ed.D., executive director, New Mexico Association for the Education of Young Children, Sallie Van Curen, executive director, Parents Reaching Out, and Rosa Barraza, president, southern chapter, New Mexico Child Care and Educational Association, represented the New Mexico Early Childhood Alliance (NMECA). They began by thanking the legislature for increasing child care assistance for families up to 200 percent of the federal poverty level. They described the core values of NMECA, which are that: 1) the well-being of every child is the heart of New Mexico; 2) children are born learning; 3) families are the foundation for learning and healthy development; 4) high quality makes the difference; and 5) investing in children matters for today and for the future. They presented their two-year policy agenda of funding requests through 2010. Not including the governor's request for pre-K, their total request is \$32.3 million.

There being no questions from the committee, the meeting adjourned at 4:45 p.m.

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

November 10, 2008

**9:00 a.m. - New Mexico Primary Care Association
4206 Louisiana Blvd. NE
Albuquerque**

**12:00 noon - University of New Mexico (UNM) Health Sciences Center
Room 3010, Domenici Educational Building
1001 Stanford NE
Albuquerque**

**1:30 p.m. - UNM Health Sciences Center
Room 2112, Domenici Educational Building
1001 Stanford NE
Albuquerque**

November 11, 2008

**Metropolitan Assessment and Treatment Services (MATS)
5901 Zuni SE
Albuquerque**

November 12, 2008

**South Valley Health Commons
2001 N. Centro Familiar SW
Albuquerque**

The fifth meeting of the Legislative Health and Human Services Committee (LHHS) was called to order at 9:10 a.m. by Senator Dede Feldman, chair.

Present

Sen. Dede Feldman, Chair
Rep. Danice Picraux, Vice Chair
Sen. Rod Adair (11/11, 11/12)
Rep. Keith J. Gardner
Sen. Mary Kay Papen
Rep. Gloria C. Vaughn (11/11, 11/12)

Absent

Rep. Joni Marie Gutierrez
Sen. Steve Komadina

Advisory Members

Sen. Sue Wilson Beffort
Rep. Ray Begaye
Rep. Nathan P. Cote
Rep. Nora Espinoza (11/10)
Rep. Miguel P. Garcia
Sen. Linda M. Lopez (11/11, 11/12)
Rep. Rodolpho "Rudy" S. Martinez
Rep. Rick Miera
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez (11/11, 11/12)
Rep. Mimi Stewart

Rep. Jose A. Campos
Rep. Daniel R. Foley
Sen. Clinton D. Harden, Jr.
Rep. John A. Heaton
Sen. Timothy Z. Jennings
Sen. Gay G. Kernan
Rep. Antonio Lujan
Rep. James Roger Madalena
Rep. Edward C. Sandoval
Rep. Jeff Steinborn
Sen. David Ulibarri

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

Staff

Michael Hely
Karen Wells

Guests

The guest list is in the meeting file.

Handouts

Handouts are in the meeting file.

Monday, November 10 — Primary Care Association**Welcome and Introductions**

The chair recognized and thanked staff of the New Mexico Primary Care Association (NMPCA).

NurseAdvice New Mexico — Tour

Connie Fiorenzio, R.N., interim director of the nurse advice line, described the purpose and structure of the advice line. It is the first advice line of its type in the country and serves as a model for other states. It was funded for the first time in 2005, due to legislation sponsored by Senator Feldman. The multiple partners and contractors of the advice line were identified. Dr. Donald Johnson, medical director, Hidalgo Medical Center in Silver City, provided testimony via telephone, describing how the partnership with NurseAdvice New Mexico has benefited the clinic services that he manages. The line facilitates referrals, provider recruitment and retention, emergency response and individual responsibility for self-care. The line is connected to 911 and can arrange for transport to a hospital, if necessary. The statewide number provides one-stop access to a wide array of medical help. It also has an immunization advice line. A study conducted by the Department of Health (DOH) indicates that the line saves New Mexico an estimated \$3 million per year. Savings would increase if the line were fully funded and fully implemented. The line is working to contract with more partners, especially SALUD contractors.

Committee members asked questions and made remarks regarding:

- how savings are achieved;
- the impact of the line on diversion from emergency room use;
- the extent to which nurses work remotely;
- the specific need for additional funding;
- the opportunity to partner with 911;
- the nature of collaborations with 211 lines and the poison control center;
- whether the nurses who man the line have liability insurance;
- the ability of anyone to use the line, whether or not the call is funded by a partner or contractor;
- avenues to increase participation and support of the line;
- how other states manage funding and support;
- competition of national nurse advice lines with New Mexico's line; and
- the public/private partnership nature of the program.

The committee expressed interest in supporting funding to conduct a pilot project in partnership with 911 and asked Ms. Fiorenzio to provide the necessary detail to draft a bill. The committee also expressed support for a bill to require SALUD and other local contractors to utilize and financially support the New Mexico nurse advice line.

Ms. Fiorenzio led committee members on a brief tour of the call center.

Members of the LHHS and staff introduced themselves.

The Role of Primary Care Clinics and Health Care Access

David Roddy, executive director, NMPCA, was joined by Kevin McMullen, New Mexico Health Resources (NMHR), and Susan Martinez de Gonzales, deputy director, NMPCA. Mr. Roddy described the network of safety nets of primary care clinics in the state, and demographic information about the populations they serve. He identified sources of revenue to fund primary care clinics, and how those revenues are expended to serve the state. He discussed the Rural Primary Health Care Act, which provides critical financial support to these clinics, and identified federal support the clinics receive through the community health center program. To be eligible for both state and federal funds, clinics are required to serve low-income residents on a sliding-fee scale. Primary care clinics in New Mexico provide health care access to 130,000 uninsured New Mexicans. They collaborate with numerous partners to address asthma, cancer screening, diabetes, cardiovascular disease and many other chronic illnesses and their prevention. NMPCA members have also collaborated on uniform quality and performance improvement projects to improve health care in these areas. Access to dental care and behavioral health services remains inadequate. Mr. McMullen stated that the NMHR strongly supports the NMPCA and works hard to recruit providers for the clinics, especially in rural areas. Harvey Licht, DOH, informed the committee of the success of the rural tax credit.

Mr. Roddy identified the critical importance of enhanced Medicaid payments for the viability of these safety net providers. Many payers reimburse an insufficient amount to cover costs, including Medicare. A key to any health insurance reform measure is to expand the capacity of primary care clinics in rural New Mexico.

Committee members voiced questions and concerns regarding:

- the capacity of primary care clinics to serve current needs, and what would be needed to create new clinics;
- the current recruitment efforts of the NMHR for more than 300 physicians and 100 or more mid-level practitioners for primary care clinics;
- a request to have a list of the shortages in all health care professional areas in New Mexico and the estimated cost of this;
- the significant cost to the state of inadequate access to primary care providers;
- prevention measures and activities in primary care clinics;
- the extent to which telehealth is utilized;
- how to identify the top funding priorities and where best to invest limited resources;
- clarification regarding public and private primary care revenue sources; and
- the impressive record of clinics in serving New Mexico's health care needs.

Health Care Freedom and Privacy

Diane Wood, director, Northern Regional Office, American Civil Liberties Union, discussed the need for strict privacy provisions to be integrated into the foundation of health information technology infrastructure. Ms. Wood requested committee support of legislation to protect the privacy of patients. A rough draft of the legislation was described by Michael Hely, staff attorney, Legislative Council Service. Ms. Wood clarified that the proposed legislation does not encourage the implementation of electronic medical records, but is intended to protect privacy should electronic medical records be implemented. Mr. Hely stated that the bill is designed to fill in gaps not covered by the federal Health Information and Patient Accountability Act (HIPAA). He stressed that many elements of the bill will probably change before it is finalized.

Heather Brewer, executive director, NARAL Pro-Choice New Mexico, presented information and requested committee support for the proposed freedom of choice act, a bill intended to bring New Mexico into line with federal law, to protect women's right to choose reproductive health options and to ensure that physicians who provide reproductive health care options cannot be prosecuted.

