

**MINUTES  
of the  
FIFTH MEETING  
of the  
ECONOMIC AND RURAL DEVELOPMENT COMMITTEE**

D

**October 10-11, 2013  
Santa Claran Hotel and Casino  
Española, New Mexico**

The fifth meeting of the Economic and Rural Development Committee (ERDC) was called to order at 9:00 a.m. by Senator Howie C. Morales, chair, on Thursday, October 10, 2013, at the Santa Claran Hotel and Casino in Española, New Mexico.

**Present**

Sen. Howie C. Morales, Chair  
Rep. Debbie A. Rodella, Vice Chair  
Sen. Jacob R. Candelaria  
Rep. Ernest H. Chavez  
Rep. Nora Espinoza  
Sen. Ron Griggs (Oct. 10)  
Rep. Yvette Herrell  
Sen. Richard C. Martinez  
Sen. Michael Padilla  
Sen. Pat Woods (Oct. 10)

**Absent**

Rep. George Dodge, Jr.  
Rep. Mary Helen Garcia  
Sen. Phil A. Griego  
Rep. Dianne Miller Hamilton

**Advisory Members**

Sen. Craig W. Brandt  
Sen. Lee S. Cotter  
Rep. Sandra D. Jeff (Oct. 10)  
Rep. Georgene Louis  
Rep. James Roger Madalena (Oct. 10)  
Sen. John Pinto  
Rep. William "Bill" R. Rehm  
Rep. Nick L. Salazar  
Rep. Monica Youngblood

Rep. Zachary J. Cook  
Sen. Timothy M. Keller  
Sen. Carroll H. Leavell  
Rep. Patricia A. Lundstrom  
Sen. Mark Moores  
Sen. Mary Kay Papen  
Rep. Patricia Roybal Caballero  
Rep. James E. Smith  
Rep. Thomas C. Taylor

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

**Staff**

Monica Ewing, Staff Attorney, Legislative Council Service (LCS)  
Tessa Ryan, Staff Attorney, LCS  
Branden M. Ibarra, Intern, LCS

**Guests**

The guest list is in the meeting file.

### **Handouts**

Copies of all the handouts are in the meeting file.

### **Minutes**

The committee, without objection, approved the minutes of the fourth ERDC meeting.

### **Thursday, October 10**

#### **Welcome and Introductions**

Senator Morales welcomed the committee and members of the audience. He announced that there were presenters and others in the audience who would be taking photographs or video footage during the meeting, and he confirmed that there were no objections by the committee. Because the meeting was held in Representative Rodella's and Senator Martinez's districts, they served as co-chairs for the meeting.

#### **Welcoming Remarks**

J. Bruce Tafoya, governor, Pueblo of Santa Clara, welcomed the committee to the pueblo's hotel and casino. He noted the Santa Claran Hotel and Casino is an important economic development investment, and despite hard economic times, the pueblo is experiencing economic recovery. Governor Tafoya emphasized some of the economic development obstacles that the pueblo has faced, including wildfires, severe rains and certain interactions with the federal government. He said that the state has assisted the pueblo in its recovery from many of those obstacles, and he expressed gratitude for that assistance.

Governor Tafoya addressed several important issues for the pueblo, including Indian gaming; natural disasters; education; and capital outlay and tribal infrastructure funds, and he provided the committee with a written statement. He specifically addressed the "free play" issue that is central to gaming compact negotiations and emphasized the millions of dollars in gaming revenue sharing that the pueblo pays to the state. On the issue of health care, he added that the pueblo has proposed to develop a health clinic in cooperation with the City of Española, which would reduce travel for pueblo members who currently drive to Santa Fe for health care.

With respect to capital outlay funds and tribal infrastructure funds, Governor Tafoya stated that those funds are critical for the pueblo, and for tribes and pueblos around the state, to assist with developing necessary community infrastructure, such as water, sewer, roads, electricity and telecommunication lines. Lack of such infrastructure contributes to poor quality of life in many tribal communities. He expressed the need for the state to provide for additional funding, including capital outlay, to be used for tribal infrastructure opportunities.

Governor Tafoya closed his remarks by describing his vision for the pueblo and his people, which includes self-determination, sovereignty, culture, traditions and fluency in the Tewa language.

