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

October 23, 2018
Alcohol Use Disorder Summit
Hernandez Community Center
19418 U.S. Highway 84/285
Hernandez

October 24-26, 2018
State Capitol, Room 317
Santa Fe

The seventh meeting of the Legislative Health and Human Services Committee (LHHS) was called to order by Representative Deborah A. Armstrong, chair, at 9:15 a.m. in the Hernandez Community Center in Hernandez.

Present
Rep. Deborah A. Armstrong, Chair (10/23, 10/24, 10/25)
Sen. Gerald Ortiz y Pino, Vice Chair
Rep. Rebecca Dow (10/24, 10/25)
Sen. Mark Moores (10/24, 10/25, 10/26)
Sen. Bill B. O'Neill (10/24, 10/25, 10/26)
Rep. Elizabeth "Liz" Thomson

Absent
Rep. Gail Armstrong
Sen. Cliff R. Pirtle

Advisory Members
Rep. Joanne J. Ferrary
Rep. Miguel P. Garcia (10/24, 10/25, 10/26)
Sen. Linda M. Lopez (10/24, 10/25)
Sen. Cisco McSorley (10/23, 10/24)
Sen. Mary Kay Papen (10/24)
Sen. Nancy Rodriguez
Rep. Patricia Roybal Caballero (10/24, 10/25, 10/26)
Sen. Elizabeth "Liz" Stefanics (10/23, 10/25, 10/26)
Sen. Bill Tallman (10/25, 10/26)
Rep. Christine Trujillo (10/24, 10/25, 10/26)
Sen. Gay G. Kernan
Rep. Tim D. Lewis
Rep. Rodolpho "Rudy" S. Martinez
Sen. Howie C. Morales
Rep. Angelica Rubio
Rep. Nick L. Salazar
Rep. Gregg Schmedes
Sen. William P. Soules

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

Staff
Michael Hely, Staff Attorney, Legislative Council Service (LCS)
Christopher Pommier, Staff Attorney, 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.

<u>Tuesday, October 23</u> — Hernandez

Welcome and Introductions
Representative Deborah A. Armstrong welcomed the audience and members. LHHS members and staff introduced themselves. She briefly outlined the schedule for the day.

Public Health Implications of Alcohol Use in New Mexico
Michael Landen, M.D., state epidemiologist, Department of Health (DOH), was invited to address the committee. He described the prevalence of alcohol abuse in New Mexico, noting that the state leads the nation in alcohol-related deaths, with 51.2 deaths per 100,000 people. Alcohol use and chronic liver disorders are among the top 10 health conditions in the country. He noted his impression of ambivalence in the state about seeking solutions to the alcohol use disorder crisis. Dr. Landen asserted that excessive alcohol consumption is a public health concern, resulting in an estimated cost of $2.2 billion, or $2.77 per drink, in 2010 in New Mexico. He noted that 41% of that cost is paid for by government and that 75% of the costs are attributable to binge drinking.

Dr. Landen offered recommendations for preventing excessive drinking, noting that several presentations during the day will cover these topics in greater detail. He outlined activities to more comprehensively address this problem, including treating alcohol like opioids; tracking data about alcohol consumption; creating an alcohol and public health council; evaluating a change of the legal limits for blood alcohol concentration; and applying additional resources to the issue.

Committee members made comments and asked questions in the following areas:

- an observation that alcohol is generally an underlying cause of death and does not appear as the primary cause;
- an observation that New Mexico has made progress on reducing deaths related to driving while intoxicated (DWI), but it continues to lag in addressing other causes of alcohol-related deaths;
- an observation that imposition of a tax on alcohol has had a dramatic and positive impact on reducing alcohol-related deaths in other states;

- an observation regarding the importance of a public health approach to the problem, versus focusing solely on law enforcement and/or treatment approaches;
- clarification regarding what is required to shift the focus in New Mexico to a public health approach: collaboration among the DOH, the Human Services Department (HSD) and local communities is essential;
- clarification regarding why there appears to be more pronounced use of alcohol in the western United States: it is a complex issue; there may be cultural and ethnic factors; and
- an observation that certain industries, such as craft beer producers, are exempt from alcohol taxes.

A Dedicated Tax on Alcohol: A Supply Side Approach

Peter De Benedittis, Ph.D., founder and president, Alcohol Literacy Challenge, described research that has been conducted by experts in New Mexico. He re-emphasized the fact presented by Dr. Landen that New Mexico is first in the nation in alcohol-related deaths. He described a proposal for a 25% per drink alcohol tax in New Mexico. Statistics were presented that demonstrate numerous public health benefits of this approach. Dr. De Benedittis attested that 15% of all cancer deaths in New Mexico are attributable to alcohol. He stated that, currently, all New Mexicans are paying taxes to address the effects of alcohol use, whether or not they personally are consumers. An alcohol tax would shift those costs to those who are heavy or excessive drinkers. He asserted that there would be no harm to industry, as it would have the ability to increase its charges to cover the cost per drink.

Committee members asked questions and made comments as follows:

- an assertion that an estimated 12,000 lives could be saved by implementing measures to curtail excessive and binge drinking in New Mexico;
- an observation regarding the uphill battle that would likely ensue should a tax increase be proposed;
- a suggestion that the message should emphasize the public policy and health benefits that would accrue with passage of legislation rather than the savings to New Mexicans;
- a request for comparisons on the effect of alcohol taxes in other states that have pursued this measure; and
- recognition of the presumed economic benefit to New Mexico, as well as the improvement in health status of passing measures such as this.

Prevention and Continuing Care: Prevention of Alcohol-Related Deaths

William Gill Woodall, Ph.D., senior research scientist, Center on Alcoholism, Substance Abuse and Addictions (CASAA), University of New Mexico (UNM), spoke about the prevalence of incidents involving DWI in New Mexico in the last 30 years, what is known as a result of this and what still needs to be accomplished. He presented statistics and charts showing alcohol-related crash deaths in the state, indicating a decline between 1997 and 2017. The trend, however, after a low ranking in 2012, is increasing. Dr. Woodall identified factors that can reverse these trends, including tougher DWI laws, roadside checks, media campaigns and

mandated treatment for multiple offenders. The presence of a DWI czar and interagency cooperation are extremely important. He spoke about the work of CASAA in the area of prevention, highlighting its history of alcohol server training. The program, known as "WayToServe", has now trained over 75,000 alcohol servers and sellers in New Mexico, leading to a change in the culture of drinking, as well as in the culture of how alcohol is served and sold. He concluded by emphasizing that New Mexico has improved its alcohol traffic fatality outcomes but that there is still progress to be made.

Committee members had questions and made comments in the following areas:

- an observation that New Mexico has made great progress in reducing the number of alcohol-related deaths from crashes;
- a suggestion that the media campaigns have been only partially effective;
- recognition that there is work to be done to ensure imposition of consequences of drunk driving when an offender has not used a mandated ignition interlock device;
- whether server training has led some drinkers to avoid restaurants and bars in favor of buying alcohol in a convenience store: local research shows that server training has had a positive effect; however, work in other areas is still necessary;
- whether there is a single priority that the legislature should pursue: server training has had the greatest impact in reducing drinking and driving;
- an observation of the responsibility of servers in bars and restaurants to keep track of the amount of alcohol a person is drinking; and
- clarification regarding the difference in scale between what constitutes a heavy drinker for a man and a woman.

Lauren Reichelt, executive director, Rio Arriba County Department of Health and Human Services, thanked everyone for coming to the summit and stressed the importance of this topic in Rio Arriba County. She noted that although heroin deaths get more attention, alcohol issues far outweigh other substances as problematic. She thanked Eric Martinez for providing lunch from La Cocina.

