

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

**September 25, 2019  
Burrell College of Osteopathic Medicine  
Room 152/153  
3501 Arrowhead Drive  
Las Cruces**

**September 26, 2019  
Las Cruces Convention Center  
Ballroom 2  
680 East University Avenue  
Las Cruces**

**September 27, 2019  
New Mexico State University  
Pan American Center  
Barbara Hubbard Room  
1810 East University Avenue  
Las Cruces**

The fifth meeting of the Legislative Health and Human Services Committee was called to order by Senator Gerald Ortiz y Pino, chair, at 9:12 a.m. on September 25, 2019 at the Burrell College of Osteopathic Medicine in Las Cruces.

**Present**

Sen. Gerald Ortiz y Pino, Chair  
Rep. Joanne J. Ferrary

**Absent**

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

**Advisory Members**

Rep. Phelps Anderson (9/26, 9/27)  
Rep. Karen C. Bash  
Rep. Rachel A. Black  
Rep. Micaela Lara Cadena (9/25, 9/26)  
Rep. Rodolpho "Rudy" S. Martinez  
Sen. Michael Padilla (9/25, 9/26)  
Sen. Mary Kay Papen (9/25, 9/26)

Rep. Zachary J. Cook  
Rep. Rebecca Dow  
Rep. Doreen Y. Gallegos  
Rep. Miguel P. Garcia  
Rep. Dayan Hochman-Vigil  
Sen. Gay G. Kernan  
Sen. Linda M. Lopez

Sen. Nancy Rodriguez (9/25, 9/26)  
Sen. Antoinette Sedillo Lopez (9/25, 9/26)  
Sen. Elizabeth "Liz" Stefanics  
Rep. Elizabeth "Liz" Thomson

Sen. Mark Moores  
Rep. William B. Pratt  
Rep. Andrea Romero  
Rep. Patricia Roybal Caballero  
Rep. Gregg Schmedes  
Sen. William P. Soules  
Sen. Bill Tallman  
Rep. Christine Trujillo  
Rep. Linda M. Trujillo

(Attendance dates are noted for 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.

**Wednesday, September 25 — Burrell College of Osteopathic Medicine (BCOM)**

**Welcome, Introductions and the BCOM Initiative**

Senator Ortiz y Pino welcomed the committee, staff and members of the audience. Members and staff introduced themselves. John Hummer, president, BCOM, and Dr. Don Peska, dean, BCOM, addressed the committee.

President Hummer welcomed members to the BCOM and invited interested committee members to tour the college. He thanked committee members for their support and stated that the BCOM curriculum focuses on health improvement, which leads to a healthy economic environment.

Dr. Peska discussed the BCOM's role in increasing the state's health care workforce. He thanked the committee for the funding that the BCOM received and noted that the BCOM also received a large individual donation to offset tuition costs and other student expenses. Dr. Peska stated that the BCOM works collaboratively with New Mexico State University (NMSU) and has established a pipeline program to facilitate recognition of NMSU credit hours at the BCOM.

Questions and comments from committee members included the following:

- in response to a question about what percentage of BCOM students are from New Mexico, Dr. Peska stated that approximately 20 out of 160 students per year are from New Mexico;
- in response to a question about the differences between the medical education available at the BCOM and the medical education available at the University of New Mexico (UNM) School of Medicine, Dr. Peska stated that the curricula of both schools are similar in most regards but that the BCOM includes manipulative medicine;
- clarification was provided that an osteopathic physician is not included as a member of the New Mexico Medical Board;
- in response to a question about the tuition cost and the approximate student debt for students at the BCOM, President Hummer reported that the tuition is \$52,000 per year and noted that the typical total amount of student debt is close to the national average of approximately \$200,000;
- with respect to a question about recruitment strategies, Dr. Peska stated that the college receives about 2,000 applications per year, from which he and other faculty select the highest quality applicants; he further stated that diversity and Medical College Admission Test, known as MCAT, scores are considered;
- in response to a question about the BCOM processes for loan forgiveness, clarification was provided that the BCOM works with state and federal loan forgiveness programs and assists students in finding additional scholarship opportunities; and
- an affirmative response was provided to a question about whether the BCOM works with the local area health education center.

### **New Mexico Rural Health Plan**

Timothy Lopez, director, Office of Primary Care and Rural Health, Department of Health (DOH); David Roddy, health policy director and chief financial officer, New Mexico Primary Care Association; Jerry N. Harrison, Ph.D., executive director, New Mexico Health Resources, Inc. (NMHR); and Representative Ferrary presented to the committee.

Representative Ferrary described an eight-state task force for rural health development that was convened by the National Conference of State Legislatures in which she and others from New Mexico participated. She identified both the legislative and non-legislative members. She stated that the DOH was asked to facilitate ongoing meetings in New Mexico, and she emphasized that development of a strategic rural health plan is part of the mission of the task force. The full report of the task force was provided to members as a handout.

Mr. Lopez identified rural health development programs led by the DOH and funded by federal Health Resources and Services Administration grants. He described the oversight role of the DOH in the development of a rural health plan in collaboration with the rural health task force, and he identified sources of information used in establishing priorities.

Mr. Roddy provided a status report of primary care clinics in New Mexico and identified outstanding policy issues. He noted that in 2018, primary care clinics served more than one in five state residents and handled nearly 1.7 million visits.

