

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

**October 22, 2019
State Capitol, Room 307
Santa Fe**

**October 23, 2019
Northern New Mexico College
Room AD 101/102
921 N. Paseo de Onate
Española**

**October 24, 2019
State Capitol, Room 311
Santa Fe**

The seventh meeting of the Legislative Health and Human Services Committee (LHHS) was called to order by Senator Gerald Ortiz y Pino, chair, at 9:21 a.m. on Tuesday, October 22, 2019, in Room 307 of the State Capitol in Santa Fe.

Present

Sen. Gerald Ortiz y Pino, Chair
Rep. Gail Armstrong (10/23, 10/24)
Rep. Joanne J. Ferrary

Absent

Rep. Deborah A. Armstrong, Vice Chair
Sen. Gregg Fulfer
Rep. D. Wonda Johnson
Sen. Bill B. O'Neill
Sen. Cliff R. Pirtle

Advisory Members

Rep. Phelps Anderson
Rep. Karen C. Bash
Rep. Rachel A. Black (10/22)
Rep. Rebecca Dow (10/23)
Sen. Linda M. Lopez (10/22, 10/24)
Sen. Michael Padilla
Sen. Mary Kay Papen
Rep. William B. Pratt (10/22)
Sen. Nancy Rodriguez
Sen. Antoinette Sedillo Lopez (10/24)
Sen. William P. Soules (10/22, 10/23)
Sen. Elizabeth "Liz" Stefanics

Rep. Micaela Lara Cadena
Rep. Zachary J. Cook
Rep. Doreen Y. Gallegos
Rep. Miguel P. Garcia
Rep. Dayan Hochman-Vigil
Sen. Gay G. Kernan
Rep. Rodolpho "Rudy" S. Martinez
Sen. Mark Moores
Rep. Andrea Romero
Rep. Patricia Roybal Caballero
Rep. Gregg Schmedes

Sen. Bill Tallman (10/22)
Rep. Elizabeth "Liz" Thomson
Rep. Christine Trujillo (10/22)
Rep. Linda M. Trujillo (10/22)

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

Staff

Andrea Lazarow, Bill Drafter, Legislative Council Service (LCS)
Sabina Gaynor, Bill Drafter, LCS
Karen Wells, Contract Staff, LCS

Guests

The guest list is in the meeting file.

Handouts

Handouts and other written testimony are in the meeting file.

Tuesday, October 22 — State Capitol, Santa Fe

Welcome and Introductions

Senator Ortiz y Pino welcomed the committee, staff and members of the audience. Members and staff introduced themselves.

Long-Acting Reversible Contraception (LARC)

Jane W. McGrath, M.D., professor, Department of Pediatrics, Division of Adolescent Medicine, and director, LARC Mentoring Program (LMP), University of New Mexico (UNM) Health Sciences Center (HSC); Helen Oquendo del Toro, M.D., assistant professor of obstetrics and gynecology, and medical director, LARC Mentoring Program, UNM HSC; Cathy Rocke, deputy director of programs, Public Health Division, Department of Health (DOH); Denicia Cadena, policy director, Young Women United; and Abigail L. Reese, Ph.D., C.N.M., interim executive director, New Mexico Perinatal Collaborative (NMPC), addressed the committee.

Ms. Cadena described access to contraception and family planning services in the state. She highlighted the role of DOH public health offices and school-based health centers (SBHCs) as service providers. She also discussed the Human Services Department's (HSD's) increased Medicaid reimbursement rates and billing innovations related to contraception.

Ms. Cadena then talked about the LARC work group, its goals and its priorities, including the following: offering provider and staff education and training; performing policy and advocacy outreach; and confronting coercion and bias by offering an entire range of patient counseling, given the history of forced sterilization among women of color.

Ms. Rocke explained the DOH's role in providing LARC services, in particular, outreach and education efforts through public health offices and social media campaigns. She noted that the DOH works with SBHCs to ensure that youth are aware of LARC and have confidential access to services, regardless of their ability to pay.