## **Questions**

A committee member asked Governor Tafoya to clarify the pueblo's position on the way free play was addressed by the Navajo Nation. Governor Tafoya stated that free play is not in his pueblo's compact, and he added that the pueblo believes free play does not constitute money changing hands but is, rather, a casino's offer for a visitor to play for free. Another member noted that compact negotiations are ongoing, and she hoped discussions would continue.

A member asked whether one of the pueblo's priorities is to secure funding to complete the Santa Clara Adult Day Care Center. The governor agreed that the center is a priority and that the pueblo has attempted to secure funding for several years, and this year, the pueblo has prepared and submitted a business plan to the Aging and Long-Term Services Department (ALTSD) in support of the pueblo's request for funding. The committee decided to submit a letter to the Indian Area Agency on Aging within the ALTSD, expressing the committee's support of the funding request.

A member noted that the pueblo's economic development plan should serve as a model for other communities because of its successful diversification of development projects and priorities.

## **The Health and Welfare of New Mexico's Children**

James Jimenez, director of policy, research and advocacy integration, New Mexico Voices for Children, discussed his organization's work on behalf of the state's families and children. He highlighted a new program called "New Mexico Kids Are Counting On Us", which focuses on the welfare of children in New Mexico. He stated that New Mexico ranks fiftieth in the country with respect to child welfare and that there are many problems underlying that ranking that need to be addressed. He made several recommendations to the committee, including reforming tax and budget policies, overseeing Medicaid enrollment and expanding new-mother home visiting programs. He provided copies of New Mexico Voices for Children's policy agenda, which emphasizes the importance of addressing poverty, lack of health insurance and early childhood education.

## **Questions**

A committee member asked for additional information about the home visiting program, and Mr. Jimenez responded that the program provides for a social worker to visit the homes of new parents to provide basic information about nutrition and parenting skills. He emphasized the importance of investing in families to prepare them for better social outcomes, and he explained that, over the long term, such investment would improve the economy of the state.

In response to Mr. Jimenez's statement that enrollment of children in Medicaid is declining, a member asked why the Human Services Department (HSD) has claimed that enrollment among children is rising. Mr. Jimenez stated that the HSD has requested \$17 million less for Medicaid, and his organization is concerned about how the decreased Medicaid funds will be used. He added that outreach is very important because of the rural nature of the state. The member then asked what kind of impact child health and well-being has on New Mexico's

ability to attract businesses and economic development opportunities to the state. Mr. Jimenez responded that the state's economic development strategy needs to include investment in people and in education. He stated that Rio Rancho's economic development plan includes a refusal to bring companies into the community unless they pay wages that are equal to or greater than market competitors.

### **Dental Health in New Mexico: Dental Therapist Legislation**

Before the start of this presentation, the committee declined to reverse its earlier decision to allow videotaping of the meeting.

Pamela Blackwell, project director, Oral Health Access, Health Action New Mexico, addressed the state's significant shortage of dental professionals. She noted that the recent expansion of Medicaid could result in increased demand for providers. She said that dental therapists provide high-quality, effective dental care to rural and tribal communities. In many cases, dental therapists are members of the communities in which they serve and are, therefore, culturally competent in addition to being dental health providers. Alaska recently implemented a dental therapist program that has resulted in 40,000 additional Alaskans receiving routine dental care. She emphasized that a dental therapy program would be a great opportunity for the state to improve access to dental care throughout the state.

Ms. Blackwell stated that some New Mexicans have to travel 90 minutes by car to reach the nearest dental health care provider. In order to access dental health care for their children, many New Mexicans have to take time away from their jobs and take their children out of school in order to accommodate a dental appointment, in addition to a commute to and from a dental office. She added that less than one-half of the people in the state receive annual check-ups with a dentist, and many communities have been unsuccessful at recruiting dentists to practice in their communities.

Stephanie Woods, a certified dental health aide therapist, who received her training in New Zealand, testified about her training and her practice in Alaska. She informed the committee that children are in need of education on the importance of brushing their teeth regularly. She recalled a school-based program in which she participated that encouraged children to develop good oral and dental hygiene.

Dezbaa A. Damon-Mallete, D.M.D., a dentist from Gallup, explained for the committee why she supports a dental therapy program. Dr. Damon-Mallete said that she is a member of the Navajo Nation, and she wanted to return to her home after dental school so she could practice in her community. She emphasized the importance of cultural competency in dental health care, the fact that dental therapists have a limited scope of practice and the fact that dental therapists are supervised by dentists.