Committee members made comments and asked questions regarding:

- exemptions in the proposed electronic records privacy bill;
- the prevalence of electronic medical records in use today;
- whether the protections in the proposed privacy bill would extend to individual web-based health records;
- whether hacking or data breaches are covered by the proposed privacy bill; and
- the need for educational outreach on how to protect one's privacy.

November 10 — UNM Health Sciences Center

Paul Roth, M.D., executive vice president for health sciences, welcomed committee members to the UNM Health Sciences Center.

Overview of National Telehealth Initiatives

Dale Alvorson, M.D., medical director, Center for Telehealth and Cybermedicine Research, described the organization and structure of the center. He reviewed the goals of telehealth, noting that national and worldwide networks and connectivity now exist in which New Mexico is able to participate. New Mexico is part of a national pilot program called the FCC Rural Health Care Telemedicine pilot program, which has a southwest telehealth access grid that includes 500 sites and 15 stakeholder groups. New Mexico has been awarded \$15.5 million over three years, dependent on the state matching \$2 million. The pilot has many partners, including the NMPCA and the Indian Health Service. Integration of networks is the key to the future success of telehealth.

Project Echo

Sanjeev Aurora, M.D., director, Project ECHO, showed a brief video introducing the program and discussing the epidemic of hepatitis C. Project ECHO, together with its partners, treats this disease using tele-technology. Dr. Aurora provided statistics about the incidence of hepatitis C in New Mexico and traditional means of treating the disease. By using technology, many more people can be treated at a greatly reduced cost. The program combines technology with disease management, case-based learning and a centralized database, thereby expanding the capacity of the state to address the disease. Project ECHO has a "knowledge network" that trains providers all over the state. Now that the model is established to treat hepatitis C, the program can move to other chronic diseases and have a huge health impact. Nurses, medical assistants and community health workers, in addition to physicians, use the model and have the opportunity to become certified as disease managers of chronic diseases. Evaluation of the project indicates that providers consider it to be a major benefit to them in treating patients in rural areas. Information was provided regarding the number of diseases Project ECHO is now treating and the breadth of services statewide. A funding request of \$750,000 to add additional sites and initiate new programs was made.

Video case presentations were demonstrated linking Espanola, Las Cruces, Las Vegas, Silver City, Carlsbad and First Choice in Albuquerque. Other colleagues and specialists were present in person and were introduced.

Center for Developmental Disability (CDD) REACH: Telehealth for Children with Disabilities

Deborah C. Hall, M.D., presented a telehealth demonstration of the CDD REACH program, which provides telehealth videoconferencing to connect families and children with special health care needs with consultation support and training. She described some of the services the center provides, including autism training, continuing education for providers, direct services and case consultations. The program has utilized FY09 core funding of \$120,000 to establish the telehealth capability. A video demonstration of the program allowed families and providers in Los Alamos, Carlsbad and Gallup to discuss ways in which CDD REACH has made a difference in their lives.

Envision New Mexico: The Initiative for Child Health Care Quality

Jane McGrath, M.D., director, Envision New Mexico, stated that the program is part of a national program to improve the quality of pediatric care in communities. The program works with pediatric practices across the state using tele-technology to provide case consultation and

specialized training to providers. The program has a special focus on obesity and diabetes. The program is directly modeled after Project ECHO. Video presentations included a physician at a school-based health center in Silver City, who described a teen lifestyle program that has been instituted and a nurse practitioner with the Taos Children's Clinic who told about the value of tele-conferencing in keeping providers connected and networked. Kirsten Bennett, pediatric nutritionist, Jane Epstein, nurse practitioner, Beth Goens, M.D., pediatric cardiologist, and Dan Rifkin, M.D., child psychologist, spoke to the value of the project and described their respective roles in it.

Committee members noted that childhood obesity is a well-known problem. Concern was expressed that the loss of physical education programs in schools is a big problem and that telehealth could provide a substitute for physical education. The potential of this program for improving health in school-age children while being very cost-effective is profound. The need for statewide body mass index data was expressed. The challenge of utilizing telehealth in school-based health centers that lack technological infrastructure was identified.

Telepsychiatry

Steve Adelsheim, M.D., director, Center for Rural and Community Behavioral Health, made some introductory comments about tele-behavioral health and partnerships in place to provide psychiatric services using telehealth. Direct services have centered on partnerships with the Indian Health Service. Building capacity through provider training and consultation is also central to the program. Joe Glass, behavioral health director, Mescalero Health Center, spoke via video to the importance of telehealth in bringing psychiatry to an area of the state that has no psychiatrists. Joleen Simmons, administrator of the center, also noted the program's benefits. A suicide prevention grant was awarded to a school as a result of this partnership.

Noel Clark, executive director, Carlsbad Mental Health Center, described in a video presentation how telepsychiatry has provided consistency and quality in service provision in Carlsbad. He stated that telepsychiatry is now considered mainstream medicine at the center.

Future of Telehealth in New Mexico

Bob Mayer, chair, Telehealth Commission, summarized the many successes in telehealth on which to build, the remaining challenges the state faces and future opportunities. Funding and sustainability are critical to the future of telehealth in the state. Extension and expansion of health services are central to the goals. Home health monitoring for stroke and asthma hold promise. Improving reimbursement and enhanced marketing will improve access to telehealth and make it easier to demonstrate telehealth as an opportunity for economic development as well as cost savings.

Committee members asked questions and made comments regarding:

- how to set priorities with anticipated limited state resources;
- the importance of educating third party payers, private doctors and other potential partners in expanding telehealth opportunities; and
- the big challenge of achieving effective coordination.

Public Comment

Dawn Brooks, director, San Juan Independent Practice Association, stated that she would like to see these programs expanded to public schools. Dr. Aurora stated that this is the next step for Project ECHO, with a focus on diabetes.

Dr. Aurora was asked what Project ECHO is doing to reach out to private physicians. He responded that use of telehealth may not be economically feasible for private physicians until reimbursement for these services is more routinely assured. Dr. Alverson described activities to overcome the obstacles to and demonstrate the benefits of the private use of telehealth. He emphasized the need for coordination. He expressed optimism as telehealth becomes more widely understood.

The meeting recessed for the day at 5:00 p.m.

Tuesday, November 11 — Metropolitan Assessment and Treatment Services (MATS)

The meeting was called to order at 9:15 a.m. The chair requested that the day begin with a moment of silence in honor of all veterans.

Veteran and Family Support Services

Linda Roebuck, director, Behavioral Health Collaborative, provided an overview of the veteran and family support services pilot program. The initial site is in Sandoval County, with future sites planned in McKinley and San Juan counties. She thanked the legislature for its financial support. Chris Burmeister, administrator, described that the program, which began in October 2007, is run by Presbyterian Medical Services. The program serves veterans and their families, addressing issues of soldiers returning from war, as well as affected family members. Active duty military personnel are also eligible to receive services. Case management is a crucial, core service, assisting clients with job placement, applications for benefits to which they are entitled, providing transportation and more. A free in-service training for clinicians was offered in February of this year to expose them to the unique needs of veterans. Deborah Alsholl, with the Consortium for Behavioral Health Research and Training, reviewed an evaluation of the program that was conducted. Data show the majority of people receiving services are Hispanic

men who have self-referred. The most common presenting issue is posttraumatic stress disorder. The issues and needs of National Guard veterans emerged as significantly different than other branches of the military. Significant and widespread outreach has been done to promote awareness and ensure effective collaboration. Recommendations to ensure sustainability and improve the program were made. Ms. Roebuck noted that Medicaid is the primary funder of these services, but that exploration into other ongoing funding sources has been identified. Third party billing will open up opportunities to serve other parts of the state.