Dr. McGrath described the LMP that is based at UNM. She explained that the LMP addresses the shortage of physicians experienced with LARC methods by offering training, in collaboration with the Bixby Center for Global Reproductive Health at the University of California, San Francisco. She explained that with this training, physicians can master the skills necessary to provide LARC services to their patients.

Dr. McGrath highlighted the effectiveness of the LMP since its inception in 2017. She stated that, initially, funding was provided by four private foundations. She added that in 2019, the legislature provided a \$1.1 million appropriation. Dr. McGrath then stated that recurring funding to sustain the program for five years will be requested during the 2020 session. She discussed strategies, in particular, expanding LARC training to include nurse practitioners, nurse midwives, physicians' assistants and primary care physicians and collaborating with DOH public health offices to provide LARC services. She discussed requesting an additional \$350,000 for a public awareness campaign to improve LARC awareness and to combat coercion and bias.

Dr. Oquendo del Toro distributed samples of LARC devices and described their uses. She discussed the importance of training health care providers in greater depth to improve access to LARC. Dr. Oquendo del Toro also discussed training staff about billing and coding to ensure full insurance reimbursement for LARC services.

Dr. Reese described the NMPC, which works with advocates and community members to make improvements in reproductive, maternal and infant health care outcomes statewide, in particular by reducing the high rate of unintended pregnancies that occur during the first year postpartum. She discussed the immediate postpartum LARC initiative, which offers women the opportunity to receive LARC while still in the hospital after delivery. She described the NMPC's accomplishments since the inception of this initiative.

Questions and comments by committee members included the following:

- asked what is being done to expand access to contraception in the state, Ms. Cadena asserted that New Mexico is a national leader in this area and includes coverage for contraception without copayments or deductibles;
- when asked about adolescents who need contraceptives but who are unwilling to discuss the issue with their parents, particularly when covered by their parents' insurance, Ms. Cadena highlighted the role of counseling in SBHCs and noted that many contraceptive products are available as over-the-counter drugs;
- in response to why there are fewer providers in some counties, particularly in Indian country, Dr. McGrath noted that UNM and the DOH are working with the federal

- Indian Health Service of the United States Department of Health and Human Services to train providers there;
- in response to whether entities that produce or sell LARC devices provide training, Dr. McGrath noted that there are some requirements for training regarding implantable devices, but not for contraceptives in general;
 - in response to whether the Burrell College of Osteopathic Medicine (BCOM) is participating in the LMP, Dr. McGrath stated that the LMP is working to expand the program to the BCOM;
 - asked about the need to fund training to prevent coercion, Ms. Cadena clarified that training is targeted to ensure that providers do not coerce individuals to use contraceptives;
 - in response to whether additional action could be taken to address the lack of access to LARC in rural areas, Ms. Rocke noted that training and development efforts targeted toward rural providers are being offered by the DOH;
 - in response to whether the charge billed to Medicaid by managed care organizations (MCOs) for the cost of contraceptive devices is fair and reflective of the actual cost, an HSD employee present stated that the costs are federally determined; however, Medicaid is given preferable funding, which is what the MCOs are permitted to bill;
 - a committee member expressed support for endorsing the LMP funding request;
 - in response to whether there has been a decline in teen pregnancy, Ms. Rocke noted a 50% reduction in teen pregnancies from 2006 through 2016;
 - in response to what kind of sex education is being provided in schools, Ms. Rocke noted that all public schools provide sex education; however, each school maintains the authority to determine content, though efforts are under way through the Office of the Governor to unify training; and
 - a member of the committee expressed support to ensure adequate funding for SBHCs.

First Born Home Visiting Program

Dr. Jennifer Duran-Sallee, director, Early Childhood Center of Excellence, Santa Fe Community College (SFCC), and Tekla Johnson, director, First Born Home Visiting Program (First Born), addressed the committee.

Ms. Johnson noted that First Born began in Grant County in 1997 and now exists in 19 counties. She stated that as of 2019, the program has provided home visiting services to more than 1,697 families, and 23,508 visits. She described the model of the program, which provides regular home visits to first-time parents from pregnancy to the child's third birthday. She asserted that home visits result in improved health and development outcomes for infants and support first-time parents and family members by building their confidence and teaching parenting skills through a core curriculum.