Mary Altenberg, executive director, Community Dental Services, Inc., stated that in 2008, the state cut dental care-focused funding administered by the Department of Health, and in recent years, the cost of providing dental care to rural and underserved communities has grown

immensely. She expressed support for the creation of a dental therapist program and stated that dental therapists would be able to provide certain aspects of dental care in communities without dentists.

Finally, Kristen Christy, executive director, Union County Network, expressed her support for a dental therapy program. She stated that Clayton, her home town, has also struggled to recruit a dentist to that area of the state, and a dental therapist in the community would be welcomed by Clayton's residents.

### **Questions**

A committee member asked what additional training a dental therapist would need if he or she wanted to practice dentistry. Dr. Damon-Mallete responded that a therapist would need additional training and formal education to become a dentist. The member expressed concern that the New Mexico Dental Association (NMDA) is not supportive of the dental therapy program and recalled that earlier in the year, Health Action New Mexico and the NMDA were asked to meet together to work through issues related to the legislation. Ms. Blackwell stated that the two groups met on May 18, 2013, but they had been unable to schedule subsequent meetings, despite her organization's willingness to meet.

In response to a question about the difference between current mid-level dental providers and dental therapists, Ms. Blackwell stated that there are approximately 33 services that a dental therapist can provide that a dental hygienist cannot provide. A member stated that a diagram showing the levels of dental providers and the differences between their scopes of practices would be a helpful tool for legislators.

Another member thanked the presenters and noted the high-paying jobs that could result from this legislation.

### **The Federal Patient Protection and Affordable Care Act (PPACA) and Maternal Health Care in New Mexico**

Dr. Lee A. Reynis, director, Bureau of Business and Economic Research at the University of New Mexico (UNM), gave a presentation to the committee on maternal health care in New Mexico. Dr. Reynis presented data on maternal care in the state, which included the following statistics:

- the annual number of births in the state has held steady at about 27,000;
- in 2011, 98% of births were hospital births;
- medical doctors attended 66% of the births in 2011, down from 88% in 1990; certified nurse-midwives attended 24%, up from 10.6% in 1990; and licensed midwives attended 4.5%, up from 0.9% in 1990;
- 76% of births were vaginal births, down from 80% in 1997; 23% were by Cesarean sections, up from 17% in 1997, representing a 36% increase; and
- over 50% of babies are born to single women, up from 35% in 1990.

Dr. Reynis informed the committee that the costs of maternal care have been on the rise and will continue to increase. New Mexico has a history of a very low rate of insured residents, and it is currently ranked in the top three states with the lowest number of insured residents. In the individual insurance market, there is little to no maternity coverage, and Medicaid provides full coverage for pregnant women who are at or below 133% of the federal poverty level, but only for pregnancy-related care.

Dr. Reynis stated that the PPACA includes many provisions that increase a woman's access to prenatal care and maternity care and that help cover the costs of labor and delivery. The PPACA requires insurance exchange plans, and new plans in individual and small group markets, to include maternity and well-baby care. In addition, new private plans are required to cover prenatal visits, many preventive prenatal services and breastfeeding supports, and those plans might not include cost-sharing for those coverages. Regarding New Mexico's decision to expand Medicaid, she noted that millions of low-income mothers will be able to maintain their maternity-related coverage.

Regarding implementation of the PPACA, Dr. Reynis noted that low population density and the expansive geography of the state create difficulties in informing and enrolling New Mexicans in health care plans. She added that the same difficulties exist with respect to access to maternal care in the state.

Dr. Reynis stated that the state has an opportunity to address the issue of burdensome professional liability insurance — an issue that the PPACA did not resolve. She noted that medical malpractice lawsuits related to labor and delivery can be filed many years after delivery, and the high cost of professional liability insurance encourages many providers to leave private practice to become employees of a health organization.

### **Questions**

A committee member echoed Dr. Reynis' comments about Medicaid expansion and a resulting increase in the number of health care-related jobs in the next 10 years.

Another member asked where information on enrollment and outreach could be found. Dr. Reynis said that such information will be available on the state's health insurance exchange web site: [www.bewellnm.com](http://www.bewellnm.com).