Committee members had questions and made comments regarding:

- how the southern part of the state is or will be served;
- data showing areas of the state where veterans are located;
- the ability to seek services confidentially;
- collaboration with the Disabled American Veterans, the Vocational Rehabilitation Division of the Public Education Department and other organizations involved with veterans and the military;
- the role and effectiveness of the Workforce Solutions Department in serving clients;
- efforts to help homeless veterans find jobs;
- who the contractor will be for future sites;
- opportunities to utilize telehealth;
- criteria for choosing future sites and plans to serve the entire state;
- why federal funding is not being utilized more;
- how Native American traditional treatments can be incorporated into the treatment model;
- a motion to write a letter to the congressional delegation to request its support for this program's expansion; the motion carried;
- the recurring appropriation for this program (\$575,000) and whether the administration will be requesting expansion dollars;
- the prevalence of veterans in the southwest part of the state and the paucity of providers to serve them;
- a request that military women receive the same access to services as men and be equally recognized for their military service;
- the immediacy of the needs of military personnel returning from the Iraq war; and
- ways in which substance abuse and co-occurring disorders are handled.

A quorum being present, the chair entertained a motion to approve the minutes. There being no objection, the minutes were approved.

Veterans with Brain Injuries

Elizabeth Peterson, director of the Brain Injury Advisory Council, discussed the lack of precise data regarding the number of military personnel returning from war with brain injuries. The council is concerned about those whose brain injury is not obvious, identifying them and working with partners to develop a program to offer pre- and post-deployment screening to get baseline data. Inexpensive software already exists, and the New Mexico National Guard is willing and excited about participating in collecting this data. Working with the DOH, the Aging and Long-Term Services Department (ALTSD) and others, the council is developing an epidemiological study to collect this needed data. An appropriation was already made to the DOH that can be used for this purpose with a change in the appropriation language.

Scott Pokorney, program manager, Traumatic Brain Injury Trust Fund Program, ALTSD, described the program he manages. The program offers short-term service coordination, crisis interventions and life skills coaching. It is funded through a \$5.00 surcharge on traffic violations; however, the funds are declining. The services are available statewide to anyone who has a documented brain injury.

Committee members asked questions regarding:

- why the money in the trust fund is declining;
- why the fund receives no money from red light camera tickets;
- clarification about tools to accomplish pre- and post-screening;
- current use of such screening in schools' pre- and post-sports participation; and
- the lack of standardized pediatric screening for brain injury in youth.

Jim Jackson, Protection and Advocacy System, stated that red light cameras are not considered moving violations, and are civil, not criminal violations. Currently, only criminal violations are subject to the \$5.00 surcharge. He believes this could be changed with legislation. Representative Garcia mentioned that he previously carried legislation to make the red light camera program statewide and change it to a criminal violation; however, the measure failed. The chair asked whether the committee is willing to endorse including red light camera violations as qualifying for Traumatic Brain Injury Trust Fund contributions. An alternative approach is to include the surcharge as part of routine court costs. An observation was made that the red light programs in Santa Fe and Las Cruces are not covered by the law that governs the Albuquerque program. Staff was requested to research the options further.

Healing the Warrior Research Project

Sadhu Singh Khalsa discussed changes that are needed in public policy to support the development of new treatment models to serve veterans of foreign wars. He has developed a model of treatment that utilizes alternative approaches of healing. The rate of suicide for veterans is unacceptably high; current medically oriented treatment models are not working. His model addresses emotional, physical and psychological needs with a holistic approach. Philip Sachs, a Vietnam veteran, described his experience of receiving services from traditional avenues and from Mr. Khalsa's program. After the treatment from Mr. Khalsa, he is now pain-free. Mr. Khalsa calls his program "Healing the Warrior". Currently, insurance companies are largely unwilling to pay for alternative treatments, even though they are effective.

Committee members had questions and comments regarding:

- the future potential for such programs for veterans;
- opportunities to visit the treatment site; and
- other leaders in this healing transformation, such as Deepak Chopra and Dr. Andrew Weil.

Addiction Recovery Services

John Dantis, deputy county manager, Bernalillo County Public Safety Division, provided a brief overview of the addiction recovery programs he supervises, including a charter school in a jail, community case management programs, crisis response, MATS and more. All of these addiction recovery programs are focused on public safety.

Committee members had questions and comments regarding:

- sources of funding, including a liquor excise tax, grants and county and state funding;
- efforts to assist clients to find jobs;
- a suggestion that Secretary Doris of the Workforce Solutions Department make a presentation to the committee; and
- whether there are any incentives for hiring people who have graduated from recovery programs or who have been released from incarceration; staff was requested to research this.

Adan Carriaga introduced Carl Broach, clinical manager, who escorted committee members on a tour of the MATS facility.

New Mexico Advocates for Treatment Solutions

Nancy Koenigsberg, legal director, Protection and Advocacy System, presented the goals of an advocacy group called New Mexico Advocates for Treatment Solutions (NMATS). She introduced Rosemary Bauman, Debbie Wayne and Cammie Nichols as additional advocates for NMATS. Ms. Koenigsberg provided statistics and reviewed gaps in behavioral health treatment available in the state. Untreated mental illness is estimated to cost businesses and taxpayers \$3 billion a year. Only 19 percent of people in need of services actually receive services. As of 2006, New Mexico ranked last in per capita spending on mental illness. The state's delivery system is over-burdened and not meeting needs. Trends in service delivery are moving in the direction of more limited services, leaving the system very fragmented and difficult to access. This group offers two legislative proposals: safe houses as voluntary, short-term alternatives to hospitalization or jail; and urgent response teams to respond to situations involving people with urgent behavioral health needs. Details of the proposals were provided verbally and in handouts. Ms. Koenigsberg also reminded the committee of legislative action in 2008 that provides for more accountability from the Behavioral Health Collaborative by requiring a separate budget request. She urged the committee to demand that these two proposals be funded in that budget.

Ms. Wayne shared a personal story. Her daughter was killed by police while experiencing a mental health crisis. She strongly advocates for the creation of safe houses and well-trained urgent response teams.

Committee members asked questions and made comments regarding:

- the lack of sufficient acute care inpatient beds to treat mental illness;
- how safe houses and urgent response teams complete the continuum of needed mental health services;
- ways in which the behavioral health system has deteriorated in recent years;
- training for police officers in Albuquerque in crisis response;
- problems inherent in managed care as far as legislative power to appropriate is concerned;
- the number of people with mental illness in New Mexico;
- the importance of psychiatric nurses in safe houses as well as psychiatrists;
- how Medicaid regulations for comprehensive community support services have changed, resulting in limited services; and
- clarification regarding the legislative request.

Committee members discussed limited options for ensuring that these services be included in the contract for behavioral health services in New Mexico. A requirement for mental health crisis training for police officers could be put in statute, or a memorial could be created requesting local government bodies to require this. Training and implementation should have an element of objective, outside oversight by people with knowledge of mental illnesses. The committee agreed to review statutes in other states and explore options to address this important issue.

Underage Drinking Prevention

Shelly Mann-Lev, Office of Student Wellness, Santa Fe Public Schools, introduced Phil Baca, assistant attorney general, Glenn Wieringa, underage drinking coordinator, New Mexico Traffic Safety Bureau, and Dr. Karen Armitage, chief medical officer, DOH. The presentation covered the magnitude of the problem of underage drinking and offered solutions to address the problem. Ms. Mann-Lev presented statistics regarding underage drinking. Alcohol use among youth is a national crisis. Almost one-third of New Mexico youth report experience with binge drinking. Students are not merely having a few drinks; they are drinking to get drunk and are drinking at younger ages. New Mexico has the highest rate of underage drinking in the country. It will take direct services, education and training, as well as public policies, to shift the cultural and social norm and change behaviors about drinking.