Dr. Harrison described the work of NMHR and identified the disciplines that are funded by federal and state sources to recruit health care professionals. He noted that behavioral health providers are not included in the funded disciplines, and he testified that it is common for NMHR to have more than 600 requests for assistance in health care professional recruitment. Dr. Harrison provided a handout identifying financial incentives for health care professionals and information about the health professional loan repayment program pursuant to the Health Professional Loan Repayment Act. He noted that the program received \$300,000 in federal funding and \$300,000 in state matching funds. He noted that the program is administered by the Higher Education Department but that he believes the program would be more appropriately located within the DOH. Dr. Harrison observed that despite the availability of these programs, many health care professionals are burdened by significant debt. He noted that the rural health care practitioner tax credit program (RHCPTCP) is valuable but does not cover all disciplines of rural practitioners, adding that bills have been frequently introduced to expand the RHCPTCP to cover more disciplines; however, none have passed.

Mr. Roddy described the Rural Primary Health Care Act (RPHCA), which provides funding to primary care clinics, and noted that funding has been cut by \$6 million in recent years. He noted that primary care clinics provide care for 90 percent of the uninsured and 63 percent of the poorest residents of the state. He provided statistics describing people served by medical diagnosis and noted that all clinics use electronic health records and that information is aggregated at the DOH through required reporting. Mr. Roddy asserted that every clinic in the state is trying to expand services to cover behavioral and mental health needs but noted that there are funding issues. He described efforts of clinics to expand telehealth services and challenges faced, especially in frontier areas of the state. He noted that with additional funding, specialty providers like psychiatrists could be hired to provide services through telehealth. Mr. Roddy identified a need to expand behavioral health investment zones, and he stated that legislative recommendations are under development.

Dr. Harrison noted that it is difficult to recruit specialists such as psychiatrists due to low salaries in the state. He asserted that funding through the RPHCA is important to help address this situation.

Questions and comments from committee members included the following:

- in response to a question from a member, Dr. Harrison expressed support for consolidation of loan repayment programs;
- in response to a question about which health care providers are included in the RHCPTCP, Mr. Lopez noted that the RPHCA specifies limited eligible health care disciplines;

- in response to a question about whether the working hour qualification requirements for the RHCPTCP are too restrictive, Mr. Lopez stated that these requirements are not problematic because employers and providers are permitted to assert hours worked by affidavit;
- a committee member asked why there are not more residency slots for physicians in New Mexico in light of health care professional shortages, and Mr. Lopez responded that the number of slots is capped by the federal Centers for Medicare and Medicaid Services (CMS);
- in response to a question about whether restrictive immigration policies hamper the ability to recruit foreign providers, Dr. Harrison responded that the J-1 visa program, which allows recruitment of foreign health care providers, is not affected by immigration policies, as these providers are not technically immigrants;
- in further response to a question regarding the effect of immigration policies on foreign provider recruitment, Dr. Harrison noted that applications for recruitment in urban areas often exceed the number of positions that are permitted by the program and that spouses and families are permitted to enter the country with health care providers;
- the chair requested that a letter be written to New Mexico's congressional delegation to seek an increase in the number of J-1 visa slots allocated to New Mexico;
- in response to a question about whether development of rural broadband is keeping up with the need for telehealth and other services in rural communities, Mr. Roddy asserted that most problems have been resolved, enabling rural health care clinics to use telehealth technology;
- in response to a statement by Mr. Roddy that the cost of telehealth technology is a continuing problem, a committee member commented that transportation often represents a bigger problem in rural areas than broadband access;
- it was noted that at least one county has significant reserves from property taxes but no need for a hospital to be built; in response, a suggestion was offered to the panel that those reserves could be used to develop health care clinics or to develop access to behavioral health services;
- in response to a question about how access to emergency medicine can be expanded in rural areas, Mr. Lopez suggested that issues of access to rural health care services are far larger than increasing the number of people served or targeting specific services and asserted that communities should carefully determine the type of services that are most needed;
- in response to a question regarding conclusions reached from reports on the differences between rural and urban communities, Mr. Lopez stated that the data was gained from county health councils and offered to provide more detailed information about how conclusions were reached; and
- it was observed that some issues were not listed in the report, such as suicide rates among Native Americans.

## **Reimbursement Rates and the Survival of Rural Hospitals**

Russell Toal, deputy secretary, Human Services Department (HSD), addressed the committee on the topic of reimbursement rates for rural hospitals. He described a funding situation with almost no provider reimbursement rate increases in years and no restoration of the behavioral health provider cuts that were made in 2016. He also described the HSD's challenges in restoring the behavioral health provider network. Mr. Toal discussed Medicaid enrollment trends and provided supportive data and noted that New Mexico has a high ratio of public to private insurance. He noted that the HSD has developed a three-year plan to increase the Medicaid provider network and identified a plan to increase rates to Medicaid providers and described rate increases that have already been put in place, due to appropriations made during the 2019 legislative session. Mr. Toal said that payment rates have been restored for dental services, especially for children, and that rates have also been increased for the following: dispensing fees paid to community-based pharmacies; long-term services and support providers; transitional care and chronic care management services; supportive housing services; and inpatient and outpatient hospital services.

Mr. Toal asserted that managed care organizations (MCOs) have been instructed that none of the rate increases can be used for administrative purposes and that reports are made to the HSD on a routine basis. He stated that additional increases are scheduled to take effect on October 1, 2019, including increases to not-for-profit community hospitals and federally qualified health centers for dental visits, outpatient behavioral health services and providers presenting cases through UNM's Project ECHO. He provided additional detail regarding the proposed increases.