Best Practice Treatment Models

J. Scott Tonigan, Ph.D., interim director, CASAA, UNM, began by affirming that alcohol treatment works. Research shows that after behavioral treatment, about one in four people are abstinent for a period of 12 months. He spoke to the effectiveness of naltrexone, an opiate antagonist medication that contributes to a reduction in frequency of use of and intensity of alcohol. Another drug, acamprosate, is thought to ease the negative effects related to quitting alcohol. He briefly described several approaches that are identified as best practices in the field of alcohol treatment. To be a best practice, treatment must be evidence-based and have a clearly defined and therapeutic process, a step-by-step manual and randomized clinical trials. He identified three practices that meet this standard: cognitive behavioral treatment, motivational enhancement treatment and 12-step treatment. In each of these modalities, the role of the therapist is very different, yet they all are successful approaches.

Dr. Tonigan raised two pressing issues in treatment that need to be addressed: (1) a failure to engage patients in treatment; and (2) lapses may occur rapidly after treatment. In order to address these two issues, he feels it is critical to develop and support continuing care models. These models can be found in expanded-broker models, in which efforts are made to link patients to treatment on an ongoing basis; clinical care management models; assertive community treatment models; and rehabilitation models. All of these models rely upon community-based, mutual support.

Committee members asked questions and made comments as follows:

- whether telehealth can be utilized in the treatment of alcohol-dependent individuals: there is work under way looking at mobile applications that allow self-awareness and other behavior; however, the results are mixed so far;
- clarification regarding the time it takes for drugs such as naltrexone to be effective: the time it takes for maximum effect is partly dependent on the amount a person continues to drink;
- whether there is anything under development to prevent relapses: Dr. Tonigan is not aware of any at this time;
- whether New Mexico has adequate treatment sites and practitioners available for treatment of alcohol dependency: probably not;
- clarification regarding the mode of administration of the medications referenced in the presentation: most are oral;
- an observation that different treatments work better for different people: so far, not enough is known to match individuals with the best treatment for that individual;
- an observation that only a small number of physicians are currently willing to order medications for treatment: there is a reluctance to order drugs for a person who is addicted to alcohol; lack of insurance coverage may be part of the problem;
- whether there is any recommendation for action by the legislature: yes; funding is needed for evaluations by a behavioral health specialist between diagnosis and intake;
- a request for CASAA to identify the total amount of funding that would be needed to fund therapy for 200,000 people;
- whether UNM could play a role in monitoring, educating and developing proposals along this line: yes;
- an observation that the committee has been told that 12-step programs will not help individuals with alcohol use disorders; the evidence-based program is a 12-step treatment program that is a formal approach to treatment with a therapist, as opposed to community-based 12-step programs that are not therapist-directed such as Alcoholics Anonymous. The dropout rate from community-based Alcoholics Anonymous programs is very high; and
- whether community health workers can be trained as motivational enhancement treatment providers: yes; however, they must be closely monitored.

Alcohol Outlet Density Issues

Laura Tomedi, Ph.D., M.P.H., community health epidemiologist, Presbyterian Healthcare Services; Debra L. Martinez, program manager, Behavioral Health Investment Zone, City of Gallup; and Sindy Sacoman, chief executive officer, SBS Consulting, and program evaluator, City of Gallup, introduced themselves.

Dr. Tomedi explained that alcohol density refers to the number of locations that provide alcohol to the public in a geographic area. She highlighted several approaches that address this issue, including reducing the hours and days of sale of alcohol, increasing alcohol taxes and decreasing alcohol density. Research shows a direct link between alcohol density and increased incidence of suicide, intimate partner violence and child maltreatment. The DOH has worked with New Mexico communities such as Gallup to identify strategies that work in mostly rural environments.

Ms. Martinez began by noting that in Gallup, the city is far over the allotted quota of liquor licenses that are permitted. She provided data regarding liquor license quotas in the state.

Ms. Sacoman painted a graphic picture of the prevalence of alcohol dependency in Gallup and the impact on individuals. She stressed the importance of collaboration among the city, health care providers and law enforcement in seeking solutions. As a result of a recently passed local ordinance, social services providers are now reporting higher numbers of sober individuals showing up for publicly offered meals and other services. The city receives 50,000 alcohol-related calls annually. The city does not have local control over all of the issues it is trying to address. A particularly challenging area to address is the excessive number of liquor licenses.

Committee members asked questions and made comments in the following areas:

- clarification regarding the impact of various efforts undertaken by Gallup and around the country: it has been shown that when the price of alcohol goes up, the incidence of alcohol abuse disorder goes down;
- acknowledgement that alcohol density issues are very complicated;
- whether there are ways in which this can be addressed fairly: model policies do exist in other states that could be replicated;
- recognition of challenges faced by legal liquor licenses in New Mexico that are viewed almost as private property, making it more difficult to address this issue;
- clarification regarding the quota system and why there are many more licenses statewide than have been approved: in the past, licenses were split, which doubled the number;
- an observation that tribal licenses are not on the provided list and are governed under a different authority;
- whether transfer of licenses is possible: yes, if approved by the municipality;
- recognition that there is often a concentration of licenses in certain parts of a town or city and that there are many different categories of licensure;
- recognition that cities have the ability to amass a large enough contingent of advocates to successfully address the issue locally;
- recognition of the Unified Prevention Coalition in Las Cruces that has been organizing around this issue;
- acknowledgment that certain businesses, such as brewers, are exempt from the quotas;
- an observation that many different approaches are necessary to begin to address this complex problem;

- recognition that Gallup has taken charge of reducing the hours of sales of alcohol; and
- whether there is any insight into why alcohol problems are more pronounced in the western United States: states that are largely rural, high-poverty and with little access to culture have a higher incidence; Alaska is an example of a western state that has taken control of this issue with good results.

Roundtable Discussions: What Can the Legislature Do to Reduce the Harms and Risks of Alcohol?

Facilitators, legislators, experts and other audience members joined roundtable discussions.

Conclusions: Reporting from Roundtables; Wrap-Up Discussion

Representative Deborah A. Armstrong invited the facilitators to summarize their findings and recommendations. There were four tables of people and 25 participants offering input and suggestions.

Group 1: The group recognized the importance of addressing the epidemic of alcohol in the state. It primarily discussed alcohol density outlet issues and treatment approaches. Access to needed services is inadequate. The intake process, group care and aftercare were identified as essential components of treatment. Unemployment and supportive housing are issues that need to be addressed. Necessary wrap-around services such as early childhood home visiting were identified as elements of care. The group stressed the role of universities in the state in developing a pipeline for school-based health centers.

Group 2: This group supported the alcohol tax as an approach to addressing alcohol density issues. Funds raised through a tax should be distributed to treatment and prevention. The group believes the state has a role in the enforcement of alcohol license regulations. A fair and transparent process for licensure regulation should be in place. Marketing targeted toward youth should be reduced. The group recommended use of the Screening, Brief Intervention and Referral to Treatment Program, which has a history of success in New Mexico in ensuring appropriate referrals when screening indicates a propensity toward alcohol dependence.

Group 3: This group addressed alcohol density issues and concluded that greater accountability and transparency are needed. The process to both obtain a license and have one withdrawn should be standardized and well-known. The group recommended development of a blue ribbon commission to look into this issue further. Communities and cities need the strength of the state to achieve these goals. More funding is needed for treatment of addictions and access to robust outpatient services. Services should be restorative, not punitive. Drug courts were identified as very effective and should be mandated. Additionally, services and treatment should be provided to incarcerated individuals. A deeper look is needed into the impact of the internet on access to alcohol, especially with youth. Prevention initiatives are critically important.

