

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

**July 6-7, 2016
New Mexico Highlands University, Student Union Building Ballroom
800 National Avenue
Las Vegas**

The second meeting of the Legislative Health and Human Services Committee (LHHS) was called to order on July 6, 2016 by Senator Gerald Ortiz y Pino, chair, at 8:46 a.m. in the Student Union Building Ballroom at New Mexico Highlands University in Las Vegas.

Present

Sen. Gerald Ortiz y Pino, Chair
Rep. Deborah A. Armstrong
Rep. Miguel P. Garcia

Absent

Rep. Nora Espinoza, Vice Chair
Sen. Gay G. Kernan
Rep. Tim D. Lewis
Sen. Mark Moores
Sen. Benny Shendo, Jr.

Advisory Members

Sen. Craig W. Brandt
Sen. Linda M. Lopez
Rep. James Roger Madalena
Sen. Cisco McSorley
Sen. Howie C. Morales (7/7)
Sen. Bill B. O'Neill
Sen. Nancy Rodriguez
Sen. William P. Soules
Rep. Christine Trujillo

Sen. Sue Wilson Beffort
Sen. Jacob R. Candelaria
Rep. Gail Chasey
Rep. Doreen Y. Gallegos
Sen. Daniel A. Ivey-Soto
Rep. Terry H. McMillan
Sen. Mary Kay Papen
Sen. Sander Rue
Rep. Patricio Ruiloba
Sen. Mimi Stewart
Rep. Don L. Tripp

(Attendance dates are noted for members who were not present for both days of the meeting.)

Guest Legislators

Sen. Pete Campos (7/7)
Rep. Tomás E. Salazar (7/7)

Staff

Michael Hely, Staff Attorney, Legislative Council Service (LCS)
Shawn Mathis, Staff Attorney, LCS

Rebecca Griego, Staff, LCS
Alexandria Tapia, Contractor, LCS

Guests

The guest list is in the meeting file.

Handouts

Handouts and other written testimony are in the meeting file.

Wednesday, July 6

Welcome and Introductions

Senator Ortiz y Pino welcomed members of the committee, staff and those in attendance. Dr. Sam Minner, Jr., president, New Mexico Highlands University (NMHU), welcomed the committee to the university and shared a statement reflecting the importance of health for economic well-being. Dr. Minner highlighted some of NMHU's nursing and social work programs that have created a more accessible and financially affordable option for students to obtain quality training in the field. Dr. Minner outlined some of the features and benefits of the programs offered by NMHU, adding that the university hopes to continue to develop its existing programs and create new health programs in the future.

Tonita Gurule-Giron, mayor of Las Vegas, welcomed the committee to Las Vegas. Mayor Gurule-Giron thanked the members of the committee for their funding support for the community and introduced a few individuals in the audience.

Senator Ortiz y Pino asked members of the committee and staff to introduce themselves. The chair then explained the interim committee process and the 2016 work plan for the LHHS.

Boarding Homes

Ms. Mathis provided the committee with an information memorandum and presentation on the issue of boarding home regulation in the state. Ms. Mathis explained the differences between boarding homes and assisted living facilities. The definition of a boarding home has changed over time, and Ms. Mathis provided a brief history of the regulation of boarding homes in New Mexico since 1970. (Please see handout at www.nmlegis.gov for more information). In 2010, the Department of Health (DOH) promulgated the rules that are currently in effect relating to assisted living facilities. No definition of boarding home was included in those rules. The Public Health Act and rules promulgated pursuant to that act include the term "boarding home" among those entities that the DOH licenses as "health facilities", Ms. Mathis said. During the 2010 legislative session, a house joint memorial was passed requesting the LHHS to study the licensing of housing for persons discharged from the New Mexico Behavioral Health Institute at Las Vegas (BHI) and to consider additional regulations. Due to budget and resource constraints, it was recommended that BHI and the and the Division of Health Improvement of the DOH work with housing operators directly to develop standards.

Ms. Mathis concluded her presentation by noting the importance of creating a clear definition of "boarding home". Additionally, several regulatory considerations were mentioned, including: broad versus specific applicability; intensity or complexity of services; functionality of residents; reimbursable services; cost and capacity of regulatory oversight; and the most appropriate regulatory authority for the service venue. Ms. Mathis informed the committee that the staff plans to continue a presentation on this topic at the upcoming LHHS meeting at the end of July.

John Barnum, president, National Alliance on Mental Illness (NAMI) Albuquerque, provided background on the organization and its ongoing initiatives. NAMI Albuquerque provides advocacy, education, support and public awareness so that individuals and families affected by mental illness can maximize their capabilities and enjoyment of life. NAMI Albuquerque was chartered in 1985 and is an all-volunteer organization. In addition to providing community support for individuals and their families, NAMI Albuquerque also works with police departments, cities, counties and state initiatives concerning mental health. Mr. Barnum noted that housing issues are always a big concern. The organization frequently has difficulty in providing information about group homes and providing substantive reviews of facilities. Individuals with mental health conditions face housing concerns in a variety of scenarios, including when being discharged from hospitals. Mr. Barnum highlighted the issues of group homes from the perspective of NAMI Albuquerque. The organization requests that the committee look into the overall feasibility of requiring some form of registration and inspections for all group homes; consider the development of a statewide directory for group homes, with public access to this information; and allow NAMI Albuquerque to be involved in future housing-related issues that involve those with mental health conditions.