Dr. Duran-Sallee described the history of First Born, including the program's transition to SFCC, and identified accomplishments in the program, including an expanded cohort of certified home visitors. She noted that home visitor certification can be obtained using an online course.

SFCC has partnered with UNM to conduct annual reports on First Born. She identified future goals, including improved training, Medicaid reimbursement expansion, shared services for operational issues, expansion of a data system and efforts to build leadership capacity.

Dr. Duran-Sallee presented requests for legislative support, including expansion of a Medicaid pilot project and developing a centralized resource and referral system. Ms. Johnson identified the need for improved messaging to potential parents and families and continued efforts to support and build the home visiting workforce.

Questions and comments by committee members and responses by panel members included the following:

- in response to whether information about LARC is included in the First Born curriculum, Dr. Duran-Sallee affirmed that it is;
- in response to how families eligible for First Born are identified, Ms. Johnson stated that one of the goals of First Born is to encourage health and human services providers to make referrals when a client is pregnant;
- in response to a question about long wait times for evaluations of children with developmental problems, Dr. Duran-Sallee stated that every day matters, and diagnosis ideally occurs during infancy;
- in response to how families enter First Born when there is a wait list, Ms. Johnson noted that while selection used to be random, counties now have the opportunity to prioritize admissions to the program;
- in response to whether the wait list is growing as First Born becomes better known, Ms. Johnson affirmed that work is ongoing to provide services to families on the wait list and that it is challenging in the face of limited funding, despite research that shows favorable return on investment for First Born and other home visiting programs;
- in response to what services are available for children on the autism spectrum who age out of First Born, Dr. Duran-Sallee noted that for children from birth to age three, early intervention programs exist that are excellent; however, more funding is needed for pre-kindergarten programs;
- in response to whether there are opportunities through Medicaid to ensure that young children are automatically connected to a continuum of services, Dr. Duran-Sallee asserted that children from birth to age three have easy access to early intervention services; however, when a child reaches the age of three, access to services becomes far more limited;
- in response to a question about funding sources for First Born, Dr. Duran-Sallee stated that blended funding is necessary to address families who are Medicaid-eligible versus those who are not;
- in response to a question as to why program eligibility ends at age three, Ms. Johnson stated that the Children, Youth and Families Department (CYFD) would provide

- funding for children up to age five; however, a curriculum appropriate for older children would first need to be developed;
- in response to a question as to how many children benefit from programs such as First Born, Dr. Duran-Sallee responded that approximately 6% of infants born in the state benefit from the program;
 - in response to a question as to whether grandparents caring for young children can receive home visiting services, Dr. Duran-Sallee affirmed that they can;
 - in response to a question as to how First Born would use increased state funding, Dr. Duran-Sallee stated that most of an increase would go to providing direct services;
 - in response to a question as to why First Born does 40 home visits in the first year, Ms. Johnson stated that research shows that the more visits that are provided, the greater the effect of the program, while to some extent, the number of visits made is determined by the availability of home visitors and parents; and
 - in response to a question as to what is included in the core curriculum, Ms. Johnson stated that the curriculum is flexible and can be individually tailored and covers basic child development topics plus everything a first-time parent might be expected to ask about.

Lunch Presentation: Athletic Trainers' Impact on Health Care

Aaron Stem, L.A.T., A.T.C., president, New Mexico Athletic Trainers' Association (NMATA); Chad S. Jones, M.S., L.A.T., A.T.C., C.E.S., P.E.S., vice president, NMATA; Andy Krentz, M.A., L.A.T., A.T.C., at-large representative, NMATA; Tanya Eileen Watson, M.S., M.A., L.A.T., A.T.C., southern representative, NMATA; and Mike McMillan, M.S., L.A.T., A.T.C., governmental affairs chair, NMATA, addressed the committee.

Ms. Watson described the athletic trainer profession and the services that athletic trainers provide. She noted that 70% of athletic trainers have a master's degree or higher. She described the educational preparation to become a licensed athletic trainer, including passing a national board certification exam. She stated that the Athletic Trainer Practice Act regulates the profession. She described ways in which athletic trainers reduce risks at schools that employ them and provided information regarding injuries that the trainers are able to address.