Group 4: The group was entirely composed of members of Alcoholics Anonymous, who shared experiences and did not talk about policy solutions. The group said mandated participation in Alcoholics Anonymous through the courts is ineffective. Transportation is a

huge issue: individuals need to be able to get to meetings, but in many cases the ability to drive has been removed. Co-occurrence of domestic violence is frequent and needs to be recognized. Comorbidity of behavioral health, substance abuse and physical health issues often leads to inadequate care and treatment. Access to detoxification and residential treatment are essential. Coverage for these services under Medicaid is better now, but private insurance imposes barriers to treatment through deductibles, co-insurance and the potential for denial of care. The need for transitional living is vital. Job training is very important. Access to social experiences that are not related to alcohol in communities are important.

A statement was made that the voice of the public and the voice of the addicts are equally as important as the voice of the legislators.

The Alcohol Use Disorder Summit was concluded and the committee recessed at 4:15 p.m.

Wednesday, October 24 — Santa Fe

Reconvene

Representative Deborah A. Armstrong reconvened the meeting at 9:17 a.m. Members and staff introduced themselves.

J. Paul Taylor Early Childhood Task Force (JPTECTF) 2018 Report

Andrew Hsi, M.D., chair, JPTECTF; professor, Department of Pediatrics, UNM School of Medicine, was invited to present the annual report of the JPTECTF. He offered three proposals from the task force:

1) introduce legislation to uncouple referrals to child protective services when a pregnant mother has tested positive on a toxicology screen;
2) continue task force reports regarding care coordination with managed care organizations (MCOs), especially in relation to two-generational behavioral health care, infrastructure and future work; and
3) continue the task force in 2019 to study models from pregnancy through the first three years of a child's life in the context of parental substance use disorders.

Committee members had questions and made comments in the following areas:

- whether the Children, Youth and Families Department (CYFD) has voiced support for these proposals: yes;
- whether the MCOs are responsive to the recommendations made by the task force: they are aware of the recommendations but have not, as yet, responded;
- clarification regarding a change in focus as a result of the Families FIRST Program in the DOH: various sources of funding, including federal funding for opioid treatment, can be repurposed to support treatment and prevention;
- an observation that no legislation regarding care coordination requirements in Centennial Care 2.0 was deemed necessary: the MCOs have demonstrated high regard for the task force, and Dr. Hsi is confident that the MCOs will cooperate with the task force on care coordination efforts;

- whether every mother and newborn should have a toxicology screen: no; screening that occurs during pregnancy should lead to appropriate medical follow-up;
- clarification that the proposal of the task force is for toxicology screening for all pregnant women, whether covered by Medicaid or private insurance, but that positive results lead to care coordination versus mandatory referrals to child protective services;
- clarification regarding the elements of the toxicology screening: it involves an evaluation by a health care practitioner, a questionnaire and a blood specimen;
- a suggestion that the legislative proposal be separated into two sections or two separate bills: one to remove mandatory referrals to child protective services and the other to automatically lead to care coordination when the mother is covered by Medicaid;
- a concern that a statute obligates future executive departments without assurance of continued adequate Medicaid funding; and
- clarification that the continuation of the task force, including its role in monitoring, can be presented as a memorial.

Anna, Age 8: The Data-Driven Prevention of Childhood Trauma and Maltreatment

Katherine Ortega Courtney, Ph.D., co-author, *Anna, Age 8*, and Dominic Cappello, co-author, *Anna, Age 8*, were invited to make a presentation. Dr. Courtney provided a brief overview of *Anna, Age 8*, which was based on personal experiences of the two authors while employed at the CYFD. She presented several recommendations for a data-driven and cross-sector state strategy to ensure safe childhoods. The first recommendation is to create a cabinet-level "family success" collaborative to ensure that all state governments involved in serving families work together. The second recommendation is to update all data technology to more sophisticated versions to allow improved decision making. The third recommendation is to create a task force on adverse childhood experiences (ACEs).

Mr. Cappello provided background on the genesis of the book *Anna, Age 8*, which recognizes that many children in New Mexico are victims of ACEs. He oriented the members to diagrams in the handout that visually depict the steps needed to improve the CYFD's system of addressing ACEs. He noted that the recommended approach is to improve all aspects of treatment through the better use of data. The approach is based on models and examples in other states and a pilot project in Las Cruces.

Committee members asked questions and made comments as follows:

- a suggestion that the presenters coordinate with the Appleseed Coalition, which is already committed to this kind of work;
- a concern that creating a new collaborative may not provide the desired results;
- a request for a specific and detailed budget request;
- recognition that a proposal of this size is a multiyear project;
- recognition that New Mexico had a Children's Cabinet during a previous administration but that it is not funded and is no longer functional;
- an observation that mandating that people engage in counseling is not the best approach; involvement and coordination with local entities is crucial;

- whether the presenters have specific ideas for hiring more early child care workers: there are successful models in the state that could be replicated;
- clarification that the goal of the pilot project in Las Cruces is to establish a "family resiliency" department;
- recognition that state, local and data approaches are all essential to broadly address ACEs in New Mexico;
- recognition that comprehensively addressing ACEs will save the state money in the long run;
- whether there is a model in any other state that provides centralized service delivery: the presenters are not aware of any that provide "one stop" for all services; the model being proposed anticipates consolidation of efforts through access to centralized data sources;
- a caution that children with ACEs should not be segregated as a result of these proposed changes: an integrated structure to serve all children should be used;
- an observation that the underlying emphasis of any approach to deal with ACEs should be the well-being of children;
- clarification that "Anna" is a fictional character, based on the experiences of the authors while working at the CYFD;
- recognition that the suicide rate of children who have ACEs is 12.5 times the rate of children without ACEs;
- an observation that the problem of ACEs is not new but is now being more readily recognized;
- clarification regarding the information technology system at the CYFD: it was an "off the shelf" system that was customized for New Mexico; and
- acknowledgment that the Interagency Behavioral Health Purchasing Collaborative might serve as an organizational model for the recommended "family success" collaborative.

Sexual Assault and Persons Living with Disabilities

Marcie Davis, project director of underserved populations, New Mexico Coalition of Sexual Assault Programs, Inc.; Pamela Stafford, public policy director, The Arc of New Mexico (The Arc); and Larry Lorenzo, M.Ed., contract worker with Common Cause, introduced themselves.

Ms. Davis highlighted national data that show that violent victimization for people with disabilities is more than triple the rate among people without disabilities. Many experience multiple victimizations in a lifetime. New Mexico data published by Dr. Betty Caponera, who developed the New Mexico Interpersonal Violence Data Central Repository, were presented. Most New Mexico data are obtained though law enforcement agencies, including those for disabled individuals who are incarcerated. She discussed reasons why people with disabilities are more susceptible to sexual assault and violence. The coalition is proposing legislation asking the Crime Victims Reparation Commission (CVRC) to reform the collection of data and reporting on sexual assault of individuals with disabilities.

Ms. Stafford described The Arc's sexual assault program, the primary function of which is to assist victims of sexual assault who have intellectual/developmental disabilities to gain access to law enforcement and court systems. The program is primarily funded by the CVRC,

and there is a grant to accomplish this work. She noted that the most current statistics related to sexual assault of individuals with developmental disabilities are incomplete in that the statistics did not include individuals living in a facility or a group home. She identified the 2019 legislative priorities of The Arc, one of which is specific to the subject of violence and crime against individuals with developmental disabilities. The Arc supports the legislation proposed by the New Mexico Coalition of Sexual Assault Programs referenced by Ms. Davis.

Mr. Lorenzo supported the efforts addressed by Ms. Davis and Ms. Stafford relative to the consistent reporting of data. There is a lack of collaboration and coordination among those responsible for data collection. Conversations have begun with the Office of the Attorney General to promote this dialogue. Mr. Lorenzo recommends passage of a memorial to bring people together to fully explore this issue.