Felicia Barnum, treasurer, NAMI Albuquerque, stressed the tremendous need for group homes in the state. Ms. Barnum noted that boarding homes have a different relationship between owner and resident than a traditional landlord/tenant arrangement. She urged that special considerations be taken when developing regulations specific to boarding homes. According to Ms. Barnum, boarding homes in the state are facing serious overcrowding issues with as many as 12 to 15 individuals in the same residence.

Miguel Chavez, senior advocate, Disability Rights New Mexico (DRNM), provided the committee with some background on the organization and their scope of work. Mr. Chavez recounted the story of boarding home residents Alex Montoya and Cochise Bayhan, who died from carbon monoxide poisoning in 2013. After their deaths, it was determined that the residence was not up to livable standards under state regulations and had not been properly screened or approved. Mr. Chavez added that no steps have been taken since the incident to further regulate or monitor boarding homes.

Jim Jackson, chief executive officer (CEO), DRNM, referred to a few highlights from Ms. Mathis' presentation and to documents she provided to the committee. DRNM supports alternatives for individuals with disabilities. Mr. Jackson echoed that there is a problem

providing housing for people with disabilities in the state and there is a need for more oversight of these facilities to protect these individuals. DRNM recommends amendments to the Public Health Act that would include a clear definition of "boarding home" and a clear delineation of the responsibilities of a boarding home.

After completion of panel presentations, the committee was informed that this topic would be revisited during the July 25-29, 2016 meeting of the LHHS and would involve additional agencies and stakeholders. In response to questions from the committee, the following topics were discussed:

- the limited availability of information regarding housing and lack of resources for families to make informed decisions;
- staffing oversight for boarding homes;
- additional details regarding the deaths of Mr. Montoya and Mr. Bayhan;
- the potential for compiling a more cohesive index of boarding homes in the state;
- investigations of complaints about boarding homes;
- ownership of boarding homes and assisted living facilities;
- financial assistance and costs not covered by programs like Medicaid and Centennial Care;
- tracking done by the Board of Pharmacy on the estimated number of boarding homes, based on custodial drug permits; and
- the need to consolidate information and the potential to look at examples from other states for best practices.

Independent Living

Jody Jepson, housing director, Albuquerque Heading Home (AHH), provided the committee with background on the program's origins. AHH is a community-wide initiative launched in early 2011 designed to house chronically homeless and medically vulnerable people who have physical, mental health or substance use disorders and to create system changes to make homelessness rare, short-lived and nonrecurring. AHH achieves these objectives by collaborating with partners to provide permanent housing, case management and other supportive services so that clients can have an enhanced quality of life and ultimately become self-sufficient. Ms. Jepson explained that AHH employs a "housing first" model — meaning that in the hierarchy of needs, shelter is paramount to survival. After satisfying that basic need, AHH's core vision team next seeks to provide other support to those individuals most vulnerable and most in need.

Among its several programs, Ms. Jepson highlighted AHH's trauma-informed care approach that uses case managers to help understand causes for an individual's mental, emotional and physical status. This approach reduces the blame and shame that some people experience when being labeled. It also builds an understanding of how the past impacts the present, which effectively makes the connections that progress toward healing and recovery. Ms. Jepson described the roles and responsibilities of case managers for AHH clients and the additional

supports the organization provides to the community. She stated that AHH's peer-to-peer program has been a major success. That program uses volunteers to increase the social connectedness of new neighbors (clients) and to provide ancillary services upon request, including help with Medicaid enrollment, literacy classes, flu shots, employment workshops, budget classes and health and wellness education.

AHH has housed a total of 566 individuals, including 87 family members. With the help of the community, AHH has an 85% to 90% retention rate after one year. According to the presentation, the greatest innovation and strength of AHH is the political good will and support it has from city leadership and the business community. AHH has been able to integrate the services of several organizations and thus access resources across service partners to ensure that clients' needs are met. An independent cost-study released in 2013 highlights the cost-saving measures of AHH. A specific finding is that shelter, jail and emergency room costs have been reduced. Data-driven success has helped generate positive project reputation and community support, as well as generating interest among cities in other states.

Dr. Paul Guerin, director, Institute for Social Research, University of New Mexico (UNM), shared the findings of a study on AHH with the committee. Dr. Guerin explained that the study looked at the differences between being housed and not housed and the costs associated with each. The data presented to the members of the LHHS was the result of a phase one study conducted over the course of one year. The following findings from the study were reported as a result of the AHH initiative.

- One year post-AHH study group member costs were \$615,920.49 or 31.6% less than the one year pre-AHH study group member costs. This amounted to an average savings of \$12,831.68 per study group member.
- Study group members reported being homeless an average of 8.59 years in their lifetime.
- Participants were, on average, 44 years of age.
- Study group members' emergency room visits decreased by 36.2% after being housed.
- Emergency room costs declined \$27,167.12.
- The finding of a net cost benefit parallels the findings of the City of Albuquerque Housing First Cost Study and other studies that show that this type of program results in a relative decrease in costs.
- Prior to being housed, jail costs were \$51,540.30. After housing, jail costs decreased 64.2%.
- As expected, social service costs (e.g. case management, outreach and social work) increased by 469.3%.