Mr. Toal described additional ways in which the HSD supports hospitals, such as providing training to assist with Medicaid enrollment and providing payments to disproportionate share hospitals (DSHs). He noted that the CMS just announced reductions in DSH funds beginning next year. Mr. Toal provided details regarding the organization and value of safety net care pool (SNCP) hospitals, noting that the CMS has changed the way uncompensated care is defined, which will require changes to the New Mexico SNCP beginning in 2020. He announced that the HSD is moving to establish continuous eligibility for Medicaid services, which will allow qualifying individuals to remain eligible for a year once enrolled. Mr. Toal described initiatives to adjust reimbursement rates to investor-owned hospitals, initiatives to implement nursing facility surcharges that were authorized in the 2019 legislative session and other reimbursement adjustments. He also described efforts to authorize an increase in the number of individuals that may be served by the Program for All-Inclusive Care to the Elderly, known as PACE.

Mr. Toal concluded by asserting that the HSD has made progress in improving the health care system, particularly in rural communities. He stated that Governor Michelle Lujan Grisham has instructed all executive agencies to maximize federal funding wherever possible. He said that there is more to be done but that the HSD is working hard on all fronts.

Questions and comments from committee members included the following:

- in response to a question as to whether the HSD is exploring ways to restore the number of health care providers, Mr. Toal responded that the HSD is working to settle outstanding litigation and desires the restoration of lost providers;
- in response to a question as to whether providers under the developmental disabilities waiver would receive rate increases, Mr. Toal stated that they are included in the planned October increases;
- in response to a question as to whether anything can be done to reduce the impact of Medicare fee-for-service recovery audit contractor (RAC) audits, Mr. Toal responded that the CMS is exploring the elimination of RAC audits, but a two-year delay is required before the audits can be settled; the HSD plans to hire an audit coordinator;
- in response to a question as to how fee-for-service rates compare with MCO rates, Mr. Toal responded that the HSD often does not know what the MCO rates are because the department is not privy to the negotiated rates paid to providers;
- a discussion of the status of the hiring of a director of behavioral health services;
- in response to a question as to why Medicaid enrollment rates are declining, Mr. Toal responded that work still needs to be done to ensure that all eligible individuals have been identified;
- in response to a question as to whether individuals will be notified if they have been determined to be ineligible for enrollment, Mr. Toal responded that those individuals will be notified that the HSD cannot make a final determination and will be requested to contact their local HSD Income Support Division office;
- in response to a question as to whether the notification described by Mr. Toal would serve as appropriate notice to allow an individual to obtain insurance on the New Mexico Health Insurance Exchange, Mr. Toal noted that this process would be facilitated when Be Well New Mexico converts to a state-run exchange; and
- in response to a question as to why there will be a three-year time frame to meet reimbursement goals, Mr. Toal stated that the HSD does not yet know the anticipated costs it will incur or how much money the legislature will appropriate.

### **Public Comment**

Tim Kane and Carol Kane, Oxford House, made comments as follows. Mr. Kane described Oxford House, an international organization that serves recovering alcoholics. He explained that Oxford House provides an independent, supportive and sober living environment and that there are nearly 2,000 Oxford Houses in the United States and other countries. He said that Albuquerque has 18 Oxford Houses and that there are two in Las Cruces. He explained that Oxford House residents pay rent and are responsible for all other expenses. Ms. Kane noted that the organization is seeking a source of funding to construct new houses and requested \$20,000 for this purpose. The chair advised Mr. Kane and Ms. Kane that the legislature can only appropriate money during the legislative session and recommended that they approach the DOH for short-term funding.

## **A Context for Rural Health Systems**

Charlie Alfero, executive director, Southwest Center for Health Innovation (CHI), and executive director, New Mexico Primary Care Training Consortium, spoke to the committee. Mr. Alfero noted that CHI is a member of the Rural Policy Research Institute (RUPRI). He noted that the RUPRI has eight areas of interest, one of which is health policy. He stated that hospital closures in the country have risen since 2013 and that rural hospitals have been especially affected. He identified key issues that must be addressed following a hospital closure. Mr. Alfero noted that when a hospital closes, it often results in other necessary services being eliminated as well. He commented that hospitals and health care clinics save lives and are economic drivers in communities. He noted that the RUPRI believes that there is no single model for reconfiguring health care systems in rural areas after hospitals close. He identified organizations that assist communities in developing an appropriate response after a hospital closes. Mr. Alfero identified numerous options for communities to consider, including use of various types of freestanding health clinics, urgent care centers, freestanding emergency rooms and clinic-based ambulance services. He recognized models for frontier areas, including extended-stay clinics. He noted that some communities may qualify for demonstration projects under the authority of the CMS.

Questions and comments from committee members included the following:

- in response to a question regarding the local value of workforce training, Mr. Alfero discussed how the Hidalgo Medical Services health center system has prioritized workforce training and support;
- in response to a question from a committee member regarding preferred priorities, Mr. Alfero said that he would recommend expanded funding for training, promotion of health care professions among high school students and expanded residency training programs;
- in response to a member's question, Mr. Alfero emphasized the importance of recruitment and retention of health care professionals in rural areas;
- in response to a question about whether midwives could make a difference in providing obstetrics and gynecology services in rural communities, Mr. Alfero stated that challenges could arise unless the rural communities could ensure surgical backup resources and noted that New Mexico has a higher use of nurse-midwives than any other state, with many working in hospitals or otherwise providing services; and
- in response to a question as to whether graduates of the BCOM would be likely to practice in rural areas, Mr. Alfero expressed that this goal would probably be hampered by a shortage of residency slots in the state.