Ms. Watson noted that youths age 15 to 17 years experience the highest rate of sports-related emergency room visits and that concussion rates have steadily increased in the past decade. She highlighted concussion-related legislation that has passed in New Mexico that establishes the authority of an athletic trainer to determine when a concussion has occurred and to override a coach who wants to send an athlete back onto the field. She stated that this legislation establishes safety protocols and provides additional education requirements for student athletes. She asserted that the presence of athletic trainers can save money for schools by avoiding unnecessary emergency room visits. Ms. Watson noted that it is difficult to recruit athletic trainers to work in rural areas.

Mr. McMillan described Senate Memorial 128 (2019), which proposed convening a task force to study employing athletic trainers in secondary schools and which failed to pass. He expressed hope for reintroduction of the memorial in the 2020 legislative session. He asserted that the task force would further study the benefits provided by athletic trainers, which might open the door for additional funding. He requested support from the LHHS for this measure.

Questions and comments by committee members and responses by panel members included the following:

- in response to whether athletic trainers serve more than one sports team at a time, Mr. Stem stated that it is common;
- in response to whether an athletic trainer will treat an injured member of an opposing team without an athletic trainer of its own, Mr. Krentz stated that an athletic trainer's responsibility is to serve all athletes on the field;
- in response to a question as to barriers to recruiting and educating athletic trainers in New Mexico, Ms. Watson noted that some athletic trainers leave New Mexico due to lack of funding and because some schools require athletic trainers to teach full-time as well, a model that is burdensome and not supported by the NMATA;
- an observation was made by a committee member that mandating athletic trainers in all secondary schools would limit funding for other programs and that the proposed memorial should study that issue;
- in response to a question as to whether there are conflicts between athletic trainers and supervising physicians, the panel members stated that it depends on the physician;
- in response to a question as to whether athletic trainers carry liability insurance, Mr. Stem stated that most do;
- a committee member observed that not all schools can afford athletic trainers, especially when they cannot afford school nurses;
- in response to whether physical therapists are included in the memorial's proposed task force, Mr. McMillan stated that the 2019 version did not include physical therapists; however, the NMATA is open to that suggestion;
- a committee member suggested that Medicaid might be able to fund athletic trainers and that the task force consider this idea;
- in response to a question as to which sport has the most injuries, Mr. Stem stated that football has the most, but soccer and cheerleading also have high injury rates;
- in response to whether athletic trainers treat cheerleaders, Mr. Stem asserted that in New Mexico, all athletic trainers acknowledge that cheerleaders qualify as athletes and therefore are treated by athletic trainers; and
- in response to whether the same legislator who sponsored the 2019 memorial will do so in 2020, Mr. Krentz stated that interest has been expressed.

Public Comment

Nat Dean, traumatic brain injury survivor, stated that a free event addressing concerns of the disabled, called The Dream Bigger Summit, is planned for October 28 at the Hotel

Albuquerque. She also noted that the cost of a service dog is approximately \$10,000, which is partially offset by the Vocational Rehabilitation Division of the Public Education Department (PED). A session regarding service animals will be one of the presentations at the event.

Educational Stability of Students in Foster Care

Annamarie Luna, L.I.S.W., acting director, Protective Services Division, CYFD, and John Sena, policy director, PED, addressed the committee. Mr. Sena stated that the presentation would report on the work of the task force established by House Memorial 75 (2019).

Ms. Luna stated that both the PED and the CYFD have the federally required procedures in place to serve students in foster care. She identified requirements to assign a point of contact in each county regarding educational issues and to provide children with transportation to their school of origin, even in cases where placement is outside the catchment area of the school of origin.

Mr. Sena discussed best interest determinations, which require meetings to evaluate the impact on the child when a change of school is contemplated. The task force recommended that the PED and the CYFD establish dispute resolution procedures for cases where the best interest determination is contested and that the work of the task force continue.