Mr. Baca demonstrated popular drinks called "alcopops", which are marketed to youth. Containing up to eight percent alcohol, they are highly sweetened and attractively packaged. Representative Varela has agreed to carry a bill to tax these drinks and use the revenue to target underage drinking. The next generation of these drinks are alcohol energy drinks. They tend to lead to binge drinking. With appealing names such as "Sparks" and "Rock Star 21", they are easily confused with normal, highly caffeinated energy drinks. The attorney general is proposing a ban on these drinks. The industry itself is beginning to limit sales of these drinks. The third bill being proposed is a bill to authorize counties to impose local liquor excise taxes. McKinley County has had very promising results from having a tax like this. Representative Al Park has agreed to sponsor a fourth bill that will make it a crime to consume (not merely to purchase) alcohol, as most states already do. The final bill being proposed would limit alcohol advertising within a certain proximity to schools.

Mr. Wieringa drew the committee's attention to a newspaper insert developed by the DOH that is designed to educate parents about the dangers of underage drinking. It addresses the effect of drinking on a young brain. Another element of underage drinking prevention is with the police and enforcement of laws prohibiting the sale of alcohol to youth.

Dr. Armitage shared that the DOH is working on researching all possible sources of best-practice programs that the DOH could pursue. The DOH has been able to determine the cost of alcohol abuse by youth in New Mexico and have identified prevention strategies upon which it will focus.

Committee questions and comments were focused on:

- whether a tax would encourage youth in border towns to cross the border to obtain alcohol;
- the importance of meeting in advance with the appropriate legislative tax committees;
- the importance of after-school prevention programs;
- the importance of exemptions for parents who want to provide wine or alcohol to their children in their own homes;
- the problem of selling liquor to intoxicated individuals and the need to expand police officers' authority to issue citations in this circumstance;
- details regarding the proposed limitations on advertising alcohol to youth;
- constitutional barriers to limiting the content of alcohol advertising; and
- bills that still need sponsors (the ban on energy drinks and advertising and the authority to impose local liquor excise taxes).

Bernalillo County Off-Reservation Native American Health Commission

Keith Franklin, Bernalillo County commissioner, offered background information on long-standing efforts of the county to address off-reservation Native American health issues. There are over 50,000 Native Americans living off the reservation in the county. The Off-Reservation Native American Health Commission was started last year under the lead of Roxanne Spruce Bly. Members of the commission were identified, which include Representative Begaye. The commission advocates for those Native Americans with no tribal representation and no access to Indian Health Service facilities.

Dr. Nandini Kuehn was introduced as a person advising the commission on health policy and strategic plan development. Ms. Spruce Bly also introduced Norman Ration, executive director of the National Indian Youth Council, who is a member of the commission. Ms. Spruce Bly provided a summary of the mandates in the law and the progress to date. Dr. Kuehn presented a utilization data template that will be the foundation for the strategic health plan. She identified important partners at UNM who are helping them in their efforts. To be developed is a picture of the utilization of health services of off-reservation Native Americans in Bernalillo County and the resultant health disparities experienced by them. Mr. Ration stated that although the commission is starting with Bernalillo County, the scope of the problem is complex and widespread. Hopefully, this project will benefit all Native Americans in the future. He asked the committee for support for a bill for recurring funding to complete the report. The committee endorsed a request from Representative Stewart to support this bill.

Committee members had questions and comments regarding the following:

- a reminder that the governor vetoed \$150,000 from the budget to fund this effort; and
- a recommendation to meet with David Abbey of the Legislative Finance Committee prior to the upcoming legislative session.

Public Comment

John Snowden, National Alliance for the Mentally Ill (NAMI), requested committee support for continued funding for jail diversion and for \$100,000 to design a complex that will include a psychiatric hospital, a psychiatric emergency clinic and a short-term supportive housing facility in Sandoval County. Additionally, the NAMI Westside is advocating for phased-in fee increases for mental health providers. He provided a handout describing the goal of the psychiatric complex in greater detail. He also provided the priorities of Local Behavioral Health Collaborative 13.

There being no further public comment, the committee was recessed at 4:45 p.m.

Wednesday, November 12 — South Valley Health Commons

The meeting was called to order by the chair at 9:10 a.m. Committee members introduced themselves.

The Health Commons and Care of New Mexico's Uninsured

Art Kaufman, M.D., Department of Family and Community Medicine, UNM School of Medicine, provided an overview of the health commons model. It is an emerging, innovative strategy of health care delivery. He highlighted the Health Extension Rural Offices (HEROs) program that UNM created, which offers expertise on health data analysis, training, community planning, workforce training and telehealth technology.

Questions and comments from committee members covered issues regarding:

- ways to eliminate silos of care and billing;
- how the legislature can facilitate the necessary coordination and movement toward this type of delivery system;
- the lack of substance abuse training at institutions of higher learning and whether the medical school curriculum includes substance abuse training; and
- whether the health commons model offers opportunities for community service.

The Health Commons Model: Hidalgo Medical Services

Charlie Alfero, chief executive officer, Hidalgo Medical Services, provided an update on how the health commons model is working in Silver City and Deming, covering the array of services available and how well it is working. Mr. Alfero provided statistics about the people being served and the nature of the conditions being treated. He requested support for the Hidalgo Optimal Health Plan, a model of service delivery that could serve as a model for overall health reform in the state.

Committee questions and comments focused on:

- clarification regarding the legislative request;
- whether Hidalgo County would have to be carved out of the SALUD contract to accomplish its goals;
- support for the commons model and the Hidalgo County request;

- whether the Hidalgo Medical Center model could qualify as a primary care case management site; and
- the critical need to continue to focus on chronic disease management, such as for diabetes and obesity.

Sandoval County Health Commons: New Developments

Nikihanna Baptiste, executive director, Sandoval County Community Health Commons, introduced Yvette Way, community health worker, Mary Myers, co-manager and DOH liaison to the commons, and Leora Yeager, Sandoval County health planning consultant. Ms. Baptiste described the nature of the integrated health commons and family support program. She showed a brief video of the program, which is an established health commons model. Ms. Way told the story of a client that was referred to her and how she was able to meet her needs. Ms. Baptiste noted that the commons is becoming known as a virtual commons since the commons now serves families far from the central location. Ms. Myers provided details about the early childhood development programs offered through the family support program and utilizing the benefits of the DOH's Women, Infant and Children (WIC) program. Ms. Baptiste addressed the issue of sustainability for this model. They are committed to maintaining the core of the program and are resisting a return to a siloed model of care. They are working with the SALUD managed care companies and the Human Services Department (HSD) to ensure reimbursement for their services. They are also working closely with the DOH to support integration of services.

Committee questions and comments focused on:

- clarification on food supplements and the WIC program;
- Medicaid enrollment activities at the commons;
- the streams of funding available to support the commons model;
- how funding and service provision are integrated;
- the projected ability to utilize electronic medical records;
- whether there are any plans to have a primary care provider at the commons; and
- goals for statewide implementation, integration of funding streams and sustainability of this model; perhaps a study could be requested to develop a plan for this to be done by the early childhood network.

Paul Luna, president of First Choice Community Health Care welcomed the committee to the South Valley Commons and thanked legislators for their support.

South Valley Commons: On Becoming a Commons

Santiago Macias, M.D., clinical supervisor, and Michelle Varela, nurse manager described the process of becoming a health commons. Challenges include communication, training, outreach and multiprovider agency involvement. Goals include providing one-stop shopping for clients that goes beyond medical care. Ms. Varela provided stories of experiences of real clients. Dr. Macias grew up in the south valley of Albuquerque and has personal knowledge of the problems his patients are facing. He amplified the process the commons has undergone to integrate and unify services in one location by identifying barriers, including fear of the unknown and achieving a buy-in for the model. The presence of a physical help desk to orient clients is considered essential. Collaborative meetings, both social and informative, and a focus on training are key to success. The commons has an initiative called "passport", a document the clients keep

and bring with them to visits that consolidates documents and improves coordination and integration.

Dr. Macias and Melissa Manlove, administrator of First Choice, took committee members on a tour of the facility.