Committee members had questions and made comments in the following areas:

- clarification regarding other entities serving the needs of people with disabilities: there are a limited number of such entities;
- recognition that integration of services in this area is the ideal approach;
- the importance of teaching boundaries to caregivers of individuals with developmental disabilities;
- whether reforms of guardianship that are under way are going well: families are confused about several issues such as changing bonding requirements; the New Mexico court system has a "Frequently Asked Questions" page online;
- clarification regarding the amount of the appropriation and the entity to receive the appropriation in the proposed bill: $450,000 to the CVRC;
- clarification regarding the goal of the appropriation request: to conduct a detailed study over the course of three years to study current reporting of sexual assault of individuals with disabilities;
- a request to include this measure among those that will come before the LHHS for endorsement; Representative Trujillo volunteered to be the sponsor;
- a comment that a broad initiative is under way involving many partners to educate the general public as well as the disability community about the scope and seriousness of this issue;
- acknowledgment that fighting off sexual assault is much more difficult for individuals with disabilities;
- a recommendation for the effort to include individuals with disabilities in the total population of victims of sexual assault versus segregating them; and
- whether there are model programs in other states; this is still ground-breaking work; New Mexico is working with several other states to develop a model.

Parental Paid Leave

Janice Paster, J.D., board member, Southwest Women's Law Center (SWWLC) and a former state senator, was joined by Jennifer Getz, the interim director of the SWWLC. Ms. Getz thanked the committee for its support and interest in the topic of parental paid leave. Ms. Paster noted that a task force has been studying this issue for several months and is working on a draft piece of legislation. She introduced Susan Loubet from New Mexico Women's Agenda.

Ms. Loubet noted there are now seven states that have passed legislation regarding parental paid leave. Those states are identified in a handout. The Women's Bureau of the federal Department of Labor has been studying this issue. She identified benefits to New Mexico and to employers of passing this measure. It is estimated that of the many women to whom this benefit is not offered, approximately 17% will leave their jobs and ultimately become recipients of public welfare. A study has shown that there is a 25% decrease in neonatal deaths and an 11% decrease in fatalities of children between the ages of one and five as a result of paid leave. Employers benefit with the return of trained employees when paid leave is provided.

Ms. Paster noted that employees make a greater contribution into the fund to support paid leave than the employer. She introduced Suzan Reagan, senior program manager, Bureau of Business and Economic Research, UNM, who has been working on this issue. Ms. Reagan described the nature of the funding mechanism that is being developed, which would put a maximum cap on the amount to be distributed to ensure the continued solvency of the fund. Ms. Paster advised the committee that phased-in implementation is anticipated to allow time for the program to get up and running.

Jackie Cooper, volunteer and president of the local AARP, stated that paid family leave is a top priority for AARP. She noted that AARP data related to this issue involved unpaid caregivers who must remain home to care for dependent family members.

Lissa Knudsen, board member of the SWWLC, and Ellie Rushforth spoke to the committee. Ms. Rushforth provided statistics regarding the number of people affected by and the economic impact of unpaid leave in New Mexico. She emphasized that the economy is strongest when more people are employed. Many additional benefits to providing this type of leave were presented. Ms. Knudsen offered additional statistics regarding the positive benefits of paid parental leave upon the birth of a child.

Johnny Wilson, executive director, Fathers New Mexico, seconded all of the previous comments.

Committee members asked questions and made comments as follows:

- clarification regarding how the anticipated premium payments at different wage levels translate into sufficient funding to support family medical leave: all employees and employers in the state pay into the fund; however, not all workers will apply to take paid family leave;
- whether there is an anticipated increase in employer obligation from employers with a higher-than-average usage of paid leave: this is not in the bill at this time;
- whether the benefit can be used for short-term needs: it probably will only be available for longer-term leave requests;
- clarification regarding who qualifies as family: a definition is being developed;
- whether deductions for Federal Insurance Contributions Act, social security and other deductions will be made: this is not yet known;
- recognition that there are still many details to be worked out, but the group hopes to have a bill by late November;
- encouragement to carefully study California's experience in this area;

- an observation that in New Mexico there are many young, employed grandparents whose contributions will help to fund the program and who may apply for this benefit;
- acknowledgment that the task force is looking carefully at who will be eligible to receive these benefits;
- whether the legislation will mandate employer participation: yes, it is anticipated that all employers and employees will contribute;
- whether the small business community and the chambers of commerce are supporting this initiative: the task force has met with business entities and they support the measure; and
- an observation that individuals forced to take unpaid leave experience reductions in their social security contributions, which can impair their retirement income.

Public Comment

Tom Starke spoke in support of measures to address childhood trauma. School-based health centers are critical in all schools. He encouraged the state to implement a system of alternatives to school attendance on days when school is not in session but both parents are employed. He noted that there are many more things that he supports but that his priority is support for families. His overarching message is to use this year's surplus General Fund money to fund many of these initiatives.

Jim Jackson, director, Disability Rights New Mexico, urged the committee to make a serious contribution to address the developmental disabilities (DD) waiting list this year, since there is a General Fund surplus. He noted that most of the individuals on the waiting list are less than 25 years of age and therefore are less expensive to cover. He encouraged the establishment of a five-year plan to reduce the waiting list and described three different ways in which this could be funded. He strongly recommended a bill to appropriate $25 million to this effort in 2019. Mr. Jackson also offered suggested legislation to obligate the DOH to take 600 people per year off the DD waiting list.

Robert Kegel, disability advocate, asserted that under a capitated Medicaid program, MCOs are obligated to provide all services that are needed and covered within the capitated rate; however, this is not happening. Thousands of people on the DD waiting list qualify for community benefits but are not receiving them. He described federal, contractual and state requirements that are being violated. He reminded the committee that the required reporting to the Developmental Disabilities Planning Council is not being provided. He noted that New Mexico is one of the only states that covers the most seriously disabled people under the DD waiver.

Representative Dow reported on some changes to the existing scholarship program for early childhood services. Although this scholarship fund is underutilized, the CYFD reports that it has changed the qualifications to receive the scholarships and that current recipients no longer qualify. She noted that the legislature appropriated funds for this program to address workforce shortages. The chair suggested that a letter be written to the CYFD asking for its justification in making this drastic change. There being a quorum present, a motion to write a letter was approved.

Ellen Pinnes, J.D., disability advocate, shared the latest figures for the federal medical assistance percentages for Medicaid for the next two fiscal years. The state General Fund will be responsible for less than 30% of Medicaid costs in those two fiscal years.

The committee recessed for the day at 4:53 p.m.

Thursday, October 25 — Santa Fe

Reconvene

Representative Deborah A. Armstrong reconvened the meeting at 9:22 a.m. Members of the committee and staff introduced themselves.

Senate Memorial 105 (2018) Task Force Reporting: Recommendations on Medical Cannabis Affordability and Accessibility

Jessica Gelay, policy manager, Drug Policy Alliance (DPA), introduced herself and Craig Quanchello, governor, Pueblo of Picuris. Governor Quanchello expressed the interest and involvement of the pueblos and tribes in New Mexico in having equal access to medical cannabis. He feels that the Pueblo of Picuris is in the forefront of work on this issue.

Ms. Gelay recognized the members of the Medical Cannabis Task Force and invited them to make brief individual comments about the importance of medical cannabis in their lives. The primary work of the task force was to study avenues to secure access to medical cannabis for all New Mexicans, particularly those in rural areas and members of the Indian pueblos, tribes and nations. She offered a brief history of medical cannabis in New Mexico. Currently, nearly 60,000 patients are being served with medical cannabis. A chart, included in the report, indicated qualifying conditions and the number of people enrolled with these conditions.