## **Aging and Long-Term Services Department (ALTSD): Update on Senior Services in Rural New Mexico**

Katrina Hotrum-Lopez, secretary-designate, ALTSD, Sam Ojinaga, deputy secretary, ALTSD, and Dolores Gonzales, policy and planning director, ALTSD, addressed the committee.



Secretary Hotrum-Lopez noted that much of the work of the ALTSD is mandated through the federal Older Americans Act of 1965. She noted that she has been in her current position for only five weeks but that Mr. Ojinaga and Ms. Gonzales will be able to provide up-to-date information. She identified the divisions of the ALTSD and stated that within the aging network, some ranges of services are available in rural areas. She noted that congregate meals, home-delivered meals and transportation services are available in rural communities across the state. Secretary Hotrum-Lopez stated that the ALTSD's work is focused on expanding availability of those and other services. She noted that seniors in rural communities experience isolation and self-neglect and are more vulnerable than seniors in urban settings. She stated that the senior population in New Mexico is outpacing such growth in the rest of the country.

Secretary Hotrum-Lopez discussed risk factors associated with aging and diseases of despair coming together. She added that 20,000 meals are provided each month to seniors and that the ALTSD can use this opportunity to make cultural change. She identified addiction at the end of life as a growing problem and asserted that more needs to be known about the extent of this problem. She emphasized that issues facing elders in rural areas must be identified and that an assessment of social determinants of health should be used as a context for addressing the needs of all vulnerable individuals. She emphasized peer support as an emerging approach that is already being utilized and promoted the potential of using community health workers to stay in touch with seniors on a personal level. Secretary Hotrum-Lopez emphasized the volume and intensity of calls to the Adult Protective Services Division of the ALTSD and noted that community health workers could serve as an important link to follow up on those calls. She stated that the ALTSD's Long-Term Care Ombudsman Program needs more volunteers in long-term care settings.

Secretary Hotrum-Lopez identified food insecurity as the number-one problem for seniors, with one in nine seniors affected. She believes that the issue can be mitigated to some degree through food pantries and senior centers and asserted that the ALTSD is partnering with other agencies to address this problem. She stated that a goal of the ALTSD is to create and promote intergenerational feeding programs. She noted that transportation is challenging in rural areas and stated that she is working with the United States Department of Veterans Affairs (VA) and others to increase access to transportation. Secretary Hotrum-Lopez noted that Alzheimer's care and caregiver resources in rural areas remain priorities and stated that the ALTSD is working collaboratively with agencies and stakeholders to address these and other problems. She concluded by noting that UNM's Institute for Social Research will conduct a needs assessment that will be funded by an appropriation for 2019.

Questions and comments from committee members included the following:

- in response to a question about opportunities to provide meals to seniors who do not have access to transportation to food centers, Secretary Hotrum-Lopez stated that the ALTSD hopes to reach this goal but funding available through area agencies on aging (AAAs) will be key to this effort;

- a member commented that there is a fear that some AAAs are going to close due to budget issues and asked how the ALTSD plans to address federal funding shortfalls; Secretary Hotrum-Lopez responded that the ALTSD has experienced serious cuts in meal programs but is working to address those cuts;
- in response to a question about how the ALTSD plans to address declining numbers of seniors at meal sites and reputational challenges faced by meal sites, Secretary Hotrum-Lopez stated the ALTSD will work to identify the extent and exact nature of the problem and added that the ALTSD has hired a consultant to help AAAs become more efficient and to examine practices in other states;
- in response to a question about the potential for reorganizing the division of AAAs, Secretary Hotrum-Lopez stated that the ALTSD is working on "rightsizing" and finding adequate funding to encourage other county entities to work with these programs;
- a committee member discussed legislation to establish gardens at senior centers;
- a committee member pointed out that hunger issues are very important among many legislators and that a hunger caucus has been formed to brainstorm about this issue;
- a comment was made that a task force on veterans' issues is looking for ways to provide services to senior veterans;
- in response to a question, Secretary Hotrum-Lopez indicated that the state does not operate AAAs;
- in response to a question about how the ALTSD plans to reorganize AAAs, especially regarding meal sites, Secretary Hotrum-Lopez said that more information is needed regarding budget variances between meal sites;
- in response to a question about the needs of the ALTSD's Long-Term Care Ombudsman Program, Secretary Hotrum-Lopez said that more volunteers are needed to ensure that quality care is being provided to residents in long-term care facilities and that adult protective services may be needed in cases of alleged abuse or neglect;
- in response to a question about how the different divisions of the ALTSD coordinate and track their efforts, Secretary Hotrum-Lopez stated that the department is tracking information but is working to improve coordination;
- a member suggested that improvements be made to customer service techniques at the Aging and Disability Resource Center in the ALTSD, and Secretary Hotrum-Lopez responded that the ALTSD recognizes this need and is exploring what kind of training is most needed;
- in response to a question about federal funding cuts, Secretary Hotrum-Lopez responded that about \$2 million in federal funds has been lost; and
- a brief report on ALTSD budget issues was requested.

## **Recess**

The meeting recessed at 4:47 p.m.

## **Thursday, September 26 — Las Cruces Convention Center**

### **Reconvene, Welcome and Introductions**

The meeting reconvened at 1:21 p.m. The chair welcomed committee members and members of the audience. Committee members and staff introduced themselves.