Health Information System Act Issues

Liz Stefanics, director, New Mexico Health Policy Commission (HPC), presented an overview of the Health Information System Act. She noted that the HPC is the legal entity to collect data from hospitals, but does not have the authority to share record-level data under any circumstances. This impairs the state's ability to do effective epidemiological studies on diseases in coordination with the DOH. She is looking for support for a change in the statute to allow certain record-level data to be shared for this purpose. Private, individual information would still be protected. This change would ensure that New Mexico could participate in federal studies and respond to required federal reports as most other states already can. She has worked closely with the New Mexico Hospital Association and DOH Secretary Vigil. Tres Schnell, DOH, spoke in support of the public health purpose of sharing this data. She noted that the DOH is governed by strict HIPAA requirements.

Committee members asked questions and made comments regarding:

- the nature of the record-level data that will be shared;
- the responsibility of the provider to ultimately protect the confidentiality of data;
- whether the DOH has any obligation to notify the individual concerned that data are being shared;
- public health reasons why patient specific data must sometimes be shared;
- the need to balance the need for research with the right to privacy;
- the difficulty of complying with Centers for Disease Control and Prevention reports regarding hospital-acquired infections (HAI) with the limitations of the current statute;
- the percent of records to which this change would apply; 100 percent would apply;
- a request from Representative Gardner to research the authority of the HPC to promulgate regulations, how they are appointed and to whom they are answerable;
- will the requested change result in a need for changes to billing codes?;
- the need to be very careful before proceeding with such a change;
- clarification about how this will benefit New Mexico; and
- a recommendation that the DOH be invited to present this issue to the committee and why the DOH is seeking this change.

Ms. Stefanics drew the committee's attention to a document that identifies what the statute requires, what the HPC is already doing and what it could do if it had adequate resources and more flexibility regarding data sharing. The statute sets the parameters to collect data and report on many things that would help inform policy, but which the HPC is not able to pursue at this time. Cliff Reese, former attorney with the DOH, raised the question of the degree the HPC is covered by HIPAA, and statutes (Section 14-6-1 NMSA 1978) that permit health data-sharing within the DOH.

Public Comment

Chris Shuey, environmental health specialist, shared a letter expressing concerns on behalf of retired uranium mining workers who are not covered by protections of the federal Radiation Exposure Compensation Act. This information was presented to the Indian Affairs Committee (IAC) which has endorsed requests for a health study, as well as a memorial urging Congress to study this issue. The Post '71 Uranium Workers Committee would like the opportunity to make a presentation before the committee. If that is not possible, the workers committee requests that the LHHS endorse the IAC actions. The chair indicated that this issue will be put on the matrix of legislative proposals to be considered in December.

The chair read written comments of a person unable to stay who wished to state her support for the health commons model, especially the Sandoval Valley Health Commons.

Issues Regarding Consolidation of Public Programs

Debbie Armstrong, deputy director, New Mexico Medical Insurance Pool (NMMIP), Dawn Brooks, commissioner, HPC, and Wayne Propst, director, Retiree Health Care Authority (RHCA), were invited to address concerns and issues regarding consolidation of public programs. Ms. Armstrong provided a brief overview of the history and purpose of the NMMIP. She identified elements of administration, eligibility requirements, types of plans offered and premiums. A low-income premium program makes the NMMIP available to people who lack the ability to pay full premiums. She discussed funding mechanisms, noting that the NMMIP provides an avenue to spread the losses of medically uninsurable people across the market, thereby reducing the burden on any one insurance company. She compared the NMMIP with other states' risk pools. Statistics and data were provided in additional slides.

Mr. Propst introduced two RHCA board members. He testified that the board policy has, in the past, opposed consolidation with other public bodies such as state employees, teachers or others. The board's position is that the RHCA's needs and members are significantly different since they offer a post-retirement benefit and the other public entities cover people who are still employed. Consolidation of internal billing and benefits would be very challenging; the RHCA's system is very different from the other public entities generally considered for consolidation. Past proposals, such as those considered during the last special session of the legislature, have been opposed by the retirees the RHCA represents. Segregation of funds is a critical element. The RHCA is willing to respond to any specific proposals that the committee would like to make.

Ms. Brooks reported that at a recent strategic planning meeting of the HPC, this topic was discussed. The HPC feels its function is unique enough that its independence should be preserved and kept separate. Without a specific proposal, it is difficult to respond to the issue.

Ms. Armstrong noted that with regard to consolidation, though the NMMIP wants to be part of health reform discussions, it too is uniquely different. It does not employ people. It is completely independent of government control. There are opportunities to strategize together, such as bulk purchasing, education and outreach, administration and other areas to enhance economies of scale and improve efficiencies.

Committee members asked questions and made comments regarding:

- clarification of sources of funding and expenditures for each of the panelists;
- how RHCA funds have been depleted by the current economic crisis;

- whether and how the panel members are working with the executive on consolidation proposals;
- the importance of collaboration and cooperation (versus protectionism) in considering health reform initiatives;
- the importance of removing silos and being creative;
- recognition of the unique nature of each of the panel's organizations;
- clarification of the total unfunded liability of the RHCA; currently, it is \$2.1 billion;
- the current solvency projection of the RHCA that the fund will last until 2019 without further changes; the policy of the board is to strive for a 15-year solvency;
- a suggestion that consolidation alone is insufficient to reform the health care system; reform should precede consolidation;
- whether health reforms would have a positive effect on reducing the unfunded liability of the RHCA;
- recognition that the Health Insurance Alliance should be involved in discussions regarding potential consolidation; and
- a suggestion that a memorial be introduced, calling on public entities affected by consolidation discussions to get together to discover areas of common ground.

There being no further comments, the meeting was adjourned at 3:30 p.m.

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

**December 3-5, 2008
Room 307, State Capitol
Santa Fe**

The sixth meeting of the Legislative Health and Human Services Committee (LHHS) was called to order at 9:30 a.m. by the chair.

Present

Sen. Dede Feldman, Chair
Rep. Danice Picraux, Vice Chair
Sen. Rod Adair
Rep. Keith J. Gardner
Sen. Mary Kay Papen
Rep. Gloria C. Vaughn

Absent

Rep. Joni Marie Gutierrez
Sen. Steve Komadina

Advisory Members

Sen. Sue Wilson Beffort
Rep. Ray Begaye
Rep. Nathan P. Cote
Rep. Nora Espinoza (12/4, 12/5)
Rep. Miguel P. Garcia
Rep. John A. Heaton (12/5)
Rep. Antonio Lujan
Rep. James Roger Madalena
Rep. Rick Miera (12/3)
Sen. Gerald Ortiz y Pino (12/3, 12/4)
Rep. Edward C. Sandoval
Rep. Mimi Stewart

Rep. Jose A. Campos
Rep. Daniel R. Foley
Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings
Sen. Gay G. Kernan
Sen. Linda M. Lopez
Rep. Rodolpho "Rudy" S. Martinez
Sen. Nancy Rodriguez
Rep. Jeff Steinborn
Sen. David Ulibarri

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

Staff

Michael Hely
Karen Wells
Tim Crawford

Guests

The guest list is in the meeting file.

Handouts

Handouts are in the meeting file.

Wednesday, December 3

Welcome and Introductions

The chair invited members of the committee and staff to introduce themselves.

Prescription Drugs in New Mexico: A Legislative History

Karen Wells, researcher at the Legislative Council Service (LCS), presented a matrix showing all the legislation related to prescription drugs that has been enacted since 1996. The legislature has been very active in this area, passing 30 measures. A copy of the matrix is attached to these minutes.

Committee members asked questions and made remarks regarding the following:

- why state nursing homes and hospitals are not reusing prescription drugs, as authorized by regulation;
- whether pricing information collected from drug manufacturers and wholesalers is being utilized to achieve cost savings;
- clarification about the federal 340B drug pricing program, and whether it is being fully utilized in the state; and
- how the Retiree Health Care Authority intends to utilize balances in the Prescription Drug Fund.