The study reported that future research includes a longer cost-study time period; more complete service and cost data; a larger study group; and client follow-ups to collect additional self-reported data, including measures of satisfaction and indicators of life improvement. Dr. Guerin added that the next study will also include emergency rescue services. At present, the

data collection for the newest study, which covers a four-year span, is completed but not yet approved for release by the city. The new study is expected to be made available within the next month.

Members of the committee engaged the presenters about the following topics:

- the potential for Medicaid reimbursement for paid staff and the overhead of contract services;
- the success of getting local volunteers involved with the home team program and how those volunteers are recruited and trained;
- salary comparisons for the chief operations officer, which frequently ranges between \$95,000 and \$150,000 a year for nonprofit organizations of comparable size to AHH;
- data collection for the two studies and where the city has achieved cost savings;
- collaboration with other groups, such as boarding homes, and the differences between programs like AHH and boarding homes;
- the social returns on programs like AHH and the unmeasured benefits to society in addition to dollar savings;
- demographics for homeless individuals in the Albuquerque area, including the number of families and veterans;
- the status of various funding sources and grants for AHH, such as the New Mexico Mortgage Finance Authority and the federal Substance Abuse and Mental Health Services Administration. AHH is currently receiving funding from the City of Albuquerque, which has justified the funding through the cost savings study; and
- the importance of case management to the overall success of the program.

Legislative and Regulatory Oversight of Boarding Homes

Eliot Shapleigh, former Texas state senator from El Paso, introduced himself to the committee and provided his professional background. During his time in the Texas State Senate, Senator Shapleigh helped sponsor Texas House Bill 216 (2009) (HB 216), which amended the Health and Safety Code to give local governments the power to license and regulate adult boarding homes for the mentally or physically disabled and the elderly. Under the prior law, these homes were unregulated, and the law only required licensing, inspection and regulation of such facilities when they provided medical services, prescription administration or therapeutic services. HB 216 enacted a model statewide standard for regulation of boarding homes. Local governments in Texas now have the option to regulate the boarding homes, with the regulatory authority to conduct inspections, maintain a registry of boarding homes and certify owners. This approach does not vest authority in any statewide agency. It is instead what Senator Shapleigh characterized as an unfunded mandate to cities and local municipalities to implement these regulations and report back to the state for the consolidation of information.

Senator Shapleigh referred to the information memorandum previously distributed by Ms. Mathis, citing it as helpful in addressing the problems New Mexico is currently facing regarding issues with boarding homes. Ms. Mathis provided the committee with a brief presentation

detailing the Texas model of boarding home regulation and its implementation. Following the presentation, members of the committee discussed with Senator Shapleigh the model used in Texas. At present, the Texas Legislature is looking to amend the law and perhaps change the definition regarding the number of people in a boarding home. In closing, Senator Shapleigh noted that the City of El Paso would be a good comparison to Albuquerque in terms of size and demographics.

Public Comment

Dr. Barbara Perea-Casey, city councilor, City of Las Vegas, spoke to the committee on behalf of the San Miguel County Family and Community Health Council. Dr. Perea-Casey explained the function of the health council and urged committee members to find out about their respective health councils and learn about their health council's involvement in their communities. The health council deals with issues of public concern — offering cooking classes for diabetics, suicide prevention and support, information on health insurance, substance abuse support and much more to their communities. Dr. Perea-Casey said that the San Miguel County Family and Community Health Council is ranked first out of the 33 health councils in the state. Dr. Perea-Casey informed the committee that the council used to receive \$82,000 per year from DOH general appropriations. Currently, it is receiving only \$5,000 from the DOH, \$5,000 from the San Miguel County and \$5,000 from the City of Las Vegas. Due to a lack of funding, the health council has been limited in the services it can provide to the community. Dr. Perea-Casey encouraged committee members to continue to support the work that the health councils do and urged them to continue funding these vital community resources. In response to a question from a committee member, Dr. Perea-Casey explained that the San Miguel County Family and Community Health Council determines priorities based on a resident survey and that teen pregnancy was not one of this year's priorities. The community is still struggling with an urgent need for pediatricians and obstetric services.

Rosalie Martinez, San Miguel County Family and Community Health Council, highlighted some of the successes of the health council. Ms. Martinez noted that the council also does a lot of work with youth and the elderly in the community. They have recently partnered with local high schools to distribute DWI-prevention materials.

Valerie Block Romero shared her personal experience with boarding homes and how she has benefited from available services. Ms. Romero believes that living in a boarding home is still an exclusion from society. She urged the committee to consider the difference between medical support and care and incarceration.