### **Native Americans Navigating the New Mexico Health Insurance Exchange**

Roxane Spruce-Bly, a representative of Native American Professional Parent Resources (NAPPR), and Jane Larson, executive director, NAPPR, discussed their work with tribes in connection with health care and the New Mexico Health Insurance Exchange (NMHIX). Ms. Larson stated that in addition to NAPPR's NMHIX-related work, NAPPR also offers services, such as early intervention, information on infant and toddler care and home visitations to Native American children and families. The organization has been in operation for more than 30 years and provides services to families in Bernalillo, Cibola, Sandoval and Valencia counties.

The presenters noted that there are specific provisions in the PPACA that relate to Native Americans. Specifically, they noted that persons who are eligible to receive services from an Indian Health Service provider are exempt from the PPACA's requirement to acquire health coverage. Members of federally recognized tribes who are enrolled in an NMHIX plan, and whose income is at or below 300% of the federal poverty level, are exempt from cost-sharing. Approximately 26,000 Native American persons will be eligible to enroll in an insurance plan through the NMHIX.

Ms. Spruce-Bly reviewed the four levels of plans — platinum, gold, silver and bronze — offered on the NMHIX. She noted that the plans offer the same essential health benefits and quality of coverage, but they differ in the amount of premiums paid and in the percentage of cost-sharing to which an insured will be subject. She emphasized that it is difficult for some consumers to understand that the platinum plan will not offer better coverage and that if they meet certain income levels, they will have access to subsidies that could eliminate out-of-pocket expenses. This common misunderstanding is something that NMHIX "health care guides" can help to clarify for consumers. Another misunderstanding, Ms. Spruce-Bly noted, is the fact that the Indian Health Service does not provide health insurance coverage, is not a protection against risk and does not guarantee that services, such as cancer treatment, will be covered.

NAPPR will be part of the state's strategy on navigating the NMHIX. At least 30 NAPPR health care guides will work with Native American communities in New Mexico to deliver outreach, education and enrollment information. Ms. Spruce-Bly highlighted the fact that the outreach services would be delivered in the Keres, Dine, Towa, Tiwa, Tewa, Zuni and Jicarilla languages. NAPPR's goals include delivery of outreach and education in the state's Native American communities except for the Navajo Nation, which is working directly with the NMHIX to set up a navigator system by June 30, 2014, and enrollment of 2,660 individuals by June 30, 2014, which number represents 10% of the total number of persons who likely qualify.

### **Questions**

In response to a question about outreach and enrollment, Ms. Spruce-Bly stated that a schedule of NAPPR's service delivery would be posted on a calendar on the NMHIX web site. She added that NAPPR had already begun its outreach work through subcontracts with tribes and that tribes are providing NAPPR with information about their communities' specific outreach and education needs.

Another member suggested that the Legislative Health and Human Services Committee would be interested in hearing NAPPR's presentation.

### **PPACA: Impacts on New Mexico's Economy**

Greg Geisler, analyst, Legislative Finance Committee (LFC), presented some of the economic impacts of the PPACA on New Mexico. He noted that the LFC's analysis shows that PPACA-related revenues, including personal income tax, gross receipts tax and premium tax, outweigh expenditures related to new Medicaid enrollees during the first six years of the program, after which time the state could incur additional costs.

Regarding the impact of the PPACA on the fiscal year (FY) 2014 budget, Mr. Geisler stated that the FY 2014 budget reflects six months of PPACA impact. The total appropriation for FY 2014 was \$4.37 billion, which is an increase of 7.9% over the FY 2013 appropriation. He noted that the major increases in the Medicaid budget include \$19.2 million to replace the expiring tobacco revenue set-aside and \$14.8 million for costs related to the PPACA.

Mr. Geisler also addressed the impact on the FY 2015 budget and highlighted the fact that the total Medicaid budget increased by \$374.3 million, due primarily to Medicaid expansion and an increased amount of Medicaid behavioral health services. He stated that there has been slower enrollment in Medicaid, especially among children, and the HSD has over-projected expenditures partly due to the slow enrollment. He added that the HSD's FY 2015 budget request of \$4.67 billion is approximately \$200 million less than an earlier estimate and forecast. For the past three fiscal years, the HSD has stalled Medicaid growth, and managed care expenditures remained flat from FY 2010 to FY 2013. Mr. Geisler stated that there are questions about the pace of expanded enrollment and how medical providers will absorb additional Medicaid clients.