The Prescription Project

Harry L. Chen, M.D., representative, Vermont House of Representatives, reviewed the importance of the federal Food and Drug Administration (FDA) approval process for patents for prescription drugs, noting that these patents result in a virtual monopoly in drug sales for manufacturers. The Pharmaceutical Research and Manufacturers Association (PhRMA) is a very powerful lobbying organization. Dr. Chen identified reasons why continued attention to this subject is so important. Marketing, influencing physicians and the public, resulted in \$8.2 billion in expenditures in 2008. The number and cost of prescription drugs grew significantly from 1991 to 2004. He identified tools, gifts and methods manufacturers use to influence prescribers. These marketing approaches are proven to work to increase market share for specific drugs; however, they account for 30 percent of the cost of drugs. Only 10 to 15 percent of drug cost is due to research and development. Part of the increased cost to the system is due to physicians and patients switching from generic or low-cost alternative drugs to more expensive, brand-name drugs. Due to pervasive and frequent marketing, approaches are being followed by several states to counter marketing effects, including gift bans, gift disclosure, prescriber education and prescriber privacy. Bans prohibit or limit gifts from the industry to prescribers, and disclosure laws require reporting by the industry on how much is spent on gifts to providers. Mr. Chen suggested examining the Medicaid budget to determine how much is spent on prescription drugs by specialty. The use of drug samples, a key marketing tool, has been shown to increase the out-of-pocket costs for patients who receive them over time. Academic detailing is the practice of sending independent, trained clinicians to prescribers' practices to counter the information they receive from manufacturers. It provides evidence-based education to providers on prescription drugs. Model states for funding of academic detailing are Maine and Vermont. Dr. Chen also described the practice of data mining, whereby pharmaceutical manufacturers have access to provider-specific data regarding prescribing practices, and use that data to target their marketing. He reviewed laws enacted in several states to prohibit data mining. These laws have been

challenged in court as an infringement on the free speech rights of the manufacturers. Finally, he described the potential of enhanced use of generic drugs and therapeutic alternatives as a means to reduce pharmaceutical costs. In New Mexico, he estimates a possible savings of nearly \$72 million with greater use of generic drugs.

Committee members asked questions and made comments regarding the following:

- the use of vouchers distributed from physician offices in Vermont to promote the use of generic drugs. The state pays for the vouchers when they are redeemed using general fund dollars. The state finances the program using fees on manufacturers;
- who benefits financially from selling prescriber information to manufacturers;
- whether data mining occurs in the Veterans Health Administration system;
- whether the voucher program limits a person's access to brand-name drugs;
- clarification of the percent of marketing and the percent of research and development expenditures by manufacturers;
- whether any states have successfully limited the use of drug samples;
- how generic drugs may differ from brand-name drugs;
- how legislation to limit manufacturers' profits may impair incentives for new drug development;
- how states are paying for academic detailing, and the possibility of obtaining a Medicaid match for this; Medicaid does match this in Vermont;
- the experience of Massachusetts and other states in banning pharmaceutical gifts, and the policy of the University of New Mexico Medical School in this area; and
- the total dollar value of gifts to providers, and whether these gifts are taxable.

State Pharmacy Disease Management and Prevention Programs

Dale Tinker, president of the New Mexico Pharmaceutical Association (NMPHA), discussed programs in New Mexico in which pharmacies help manage disease and promote health. He pointed out that New Mexico has the second-lowest prescription drug cost of all the states. New Mexico's use of generic drugs in the Medicaid program is the highest in the nation. Mr. Tinker provided statistics about the impact of diabetes on health care costs and the shortages of primary care physicians to treat chronic disease. He reviewed legislation that has supported the use of pharmacists as clinicians and described programs in which pharmacists are providing care, including immunization and vaccinations, tobacco cessation, emergency contraception, diabetes management in public schools and brown bag medication reviews. The diabetes management program is a pilot being implemented in collaboration with the Public School Insurance Authority. Mr. Tinker provided statistics depicting the effectiveness of these programs in New Mexico and highlighted the NMPHA legislative priorities.

Questions from committee members focused on:

- the availability of pharmacists to vaccinate children and provide flu shots;
- the protocol for sharing immunization information with physicians and entering the information into the statewide immunization database;
- whether the reimbursement for vaccinations is adequate;
- whether pharmacists carry liability insurance; the answer was that they do;
- whether a list of certified pharmacy clinicians exists;
- problems in coordination of care, especially coordination of prescribed medication;

- whether the policy requiring amphetamines to be dispensed from behind the counter has had a positive impact on the problem of methamphetamine use;
- opportunities for Native Americans to become pharmacists; and
- a suggestion that the Department of Health (DOH) work with the NMPHA to increase utilization of the diabetes management program.

The committee members expressed a desire to endorse the NMPHA legislative request for pharmacist authority to initiate prior authorization.

There being a quorum present, the chair entertained a motion for acceptance of the minutes. Motion was made, seconded and unanimously adopted.

Service Seniors: Prescription Drug Programs for the Aging and Disabled

Buffie Ann Saavedra, program manager for the benefits counseling program of the Aging and Long-Term Services Department (ALTSD) covered details regarding drug coverage under Medicare Part D and other programs. She provided statistics regarding the extent of prescription drug coverage, by county, in New Mexico. A separate handout described outreach and education efforts in which ALTSD is involved. Ms. Saavedra described the availability of prescription drug plans under Medicare Part D in the state and subsidies that are available. She identified qualifications to receive extra help with prescription drugs.

Juanita Thorne-Connerty, program manager of MEDBANK, described the prescription drug assistance program at ALTSD. Outreach activities include working with local pharmacists to do brown bag assessments and to screen people for possible subsidies. The MEDBANK program is a computerized program that provides access to free or low co-pay prescriptions to consumers from drug manufacturers. Since 2003, prescriptions totaling more than \$13 million have been provided to New Mexicans. ALTSD also has a voucher program that provides one-time assistance of \$300 per person toward the purchase of prescription drugs while being approved for participation in MEDBANK. This program is accessed through 116 sites across the state and has enrolled more than 6,000 participants since its inception in 2003. All these programs are accessible by calling the ALTSD Aging and Disability Resource Center at 1-800-432-2080.

Questions of clarification were asked regarding:

- qualifications to enroll in MEDBANK and other prescription drug assistance programs at ALTSD;
- the point at which someone enters the Medicare Part D "donut hole";
- how outreach events accommodate Native American cultural and other language barriers;
- how people are served in nursing homes;
- reasons for gaps in coverage with people eligible but not enrolled in Medicare Part D;
- increases in Medicare Part D premiums this year, and how they impact members; and
- how MEDBANK is funded.

Prescription Drug Donation and Any Willing Provider

Barbara McAneny, M.D., representing the New Mexico Medical Society (NMMS), presented two issues for the committee's consideration, both of which were endorsed by the NMMS. She noted first that 37 states have enacted legislation to permit one patient to donate unused medications to another patient. She offered an alternative to other states' approaches by having these donations occur in physicians' offices and be handled similarly to the way sample drugs are dispensed.

Committee members had questions and comments regarding:

- the importance of liability waivers; and
- whether pharmacies or pharmaceutical companies will object to such a measure.

The chair asked if there was any objection to committee endorsement of the prescription drug donation bill. There being none, the bill will receive the committee's endorsement. Dr. McAneny then described the need for legislation to require managed care companies and insurance companies to contract with any provider willing to meet contractual requirements. This measure, she contends, will address the shortage of physicians and difficulty in recruiting physicians to New Mexico. Numerous other states have any willing provider laws, most of which are targeted to pharmacies. However, the issues are the same for physicians as for pharmacies. Additionally, enactment of this measure would help to ensure that patients would not need to choose another physician when their insurance coverage changes. Provisions should be addressed in the bill to assure quality measures and credentialing of qualified physicians.