Ms. Gelay identified findings, goals and legislative recommendations of the task force. The first recommendation is to lessen the cost burden of medical cannabis patients by making medical cannabis tax exempt, as is the case with prescription drugs, and creating a discount program for those with incomes less than 200% of the federal poverty level. A second recommendation is to eliminate the requirement for annual renewal of medical cannabis licenses.

Third, the task force supports expanding medical qualifying conditions by adding opioid use disorder to the list of qualifying conditions. Civil protections are addressed with a recommendation to remove the prohibition of possession of medical cannabis on school grounds. The task force recommends statutory requirements for the DOH to ensure access in rural areas, to redefine "adequate supply" to affirm the opportunity for patients to grow and consume their own medical cannabis and to expand the New Mexico Telehealth Act to connect rural patients to medical providers. The task force recommends changes in statute to allow the donation of medical cannabis from one licensed patient or caregiver to another. Related to this issue is to allow personal cultivation of medical cannabis at a location other than the patient's residence and to permit collective cultivation. Three recommendations were offered to establish a definition of a "minimum market supply" and to require the DOH to conduct a semiannual review of the available supply. Two provisions related to expanding the licensure structure by creating additional license types and reduced fees for licensing were described. The creation of a patient and caregiver advisory board is recommended to ensure ongoing opportunities for gathering

input on emerging issues. Finally, there is a request for legislative support for New Mexico pueblos, nations and tribes to enact programs within their respective jurisdictions.

Committee members asked questions relative to this presentation as follows:

- whether the task force compared recommended statutory changes with existing criminal law: the changes related to the Lynn and Erin Compassionate Use Act (LECUA) did not affect established criminal laws;
- clarification regarding the location of the 35 current producers of medical cannabis: most are in Albuquerque; many rural communities do not have an outlet;
- whether any tribes in New Mexico are producers: no;
- a suggestion that tribes should be urged to become producers, as they have a deep history of agriculture: Governor Quanchello agreed, but he noted that there are barriers that need to be overcome to make this happen;
- clarification regarding the process to renew a license: it is the same as the initial application;
- clarification regarding the amount of gross receipts taxes now collected under this program: about $5 million a year;
- an observation that in California, medical cannabis can be mailed to users; this might be worth pursuing in New Mexico;
- clarification that permission to use medical cannabis on school grounds would preclude smoking medical cannabis;
- an observation that Washington and Oregon have been successful in allowing tribes to grow medical cannabis on tribal lands;
- whether tribes in New Mexico are interested in growing medical cannabis: not all tribes are interested, which is why the recommendation is open-ended in this regard;
- whether the addition of tribes as producers would be in addition to all other producers: yes;
- whether there are significant opponents to these recommendations: there is very widespread support; opposition is not significant;
- whether it is less expensive to buy medical cannabis in Albuquerque: yes;
- recognition that changing federal law making cannabis illegal is the most important goal;
- clarification that advertising of medical cannabis must be approved by the DOH;
- an observation that increasing the supply of medical cannabis could have the effect of lowering prices overall;
- clarification regarding the current language about "adequate" supply: the law directs the board and the DOH to determine what constitutes "adequate";
- whether the task force considered removing the term "annual" with regard to renewals: that would be acceptable;
- whether the recommendation about permitting additional qualifying conditions to the statute is open-ended: it is intentionally open-ended;
- a suggestion that the recommendation regarding civil protections should be broader; and
- whether the task force gave any consideration to including pets as having access to medical cannabis: no; however, it sounds like a good idea.

Access to Medical Cannabis on School Grounds

Senator Ortiz y Pino summarized the issue, noting that while the LECUA allows use of medical cannabis for students, federal law specifically prohibits allowing it on school grounds. He introduced Lindsey Sledge, parent, Albuquerque Public School District (APS), Tisha Brick, parent, Estancia Municipal School District, Arthur D. Melendres, Esq., counsel for APS, and Ms. Gelay to address this topic.

Ms. Sledge told the story of her daughter's reliance on medical cannabis to prevent seizures. The APS currently is providing home-based education for 1.5 hours per day. She outlined a proposal to deal with this situation, noting that school policies exist for a child to receive medication on school grounds but this precludes medical cannabis. The form in which her daughter uses medical cannabis is an oil, which she feels should be allowed. Senator Ortiz y Pino stated that Senator Candace Gould has agreed to sponsor a bill to deal with this issue.

Ms. Brick testified that her son, who suffers from posttraumatic stress disorder, schizophrenia and other psychotic disorders, had been allowed for a time to take medical cannabis while at school but this is no longer allowed. The Estancia Municipal School District refused to consider alternative approaches that might restore her son's ability to use medical cannabis at school, and he has been disenrolled. She desires legislation that not only allows the use of medical cannabis at schools, but that schools be required to develop individualized care plans for children needing medical cannabis. She provided documentation that outlines other states' approaches to allow safe access to medical cannabis in schools.

Mr. Melendres identified himself as an attorney representing APS. He noted that the Obama Administration deferred to the states with regard to provision of medical cannabis; however, that the current administration does not support that view and has said it will retaliate against states that violate federal law. He noted that medical research has found medical cannabis effective in areas where other drugs have failed. He noted there has been a trickle-down effect of this more restrictive view regarding provision of medical cannabis, observing that school nurses are being cautioned to not administer medical cannabis by the Board of Nursing (BN).

Senator Ortiz y Pino stated that Mr. Hely has been requested to prepare draft legislation for Senator Gould's introduction. Mr. Hely noted that there is no final draft of the bill yet; however, he provided an overview of the current components of the bill. He reviewed the components of a law in Colorado addressing this issue and upon which this bill draft is modeled. There are provisions that a school may not use medical cannabis as a reason to deny a student access to school. It allows a school to opt out of providing medical cannabis if it can show that it has lost federal funding.

Committee members asked questions and made comments as follows:

- an observation that there are conflicts between the approaches desired by Ms. Sledge and Ms. Brick, specifically the use of cannabidiol and tetrahydrocannabinol: Ms. Sledge noted that those differences have been resolved;

- an observation that many teachers feel afraid to administer medications to students with complicated medical conditions: training for teachers is a necessary part of the proposed bill;
- recognition that nurses are trained to administer medications; however, school nurses are concerned that the administration be a *legal* administration;
- recognition that school nurses are regulated by the BN, and schools and teachers are regulated by the Public Education Department, which makes resolution of the issue complicated;
- recognition that various state laws have addressed unique situations to address medication administration by nurses and teachers in schools;
- clarification that the Colorado law does not provide state protection from prosecution; a suggestion was made that this be addressed in a New Mexico bill;
- an observation that the Colorado law reduced the power of local school boards and prohibits them from overriding state law on this issue;
- whether there are any laws in other states that have lost federal funds as a result of permitting administration of medical cannabis in schools: no;
- whether there is any entity in New Mexico that is known to be opposed to a Colorado approach to this issue: none are known;
- whether there is anything missing from the Colorado law that should be covered in New Mexico: New Mexico should include protections for school personnel and caregivers;
- an observation of the critical need to educate school districts on this issue; and
- recognition that some of the greatest changes in New Mexico have been the result of advocacy by mothers.

Public Comment

Nat Dean, a patient in the medical cannabis program, testified in support of the program, especially as a remedy for chronic pain. After a car accident resulting in a traumatic brain injury, she was prescribed narcotics and multiple other drugs to manage pain and depression. Medical cannabis has been a lifesaver for her.

Jenny Lucero, registered nurse and member of the American Cannabis Nurses Association, stated that there is a coalition of over 100 nurses involved in the medical cannabis program who are willing to provide training to teachers. They are all certified through the Medical Cannabis Institute.

Clayton Brucker from Artesia spoke in favor of allowing medical cannabis in schools.

