

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

August 22, 2007
UNM Gallup/Zuni Campus, Room 103
Pueblo of Zuni

August 23-24, 2007
UNM-Gallup Campus
Gurley Hall, Room 205/207

The third meeting of the Legislative Health and Human Services Committee was called to order by Senator Steve Komadina on Wednesday, August 22, 2007, at 1:20 p.m. at the University of New Mexico (UNM) Zuni Campus in the Pueblo of Zuni, New Mexico.

Present

Sen. Dede Feldman, Chair
Rep. Danice Picraux, Vice Chair (Aug. 23, 24)
Sen. Rod Adair (Aug. 23, 24)
Rep. Keith J. Gardner
Rep. Joni Marie Gutierrez
Sen. Steve Komadina
Sen. Mary Kay Papen (Aug. 23, 24)
Rep. Gloria C. Vaughn

Absent

Advisory Members

Rep. Ray Begaye
Rep. Jose A. Campos (Aug. 23, 24)
Rep. Daniel R. Foley (Aug. 23, 24)
Rep. Miguel P. Garcia (Aug. 24)
Rep. John A. Heaton (Aug. 23, 24)
Rep. Antonio Lujan
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez
Rep. Jeff Steinborn (Aug. 23, 24)
Rep. Mimi Stewart
Sen. David Ulibarri (Aug. 22, 23)

Sen. Sue Wilson Beffort
Rep. Nora Espinoza
Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings
Sen. Gay G. Kernan
Sen. Linda M. Lopez
Rep. James Roger Madalena
Rep. Rick Miera
Rep. Luciano "Lucky" Varela

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

Staff

Raúl Burciaga
Beverly Jimmerson
Jennie Lusk
Tim Crawford

Wednesday, August 22 — Pueblo of Zuni**Call to Order; Housekeeping**

Senator Komadina announced that Senator Feldman had been delayed in the New York airport and that she asked him to chair the meeting until she arrived. He thanked the acting administrator of the UNM Zuni campus for hosting the meeting and introduced Cedric Lupee, acting administrator for the Pueblo of Zuni, who coordinated the meeting.

Pueblo of Zuni — Welcome

The chair recognized Governor Norman Cooyate, who presented a moving and thoughtful overview of the Zuni tribe and its health care resources and needs. Governor Cooyate was accompanied by head Councilwoman Shelley Chimoni and council members Wynona Stacey Peynetsa, Carleton Albert and Dixie Tsabebaye. The pueblo has an Indian Health Service (IHS) hospital, dialysis unit, active Head Start and senior citizens centers and audiology and optical services. Major challenges include alcohol abuse and its effects, lack of health care providers and youth issues, including aggression, suicide and early parenting. The tribe is in need of additional funding for senior services, full-time audiology, a facility for optical services, staff for the teen health center, abuse prevention efforts and transitional housing. Governor Cooyate asked the state to consider a mental health facility for Native Americans.

Senator Feldman arrived during this presentation and assumed the chair.

Pueblo Health Committee of the All Indian Pueblo Council

Senator Feldman recognized Ken Lucero, chair of the council comprising the governors of the 19 pueblos and the health committee dedicated to improving health status and access to health services. Mr. Lucero described the recent Governors' Health Summit held July 19, 2007. At the summit, tribal governors determined such major health needs as dialysis services close to home, emergency health services, health care for elders, hospital services and long-term health care, e.g., cancer. The governors urge support for the New Mexico Indian Health Care Improvement Act, which was introduced in the 2006 session as HB 784.

Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) and Navajo Epidemiology Center

Senator Feldman recognized Francine Romero, Ph.D., director of the AASTEC, who introduced her colleague, Dornell Pete, MPH, from the Navajo Epidemiology Center. The AASTEC is tribal-based, meaning the tribe determines the program goals and objectives. She expressed the need for more training of state personnel in tribal

approaches to Indian health; establishing American Indian training and internship opportunities; and AASTEC involvement in state data gathering and reporting.

Ms. Pete discussed the Navajo-specific work of her center, including a project on cancer, pandemic influenza preparedness, surveys of health and nutrition, behavioral risk and pregnancy risk assessment.

Albuquerque Area Indian Health Board (AAIHB)

Senator Feldman recognized Marianna Kennedy, executive director of the AAIHB, who stated that the AAIHB has seven member tribes: Alamo, Ramah, Mescalero, Jicarilla, Tohajilee, Ute Mountain and Southern Ute. The Albuquerque Area Southwest Tribal Epidemiology Center is one of the AAIHB programs, along with audiology services, HIV/AIDS and cancer education and outreach and the Native American Research Center for Health.

First Nations Healthsource (FNH)

Senator Feldman recognized Dr. Tassie Parker for an overview of FNH. A nonprofit Indian health clinic in Albuquerque established in 1972, it is the only urban Indian health center in New Mexico. The clinic provides a broad array of services, including primary care, dental care, behavioral health treatment and prevention, traditional healing and youth mentoring.