Questions and comments by committee members and responses by panel members included the following:

- in response to whether the needs of disabled foster children were considered by the task force, Ms. Luna responded that they were not specifically; however, issues regarding transportation and services related to individualized education programs have arisen and, Mr. Sena added, when a change of school is being considered, the new school must be able to meet that child's needs;
- in response to which factors are considered when a change of school is considered, Ms. Luna asserted that keeping a child in the child's school of origin and near supportive family members whenever possible is a priority but that it depends on whether there is kinship care or another type of foster care available in the child's community;
- in response to whether children on the autism spectrum are given priority when a change of school is planned, Ms. Luna said that, whenever possible, these children are not required to move. However, when it cannot be avoided, wraparound services are provided to mitigate challenges;
- in response to when the best interest determination conference is held, Ms. Luna stated that it should happen before a child is required to change schools;
- in response to whether school districts are required to transport foster children to their school of origin and whether they actually do so, Mr. Sena stated that providing transportation is a requirement, but compliance is not universal;

- in response to why the task force recommends continuing to meet, Mr. Sena stated that some issues were identified but not fully addressed and continuing the task force builds accountability and understanding among stakeholders; and
- in response to what, besides criminal activity of a parent, causes children to be placed in foster care, Ms. Luna cited data showing that 80% of children are placed in foster care due to neglect.

Report on 2018 Federal Family First Prevention Services Act (FFPSA)

Brian Blalock, secretary, CYFD, and Ms. Luna presented to the committee. Secretary Blalock began by describing the origin and goals of the FFPSA. He asserted that the law provided limited benefit and possible detriment to New Mexico. Secretary Blalock stated that the FFPSA limited federal funding for prevention services to those listed in the national best practice clearinghouse, only six of which are Medicaid-billable, and that Medicaid-billable services are not open to funding by the FFPSA. For example, he explained that intervention services are not defined as prevention and that there are limits in the FFPSA on congregate care that is not child-centered. He stated that the focus of the FFPSA was to encourage states to explore ways to reform the entire continuum of care within their child welfare systems. He noted that federal child welfare funding is made up of a patchwork of programs and predominantly funds services for children in out-of-home care situations, such as foster care and shelter care. He further noted that most states can use this funding for fewer than one-half of the children in foster care.

Secretary Blalock noted that when the FFPSA passed, New Mexico stakeholders were optimistic that it would provide a means to improve prevention services. However, the FFPSA requires that funding be budget neutral, so rather than providing additional funds, it simply requires funds to be spent in different ways. He identified problems with the reliance on the evidence-based clearinghouse and benefit programs that are already well-funded, versus those that are not well-funded. Secretary Blalock stated that, for example, Native American traditional healing modalities are not included in the best practice clearinghouse and are therefore not funded. He stated that pregnant and parenting youth may benefit from FFPSA funding, but only if they meet certain requirements while pregnant.

Secretary Blalock discussed additional requirements for obtaining federal funding for prevention services, including case-level outcome reporting, development of a five-year plan and assurance of maintenance of effort for prevention expenditures. He stated that New Mexico has joined with other states to advocate for changes to the FFPSA. He identified the five changes necessary for fixing identified flaws and developing robust programs to benefit children and families.

Secretary Blalock described congregate care requirements under the FFPSA, which do not align with the model currently used in New Mexico. He stated that transitioning to the new model will be arduous and difficult to regulate. A model for congregate living has been developed in California and may serve as a model for New Mexico.

He noted that the FFPSA provides funding for kinship navigator programs; however, none are currently approved in the best practice clearinghouse. He reviewed effective dates to opt into FFPSA provisions. Secretary Blalock stated that New Mexico is not opting in at present. The CYFD has developed an approach for implementing prevention reform that emphasizes increasing community supports and reducing congregative care. Workstreams for each area of reform have been identified, and a strategic plan is under way.

Questions and comments by committee members and responses by panel members included the following:

- in response to which services the CYFD could access through the FFPSA that are in the clearinghouse, Secretary Blalock discussed the "Parents as Teachers" and "Healthy Families America" programs;
- in response to how the FFPSA will evolve in the long run, Secretary Blalock stated that it will allow the CYFD to identify what is working, what is not working and how much it will cost to change;
- in response to a question as to the role that a consolidated Medicaid information system could play in reforming the child welfare system, Secretary Blalock stated that data will be more transparent with regard to services provided and populations served; and
- in response to how New Mexico compares to other states with regard to child welfare, Secretary Blalock stated that funding fluctuations have affected some of the state's statistics; that Medicaid funding could be better leveraged; and that the commitment to early childhood care is stronger than that of most other states.