Marina A. Tapia, senior legal counsel, Developmental Disabilities Planning Council, Office of Guardianship, thanked the committee for looking into issues regarding boarding homes. She wished to bring to the committee's attention the changes that the Uniform Law Commission proposes to make to guardianship laws for all states. The Office of Guardianship provides counsel to qualified low-income persons. Most of these individuals need a guardian. Usually, a corporate guardian is appointed. Ms. Tapia is interested in getting this topic on the agenda of an

upcoming LHHS meeting. A member of the committee referred Ms. Tapia to Jack Burton in Santa Fe, and a copy of the memorandum regarding the proposed rule changes was requested to be shared with committee members.

DOH Programs Update

Lynn Gallagher, secretary-designate, DOH, provided the committee with an update on the department. The mission of the DOH is to promote health and wellness in New Mexico. The focus of the mission is changing, and the DOH is seeking a breakthrough of improvements in terms of health outcomes and the health status of the state. This new direction targets four key areas: obesity; diabetes; substance misuse, including tobacco; and teen pregnancy. The department believes that by focusing on these four key issues, the health of New Mexicans will dramatically improve and the state will experience a significant reduction in costs. The DOH is aiming for a 50% reduction in health-related costs within the next four years.

Secretary-Designate Gallagher was appointed to the DOH in April, following the death of former Secretary of Health Retta Ward. Under Secretary-Designate Gallagher, the department has undergone some reorganization and there have been some changes in leadership. In the fall of 2015, the department received accreditation for the Public Health Division and the Scientific Laboratory Division. The department has submitted its strategic plan for fiscal years 2017 through 2019, which focuses on the four key priorities previously mentioned and continues efforts to improve health status in other important areas. Secretary-Designate Gallagher highlighted some of the successes in health improvement in the state: maintaining high immunization rates; increasing family planning usage, including a 27% increase in the use of long-acting reversible contraception (LARC); ongoing decreases in teen birthrates; and a 16.9% decrease in obesity among third-graders. The DOH has implemented the Tobacco Use Prevention and Control Program, as well as an immunization registry with sustainable funding for childhood vaccinations under the Vaccine Purchasing Act. A new focus has been placed on improving oral health. New Mexico is one of only six states to successfully compete for funding from the federal Centers for Disease Control and Prevention (CDC) for asthma, lead, environmental health, public health and private well-being, Secretary-Designate Gallagher said.

The Epidemiology and Response Division of the DOH has been making efforts to tackle the state's issues with drug overdoses. New Mexico has the second-highest drug overdose rate in the nation. During the 2016 regular legislative session, a law was passed that made the opioid-reversal drug, naloxone (NarcanTM), more available, which has already had a significant impact on combating overdose deaths. In June 2016, the National Safety Council rated New Mexico as one of the highest in the nation for overdose-prevention policy implementations. Secretary-Designate Gallagher noted the expansion of several rehabilitation centers and outpatient treatment facilities around the state.

The Medical Cannabis Program is rapidly growing, Secretary-Designate Gallagher said. There has been a 75% increase in the number of actively enrolled patients — the program currently has 26,582 patients. Twelve additional producers have been added, bringing the total

number of producers to 35. The DOH has implemented new administrative rules and a new electronic system, which will better enable the collection of baseline data. In addition, eight new positions have been added to help with new patient enrollment. As of July 5, 2016, a new location for medical cannabis was opened off Rodeo Road in Santa Fe.

Michael Landen, M.D., state epidemiologist, DOH, gave a presentation on the risks that the Zika virus represents to the state and on Zika virus preparedness in New Mexico. Dr. Landen explained that the DOH is currently trying to determine the best approach to dealing with the Zika virus.

The Zika virus was first discovered in Uganda in 1947, Dr. Landen said. From 1947 to 2006, there were only 14 reported cases of the virus. In 2007, there was a large outbreak in the South Pacific, which has since led to the first cases being reported in South and Central America. There have been several reported cases in some areas of Mexico. Dr. Landen provided the committee with an overview of the symptoms associated with the virus. The primary modes of transmission of the virus are a bite from an infected mosquito, maternal-fetal transmission and sexual transmission from infected male partners. While fatalities from infection are rare, the Zika virus in pregnant women can pass to her fetus, causing microcephaly and other severe brain defects. Seizures, developmental delays, intellectual disabilities, hearing loss, vision problems, difficulty feeding or eating, balance and locomotion problems can result, and these can be mild to severe and have lifelong impacts, Dr. Landen said.

Dr. Landen shared a comparison of the virus with viruses carried by the same species of mosquitoes, such as the Dengue and Chikungunya viruses. The mosquito species that carry these viruses, *Aedes aegypti* and *Aedes albopictus*, are present in New Mexico, particularly in the southern counties. New Mexico State University has been doing systematic sampling around the state through its SouthWest Aedes Research and Mapping program.

Since January 2015, there have been 934 travel-associated cases and 287 cases of pregnant women with laboratory evidence of possible Zika virus infection in the United States. In New Mexico, there have been three travel-associated cases and no cases with expectant mothers. Dr. Landen discussed what can be done to prepare for and prevent local transmission of the virus. A lot of effort has been focused on education in cases of local transmission and on eliminating breeding habitats for mosquitoes. Dr. Landen also covered recommendations for traveler Zika virus prevention, detection of cases, testing guidelines and how a community response would be handled for a confirmed case. (Please see handout for more information on this presentation).