### **Overview of Assisted Outpatient Treatment (AOT)**

Jamie Michael, director, Health and Human Services Department, Dona Ana County, the Honorable Lisa C. Schultz, district judge, Third Judicial District Court, and Joe Tomaka, Ph.D., professor, Department of Public Health, NMSU, presented to the committee.

Ms. Michael shared a brief video pertaining to AOT services. The video described AOT as court-ordered, supervised, community-based treatment, also known as outpatient commitment, which is enabled by state statute and allows district court judges to order a person with a serious mental illness to receive AOT, committing the local mental health system to serve the participant and committing the participant to follow a treatment plan. Ms. Michael described the process of developing the program. She emphasized critical partners, including the courts, judges, treatment providers, the state and members of the National Alliance on Mental Illness (NAMI) in this process.

Judge Schultz described what is known as the "black robe effect", noting that participants who are given the opportunity to appear before a judge and report progress often become stronger and more stable. She stated that most participants look forward to court-ordered appearances, as they offer participants a chance to be heard. Judge Schultz said that she writes an order for each need identified by a participant and follows through to ensure that these needs are adequately addressed. She stated that AOT is a comprehensive and detailed program that is unlike anything she has ever seen.

Dr. Tomaka spoke about the AOT evaluation process, stating that it is a mixed method approach that includes both quantitative and qualitative data. He noted that the process is dictated by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services and uses longitudinal data collected every six months. He described data sources, including client data from La Clinica de Familia and programmatic data from the Dona Ana County Health and Human Services Department office. He stated that psychiatric hospitalizations, days spent in a psychiatric hospital and the number of arrests have all declined among AOT participants. Dr. Tomaka estimated that AOT has resulted in savings of \$11,000 per month and more than \$4 million per year.

Dr. Tomaka described some key outcomes of the AOT program in which clients have self-reported positive experiences. He stated that a majority of clients have reported that they received information about their rights, that therapy has given them a new approach to problems and that treatment providers have assisted them to improve their lives.

Ms. Michael stated that the next goal of the program is to achieve sustainability once grant funding expires. She noted that in addition to identifying stable funding, the sunset provision of the enabling act will need to be removed to allow the program to continue.

Manuel Arrieta, chief judge, Third Judicial District Court, was invited to speak to the potential for implementing a similar approach in criminal courts. He noted that the AOT program serves individuals in civil courts. He stated that many judges in criminal court also have contact with individuals with mental and behavioral health issues and that there is an opportunity to combine many of the existing approaches to those issues.

Questions and comments from committee members included the following:

- in response to a question about how many people have been served with AOT since its inception, Ms. Michael stated that 78 people have been served;
- in response to a question about the scope of the service area of AOT and the possibility for expansion, Ms. Michael noted that Bernalillo County will implement the program soon and further stated that there are provisions in the law that limit implementation in some areas; minor changes to the law could expand participation to other counties; and 45 states and Washington, D.C., have AOT programs already in place;
- in response to a question about whether there have been any appeals with respect to AOT cases, Judge Schultz stated that there have been no appeals and attributed this to quick responsiveness when participants have urgent needs and an establishment of trust;
- Judge Schultz stated that an individualized assessment is conducted in every case to find a balance between individual civil rights and community safety;
- some committee members expressed support for removal of the sunset provision of the Assisted Outpatient Treatment Act but indicated that implementation of AOT in Dona Ana County and Bernalillo County would require some evaluation;
- a committee member asked whether a person with a serious mental illness who is serving jail time for a crime would be able to use AOT; Judge Schultz responded that AOT is currently only provided in civil matters, but judges often collaborate to address such problems;
- a member asked about the total amount of grant funding available for AOT, and Ms. Michael responded that \$1.3 million in funding is available over a three-year period and clarified that the funding covers the cost of training law enforcement;
- in response to a question about whether grant funding can be used to pay for the client attorneys and whether any concerns have arisen about conflicts of interest, Ms. Michael affirmed that the grant funding does pay for the client attorneys and that no conflicts of interest have arisen;
- Ms. Michael clarified specific criteria of the program, including that program participants must be 18 years of age or older; have a diagnosis of a mental health

- disorder; demonstrate a history of noncompliance with treatment plans; and have a record of hospitalization or repeated interactions with law enforcement;
- in response to a question about the consequences of not adhering to a treatment plan, Ms. Michael noted that noncompliance does not result in jail time but may result in a required reevaluation, which would reconnect the client with the court; and
  - in response to a question, Ms. Michael indicated that referrals have been made to Oxford House with respect to certain AOT cases.

Jim Jackson, representing Disability Rights New Mexico (DRNM), was invited to comment on the AOT program. Mr. Jackson pointed out that the program is run on a basis of volunteer compliance and that participants choose whether to continue in the program. He commented that the law requires that it be a civil commitment and questioned whether the program is implemented in accordance with the intent of the law. Ellen Pinnes, DRNM, commented that she believes that AOT services should be offered without a requirement for involvement by a judge.

Micah Pearson, NAMI, contested the assertions by Mr. Jackson and Ms. Pinnes. He noted that he was served by AOT and that he now visits people in the hospital to inform them of the program. He stated that the black robe effect is an important element of AOT because it inspires individuals to comply with the requirements of court orders.

Virgil Medina, La Clinica de Familia, expressed thanks to the committee and invited members to tour the clinic.