There being no further business, the meeting recessed for the day.

Wednesday, October 23 — Joint Meeting with the Legislative Education Study Committee, Northern New Mexico College, Espanola

The LHHS and the Legislative Education Study Committee met jointly. Topics discussed included the following: preventing and mitigating childhood trauma; funding early childhood workforce wages and career ladders; providing sexual health education in the public schools; avoiding the school-to-prison pipeline; and supporting adult education programs.

Thursday, October 24 — State Capitol, Santa Fe

The meeting was reconvened by Senator Ortiz y Pino at 9:15 a.m.

Child Maltreatment Center of Excellence

Leslie Strickler, D.O., medical director, Child Abuse Response Team (CART), UNM Children's Hospital, addressed the committee. She identified the mission of the CART, which is to address child maltreatment and to ensure access to specialized medical care for victims of

child abuse and neglect. She identified the objectives and desired outcomes of the CART, including providing clinical services, outreach, education, collaborations with stakeholders and evaluation.

Dr. Strickler identified challenges facing children in New Mexico, noting that the state ranks fiftieth in the nation in economic status, education, health and community support for families. She asserted that there is a lack of qualified clinical providers to respond to child maltreatment and stressed the difficulty in recruiting physicians to work in this field.

Dr. Strickler provided information about the 2019 \$150,000 appropriation for the CART, which funded two support positions, a program coordinator and a partnership with Project ECHO. She provided details about SafeCare, Project ECHO, which is working to establish a cohort of health care professionals to address child maltreatment, build successful collaborative relationships, improve reimbursement outcomes for necessary services and recruit and retain a sustainable workforce dedicated to the treatment of maltreated children. She recognized the valuable support of the UNM HSC.

Questions and comments by committee members and responses by panel members included the following:

- in response to a question as to whether the CART partners with organizations that serve the families of victims of child abuse, Dr. Strickler noted that her practice involves treating both children and families in crisis and discussed programs with which she works at the UNM HSC;
- in response to a question as to the relationship between inadequate compensation and the difficulty in recruiting physicians in the public sector, Dr. Strickler stated that academic and university-based physicians, such as herself, earn less than those working in the private sector;
- as to whether the CART collaborates with the Anna, Age 8 Institute, Dr. Strickler stated not yet, but indicated that the CART would like to;
- as to the CART's relationship with the CYFD, Dr. Strickler stated that the agency refers patients to the CART for medical care and follow-up;
- as to how many additional staff would be necessary to meet the demand for services provided by the CART, Dr. Strickler stated that six and one-half full-time clinicians would be needed, with more if a 24-hour response team was available, and that a dream team would include a physician, a social worker and a nurse manager;
- as to the age of children she sees most often, Dr. Strickler stated that, historically, it has been children two years old and younger; and
- in response to a question as to her experience working with the judicial system, Dr. Strickler stated that when she is subpoenaed to testify, preparation is time-consuming and that time in court takes her away from the clinic.

SBHCs

Nancy Rodriguez, executive director, New Mexico Alliance for School-Based Health Care (NMASBHC); Ruth Center, administrator III, Santa Fe Teen Health Centers; and Kristin Oreskovich, D.N.P., C.P.N.P., SBHC clinical operations manager, Office of School and Adolescent Health (OSAH), DOH, addressed the committee.

Ms. Rodriguez described the operating and funding structure of SBHCs, noting that services are predominately provided by federally qualified health centers (FQHCs), which can bill for services. She stated that schools generally have a contractual agreement with FQHCs to ensure funding wherever possible. She discussed the challenges related to billing for services for which young people seek confidentiality.