Internationally, Zika virus vaccine development is under way. A DNA vaccine and inactivated virus vaccine (similar to the flu vaccine) are both under testing with pending clinical trials. Dr. Landen noted that public health emergencies present opportunities for research and funding for the State of New Mexico. During the outbreaks of influenza and Ebola, the state received funding from the CDC and was able to develop preparedness and control procedures.

With Zika, it is likely that the state can get increased funding for preparedness and birth defects surveillance. To date, New Mexico has received less than \$300,000 in federal funds for Zika virus preparedness.

On questioning, the committee members and presenters discussed the following issues:

- staffing levels for the DOH and current vacancy rates;
- issues with a backlog of medical cannabis renewals and the need for a regulatory fix to allow purchase of medical cannabis with an expired registry card in emergency situations;
- closures of school-based health centers based on underutilization;
- the impact of those school-based health center closures on the department's programs and goals for lowering teen pregnancy rates;
- state budgetary issues and what the DOH is doing in response to budget cuts;
- promotional campaigns by the DOH to ensure proper vaccinations prior to the school year;
- status on testing, monitoring and tracking of lead in water done through the DOH's lead-prevention program;
- an update on the advisory committee created to implement the Health Information System Act and status of the website set to launch in January 2018;
- updates on ongoing litigation and the current status of the department's compliance with court orders;
- Secretary-Designate Gallagher's professional background and experience in health care;
- the DOH's role in developing a working definition for boarding homes;
- questions related to Zika virus testing — costs, who can be tested and where testing is done;
- transmission of the virus through blood and sexual contact; and
- the actual threat of the Zika virus to the state and the continuous need for funding research in search of a vaccine.

Secretary-Designate Gallagher stated that she did not have the requested information at hand and told the committee she would follow up regarding department vacancy rates, the number of people being affected by the backlog of recertification for medical cannabis registry cards and the number of school-based health centers in the state.

Public Comment

Yolanda Cruz, San Miguel County DWI Planning Council, expressed concern with the proposal to move the local DWI program from the Local Government Division of the Department of Finance Administration to the Behavioral Health Services Division of the Human Services Department (HSD). This issue arose from a house bill during the 2016 regular legislative session. The HSD has plans to move forward with a similar bill during the upcoming legislative session. Ms. Cruz stands in opposition to the move because Medicaid does not cover

all of the programs her organization provides, and she is concerned with the HSD's lack of understanding of their programs. She wants to work with the HSD as partners but wants to use Medicaid funds to better serve community members and avoid potential red tape.

Recess

The committee recessed at 4:23 p.m.

Thursday, July 7

Welcome and Introductions

The second day of the LHHS meeting was called to order at 8:35 a.m. by Senator Ortiz y Pino. He welcomed all those present, and asked members of the committee and staff to introduce themselves.

Access to Obstetric and Gynecological Services in Rural Areas

Margarita Montano, former patient, Alta Vista Regional Hospital, provided the committee with a personal account of her experience with a lack of obstetric and gynecological (OB/GYN) services in the local area. Ms. Montano has had to travel to Santa Fe for appointments and has not had many opportunities to meet her doctor.

Jeff Dye, CEO, New Mexico Hospital Association (NMHA), addressed the committee regarding the lack of OB/GYN services in rural areas of the state. Support and staffing for these services can present challenges in small communities. There are currently 25 hospitals in New Mexico that provide obstetrical services; that number has dropped from 27 in 2010. Specialty hospitals — like behavioral health, rehabilitation and long-term acute care hospitals — do not provide birthing services. Mr. Dye noted that several of the "low volume" — fewer than 233 births per year — rural hospitals have closed their obstetric services. In some cases, these were parts of their systems that they chose to concentrate at another center or they were in close proximity to a center that provided the birthing services.

Ellen Interlandi, R.N., care consultant, NMHA, explained that there are factors and challenges in providing obstetric services. Obstetric services do not stand on their own but are highly intertwined with other services in the hospital. Birthing is a 24/7 service, and lower-volume providers have a disproportionate number of staff on-call. Ms. Interlandi highlighted some of the main functions required for obstetric services, including: the potential for a medical emergency that requires immediate consultation or referral; the potential for surgical intervention; specialized monitoring equipment; and a full-time, board-certified physician with obstetric privileges. In addition to cost and capability, facilities also face issues in reimbursement, recruitment and geographical challenges. Medicaid is by far the largest payer source of obstetric services in the state. In some communities, 90% of births are to Medicaid recipients. To ensure that obstetric services are available in a community, hospitals end up assuming the cost of salary guarantees as well as the cost of malpractice coverage. Ms. Interlandi added that it is difficult to keep the satisfaction and interest of staff. Many members of the staff

do not like having to float to other areas if their love is obstetrics or neonatal care, so they tend to look for other organizations that do not require cross-training to other specialties. Rural and small hospitals face unique challenges in maintaining a full range of services. Nurses are more specialized these days, and it is harder to maintain competency in many areas, Ms. Interlandi said.