Dr. Celeste Taylor testified that as a physician, she knows of over 700 medical conditions that have been studied in research projects around the world that have demonstrated the effectiveness of medical cannabis for treating these conditions. New Mexico's law identifies only 20 that are qualified for treatment under the medical cannabis program. She noted that narcotics suppress the respiratory center of the brain, resulting in overdoses. Cannabis does not result in overdoses and death because the brain has a cannabis receptor.

Matt Fogel, R.N. in cardiac intensive care, noted that referring to medical cannabis as a medication legitimizes it; however, using the term "drug" to describe medical cannabis carries a negative connotation.

Danny Palma, father of a child on the DD waiver, testified that the DOH is still seeking to remove therapy services from the waiver. He asked for advice on how to proceed to protect these vital services. Representative Thomson announced her personal intention to write a letter to every newspaper in the state to tell the DOH to stop threatening parents of DD waiver clients with withdrawal of services. Other members of the committee expressed a desire to co-sign the letter.

Patricia McCabe, retired physician and user of medical cannabis, spoke in favor of the efforts under way to find a way to make medical cannabis available to students in schools. She highlighted the many benefits of medical cannabis.

Shannon Jaramillo spoke of the complexities of training programs for lay people such as teachers and others to administer medical cannabis to children. She is the owner of an organization that has developed a 14-hour training program. The organization is working on an online platform.

Public Health Aspects of Legalizing Cannabis for Recreational Use

Emily Kaltenbach, senior director, DPA, was joined by Ms. Gelay to discuss the public health aspects of legalization of cannabis. She noted that the DPA does not want efforts to legalize marijuana to impair any patient's access to medical cannabis.

Ms. Kaltenbach asserted that legalization of marijuana will reduce harm, create jobs, save money and promote consumer safety though imposition of oversight and standards. Eight states and the District of Columbia have already legalized marijuana, which can provide lessons for New Mexico. Seven of those states legalized marijuana through ballot issues; only Vermont has legalized it through the legislative process. Despite the opposition of the current U.S. attorney general, polls show that two-thirds of all Americans now support the legalization of marijuana. She discussed ways in which those eight states have distributed revenues from marijuana. She highlighted the importance of tracking public health data should marijuana be legalized in New Mexico. Legalization in Colorado, for example, is linked to a lower rate of opioid-related harm. Road safety has remained stable in states that have legalized marijuana. Colorado has a Retail Marijuana Public Health Advisory Committee that New Mexico would be wise to model. Colorado's approach to public education and prevention for young people and adults can also serve as a model. Ms. Kaltenbach noted that in 2018, a poll showed that 63% of New Mexicans either strongly supported or somewhat supported legalization of marijuana. The DPA has been obtaining stakeholder input from a wide variety of entities. Provisions included in House Bill 312 (2018), introduced by Representative Javier Martínez, provide guidance for elements to be included in a bill for 2019.

Committee members had questions and made comments in the following areas:

- clarification regarding how sobriety tests would be implemented to determine marijuana impairment: better field sobriety tests are being tested in other states and should be studied here;
- whether the DPA has recommendations for how the revenues would be distributed: currently, the money would be deposited in the General Fund; House Bill 312 identified certain dedicated disbursements to support public health and safety;
- clarification about how much could be generated by legalization: a 2016 study estimated about $400 million in revenues, with about $50 million for public use;
- clarification of whether packaging is included in marketing provisions: yes;
- an observation regarding the importance of education about all aspects of the law, especially in the first year, should a bill pass;
- whether local communities would benefit from revenues: the study did not look at that; however, the DPA will be contracting to update the study and can include the local impact;
- whether border communities in Colorado have benefited more from legalization: yes;
- an observation that the recent legalization of marijuana in Canada will have an unanticipated impact in the United States;
- observation that an ancillary benefit of legalization is the potential to expunge the criminal records of youth who have been convicted for possession;
- clarification regarding the source of data in the report regarding road safety: it comes from Colorado's Department of Public Safety; that data show there has been a minor uptick in fender benders but a decrease in fatal crashes;
- acknowledgment that road testing for marijuana impairment is not reliable yet;
- clarification regarding poly-substance use: data are not reflecting this as a major issue;
- recognition that those who are being criminalized for substance abuse, including marijuana, are primarily people of color; and
- acknowledgment that marijuana is already widely used; the best way to ensure the health and safety of residents and youth is to regulate its use.

Public Comment

Anthony James Lee, a member of the Navajo Nation and Diné Introspective, Inc., spoke about the many facets of marijuana and medical cannabis and the importance of determining how the revenues will be used. He reiterated the importance of education, noting that on tribal reservations, there is a great deal of institutionalized trauma that will require a dedicated and collaborative effort to address. There are a multitude of problems beyond marijuana legalization that are more basic, such as access to food and clean water. He believes people can come together, government to government, to address these complex problems.

Greg Hamilton, sheriff, Sierra County, stated that New Mexico sheriffs believe the legalization of marijuana is inevitable. The sheriffs will advocate for responsible legislation and stand ready to participate in the process. Representative Dow asked whether Sheriff Hamilton thought the statistic regarding appropriate storage of marijuana, medical cannabis and other drugs is accurate. He stated that he is not sure. Representative Dow noted that elderly and other vulnerable populations in public housing are being evicted for using medical cannabis. She asked whether he had any advice about how to handle this. He recommended contacting members of Congress to remove cannabis off the schedule and refer this issue to the states.

Representative Thomson asked whether Sheriff Hamilton is here today on his own cognizance, to which he responded "yes". She encouraged continued involvement from all sheriffs.

Grace Philips, general counsel, New Mexico Counties, assured the committee that her organization is carefully following and has great interest in all of the topics that came before the committee today.

Friday, October 26 — Santa Fe

Reconvene

Senator Ortiz y Pino reconvened the meeting at 9:00 a.m. He introduced Representative William Pratt, M.D., who is running to fill the seat vacated by the late Representative Larry A. Larrañaga. The remaining committee members and staff introduced themselves. A motion was made to approve the minutes of the meeting of September 26-28, 2018. The motion was approved.

Medical Aid in Dying

Barak Wolff, M.P.H., chair, New Mexico End of Life Options Coalition, was joined by David Grube, M.D., national medical director, Compassion and Choices, and Robert L. Schwartz, J.D., professor emeritus, UNM School of Law, to address the topic of medial aid in dying. Mr. Wolff provided an overview of the progress toward enacting a bill. He recognized Judge Elizabeth Whitefield, the original proponent of this measure, who died this summer after a long battle with cancer, and whose name will be included in the title of the proposed bill. Medical aid in dying allows terminally ill adults to request and receive a prescription that may be taken to bring about a peaceful death. He introduced the other panelists.

Dr. Grube noted progress to implement medical aid in dying nationally, beginning with Oregon, which has had this option for 21 years. The Oregon law is a model for other states, and several states besides New Mexico will be considering this measure in 2019. He asserted that having this option strengthens access to all other end-of-life options such as palliative care and hospice. The shared goal of all of these measures is to end terminal suffering and to set a platform for terminally ill patients to have meaningful conversations with their physicians about their options for the end of their medical care.

Professor Schwartz described the elements of the proposed bill. Euthanasia is prohibited. A person must be competent to make the decision and be able to take the medicine himself of herself. The patient must be fully informed by the physician before a written prescription is given. The patient must be terminally ill. The bill, in its current form, contains the strongest protections in the nation, not only for patients, but also for physicians and other providers, according to Professor Schwartz. He stated that the proposed bill is different than other states in that it is less bureaucratic. For example, the bill does not include a 15-day waiting period. It broadens the array of providers who can write the prescription. It has a vigorous protection to ensure that neither patients nor practitioners are forced to do anything with which they do not feel comfortable.

The chair permitted public comment before recognizing questions from the committee.

Nicholas Know urged committee members to consider the wishes of the terminally ill person.