### **Questions**

A committee member asked Mr. Geisler what the dollar amount would be if the HSD Medicaid request is 2% less than the previous fiscal year. Mr. Geisler stated that the total budget increased by \$325 million.

### **Liquor Control Act Task Force Update**

Jennifer Anderson, director, Alcohol and Gaming Division (AGD), Regulation and Licensing Department (RLD), and J. Dee Dennis, Jr., superintendent, RLD, spoke to the committee about the outcome of Senate Memorial 77 (2013), which requested the formation of a liquor control task force to assess issues related to liquor licensing and proposed changes to the law and suggested ways to make the liquor control system more user-friendly. Ms. Anderson stated that the task force was being created and, once created, would be meeting throughout the state. Public input from task force meetings would be compiled by the task force.

Superintendent Dennis stated that he hoped the task force would be able to make proposals for changes that would not harm current license holders. For this reason, he said, public input on the issue from the industry as well as from legislators would be an important part of the process.

Ms. Anderson proposed that representatives, or their designees, from various entities be asked to serve on the task force, and she asked for the committee members' input on the proposed list of members. The committee announced no objections to Ms. Anderson's proposal. She noted that representatives from additional interest groups, as they were identified, could be included in the task force. Ms. Anderson added that she and the AGD would keep Ms. Ewing apprised of the dates and locations of task force meetings so that she could keep the committee informed of the task force's work. She stated that the AGD would be glad to make presentation to the committee during the 2014 interim.

## **Questions**

A member stated that he had introduced legislation to try to improve liquor licensing and to remove obstacles for businesses that cannot afford a liquor license, which costs \$300,000 to \$1 million. He added that making improvements to the system is a great opportunity for economic development in the state. He expressed his interest in the task force and said he would like to attend its meetings.

Another member of the committee asked about the number of licenses currently held. Ms. Anderson stated that the state is currently 40% over its own quota system, which provides for one license per 2,000 people. She noted that many licenses were "grandfathered in", and that is part of the reason that the quota has been exceeded. She stated that she hopes to be able to bring legislation during the 2015 session to help correct some of the issues with the system.

## **Recess**

The committee recessed for the day at 4:25 p.m.

## **Friday, October 11**

Representative Rodella reconvened the meeting at 9:20 a.m.

## **Welcoming Remarks**

Alice A. Lucero, mayor, Española, welcomed the committee. She noted that the federal government shutdown and national economic crisis have had significant effects on Española, but the city continues to pursue revitalization projects and other economic development initiatives.

## **Española Public School District Update**

Dr. Daniel Trujillo, superintendent, Española Public School District, provided an update. He stated that there are currently approximately 4,000 students enrolled in the district. The public school buildings are in need of renovations, especially due to the recent heavy rains in the area, and the district's budget has experienced significant cuts in recent years. Dr. Trujillo stated that a new elementary school would serve the needs of the whole community, but it would cost approximately \$17 million to \$21 million to complete. He added that capital improvements are needed throughout the district.

## **County Economic Development: Rio Arriba County**

David Trujillo, assistant county manager, Rio Arriba County, provided the committee with an update on the county's current economic development projects. He stated that the county is losing its young adult population, and he mentioned the county's deficit in available housing and competing enterprises in neighboring counties. He noted that there are currently 12,000 wells in operation in the county, which produce both natural gas and oil. This industry generates \$1.2 million in revenue for the county and provides jobs and other educational programs. He added that Tierra Amarilla is struggling economically due to its lack of infrastructure, and farmers and ranchers are struggling to get their crops and livestock into viable markets. He

concluded his presentation by noting that a commercial kitchen in the community would help generate economic growth and development within the county.

### **Economic Development and Deal-Closing Funds: New Mexico**

Gary Tonjes, president, Albuquerque Economic Development, stated that in recent months, the state lost one of the largest job-creation opportunities presented to the state — a multibillion-dollar project that would have created 3,000 construction jobs and more than 2,000 permanent employees — due to a lack of funding and resources. The state's lack of a "job-creation fund" or a "deal-closing fund" is a significant economic issue. Such a fund would hold state funds to be used to secure economic development projects in the state.