Mathematica Study Overview for Members of the Public

Senator Feldman asked Mr. Burciaga, assistant director for drafting services, Legislative Council Service, to give a brief overview of the recent study and the differences in the proposed programs as they were analyzed by Mathematica.

Public Input

Terry Riley encouraged the committee to recommend universal health care. Susan Rodriguez said she is a long-time resident of the Zuni area and encouraged additional funding for Native American health care. John Snowden, representing the National Alliance for the Mentally Ill Westside, advocated for more mental health care and handed out an 11-page summary and budget.

Thursday, August 23 — UNM-Gallup

Department of Health — Native American Health — State-Tribal Protocol

Senator Feldman recognized Sam Howarth, Ph.D., director, Office of Policy and Multicultural Health (OPMH), Department of Health (DOH), and Ron A. Reid, Ph.D., Native American liaison, OPMH, DOH. Dr. Howarth discussed the Indian liaisons to health-related state agencies and, specifically, the newly created American Indian Health Advisory Committee for the DOH. He shared the "State-Tribal Protocols" developed for use across all health and human services agencies. Among its other accomplishments discussed, the DOH has funded Navajo medical interpretation services. To date, five cohorts of 12 interpreters have been trained.

University of New Mexico Hospital — Albuquerque IHS — All Indian Pueblo Council — Lease Arrangement

Senator Feldman recognized Maria Rickert, acting CEO, Albuquerque Service Unit, IHS, and Steve McKernan, CEO, UNM Hospital. Ms. Rickert discussed the history of IHS funding and the roles of Bernalillo County and UNM Hospital in agreements with the federal government for provision of health care to Indian populations. Mr. McKernan answered questions from the committee about funding for services, use of the State Coverage Insurance (SCI) and UNM Cares programs and geographic requirements for eligibility.

Health Care Reform Efforts — American Association of Retired Persons (AARP) Perspective

Senator Feldman recognized Joanne Lamphere, national coordinator, State Health and Long-Term Care Team, Government Relations and Advocacy, AARP, who gave an overview of needs in New Mexico and offered these suggestions for expanding affordable coverage: 1) expand and consolidate public programs; 2) increase access through work or state alliances; 3) create subsidies to help low-income people pay for coverage; and 4) improve delivery of services.

Health Insurance Reform Efforts

Senator Feldman welcomed Mila Kofman, J.D., associate research professor, Health Policy Institute, Georgetown University, who discussed insurance as a business and efforts to minimize competition based on risk. Legislative interventions include guaranteed renewability, guaranteed issue and access, and coverage standards or mandates. She discussed rate standards and that New Mexico has no guaranteed issue requirements and allows rate bands (i.e., higher rates to businesses with medical needs). In nine of the 10 states with community rating, the percent of small businesses offering health insurance exceeds the national average, while states without community rating have the least affordable small-group premiums and high uninsured rates. Upon request of the committee, Ms. Kofman offered to review the state's risk pool and will give suggestions to improve it.

Health Care Reform — Issues for Consideration Relating to the Mathematica Study

Upon recognition by Senator Feldman, Cheryl Fish-Parcham, deputy director for health policy, Families USA, began a discussion of the gaps in New Mexico health coverage and offered some recommendations to resolve those gaps. Specifically, Families USA recommends expanding Medicaid and SCHIP to 300% of the federal poverty level, adding a medically needy "spend down", increasing Qualified Medicare Beneficiary/Specified Low-Income Beneficiary to 300% of the federal poverty level, improving Medicaid and SCHIP enrollment and taking action to assure retention in the programs. It also offered recommendations to improve SCI. For private insurance, Families USA recommends state limitations on loss ratios, and consistent rate reviews for both public and private products. It offered recommendations to spread the cost of high-risk patients, guarantee coverage and increase quality. It supports a separate health care authority.

Gallup Indian Medical Center

Senator Feldman called upon Ben Yazzie, acting CEO of the Gallup Indian Medical Center. Mr. Yazzie briefed the committee on the current operations of the Gallup Indian Medical Center, its outreach and its clinics. He reviewed funding for IHS hospitals and ways the committee could support improved health outcomes.

Mathematica Study Overview for Members of the Public

Senator Feldman asked the audience members if they needed an overview of the Mathematica Study. The committee decided to skip the overview.

Public Input

The committee heard comments from Ron Berg, D.C, Homer Robinson with the New Mexico Center for Law and Poverty, Terry Riley and Charlotte Roybal, who represents the Health Care for All campaign.

Friday, August 24 — UNM-Gallup

Centers for Native American Health (CNAH)

Senator Feldman recognized Gayle Dine Chacon, M.D., director of CNAH and associate professor at the UNM Health Sciences Center (HSC), who explained the center's efforts to develop partnerships with tribal communities. The CNAH delivers recruitment and retention programs, provides technical assistance and outreach and partners with the Albuquerque Area Southwest Tribal Epidemiology Center in research and investigation. Since the program's inception in 2005, there have been 51 Native American graduates in health-related fields and another 22 are expected by the end of 2007.