Dr. Lance Chilton, retired pediatrician, offered a personal story of the death of his father, who asked him to write a prescription to end his suffering while they were hiking. Though this was 30 years ago, he feels even now how much better it would have been if his father had been able to have this conversation with his primary care physician.

Nancy Abel, retired social worker, also shared a personal experience involving her terminally ill brother-in-law. She stated that she and her husband were privileged to be able to be with him as he experienced death facilitated by Oregon's aid-in-dying law.

Ms. Dean spoke about to the fears of mistreatment of people with disabilities who are terminally ill should this measure be adopted. She described the experience of her husband who died in terrible pain.

Elizabeth "Libby" Hopkins, retired hospice nurse, described the death of a patient who was suffering from frequent seizures that were not controlled by medication. Despite the remedies hospice had to offer, he died in an epileptic seizure.

Poem Swentzell, hospice social worker, spoke in favor of the bill. She shared a personal story of a bed-bound hospice patient who shared her intention to commit suicide. Unfortunately, the police came to her home to prevent her from carrying out her plan.

Dr. Diane LeResche noted the importance of such a measure in rural New Mexico.

Committee members asked questions and made comments in the following areas:

- whether there are changes to the bill from the 2016 version: there are a few that are intended to address previous concerns and that reflect the experience of other states;
- whether the Albuquerque City Council unanimously endorsed this concept: yes;
- clarification regarding the assertion that Oregon statistics show one-third of those receiving a lethal prescription never use it: yes; every state with this law has this experience;
- clarification regarding individuals with dementia who desire to pursue this approach: every patient must undergo an evaluation regarding the patient's ability to demonstrate decisional capacity;
- an observation that there is still a challenging political path ahead to pass this measure;
- whether the religious community has generally supported or opposed this measure: the "opt out" provision is very important in this regard and somewhat mitigates religious objections;
- clarification regarding how much time it has taken in other states to implement; a period of a few months;
- clarification regarding the average amount of time between diagnosis and the carrying out of the act: it varies;

- whether a heavily medicated person who already has a prescription should be required to not be sedated at the time of taking the medication: yes; that might be necessary;
- clarification regarding determinations of decisional capacity, especially for someone in the early stages of dementia: in Oregon, the determination is made by two physicians; if there is any uncertainty, a third consultant can be engaged. In New Mexico, the determination is defined in the Uniform Health-Care Decisions Act;
- whether any other state permits advanced practice nurses or psychologists to write prescriptions: all other states that already have the law require a physician's signature. In New Mexico, the bill permits any practitioner whose license permits the writing of prescriptions to do so in this case;
- clarification regarding the proposed use of telehealth: it will be permitted for the initial evaluations;
- the extent to which reporting is required: currently, it is not in the bill in order to reduce administration burdens and because in other states, all reporting results mirror the experience of Oregon;
- whether the proposed bill identifies the specific medication to be used for this purpose: no; nor is it specified in any of the other states that have enacted this law;
- clarification regarding the length of time it takes to die after the drug is taken: generally, a person falls asleep within two to five minutes and dies within 30 minutes;
- recognition of Professor Schwartz as one of the leading ethicists in the nation on end-of-life issues;
- whether pharmacists might refuse to fill a prescription for this purpose: the bill respects the choice of a pharmacist to make that decision;
- whether a prescription can be filled out of this country and brought back to the U.S.: it is illegal to bring these drugs across borders; and
- whether the use of this provision affects life insurance: no; the bill specifically addresses this.

Naprapathy for Acute and Chronic Pain Management

Patrick Nuzzo, doctor of naprapathy; founder and president, Southwest University of Naprapathic Medicine, introduced Eli Becker, student intern, and Harris Silver, M.D., drug policy analyst and advocate. Dr. Nuzzo provided a history of naprapathy in New Mexico and why it works. He spoke about the prevalence of chronic pain issues in the country and emphasized naprapathy as a means of treatment for this condition.

Mr. Becker testified that he is writing a thesis on the use of naprapathy in lieu of opioids for the treatment of pain. He described the history of the use of opioids and the risk of addictions as a result of this trend. He asserted that there is no evidence that opioids are effective in treating long-term pain. Manual therapy, such as chiropractic and naprapathy, is shown to be safer and more effective than prescription drugs for treatment of chronic pain.

Dr. Silver provided additional testimony regarding the history and impact of the opioid epidemic in the country. He shared his personal story of addiction to opioids. He described a four-pillar approach to drug policy: prevention; harm reduction; treatment; and law enforcement. He noted that use of opioids has an escalating risk of addiction with continued use, carries many negative consequences and is an expensive way to treat pain. He supports an

integrative approach to pain management with zero or limited use of opioids and the increased use of manual therapy. He recommends legislation to require coverage for naprapathy for all payers and a substantial increase in the budget for the Behavioral Health Services Division of the HSD to more comprehensively address substance use disorders.

Committee members asked questions and made comments in the following areas:

- whether children are good candidates for naprapathy: yes;
- whether naprapaths use medications to augment treatment: no, they are not licensed for this;
- whether individuals with facial pain are treated differently: if a patient is not comfortable being treated face down, the naprapath will treat the patient on the patient's back;
- an observation that opioids may be necessary in some situations and care should be taken before limiting access to opioids to treat pain;
- an observation of the importance of access to information regarding treatment options for pain;
- clarification regarding the training provided by the Southwest University of Naprapathic Medicine: it is an intense and comprehensive program;
- clarification regarding why MCOs want to cover opioids but are reluctant to cover naprapathy: there is no cost benefit to the MCOs to cover naprapathy; cost-benefit analyses are currently looking at this issue;
- whether legislation is being prepared: Senator Pete Campos has been approached to sponsor a bill to obtain Medicaid coverage for naprapathy; and
- clarification regarding the number of graduates of the Southwest University of Naprapathic Medicine: six this year and 30 altogether.

Health Care Workforce Committee Annual Report; Review of Funding for State Professional Loan Repayment Assistance and Loan-for-Service Programs

Richard Larson, M.D., Ph.D., executive vice chancellor, UNM Health Sciences Center, Harrison Rommel, Ph.D., director of institutional finance, Higher Education Department (HED), and Eileen Goode, R.N., B.S.N., chief executive officer, New Mexico Primary Care Association (NMPCA), were invited to present to the committee.

Dr. Larson presented the findings of the New Mexico Health Care Workforce Committee 2018 Annual Report. New Mexico leads the nation in its ability to track health care workforce information. He reviewed the enabling legislation that requires all licensure boards to develop and conduct surveys on practitioner characteristics. The committee created as a result of this legislation is charged with making recommendations to address each annual report. Since 2013, the committee has been instrumental in enhancing funding in a number of key areas; however, many shortages and challenges remain. He provided data regarding the current state of the New Mexico health care professional workforce, which includes 9,585 physicians and 2,152 nurse practitioners. Since 2013, there has been an increase of 572 physicians, 364 nurse practitioners and 2,460 registered nurses. Despite the increases, serious shortages remain for practitioners. The need for bachelor-degree educated nurses has been growing faster than the gains and is substantially behind national benchmarks. Additionally, Dr. Larson noted that New Mexico has the highest percentage of physicians over the age of 60 in the nation. There is no analysis of the

behavioral health workforce due to insufficient survey responses; however, the report acknowledges that this area remains a significant need for New Mexico.

The report included 14 recommendations for all health professions from the New Mexico Health Care Workforce Committee. Funding for the New Mexico Nursing Education Consortium, expanded primary care and secondary care residencies, loan-for-service and loan repayment programs and the New Mexico Health Care Workforce Committee were highlighted. Other recommendations focus on regulatory, technology, reporting and other structural changes. Dr. Larson reviewed all of the recommendations in depth.