Mr. Dye presented various potential solutions to address some of the issues facing obstetric services in New Mexico. (Please see handout for the full list of suggestions.) These issues are being looked at by different groups and at different levels with stakeholders. The DOH is currently looking at what other states are doing to address similar needs. The nationwide trend has been to regionalize obstetric services. Among listed solutions, Mr. Dye discussed the possibility of using staff from urban, high-volume hospitals as a shared system or locum program. He also encouraged the state to address malpractice solutions to lure providers to New Mexico. Ms. Interlandi briefly covered the advance practice professionals matrix included in the handout.

Bill Patten, CEO, Holy Cross Hospital, spoke about the challenges he has faced in Taos and other rural areas. Part of the birthing process is the bonding that families do with hospitals and their doctors. Not having services that support families increases the likelihood of young families moving to larger cities. Holy Cross Hospital now has two doctors providing OB/GYN services, down from three. Because of that decrease, the two doctors are required to be on-call every other night. Mr. Patten noted the toll that takes, not only on their professional lives, but on their personal and family obligations. Holy Cross Hospital is now working to develop a free-standing birth center because the community is in need of these services. The cost of specialized laboratory tests, which have to be sent out, has been a burden. Some patients choose to have a home birth, but when there are complications, an entire team must be assembled in 20 minutes to provide emergency services to mother and child.

Connie J. Trujillo, clinical nurse midwife, R.N., M.S.N., M.B.A., Alumbra Women's Health and Maternity Care, LLC (Alumbra), addressed the committee regarding the experiences of midwives working in Las Vegas and the surrounding rural area. Alumbra is a privately owned clinic serving patients within a 13,470-square-mile area. These midwives have helped with deliveries at Alta Vista Regional Hospital and have recently applied for privileges at Christus St. Vincent Regional Medical Center in Santa Fe. Since the closure of obstetric services at Alta Vista Regional Hospital, Alumbra has helped more than 50 women deliver in other towns, including Santa Fe. Nurse-midwives can attend to and care for women having a normal birth, but if there are any issues with the delivery, nurse-midwives must have an obstetric physician present. Ms. Trujillo mentioned the fatality of a woman and her unborn son who were killed in an accident on Interstate-25 while traveling back from a doctor's appointment in Santa Fe.

Alumbra is a small practice offering maternity and women's health services, but with the closure of the Alta Vista Regional Hospital's obstetric unit, Ms. Trujillo informed the committee, Alumbra is facing the risk of closure. Alumbra has experienced a 10% loss in revenue and

expects a projected 50% loss by the end of the year due to the closure of obstetric services in Las Vegas. Ms. Trujillo suggested several legislative and regulatory changes, including allowing licensed independent practitioners to treat Medicaid patients without physician supervision and requiring hospitals to create contingency plans to deal with the loss of centers and services. Patient abandonment is the real issue, and hospitals should be required to provide more notice of these closures.

Linda Siegle, lobbyist, New Mexico Nurse Practitioner Council and the Nurse Midwife Association, addressed the issue of Santa Fe hospitals not granting nurse-midwives privileges. Federal law allows for nurse-midwives to administer to patients without physician supervision. Legislation passed during the last legislative session providing licensure of birthing centers has been helpful, and the further expansion of these centers may help address some of the issues caused by obstetric services closures. According to Ms. Siegle, home births performed by midwives and nurse practitioners account for 36% of vaginal births in the state.

Following the presentation, members of the committee had many questions and comments regarding the testimony of the panel. A number of topics were discussed, including:

- agreements between some of the native tribes in the state with nearby hospitals and the potential need for a liaison to help some of the tribes and pueblos establish relationships with the UNM hospital and other institutions;
- responses and feedback from the panelists regarding the various suggestions and proposed solutions brought up during the presentation;
- factual questions pertaining to hospital membership in associations, ownership and services;
- issues and circumstances surrounding the closure of OB/GYN services at Alta Vista Regional Hospital;
- the additional effects of not having OB/GYN services on the community;
- other services provided by Alumbra, including the implantation of LARC devices;
- network adequacy requirements for providers;
- the designation of midwives as primary care providers;
- issues related to the recruitment and retention of providers;
- insurance and privacy issues relating to LARCs;
- the role of local community colleges in producing nurses in more rural areas and tuition incentives to retain students after graduation; and
- the impact of OB/GYN center closures on prenatal and follow-up patient care.

A member of the committee requested a written response from Mr. Dye about the suggestions that Ms. Trujillo presented. Another member requested some information on malpractice coverage and what other states are doing to address the issue.

Alta Vista Regional Hospital

Chris Wolf, CEO, Alta Vista Regional Hospital, having participated in the previous panel, presented an update on the Alta Vista Regional Hospital. Mr. Wolf has been managing the hospital since March, 2014. The hospital has 54 licensed inpatient beds (intensive care unit and medical/surgical department), 10 emergency department beds and surgical services. Mr. Wolf gave an overview of the history of the hospital and its current status (see handout for additional information). The hospital has a five-member executive committee, 100 medical staff, 240 employees and 35 volunteers who provide support services. Alta Vista Regional Hospital has recently implemented the use of an electronic medical records system to reduce errors and ease workflow.