Committee members asked questions and made comments regarding:

- whether parameters on reimbursement should be included in the bill;
- other measures that could be included, such as utilization and quality;
- whether the bill would include a provision for rejection of a particular physician; and
- the role of the New Mexico Medical Review Board in assuring the quality of physicians in the state.

Cancer Clinical Trials

Robert Hromas, M.D.; Terri Stewart, New Mexico Cancer Alliance; and Linda Siegle, lobbyist, presented a request to remove the sunset provisions from existing statutes to cover routine patient care for patients undergoing cancer clinical trials and to expand the provisions to include preventive trials.

Tax Credits for Qualified Workplace Wellness Programs

Jim Campbell presented a request on behalf of New Mexico First regarding a proposed public/private partnership to improve health, decrease health care costs, increase business activity and support economic development. The New Mexico First Town Hall meeting on health care reform endorsed the concept that employers who offer qualified workplace wellness programs and who invest up to \$300 per employee be eligible for a tax credit of up to 50 percent of their investment.

Several people testified about the benefit of their workplace wellness programs, including John Frankinini of New Mexico Mutual, Ann Reilly of Sandia National Laboratories, Deska Platz of Epicon Industries, Susan Coty of Johnson and Johnson and Doug Nakashima of YMCA of Central New Mexico. Marla Shoats, representing Blue Cross, Blue Shield (BC/BS), spoke about the internal wellness program in place at BC/BS and its experience that emphasizing prevention helps hold down insurance premiums. Obesity was recognized as a major problem and precursor to diabetes. William Johnson, former secretary of the Human Services Department (HSD) and former CEO of the University of New Mexico Hospital, talked about the cost of diabetes both to health and to physical well-being, and the latest thinking about disease management and prevention to combat this disease. The economic impact of untreated chronic disease on New Mexico is estimated at \$24 billion. Workplace wellness programs could save an estimated \$4.5 billion to the state, with a \$3.00 return for every dollar invested.

Federal Updates and Health Reform in the 111th Congress

Frederick Isasi, Senator Jeff Bingaman's legislative counsel for health care, gave an update on recent activity in Washington, D.C. Energy is high to pursue meaningful health care reform, though nothing definitive has been introduced. The obligation to reauthorize the State Children's Health Insurance program (SCHIP) is a top priority. Senator Binagaman is working hard to preserve the ability to continue to cover adults in this program, to use funding for children below 185 percent of the federal poverty level and to tie the growth of the program to an annual inflation factor. Together, the provisions should increase the flow of federal dollars to New Mexico. The bill currently has bipartisan support and the support of President-elect Obama. Passage of this bill will allow the state to continue the State Coverage Insurance (SCI) program. He noted the importance of keeping the level of funding for SCI because the state's allotment of new federal dollars will be based on current spending.

Committee members had questions and comments regarding:

- the anticipated time line for passage of this measure;
- the extent of ongoing communication with the Medical Assistance Division of the HSD; and
- the likelihood of the 111th Congress and the administration agreeing.

Secondly, Mr. Isasi discussed the potential for a temporary eight percent increase in the federal Medicaid match (FMAP). It is possible that clear information about this measure will be available during the New Mexico legislative session. This proposal is not tied to the economic indicators that the current FMAP calculation relies upon.

Committee members expressed concern and asked questions regarding:

- the difficulty of the legislature having to agree on a budget for Medicaid with FMAP information not certainly known;
- the desire of Congress to extend stimulus financial support to the states and FMAP as a vehicle for that;
- whether the SCHIP match will go up as well;
- the sustainability of the measure and recognition that if there are new enrollees during that time, the state will have an ongoing obligation to fund increased program costs;
- clarification about how the temporary funding will be used; and
- clarification that the increase in FMAP is not intended to increase the Medicaid program but is intended to decrease the state general fund obligation.

Finally, Mr. Isasi mentioned that President-elect Obama intends to focus on improving health information technology infrastructure as another way to provide state economic relief. Additionally, Senator Bingaman is trying to increase disproportionate share hospital (DSH) payments concurrent with FMAP increases. Mr. Isasi addressed health reform by stating that the direction is not currently clear, but the political will to move forward on comprehensive reform is strong. There is a possibility of comprehensive reform before the August recess. Reform will focus on getting more people covered, perhaps through employer mandates, creating a national exchange to facilitate enrollment in health care coverage, measures aimed at cost-containment and quality control, effectiveness of treatment modalities and a greater focus on the best way to provide care to the most expensive patients. Such reform could carry a price tag of up to \$200 billion annually.

Questions were asked regarding:

- how reform in the federal government with deficit spending permitted squares with states that have constitutional requirements for a balanced budget.

Social Worker Student Loan Forgiveness Program

Lisa Nance, social work student and representative of the National Association for Social Workers (NASW), presented information about the cost of social work education, and how the high cost of that education is a disincentive for pursuing a career in social work. Ms. Nance is requesting a memorial to study the feasibility of extending state loan repayment programs to social work students. Pat Terrell of the NASW noted the importance of assuring an adequate supply of health professionals, including social workers, for health reform efforts to be effective. He would like the memorial to include professionals other than social workers.

Committee members asked questions and made comments regarding:

- statutory provisions regarding professional loan repayments; and
- other professions, such as teachers, that would benefit from loan repayment.

Workers' Compensation for Farm and Ranch Workers

Kim Posich, Center for Law and Poverty; Tiffany Mercado, New Mexico Legal Aid; and Maria Martinez, Center for Law and Poverty, brought a workers' compensation issue to the committee. Mr. Posich stated that there are close to 23,000 farm and ranch workers, 63 percent of whom are field workers who are employed during growing season only. Their jobs are dangerous, their life expectancy is 49 years, they have a high injury rate and they are the only workers specifically excluded from the Workers' Compensation Act. He covered current provisions of this act and described an amendment they are seeking to remove this exclusion and to include protections for small and family farms. The proposed amendments would cover most agricultural workers but would also protect small family farms with fewer than three employees. Eleven percent of the farms and ranches cover 86 percent of the workers. Mr. Posich contends that agriculture in New Mexico can afford this coverage and provided data to back up his contention. Almost all of the states that provide more commodities than New Mexico already provide this coverage. Currently, 33 states require mandatory workers' compensation for farm workers. He identified a long list of organizations that endorse this measure.

Committee members asked questions and made comments regarding:

- whether there is an agreed-upon definition of what constitutes an agricultural worker;
- whether seasonal and contractual workers, and part-time workers, are included in the proposal;
- the difficulty of covering this population, including the problem of determining liability and citizenship and other very complex issues;
- how liability is determined when workers regularly move from job to job;
- how the endorsements from the Workers' Compensation Coalition and others who have endorsed this measure were achieved;
- the source of the estimates on the projected costs of providing coverage to agricultural workers;
- the proposal as one of fairness for the poorest of the poor;
- who exactly would be covered;
- why current equal protection laws do not already cover this issue; and
- whether inclusion of these workers will positively affect the rates of other workers by enlarging the size of the pool.

Public Comment

The chair asked those making public comments to limit their remarks to two minutes or less.

Reza Ghadimi, physician's assistant and New Mexico Medical Board member, requested consideration of a measure to allow certain physician assistants to work without direct supervision of a physician, as nurse practitioners already can. It would create a new category of physician assistant to be called "physician associate". The measure will address work force shortages.

Becky Beckett, president of the National Alliance for the Mentally Ill (NAMI) New Mexico, announced a meeting of the behavioral health caucus to be held tomorrow morning.

Charlie Marquez, representing the New Mexico Chili Association, noted that close to 60 percent of the chili growers already do provide workers' compensation. Chili growers have concerns about including migrant workers in this coverage, and they feel it opens the door to more litigation.

Halo Golden and Carin Dhaouadi asked for committee consideration for a bill to record stillbirths of infants weighing more than 500 grams in the vital records of the state. A similar measure to this one has passed in 25 other states.

The meeting recessed for the day at 5:20 p.m.