Ms. Rodriguez explained that the DOH has an agreement with Medicaid that provides matching funds for SBHCs. She described the role of SBHCs in addressing behavioral health and addiction issues. She identified challenges and opportunities for SBHCs as unique entry points into the health care system, particularly in rural areas. She noted that SBHCs are increasingly seeing the impact of hunger, homelessness and other issues related to health inequities. She noted that educational outcomes improve when students have access to SBHCs. She stated that the NMASBHC is planning to request a \$2 million allocation and will bring it to the LHHS for endorsement in November.

Ms. Center described the services provided to SBHCs by Presbyterian Medical Services (PMS). She stressed the importance of teaching teenagers to advocate for their own health issues. She noted that the four centers she oversees are open during school vacations.

Dr. Oreskovich discussed the OSAH's role in identifying supplemental operational funding and technical assistance to SBHCs. She highlighted achievements, including development of standardized performance measures, community partnerships and data collection systems. She provided data on patient demographics and the type of services provided. She identified the increasing demand for behavioral, dental and sexual health needs. Dr. Oreskovich stated that the OSAH is considering models from other states, including the use of telehealth services in rural communities.

Questions and comments by committee members and responses by panel members included the following:

- a suggestion that the OSAH consider using the mobile clinic model to serve remote areas;
- as to how many SBHCs have closed and not been reopened, Dr. Oreskovich identified several that remain closed, generally due to a lack of providers;
- in response to a question as to how many new SBHCs were opened this past year, Dr. Oreskovich identified several by location that are operated by PMS and added that the

DOH is considering offering small grants to help schools start SBHCs in remote areas;

- in response to a question as to models used by other states, Ms. Rodriguez stated that in other states, hospitals are the primary sponsors of SBHCs;
- in response to a question as to how DOH and Medicaid funding are combined to support SBHCs, Dr. Oreskovich stated that all General Fund dollars go to the DOH and that all SBHCs bill Medicaid;
- in response to how SBHC employees are paid, Ms. Rodriguez explained that they are paid by the SBHC and that the SBHC has separate funding through the DOH, Medicaid and/or FQHCs;
- in response to whether there are unlicensed behavioral health care providers working in SBHCs, Ms. Rodriguez stated that there could be a few who have graduated but are not yet fully credentialed;
- in response to why there are different models providing these services, Ms. Rodriguez noted that there is no mandate for a particular model;
- in response to whether community schools are required to have an SBHC, Ms. Rodriguez stated that the model for community schools requires provision of health care services but not necessarily through an SBHC;
- in response to how a \$2 million appropriation would increase SBHCs' services, Ms. Rodriguez stated that she will provide more information regarding how the funding would be used;
- in response to whether the CYFD supports SBHC funding, Ms. Rodriguez stated that it did so in the past and may be able to do so in the future;
- a member suggested that the DOH establish a separate fund to cover confidential services that cannot be billed;
- in response to how many uninsured students in Santa Fe are undocumented immigrants, Ms. Center stated that PMS does not ask about immigration status; and
- in response to what the NMASBHC's position is on medical marijuana in schools, Ms. Rodriguez stated that the organization has not taken a position on the issue.

Health Equity, School Discipline Reform and Restorative Justice

Thalia González, chair, Politics Department, Occidental College, and Alexis Etow, senior attorney, ChangeLab Solutions, addressed the committee. Ms. González identified the relationship between education and health, noting four key indicators that tie these topics together: social and psychological factors; socioeconomic factors; health behaviors; and physical factors. For example, she noted that research shows that youth who complete high school can expect to live 10 to 15 years longer than their peers who do not. She discussed the concept of school connectedness and the ways in which strong school connectedness improves academic and health outcomes. She identified adverse childhood experiences (ACEs) as disruptors to positive school-based health outcomes.

Ms. Etow noted that ACEs have a cumulative effect, observing that they lead to stress, which in turn, adversely impacts academic performance. She asserted that in New Mexico, 52%

of all children have experienced at least one ACE. Ms. González stated that students who experience chronic absenteeism are three times as likely to drop out of school and enter the criminal justice system. She asserted that exclusionary school discipline (ESD) is shown to be an ineffective deterrent to misbehavior and undermines school connectedness. She stated that ESD is a key determinant of poor health in adulthood. She noted that ethnic minorities experience 45% of all school expulsions.