### **Building a Rural Health Care Workforce Pipeline**

Robert Williams, M.D., director, Rural and Urban Underserved Program (RUUP), UNM School of Medicine; Michael Richards, M.D., M.P.A., vice chancellor for clinical affairs, UNM Health Sciences Center (HSC); and Valerie Romero-Leggott, M.D., vice chancellor for diversity, Office for Diversity, Equity and Inclusion, UNM HSC, associate dean, UNM School of Medicine, and professor, Department of Family and Community Medicine, Combined B.A./M.D. Degree Program, UNM, addressed the committee.

Dr. Richards described the status of the health care workforce, noting an increase of 60 physicians and 74 certified nurse practitioners since 2016. He stated that despite the increases, the state still has a shortfall of health care providers, especially in less populated counties. He identified specific needs for virtually all physician specialties and for more advanced practice nurses and physician assistants. He noted that New Mexico has the highest percentage in the nation of physicians over the age of 60. He provided a map demonstrating the distribution of primary care physicians in 2017 compared with 2016, demonstrating increased areas of severe shortages.

Dr. Romero-Leggott spoke about the combined bachelor of science and medical degree (B.A./M.D.) program at UNM. She identified predictors of rural practice that are addressed by

this program and provided details about a summer practicum that places students in rural communities to observe health professional teams in action. She provided demographic data about the nature of students in the program, including those who have finished medical training and those who have returned to practice in New Mexico following residency. Of the total number of graduates who are practicing, 86 percent are practicing primary care, she said.

Dr. Romero-Leggott described programs known as "communities to careers" pipeline programs and explained that a variety of approaches in the communities to careers pipeline programs are designed to spur student interest in medical careers. She said that programs include the Building Outstanding STEM-H Students Program, the Dream Makers Health Careers Program, the Health Careers Academy, the Undergraduate Health Sciences Enrichment Program, the New Mexico Clinical Education Program, the Undergraduate Medical Test Preparation Programs and the New Mexico Health Careers Opportunity Program Ambassadors Program. She stated that together these programs make up the pipeline, and she discussed demographics and outcomes of the programs.

Dr. Williams described the RUUP, the missions of which are to sustain an interest in working in an underserved area of the state, encourage others to consider medical careers and support clinician retention. Dr. Williams noted that participation by medical students in the RUUP has steadily grown, with more than 90 students participating in the program. He provided a map demonstrating locations in which medical students have received training. Dr. Williams acknowledged that it takes from 11 to 14 years to complete training. So far, members of one class of RUUP graduates are practicing medicine in underserved areas. RUUP scholars Cecilia Valverde and Cynthia Sanchez offered personal testimony about the program.

Dr. Richards provided information about graduate medical education. He identified reasons why having an experience of working in rural communities during residency results in more practitioners choosing to practice in rural communities following residency. He noted that federal caps limit the number of available residency slots but that the UNM HSC recently recategorized itself as a rural teaching hospital, which allows for an expansion of the number of residency slots for which it is eligible. He noted that the cost of a residency falls on the hospital at which the resident serves and that many hospitals cannot afford to support this cost. He stated that UNM is developing proposals to create flexibility in funding mechanisms and to raise the Medicaid cap to add 100 residents.

Questions and comments from committee members included the following:

- in response to a question as to how two high schools in Las Vegas were chosen as "dream maker schools", Dr. Romero-Leggott stated that funding was available to put two programs in Las Vegas; Teresa Madrid, Office for Diversity, Equity and Inclusion, UNM, added that Las Vegas reflects the diversity desired among students in that program;

- Ms. Madrid stated that the Dream Makers Health Careers Program is easy to replicate and allows UNM to use local champions rather than spend limited resources on consultants;
- in response to a question about whether UNM is working with other entities in the state with similar goals, Dr. Romero-Leggott stated that county health councils have been very good partners; UNM is trying to leverage resources, while welcoming new partners; and UNM is collaborating with La Clinica de Familia in Las Cruces;
- in response to a question from a committee member about whether UNM plans to expand its B.A./M.D. program, Dr. Romero-Leggott stated that UNM plans to expand its B.A./M.D. program but must consider the available resources, including whether sufficient classrooms and faculty can accommodate larger classes;
- Dr. Richards noted that UNM must consider whether it will be able to identify and pay for residencies and noted that UNM must ensure that it has the capacity to meet additional challenges regarding medical school certification;
- in response to a question as to whether it is possible for RUUP students from other states to experience residencies in underserved communities in New Mexico, Dr. Williams stated that RUUP graduates are mostly New Mexico students;
- in response to a question about whether UNM makes RUUP students aware of the challenges of working in rural areas, Dr. Williams acknowledged the importance of this but also stated that there are great benefits to living in rural areas;
- in response to a question, Dr. Romero-Leggott stated that 103 students are accepted into the B.A./M.D. program each year and that those students have input on where their residencies are located, but many factors are considered; and
- in response to a question, Dr. Romero-Leggott stated that New Mexico has about 680 residents each year.

### **Minutes Approval**

Senators Stefanics, Padilla and Sedillo Lopez were appointed by Senate President Pro Tempore Papen as voting members for this meeting. A motion was made, seconded and adopted to approve the minutes of the August 2019 meeting.

### **Border Health Elective**

John Andazola, M.D., program director, Southern New Mexico Family Medicine Residency Program, spoke briefly about the number of residents placed in his program. He expressed support for a proposal to expand the number of residents through Medicaid. He said that he believes local hospitals should be allowed a role in determining how to manage their own residents.