Dr. Rommel presented an overview of the financial aid loan repayment and loan-for-service programs. He acknowledged the importance and success of these programs, while noting that volatility in the budget process makes robust financing challenging. He highlighted how resources have been distributed and identified the types of professionals who are eligible to benefit from these programs. During fiscal year 2018, the HED awarded 26 of the 90 applications received for loan repayment for health professionals. He highlighted factors that are considered in making awards for loan repayment. He reported that the loan-for-service program funds nursing, medical, allied health, teacher, dental and veterinary medicine. He emphasized that the HED funded every request for loan-for-service for nurse educators, as there is a critical shortage of nurse educators in New Mexico.

Ms. Goode noted that an update of primary care clinics in the state is provided as a handout but will not be covered in detail today. She noted that clinician recruitment and retention are a top challenge and priority among rural primary care clinics. The NMPCA recommends establishment of a prospective Rural Primary Health Care Act loan repayment program that would provide funding directly to primary care clinics through the NMPCA.

Committee members had questions and made comments as follows:

- encouragement to all three presenters to develop specific budget recommendations for all of the priorities presented;
- a request that the cost of proposed and existing loan repayment programs be projected out to five years in funding requests;
- a request for projections for salary levels needed to attract practitioners to come to rural areas;
- encouragement to add hospital and clinic administrators from rural areas to the HED's Health Professional Advisory Committee;
- an observation that of the 26 loans awarded by the HED, only six went to clinicians in primary care clinics;
- an observation that institutions that hire educators are not reporting critical shortages; Dr. Larson noted that UNM has room for six additional educators;
- clarification regarding HED loans for service: it is more like a grant; if the practitioner stays for three years, the repayment of the loan is provided;
- acknowledgment that federal and state loan repayment programs have different requirements and obligations;

- clarification regarding the percentage of medical students at the UNM School of Medicine who are from New Mexico; it is a very high percentage; Dr. Larson will provide the specific information;
- whether the graduates of the UNM School of Medicine remain in New Mexico: the percentage of graduates who return to New Mexico following residency is about 70%; UNM does not have control over where graduates go for their residencies;
- an observation that New Mexico is projected to move from twenty-seventh in the nation to fourth in the percentage of individuals over the age of 60 by 2030; UNM recognizes this and is requesting funding in 2019 to begin to develop programs to address this;
- an observation regarding the importance of expanding the health care tax credits to pharmacists, social workers and counselors;
- a request for information about funding needed for all 14 requests made by the New Mexico Health Care Workforce Committee: Dr. Larson will get that and email it to the LCS;
- clarification regarding hospitals willing to train residents: in order to host residents, hospitals must be able to provide the appropriate learning experiences;
- clarification regarding the status of the proposed new rural health plan: it is being worked on by the DOH;
- whether recommendations will be incorporated into the UNM Health Sciences Center funding requests: no; these recommendations come from the New Mexico Health Care Workforce Committee and will rely on support from the LHHS;
- encouragement to Dr. Larson to make legislative requests by Monday;
- a request to send a letter requesting all entities required to submit data to do so: the motion was made and passed; Dr. Larson will work with the committee to develop the letter;
- whether prior requests for residencies were fully funded: no; the third year was not funded;
- an observation that although many nurses were added to the ranks in New Mexico, there remains a serious shortage: Dr. Larson stated his desire for a memorial to identify current and future needs for nurses;
- Deborah Walker, executive director, New Mexico Nurses Association, noted that New Mexico also has one of the oldest populations of nurses; and
- a request for the NMPCA to share the bill being developed for Senator Campos.

Pediatric Specialty Care Task Force (PSCTF) Report

Janis Gonzales, M.D., member, PSCTF; bureau chief and medical director, Family Health Bureau, DOH; president-elect, New Mexico Pediatric Society (NMPS), and Brian Etheridge, M.D., co-chair, PSCTF; president, NMPS, addressed the committee. Dr. Etheridge outlined the nature of the problem that led to the introduction of House Memorial 14 (2018). He described a child with a seizure disorder and the difficulties obtaining specialty care. Although a good outcome was seen for this child, it highlighted many more situations in which no good solution can be found. A collective desire to do better for the children led to the development of a PSCTF to address the challenges.

Dr. Gonzales summarized the recommendations. First was a recommendation to establish a unified children's hospital to consolidate expertise and ensure better outcomes.

Specifically, the PSCTF requests an appropriation of $100,000 to conduct a feasibility study. The second recommendation is to encourage preferred use of in-state pediatric resources. The PSCTF requests that the HSD require MCOs and all pediatric specialists to coordinate care. Third, the task force recommends that a joint Presbyterian/UNM complex care clinic be developed. The fourth recommendation is to provide additional funding to the DOH to enhance care coordination through Children's Medical Services (CMS). Recommendation number five asks the governor to reestablish the Children's Cabinet. Sixth, the task force requests $100,000 to develop the medical home portal for New Mexico and $25,000 more for ongoing maintenance. The seventh recommendation is targeted to recruitment and retention through expansion of the New Mexico Health Professional Loan Repayment Program. The eighth request is for creation of a community advisory board to advise Presbyterian Hospital and UNM on coordination of specialty services and to develop a comprehensive plan to improve access to specialty pediatric services. Improvements in health information access and sharing of information across systems are addressed through access to Presbyterian and UNM electronic health records. Finally, recommendation 10 is to expand the eligibility for the New Mexico Health Professional Loan Repayment Program for child psychiatrists in rural areas.

Committee members asked questions and made comments in the following areas:

- a request for a list of the members of the task force or the organizations that participated: UNM, Medicaid MCOs, Blue Cross and Blue Shield of New Mexico, CMS, the NMPS, family members and practitioners;
- whether the list of recommendations and requests can be prioritized: they are listed in the order of priority by the task force;
- an observation that having a single, unified children's hospital is a major shift in the way health care has been provided historically: the intent of the recommendation is that there be a unified source of care for specialists versus creating a new building;
- clarification of how this recommendation would help pediatricians in rural areas: the report recommends the development of rural specialty centers;
- clarification that the first recommendation is intended to provide centralized access to and coordination of specialist services;
- whether the task force compared wait times for specialties in other states to New Mexico: no;
- whether there was consideration of asking UNM to expand its services statewide: UNM and Presbyterian are both engaged in efforts to meet rural needs;
- clarification regarding how the recommendations were determined: the task force voted on and ranked all suggestions; the final report was sent to all participants for an opportunity to participate;
- a suggestion that the task force share its report with Dr. Larson and the New Mexico Health Care Workforce Committee;
- clarification regarding interpersonal consultation services: it is intended to be an avenue for reimbursement under Medicaid for consultation on complicated cases;
- an expression of congratulations and thanks to the presenters and task force; and
- clarification that Presbyterian and UNM are the two entities mentioned in the report.

Public Comment

Jon Love, M.D., division chief of pediatric cardiology, UNM, testified that there is a critical mass of patients required to support enough services and meet that need. No one hospital can survive in a state like New Mexico if it is competing with another hospital. Both UNM and Presbyterian have been looking for ways to collaborate and share patients and have developed a preliminary format.

William Stein, M.D., Presbyterian Medical Group, is the only pediatric heart surgeon in New Mexico. Dr. Jennifer Davenport is a pediatric cardiologist at Presbyterian Hospital. Collaboration between the two hospitals for specialty services is essential for safe and effective care for children in need of specialty services. Administrations in both hospitals are supportive of working toward a common, sub-specialty center and are currently working together to develop a standardized and centralized care environment.

Matt Munoz, registered lobbyist, UNM, noted that one positive outcome of the task force is the work to find collaborative ways for Presbyterian and UNM to work together. He reminded the committee that there is a children's hospital on the campus of UNM.

Adjournment

There being no further business, the meeting adjourned at 4:55 p.m.