Ms. Etow asserted that multitiered systems of support, including restorative approaches, social-emotional learning and trauma-informed practices can mitigate these negative effects and lead to resilience, promote leadership skills, strengthen school connectedness and improve qualitative outcomes. She reviewed legislative trends for policy changes to implement these approaches and to embed values in school systems statewide. She stated that since 2017, 46 state legislatures have introduced measures addressing restorative justice, 41 states have taken action on social-emotional learning and an unspecified number have introduced measures reflecting trauma-informed practices.

Questions and comments by committee members and responses by panel members included the following:

- in response to a question as to immediate recommendations for new approaches to school discipline, Ms. González asserted that it is most important to create a school environment where students, teachers, administrators and parents all play a role in solving problems and offered to share a report she recently authored;
- in response to a question as to disciplinary practices appropriate for students with disabilities, Ms. Etow stated that the specific disability will inform the appropriate action;
- in response to a question as to findings related to gender and ACEs, Ms. González stated that research shows that girls have disproportionately higher rates of ACEs;
- in response to a question as to whether attaining a general educational development credential, also known as a "GED", reduces recidivism, Ms. González affirmed that it does;
- in response to a question as to the appropriate role of security resource officers (SROs) in schools, Ms. González stated that their role should be carefully construed and employed. She stated that the primary reason for SROs should not be to enforce discipline in schools;
- in response to a question as to whether incorporating culturally appropriate responses in disciplinary practices is important, the panelists and Ms. González affirmed that it is and offered to provide resources on this topic; and
- in response to question as to whether the presence of one supportive adult in a school is enough to provide a child with ACEs a sense of school connectedness, Ms. Etow noted that adults in the school environment are in essence "first responders" and play an important role.

Medical Cannabis in Schools

Billy Jimenez, general counsel, DOH; Dominick V. Zurlo, director, Medical Cannabis Program (MCP), DOH; Dean Hopper, chief, Safe and Healthy Schools Bureau, PED; Aaron Rodriguez, deputy general counsel, PED; and Tisha Brick, parent-advocate, addressed the committee.

Mr. Jimenez noted that the issue of medical cannabis in schools is challenging due to federal legislation which criminalizes marijuana. Mr. Zurlo provided a brief overview of the MCP. He noted that the number of patients enrolled in the MCP is growing substantially. He stated that at the end of September 2019, the MCP had more than 77,000 patients enrolled, including 231 minors. He discussed the legal protections that enrollment affords patients, including the use of medical marijuana in compliance with school procedures.

Mr. Hopper discussed the PED's promulgation of New Mexico Administrative Code (NMAC) 6.12.10, which requires each school board to develop its own policies and procedures regarding medical cannabis to be in compliance with the law. He stated that under NMAC 6.12.10, individuals authorized to possess, store and administer medical cannabis include the child's primary caregiver and/or designated school personnel. Mr. Hopper concluded his presentation by explaining that NMAC 6.12.10 allows schools to opt out of developing medical cannabis policies and procedures by demonstrating to the PED that they have received a communication from the federal government that doing so would result in the loss of the school's federal funding.

Ms. Brick read a personal statement expressing her frustration with the law in its current form. She pointed out that the newly promulgated rule provides school authorities with loopholes for noncompliance.

Questions and comments by committee members and responses by panel members included the following:

- in response to why school boards are not allowing implementation of the law, Mr. Hopper asserted that school boards are requiring parents to administer the cannabis, which the law allows. Ms. Brick asserted that school boards are finding ways to avoid implementing the law; that the law favors and protects schools; and that in the case of her son, the school district maintains that tetrahydrocannabinol, also known as "THC", is harming him;
- in response as to whether any school district has requested an exemption, Mr. Hopper stated that no school district has done so;
- in response to a suggestion that changes still need to be made to the law to address the concerns of Ms. Brick and other parents, Mr. Jimenez noted that the conflict between federal and state law complicates the situation;
- a suggestion from a committee member that the PED revise its rule to be in compliance with the statute; and

- a suggestion from a committee member to insert language into the rule that a school district be required to obtain a waiver to opt out of the requirements of the law.

Adjournment

There being no further business, the meeting adjourned at 4:54 p.m.