Abinash Achrekar, M.D., deputy secretary, DOH, described the border health elective, a four-week program of the DOH designed for medical residents and advanced practice providers to learn about border health. He said that the rotation takes medical students to the Memorial Medical Center in Las Cruces and that the program has a focus on care for refugees and asylum seekers. He identified border health challenges, such as health care worker shortages,

overburdened volunteer efforts and unique logistics of rural areas. He expressed recognition for Dr. Andazola's contributions to the program.

Questions and comments from committee members included the following:

- in response to a request about the cost of the border health elective, Dr. Achrekar stated that it is funded this year at \$78,000 and added that \$300,000 will be needed going forward; and
- committee members and DOH staff discussed the possibility of serving refugees and asylum seekers who have not been permitted to enter the country and incorporating the BCOM into such efforts.

### **Public Comment**

Tanya Watson and Andy Krenz, New Mexico Athletic Trainers' Association, spoke about athletic trainers and their value in secondary schools. They asked for the opportunity to make a full presentation about the importance of athletic trainers. Ms. Watson stated that recent studies demonstrate a savings in the cost of care to athletes and an estimated \$4 million savings to Medicaid. She said that schools employ athletic trainers and train them to provide appropriate medical care to students engaged in sports, thereby avoiding emergency room visits. Mr. Krenz is an athletic trainer and provided a personal perspective.

Ms. Pinnes expressed support for the position that the health care workforce needs more than doctors and nurses but asserted that therapies and types of services are also critical to individuals. She said that she would like attention directed to developing a pipeline of ancillary health care professionals. She also expressed an opinion that the testimony on AOT focused more on services provided rather than on the value of the program.

Mr. Jackson testified that Bernalillo County is implementing an AOT program, which he understands has a design that is more closely aligned with the statute and is different from the Las Cruces AOT program. He encouraged the committee to hear from Bernalillo County about its AOT program at some point in the future.

### **Recess**

The meeting recessed at 4:48 p.m.

### **Friday, September 27 — NMSU Pan American Center**

#### **Reconvene, Welcome and Introductions**

The meeting reconvened at 9:18 a.m. The chair welcomed committee members and members of the audience. Members and staff introduced themselves.

Dr. John D. Floros, president, NMSU; Karim Martinez, Ph.D., extension family life and child development specialist, College of Agricultural, Consumer and Environmental Sciences,



NMSU; and Alexa Doig, Ph.D., R.N., director and Elisa E. and Antonio H. Enriquez professor, School of Nursing, NMSU, were introduced.

Dr. Floros provided a brief history of NMSU, noting its status as a land grant university. He attributed a commitment to research as key to the success of both NMSU and its students. He noted that NMSU's enrollment is rising and that an emphasis on health education is one of the university's strategic initiatives. He stated that while NMSU has received increased funding through its 2019 appropriation, NMSU's overall budget has also increased due to the provision of faculty salary raises.

Questions and comments from committee members included the following:

- in response to a question about how many students attend courses at NMSU's main campus after attending courses at its branch campuses, Dr. Floros stated that it is a small percentage and further noted that although the overall enrollment at the main campus has increased, transfers from NMSU's branches and community colleges have declined;
- in response to a question about progress toward establishing an NMSU branch in Mexico, Dr. Floros stated that while some slow progress has been made, the university will not move forward if it does not appear the branch will be successful and that NMSU will have control of the academic enterprise if the project is pursued;
- Dr. Floros stated that higher education is critically important to the future of the state and that a continuing commitment to higher education funding is important;
- Dr. Floros noted that technical and health care programs will be in high demand and that more funding will be needed to manage the growth of these programs;
- Dr. Floros asserted that current appropriations are not sufficient to pay competitive salaries to faculty to ensure retention and added that when a university is underfunded, its ability to seek and receive research grants is hampered;
- in response to a question about whether the educational funding formula contributes to funding issues, he replied that in the long term, the funding formula must be stable so that realistic planning can occur and stated that a broader understanding of the needs of universities is important; and
- in response to a question as to whether the New Mexico Department of Agriculture has a separate budget from NMSU, Dr. Floros responded that the budget is a separate component of the overall budget of NMSU.

### **Bachelor of Science in Nursing and Nurse Practitioner Program Update; Addressing the Rural Health Care Shortages**

Dr. Doig talked about how the nursing and nurse practitioner programs at NMSU help the state to address rural health issues. She provided data regarding the number of nursing students in the program and identified branch locations. She stated that 34.4 percent of enrolled nursing students are living in rural locations, noting that the use of videoconferencing allows nursing students to obtain much of their instructional training in their home communities. Dr. Doig

stated that NMSU is developing approaches to allow students from rural locations to practice in their communities after graduation. She stated that over 1,900 nurses graduated from NMSU between 2005 and 2019.

Dr. Doig addressed graduate nurse practitioner programs at NMSU. She said that those programs provide specialty tracks allowing students to become family nurse practitioners or psychiatric mental health nurse practitioners. These programs use distance education technology, allowing students to complete a three-year program in their home communities, she said. Dr. Doig noted that most nurse practitioner graduates have job offers prior to graduation. She noted that very few of those graduates will establish independent practices later in their careers. The VA, among other entities, approved ongoing training for advanced practice nurses.