Thursday, December 4

The meeting was called to order at 9:30 a.m. The chair invited Representative-elect Eleanor Chavez to join the committee as a participant today.

Hospital Acquired Infection (HAI) Task Force Report

Alfredo Vigil, M.D., DOH cabinet secretary, introduced Karen Armitage, M.D., the medical director of the DOH. Dr. Vigil provided a brief overview of the importance and seriousness of HAI. He noted that a large number of health professionals all over the state work on identifying ways to prevent HAI every day.

Dr. Armitage provided background information and national statistics about HAI. An HAI Task Force to address the issue has now grown into an HAI Advisory Committee. This advisory committee is organized into four teams: a national health safety network users group; a technical support group; a quality assurance group; and a public information and risk communication group. New Mexico has been conducting a voluntary pilot project with six hospitals with the goal of gathering and reporting on central-line associated blood stream infections and influenza vaccination rates for hospital workers. The next steps involve inviting all New Mexico hospitals to enroll in a pilot year and to begin to address remaining challenges, including the cost and necessary support for the process of gathering and reporting data, validating the data, assuring the use of best practices in addressing infections and managing events.

Committee members asked questions and made comments regarding:

- the difference between the way infections are dealt with in Europe as opposed to this country;
- whether a simple approach, such as a checklist, could improve America's experience;

- ideal ways to promote best practices;
- whether mandatory reporting will result in more transparency to the public;
- the importance of achieving balance between the need for transparency and the burden placed on hospitals with any mandate;
- the importance of a collaborative process in developing reporting requirements;
- whether the DOH receives any information that has been mined from billing codes;
- the potential for reports to unfairly represent a hospital that has more infections due to population density;
- whether the indigent population has a greater incidence of HAI;
- the correlation between unsafe practices and malpractice;
- how soon any reports of the pilot project with data will be available;
- whether there is a correlation between adequate staffing levels and HAI;
- clarification regarding the details of a proposed bill, and a reminder that a bill was introduced in 2008 that could serve as a model; and
- a recommendation that language to include the legislature be in a proposed bill.

Health Authority and Health Reform Options

Michael Hely, staff attorney at the LCS, reviewed the various approaches to a health authority that have been previously considered in a legislative session. He noted the complexity of this issue and the many ways in which an authority could be construed. Key variations include the composition of the board; whether the executive or legislature appoints the director of the authority; the duties and responsibilities of an authority; whether the authority is a planning and policy recommending body or a body with rule-making authority; whether a legislative health committee should be created to oversee the authority; and the extent to which existing health-related entities should be consolidated into an authority. The governor introduced a bill during the special session to create a health care administration with responsibility for identifying a specific plan for moving toward consolidation of many public bodies with health care responsibilities under one roof. Mr. Hely noted that another reform proposal that has been proposed is the creation of a health insurance exchange to centralize activities and facilitate enrollment into health insurance plans. The proposed Health Security Act creates a health care commission and establishes a cooperative model of governance and administration.

Committee members asked questions and made comments regarding:

- clarification regarding the models of an authority as reflected in previous bills;
- the lack of non-partisan agreement on an approach to a health authority or comprehensive health reform;
- recognition that health reform on the federal level is likely with the new administration;
- whether and how the goal of providing access to health care for the uninsured is addressed;
- whether reform efforts should be comprehensive or incremental;
- the challenge of considering comprehensive reform in an environment of very limited resources;
- a reminder that the committee has heard a lot of testimony over the interim about reforming the health care delivery system to improve quality and lower the costs of health care;

- the need for health care expertise to assist the legislature in the job of reforming the health care system;
- an observation that an authority should not resemble the New Mexico Behavioral Health Collaborative; and
- agreement that legislative authority should be preserved.

Ruby Ann Esquibel of the HSD was asked whether the governor intends to propose any health reform legislation in the upcoming session. Ms. Esquibel reported that there will probably be some reform legislation, but they have not determined yet what it will be. They are not focusing on an authority but remain interested in insurance reform, getting more people covered and possibly employer mandates.

The chair requested staff to present a bill previously drafted for her, but not introduced in the special session, as a measure on the matrix of legislative options to be considered by the committee.

Public Comment

Terry Reilly thanked the committee for its thoughtful consideration of health reform. He spoke in favor of the proposed Health Security Act. He noted that a Health Action New Mexico forum this week attracted a huge crowd, all interested in health reform, most of whom favor the Health Security Act. He implored the committee to keep the act "on the table" for consideration.

Mary Feldblum, Health Security for New Mexicans Campaign, also spoke in support of the Health Security Act. She contends that there are only two paths to reform: keep the private insurance model or move toward a government-controlled model. She also contends that the Health Security Act is the most cost-effective model of reform being considered.

Denise Burd and her daughter, Luanne, spoke in favor of transparency in medical recordkeeping. She and her daughter did medical transcription out of her home for years and later were fired. She is advocating for more accessible venues for the public to raise concerns and a requirement that nonprofits that accept public funds have open board meetings.

Anna Otero Hatanaka, director of the Association for Developmental Disability Community Providers, testified that the association has prioritized its appropriation requests. Modified handouts are available for interested committee members.

Brandi Prince of San Juan County Independent Practice Associates spoke in opposition to the Health Security Act. She contends that there are an inadequate number of providers to serve every person in New Mexico.

Nandini Keune, an independent health policy consultant, spoke in favor of a health care authority. She identified several features of an authority she considers to be important. She noted that inaction is expensive, and without reform, costs will continue to escalate.

Debbie Maestas Trainer spoke on behalf of New Mexico Health Underwriters in opposition to a single payer system.

Presentation of Potential Legislative Agenda and Discussion

Karen Wells and Michael Hely distributed two matrices reflecting legislative requests with and without appropriations that were presented to the LHHS for consideration at some point during the interim. The committee was reminded to consider the economic stress facing the state when prioritizing appropriation requests and to remember that many safety net programs, including Medicaid, are struggling to stay even. Many of these requests were accompanied by bill drafts. Senator Feldman described a process by which she desires these measures to be prioritized by all committee members. Committee members were asked to indicate their top 10 requests from each list and mark their matrices accordingly. Mr. Hely and Ms. Wells will tally the priorities and present the results to the voting members for a final decision on which bills should obtain a committee endorsement. The chair went through the requests one by one and invited discussion, questions and clarifications from the members.

The committee recessed for the day at 4:30 p.m.

Friday, December 5

The meeting was called to order by the chair at 10:30 a.m. The tally of committee member priorities was presented in two new matrices. The voting members of the committee agreed to consider for endorsement those requests that four or more committee members had supported as a priority. Requests identified as a priority by three or fewer committee members would not receive the committee endorsement, except that three requests for memorials, identified as a priority by three committee members, would receive the committee endorsement. These additional memorials request a study of methods to replicate a health commons model of health care delivery that focuses on women, infants and children, request an end to the *Jackson* lawsuit and advocates joining the Indian Affairs Committee in an endorsement of a request to Congress regarding uranium workers. One request, dealing with a woman's right to choose reproductive health options, was identified as a priority by six members; however, it was rejected by the voting members and will not receive the endorsement of the LHHS. Each of the remaining items were discussed by the voting members, were voted upon separately and will receive the LHHS endorsement. A record of the votes was maintained. Mr. Hely and Ms. Wells were reminded that some measures had been endorsed in action at previous meetings, and those should be reflected in the final tally. Potential sponsors were identified for all of the endorsed measures and most of the non-endorsed measures. Ms. Wells agreed to create a final matrix reflecting the endorsements of the committee.

Several committee members asked for clarification regarding the process for pre-filing bills, as well as the process for obtaining co-sponsors. Committee members were encouraged to seek co-sponsorship for LHHS-endorsed bills from all members, voting and advisory, of the committee. Staff was requested to prepare a memorandum to remind committee members of the details of these processes.

The committee was adjourned for the year at 2:30 p.m.