Alta Vista Regional Hospital is committed to community involvement and is continuously working on outreach programs. The 2016 strategic goals for the hospital include:

- continued progress toward becoming a highly reliable organization;
- provider recruitment and retention to ensure timely access to care. The hospital needs to hire many medical professionals, including those in the areas of general surgery, OB/GYN services, internal medicine and primary care. The hospital is seeking to fill several nursing positions, some of which are in specialty areas;
- continued improvement of the patient experience; and
- further development of partnerships that enrich the community with needed health care services. This includes expanding working relationships with UNM, Luna Community College and NMHU.

Like some of the other presenters, Mr. Wolf addressed some of the major challenges for rural hospitals. Issues with local school systems, spousal employment and workforce development all affect retention and recruitment of medical professionals. The average income of individuals living in Las Vegas is \$17,000 per year.

Several questions regarding Mr. Wolf's presentation were discussed with committee members, including:

- upgrades to systems to adhere to meaningful use requirements;
- additional costs associated with upgrades, including the addition of three information technology professionals;
- the correlation between local school systems and the recruitment of future professionals;
- cuts in Medicaid reimbursements and their impact on local hospitals;
- issues with the revenue cycle and obtaining timely payments;
- state requirements of services for accreditation;
- staffing inquiries and staffing needs;
- recruitment and retention strategies;

- agreements with UNM regarding telemedicine and the limitation of what can be done through that medium; and
- the need for legislative support for the nursing compact, which is up for renewal.

Public Comment

Joan Krohn, vice president, the National Organization for Women's New Mexico chapter, addressed the committee regarding the ethical questions surrounding patient abandonment in cases of obstetric clinic closures. Ms. Krohn said that there needs to be more effort to communicate with expectant mothers and the community about the closures of these centers. According to Ms. Krohn, more pressure should be put on hospitals to fulfill their responsibilities to the communities. Midwives are being "run out of business" because hospitals have a monopoly on medical care, she stated. Ms. Krohn asked about the purchase of Alta Vista Regional Hospital and the need for more transparency.

Pat Lehan stated that the people in the community feel "ripped off" by Alta Vista Regional Hospital. The company owns several other hospitals around the state and operates out of Tennessee, which Ms. Lehan believes is not in the best interest of the community. She recounted an Alta Vista Regional Hospital press release in which it announced the closure of the OB/GYN services due to market conditions. The closure was done with only six days notice, she said. Staff was provided with substantial notification of the closure, according to Ms. Lehan. She stated that the phone number given on Alta Vista Regional Hospital's press release directed patients to the marketing division, and patients were not connected to the help they needed. There is a petition that has garnered over 1,400 signatures requesting the reinstatement of OB/GYN services. Ms. Lehan also commented on the individuals killed in the car accident, noting that there have been many other victims that have been involved in accidents or experienced other hardships due to the closure. According to Ms. Lehan, the attorney general has called for the reopening of the hospital's OB/GYN services. Ms. Lehan called for the documents and contracts from the purchase of the hospital to be made public.

Margaret Vasquez, cultural anthropologist, said that a big problem in the twenty-first century is fitting one of the oldest human activities, childbirth, into modern health care and meeting the imperatives created outside our kinship systems. With the introduction of technology, childbirth has been corporatized. The focus has shifted from the well-being of mother and child to making a profit and avoiding lawsuits. Dr. Vasquez believes that these imperatives need to be reconciled, and childbirth needs to be shifted to local focus.

Ms. Lehan read a prepared statement that she attributed to Anne Rugy, CNMWF at El Centro. Ms. Rugy provides prenatal care to women who cannot pay for care, Ms. Lehan explained. Ms. Rugy wrote of the socioeconomic impact of having to travel to receive care and services that used to be routine in Las Vegas. Not enough has been done to meet the needs of the women in the community. According to Ms. Rugy, an OB/GYN from Santa Fe will come once or twice a week to Las Vegas. Alumbra provides safe women's health care, and it is ready, willing and able to provide OB/GYN services in Las Vegas.

Jane Lundsten, Las Vegas resident, shared the story of her last child's birth. Living 45 minutes north of Las Vegas, Ms. Lundsten had unpredictable and unforeseen issues during delivery. She was able to get to the hospital in Las Vegas and was eventually airlifted to the UNM neonatal unit. Ms. Lundsten explained that she and her baby were saved because they had immediate care — the outcome could have been very different without the closer care of the Northeastern Regional Hospital in Las Vegas. She noted that births are not always predictable, and mothers and children deserve the best possible outcomes. A lack of OB/GYN and pediatric services in the area makes it difficult to attract young families to the area.

Micheala Cadena, consultant, Young Women United, informed the committee that licensed midwives offer a lot of care to women. When this group of professionals are not included in policy discussions, she stated, an important part of maternal care options is left out. Midwives have been licensed through DOH regulation since the 1970s. Ms. Cadena added that there are 65 licensed midwives in New Mexico, primarily in Albuquerque but also throughout rural parts of the state. Midwives offer continuity of care, which is so very important to early care.

