

**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.