### **Cooperative Extension Service (CES)**

Dr. Martinez stated that the CES is the community education arm of NMSU. She said that faculty members are attached to the university in all 33 counties and that the mission of the CES is to provide practical, research-based knowledge. She identified numerous areas in which the extension service is providing training in physical and emotional health. She asserted that approximately 200,000 individuals have attended workshops on nutrition, parenting and physical fitness, noting that the CES hosts the National Diabetes Prevention Program and the Kitchen Creations Program. Dr. Martinez said that these programs offer yearlong courses and that NMSU recently received a grant to serve 1,300 individuals in those programs. Dr. Martinez identified other health promotion programs, including chronic disease self-management classes and the Fit Families program, which provides family-based nutrition and health education. She highlighted the Ideas for Cooking and Nutrition (known as ICAN) program, which teaches cooking and nutrition, as well as new program areas and potential partners for future growth.

Questions and comments from committee members included the following:

- in response to a question about how many faculty the NMSU School of Nursing employs and the challenges faced in retaining faculty, Dr. Doig described the number and types of faculty and stated that she has not yet lost any faculty in 15 years;
- in response to a question from a committee member about whether grant funding would be used to train nursing students in the appropriate administration of buprenorphine, Dr. Doig stated that NMSU is hoping that its existing three-year grant will be extended and that NMSU's intention is to use the funding to train nursing students in the appropriate administration of buprenorphine and to expand outreach initiatives to court and law enforcement officials;
- in response to a question from a committee member, Dr. Martinez said the CES is working to develop a partnership with La Clinica de Familia;
- a discussion of opportunities for partnerships to address hunger issues, particularly in schools, through the CES and possible expansion of cooking and nutrition programs;
- in response to a question about NMSU's bachelor of science in nursing program's graduation rate, Dr. Doig stated that it is between 95 percent and 99 percent;

- in response to a question as to whether a lack of funding is the reason for difficulty in hiring nursing faculty from rural areas, Dr. Doig responded that she thinks the reason stems more from a shortage of qualified nurses in rural communities;
- a committee member suggested that representatives from the UNM nursing program attend Interagency Behavioral Health Purchasing Collaborative meetings to build expertise regarding the network of behavioral health programs and how they function;
- in response to a question about the difference between psychiatric mental health nurse practitioner certificate students and non-certificate students, clarification was provided that certificate students have a more advanced scope of practice and may establish their own practice; and
- in response to a question as to whether the CES has any focus on senior nutrition, Dr. Martinez stated that the federal Supplemental Nutrition Assistance Program provides education in senior centers.

### **Rural Transportation Panel**

David Armijo, executive director, South Central Regional Transit District (SCRTD); Sharon Thomas, retired associate professor, Michigan State University, and former city councilor, City of Las Cruces; and Michelle Del Rio, M.P.H., graduate student, Interdisciplinary Health Sciences Ph.D. Program, University of Texas at El Paso (UTEP), and project manager, Center for Environmental Resource Management, UTEP, addressed the committee.

Dr. Thomas discussed the need for rural transit in Dona Ana County, noting that medical appointments, shopping for food and work comprise the top three transportation needs for residents. She spoke about barriers to using personal transportation and explained that a transit needs index identified populations most affected by transit barriers. Those populations include seniors, individuals with disabilities, families without a vehicle and persons in poverty. She described the history of the SCRTD and identified its mission, noting the benefits of public transportation, especially in the areas of health and safety.

Ms. Del Rio reported on the findings of a health impact assessment of the SCRTD, which concluded that health, education, job skills and economic benefits were realized, according to all participants surveyed or interviewed. Additionally, she noted that it was found that greater use of bus transit would reduce air pollution, improve road safety and improve the quality of life in rural communities. She identified challenges to addressing the findings of the study, including a lack of paved roads, longer travel times and uncertainty regarding sustainability of the bus system. She identified several recommendations for implementation by the SCRTD.

Mr. Armijo noted that in Dona Ana County, transit system routes and use have dramatically expanded during the last 45 years and offered details about how this growth was achieved. He acknowledged that more funding is always needed and thanked the legislature for its support. He noted that the SCRTD has developed a 10-year plan for communication, outreach, education and service and discussed the possibility of a regional system with new routes in Sierra County. Mr. Armijo identified sources of funding, including local, state and

federal sources, and he emphasized the importance of infrastructure development, including well-lit bus shelters.

Questions and comments from committee members and others included the following:

- a member commented that development of bus transit in Santa Fe was challenged when funding was used for train services rather than buses and asked about the extent to which fee increases are used to expand transit services; Mr. Armijo stated that fees are helpful but must be increased carefully to avoid user deterrence;
- in response to a question as to whether the SCRTD has considered using swipe cards for transit and public health services, Mr. Armijo stated that a transportation task force has considered this idea;
- in response to a question about the annual budget of the SCRTD, Mr. Armijo stated that its budget this year is \$1.56 million, which includes an increased percentage from local sources;
- in response to a question regarding governance of the SCRTD, Mr. Armijo noted that the SCRTD is a governmental agency with taxing authority and that user fees, occasional grants and advertising sales provide additional funding streams for the SCRTD;
- a member expressed appreciation for the bus system and congratulations for expansion plans of the SCRTD;
- in response to a question as to how ridership has improved, Mr. Armijo noted that ridership has increased every year and that transportation of immigrants has contributed to that growth, as have routes into recreational and business sites; and
- a member of the committee encouraged the SCRTD to coordinate with the ALTSD to facilitate transportation for seniors and commented that greater emphasis should be given to transportation needs of veterans.

### **Adjournment**

There being no further business, the committee adjourned at 12:12 p.m.