Mr. Tonjes stated that companies are looking for capital offered by a state that could be invested into the expansion of their businesses. He noted that critics of the deal-closing fund model have described it as "corporate welfare"; however, large corporations create jobs and help expand economies. Texas' deal-closing fund holds \$250 million, and California has \$500 million in economic development incentives and recently established a deal-closing fund. Mr. Tonjes noted that New Mexico has traditionally used Local Economic Development Act funds to secure bigger projects, but it is very difficult for the state to compete with Texas' and California's deal-closing funds.

### **Questions**

A member asked Mr. Tonjes his opinion on what in the state's infrastructure is most in need of investment. Mr. Tonjes responded that the state's water infrastructure and transportation are in need of investment.

### **PPACA: Impacts on Higher Education in New Mexico**

Ed Moreno, senior policy analyst, Higher Education Department (HED), and Dr. Vanessa Hawker, director of budget and administration, UNM Health Sciences Center, addressed issues related to higher education and the impact of the PPACA. Mr. Moreno shared Secretary Jose Z. Garcia's regrets at not being available for the meeting due to a scheduling conflict.

Mr. Moreno stated that the HED provides oversight for the higher education system in the state, and he noted that higher education is currently looking at issues related to health care. The HED administers and budgets approximately \$6 million for scholarship and loan-for-service programs that affect students in the health care industry. Among the HED's emphases are education programs that develop the state's health care work force and close the labor-pool gap. Mr. Moreno also expressed support for educational savings plans, which encourage people to save for college education.

Dr. Hawker stated that House Bill 19 (2012) required an electronic survey to be administered statewide to assess the numbers of health care professionals currently practicing in the state. The survey results and data from the LFC show that the state's need for health care professionals is greater than anticipated. She suggested that to increase the number of nurses, the state should expand its nursing programs that are accredited by the National League for

Nursing Accrediting Commission or the Commission of Collegiate Nursing Education. She recommended that incentives for hospitals and clinics be developed to increase the number of clinical preceptors.

Dr. Hawker discussed the shortage of primary care physicians and recommended that a multifaceted approach be taken to address the shortage. She discussed the implementation of a loan repayment program and other financial assistance programs to help encourage physicians to practice in underserved areas. In addition, she suggested increasing state-funded primary care physician resident slots in the state.

Finally, Dr. Hawker addressed the shortage of dental professionals in the state and suggested that increasing the funding for students to participate in the Western Interstate Commission for Higher Education (WICHE) program could help support New Mexicans who want to be dentists. She noted that, currently, 92% of WICHE students return to the state.

### **Questions**

A member asked whether UNM would request increased funding in connection with nursing. Dr. Hawker replied that it would and that UNM would like to expand nursing programs. In response to another question, Dr. Hawker confirmed that the state has a shortage of both practicing nurses and nursing faculty. She also stated that loan repayment programs are working better than loan-for-service programs as incentives in New Mexico.

Another member asked how much it would cost to expand the WICHE program. Mr. Moreno stated that those figures were not yet ready, but he estimated that it could cost over \$2 million.

### **PPACA: Impacts on New Mexico's Work Force**

Joy J. Forehand, deputy secretary, Workforce Solutions Department (WSD), spoke to the committee about the impact of the PPACA on her department. She noted that training and work force development strategies and initiatives in connection with health care have become high priorities since the passage of the PPACA. An increased demand for services, an aging population and an increase in the prevalence of chronic illnesses will also affect the work force in the state. The health care industry employs a wide variety of workers and is currently one of the largest employers in New Mexico.

The WSD currently offers on-the-job training, individual training accounts, apprenticeships and customized training programs. New Mexico currently has more than 400,000 individuals who are eligible for adult basic education services, and the department's "WorkKeys" program offers assistance through education and job-skill development.

### **Questions**

A committee member commented that the kind of services offered by the WSD will be important in addressing the state's shortage of qualified workers. Another member asked whether there are any partnerships among the United States military and military bases in the

state and state entities to help encourage hiring unemployed veterans in the state. Deputy Secretary Forehand stated that communication with the military could be initiated to investigate employment opportunities for New Mexicans.

A member asked what kind of coordination the WSD has with other agencies, such as the Department of Health. Deputy Secretary Forehand stated that there is a great opportunity for collaboration, especially with regard to data. She added that the department uses federal guidelines for gathering statistics and data.

**Adjournment**

There being no further business before the committee, the fifth meeting of the ERDC for the 2013 interim adjourned at 1:00 p.m.

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