Cimarron Health Clinic and Ambulance Facility

Bill Norris, district administrator, South Central Colfax County Special Hospital District, provided the committee with the background on the facility and an update on the facility's needs. The South Central Colfax County Special Hospital District was formed in 1986 with the help of Presbyterian Healthcare Services of Albuquerque. There was a critical need to expand health care services in this region of Colfax County. Services in Springer and Angel Fire were limited, and Cimarron did not have a medical provider. Since its inception, the hospital district has been able to expand health care services to all communities within its service area through Colfax General Long Term Care, Colfax General Laboratory Emergency Medicine, Moreno Valley Healthcare Clinic and Cimarron Health Care Clinic. Bill Norris spoke about the different locations individually, the services they provide to communities and their financial and infrastructure needs.

The largest area of need is at the Cimarron Health Care Clinic. The Village of Cimarron has no money and no tax base and is unable to address the main issues at the clinic. In addition to routine primary care, the clinic provides many services, including free blood pressure screenings, flu shots, immunizations and health fairs. The physical building is falling apart, Bill Norris said. He shared photographs detailing the extent of the repairs needed in the clinic.

Bill Norris explained that the hospital district has been looking at related issues to try to combine facilities when seeking funding. One particular concept it is looking at is combining the health care clinic with an ambulance facility. Cimarron has a volunteer ambulance service, which remains very busy. The service is available 24/7 and operates with three ambulances. It has two paramedics, four EMT intermediates, 10 EMT basics and one first responder. The service covers over 1,100 square miles and has gone out on more than 120 calls this year, as of July. Bill Norris concluded his presentation by adding that the district is in real need of funding,

and he does not know where to get help. He wanted to bring this issue to the attention of the committee and potentially get some help in seeking funding sources.

Eric Martinez, lobbyist, explained to the committee that he is considering different approaches to get the funding needed. One option is to have the hospital district added to the Special Hospital District Act so that it can qualify for funding under that act. The district is working on a community development grant application. Mr. Martinez noted that there were some capital outlay appropriations from the districts' legislators; however, the funding was line-item vetoed because it was not enough money to even get started on the project.

Members of the committee discussed with the presenters some of the options for funding and asked various questions regarding the health clinic. Members offered various suggestions for potential funding, such as grants and applications to different foundations. The health clinic has been working with the county, but the county does not have the funds to support it financially. Counties are obligated by statute to help assist in establishing a center for public health; one public health center is already based out of Raton. A member suggested contacting the New Mexico Mortgage Finance Authority to see if it could offer assistance with funding. The presenters noted that all of their audits are up to date and are submitted annually. As a final suggestion, a member offered the possibility of working with local ranchers to raise money from hunting permits.

Local Behavioral Health Provider Update

Kevin Norris, CEO, Pecos Valley Medical Center (PVMC), provided the committee with an overview of the facility and the services it provides to the region. PVMC is a federally qualified health center serving the residents of San Miguel and Santa Fe counties. It is dedicated to providing quality, affordable patient care; promoting preventative medicine and healthy lifestyles; developing education outreach; and ensuring community involvement. Among its many services, PVMC provides comprehensive primary care, family medicine, behavioral health care, opioid replacement therapy and chronic care management. Kevin Norris highlighted the successes that PVMC has seen through Centennial Care.

PVMC has become a vital source of behavioral health service to the community. It offers a variety of treatment options and works with several provider types. In 2015 alone, the center received 1,867 substance use visits and 1,330 mental health visits. PVMC faces several challenges in terms of behavioral health services. The demand for opioid replacement therapy exceeds the supply, causing wait times of four to six months, on average. Socioeconomic factors affect patient care, as does a lack of public transportation. PVMC also faces challenges in the recruitment and retention of mental health and substance abuse counselors.

Kevin Norris outlined some of the strategic priorities for PVMC for the next year. These priorities include: creating a PVMC-sponsored Pecos school-based health clinic; addressing community health disparities; expanding family medicine, pediatric care and OB/GYN services

for the community; construction of a new dental and behavioral health building; and increasing the number of new patients. PVMC is also working to address the literacy issue in the area.

Kevin Norris thanked the legislature and various other departments for their continued support in providing quality health care services to the underserved community. After his presentation, committee members discussed the following issues:

- referrals for psychiatric care;
- the impact of the behavioral health transition on PVMC;
- grants and fundraising done by PVMC to fund various initiatives;
- the creation of a school-based health clinic and efforts to prevent risky behaviors among teens;
- the desire to expand services by adding doctors and providers, including OB/GYN services;
- communities served by PVMC;
- limitations of Medicaid reimbursements for some care; and
- a comparison of Colfax County and its Medicaid eligibility versus that of the Pecos region.

Public Comment

Ms. Romero spoke again to encourage the committee to continue to look for resources to help individuals to contribute to society. Ms. Block explained that individuals with mental illness and other forms of disability need tools to become contributing members of society, adding that New Mexico needs to invest in these tools. Medication management can be helpful when it is used in addition to other support services and is properly monitored.

Adjournment

There being no further business before the committee, the second meeting of the LHHS of the 2016 interim adjourned at 3:20 p.m.