Medicaid Outreach and Enrollment

Senator Feldman recognized Pam Hyde, secretary of the Human Services Department (HSD), and Matthew Onstette, assistant director of the Medical Assistance Division, HSD. They briefed the committee on Medicaid and SCHIP, including enrollment efforts and outreach strategies as well as budget impacts. Ms. Hyde clarified that the requirement to document eligibility every 12 months is a federal mandate, not an HSD policy. She also shared the multiple reasons for enrollment fluctuations and her projections of a \$20 million budget deficit for FY08. She also warned that the Medicaid budget, even with expansion requests, never assumed full enrollment of all eligible children or adults.

Medicaid — Enrollment of Children

Senator Feldman called upon Eric Griego, executive director, and Bill Jordan, policy director, both from New Mexico Voices for Children, and Gail Evans, legal director, New Mexico Center on Law and Poverty, to discuss the recommendations from New Mexico Voices for Children. They stated that Medicaid is a critical part of any reform and the current lack of continuity of care is a problem for children. They said the number of eligible children not enrolled in Medicaid ranges from 46,000 estimated by

HSD to the Kaiser Foundation estimate of almost 73,000. They recommended steps to achieve full enrollment, including funding to cover all, and to increase retention.

Public Health Funding and Access for Rural and Underserved Areas

Senator Feldman called upon Arthur Kaufman, M.D., vice president for community health and chair of the Department of Family and Community Medicine, UNM HSC, and Sanjeev Arora, M.D., executive vice chair of the Department of Internal Medicine and principal investigator for Project ECHO, to discuss UNM community training programs. In January 2007, nine education sites had been implemented; two are entry-level BSN and seven are RN-to-BSN, with a total enrollment of 65 students. They have established a cooperative pharmacy program with New Mexico State University (NMSU) with joint recruitment; two years at NMSU, three years at UNM and a final year of rotations in southern New Mexico. They have high school summer programs and after-school clubs in the middle schools to introduce health careers through hands-on activities. In the school of medicine BA/MD program for 2006 and 2007, more than 67% of students are from outside Albuquerque and more than 65% are underrepresented minorities. Through the HSC Preceptor Program, an average of 140 students annually complete rotations in rural or underserved communities. Additionally, the HSC hosts two telehealth programs and established a dental residency (nine of 16 graduates stayed in New Mexico), clinical outreach programs and the Center for Rural and Community Behavioral Health.

Environmental Health Impact of Uranium Mining

Senator Feldman recognized Johnnye Lewis, Ph.D., DABT, director of the UNM-HSC Community Environmental Health Program and the Community Outreach and Education Program. The programs at UNM are funded through a grant from the National Institute of Environmental Health Services. They work collaboratively with the Navajo Nation and health groups, including the epidemiology center and DOH, as well as the federal Environmental Protection Agency (EPA) and the National Institute for Occupational Safety and Health. It is estimated that over 1,000 abandoned uranium mines are on the Navajo Nation and less than half have been reclaimed. Aside from the dangers of injury, children playing in them are likely being exposed to radioactive elements, heavy metals and strong acids and bases. These elements are also found in the tailings that children have been observed playing in, including sandpiles. People can be further exposed through unregulated ground water and consuming plants and animals grown with contaminated water and soils. Effects can be latent, taking two to 30 or more years to show up. Major concerns are with kidney health, lung cancers and respiratory disease. At initiation of the Eastern Navajo Health Board, Project DiNEH (Diné Network for Environmental Health) was developed. Project DiNEH has posted unsafe water sources, developed a kidney surveillance system, including clinical lab tests and research, tested soil has EPA-certified eight homes for soil removal in May 2007. A study of Navajo uranium millers that will provide more data will conclude within the next couple of years.

Other Committee Business

Senator Feldman requested information and testimony from representatives of

two groups that were not on the agenda. Norman Ration of the National Indian Youth Council and Keith Franklin of the Albuquerque Metro Native American Coalition discussed the health care plight of off-reservation Indians, the lack of adequate funding from the federal government, the changes in the UNM Hospital contract and the fact that FNH is the only primary care provider. They asked the committee to advocate for more federal funding, increase enrollment of off-reservation Indians in existing programs, require UNM Hospital to serve off-reservation Indians as well as the indigent and to enforce the 1952 contract. Their handout contained good data and actions to carry out their recommendations.

Anslem Roanhorse, Jr., executive director of the Navajo Nation Division of Health, presented a written statement about the Navajo Nation, the uniqueness of the nation and health data. He pointed out that funds spent per year per person for the American Indian (\$1,600) are about half the amount spent on federal prisoners. He stated that there are challenging social issues that affect health care, for example, over 30% of homes lack complete plumbing, 60% lack phones and 78% of roads are dirt or gravel. He pointed out that the Navajo death rate due to diabetes, tuberculosis and pneumonia are each about triple the U.S. rate. He thanked the committee for meeting for two days in Gallup and requested adequate and appropriate tribal consultation before implementing health care reforms.

Public Input

Dr. David Webb read a statement expressing the frustrations of a medical provider in today's medical environment, especially the medical decision process with preauthorization. Jana Gunnell thanked the committee for its perseverance.

Adjournment

The committee adjourned at 3:20 p.m.