

**MINUTES
of the
SECOND MEETING
of the
TOBACCO SETTLEMENT REVENUE OVERSIGHT COMMITTEE
July 29, 2009**

The Tobacco Settlement Revenue Oversight Committee (TSROC) was convened on July 29, 2009 at 10:16 a.m. as a subcommittee.

Present

Sen. Mary Jane M. Garcia, Co-Chair
Rep. Ray Begaye
Sen. Dede Feldman
Rep. Danice Picraux

Absent

Rep. Gail Chasey Co-Chair
Sen. John C. Ryan
Rep. Gloria C. Vaughn

Advisory Members

Sen. Rod Adair
Sen. Sue Wilson Beffort
Sen. Linda M. Lopez

Rep. Karen E. Giannini
Sen. Mary Kay Papen

Diabetes Program Evaluation and Request for Proposals (RFP) Process Report

Judith Gabriele, Program Manager, Department of Health (DOH) (see handout).

Ms. Gabriele discussed FY09 tobacco settlement funds expenditures. The number of diagnoses for diabetes is increasing in New Mexico with the aging population growing. The prevalence in New Mexico is similar to the USA's prevalence, although the death rate is higher in New Mexico. Age-adjusted rates are used when comparing county-county or county-state overall, which levels the playing field. Los Alamos, Santa Fe, Socorro, McKinley and Chaves counties are high end.

The DOH is trying to strengthen the diabetes education program with children by increasing parent involvement. The Chronic Disease Bureau is strategizing around social determinants (family income, etc.) of health in its prevention efforts.

Question/comments included:

- *Do statistics include Native Americans (NA)?* Yes, yet BRFSS has some shortcomings with the NA population because of communication barriers. It does sample to make up for that.
- It is difficult to segregate NA statistics because they often include Utah, Colorado and Arizona figures.
- *Are there RFPs for any of these programs for NA country?* Only for self-management education provider trainings and professional development and technical assistance. Five of the 21 programs for technical assistance are in NA communities. NA partnerships have begun and the DOH is brainstorming with them about what works and how to

support NA communities. They have met three times and have identified professional development and provider support, including cultural competency. Indian Health Service does not have a lot of training for its professionals. The second priority is working with families and communities on prevention.

- Concern was expressed regarding elimination of physical education (PE) programs from schools. Obesity was not the problem it is now 30 years ago when PE was part of school. There was critique of education cuts that eliminated PE. The DOH needs lawmakers to understand that PE cost-cutting affects health costs. A study shows a connection between physical activity and academic performance. The DOH is adding money for physical activity programs.
- *Coordinated approach to child health (CATCH) program:* physical activity; nutrition; healthy schools; healthy foods; paths; parent involvement. Children bring home assignments to familiarize their families with good foods.
- *33 elementary schools are involved; how are they selected?* The application process is through New Mexico State University (NMSU). Every district gets applications, and schools are selected for their capacity to do the program.
- *If we want to promote this to districts, is there information about preparing and applying?* Yes, the DOH will send FY10 participating schools information about the application process.
- *Do the schools receive money?* Yes, they go to a training and costs are covered.
- *What about obesity?* Obesity is a major risk factor; the DOH funds programs throughout the state to get children involved in more physical activity to reduce weight and thus diabetes risk. Gestational diabetes is more likely to produce overweight children at risk of diabetes.
- *Health care providers can write prescriptions for physical activity; there can also be partnerships with parks and recreation.*
- *Why are there so many different medications for type II diabetes?* There are a lot of medicines for a lot of things; not sure why.
- *How are certified diabetes educators found?* They are listed on this web site: www.diabetesnm.org.
- *Are some people more prone to getting diabetes?* Some people are more prone: a baby weighing more than nine pounds and a women with polycystic ovary syndrome.
- *The death rate in New Mexico is higher than the USA. Are there statistics? Statistics show whether chronic disease is being managed. Personal responsibility plus societal change takes time, but it is important that reports are received in incremental changes in behavior such as self-testing rates and other indicators that should be tracked in terms of increasing compliance. Are these things being tracked?* Yes. Data on exams are received; they do not show improvements. The DOH thinks those are not the best indicators; just because someone got tested does not mean that person is controlling diabetes just because of the test. People may get the exam, but resources prevent compliance. The Centers for Disease Control and Prevention (CDC) does not look at these indicators any longer; the CDC looks at whether people are controlling diabetes and blood pressure.
- *Yes, but tracking compliance alerts one to whether someone needs more care. Tests are*

critical to flag where treatment is necessary and where additional resources are needed to address the areas identified. How is this achieved? The DOH is working with the Primary Care Association's ABC (a1c, blood pressure and cholesterol testing) system. The DOH is piloting with a few primary care clinics.

These tests are a means of indicating compliance, so I would request that information (summary) on this and on mortality rates. I request that you send this information to Sandy Mitchell.

- Do advisory council members get compensation or per diem and mileage? No, the board and steering committee get travel funding.

HIV/AIDS Program Evaluation and RFP Process Report

Robert Horwitz, Deputy Director, Public Health Division, DOH

Diane Tapia, Program Manager, HIV/AIDS Treatment Program, DOH

Dominick Zurlo, Program Manager, Harm Reduction Program, DOH

(See handout.)

The DOH is looking at using money to get ahead of prevention and risk behaviors. One hundred sixty thousand dollars is going to harm reduction, with 66% going to HIV services, and \$310,000 is going to HIV/AIDS treatment and harm reduction. The majority of individuals are in the insurance assistance program versus DOH paying for services/medication because of less disability and increased employment. This is as a result of people living with HIV being healthier now and less likely to have complications.

Questions/comments included:

- *There are treatment services in Santa Fe, Albuquerque, Las Cruces and Roswell. Is anyone providing services in McKinley County and San Juan County?* Yes, these providers resulted from an RFP process for specialists. Many have satellites, including one in Farmington (NM AIDS Services). Community Health Source in Albuquerque serves a population, half of whom is from those areas.
- *What about Gallup, with a large prevalence of HIV/AIDS?* The only responder to the RFP has been FirstNations, though NAs may be enrolled in other programs.
- *Are NA organizations aware of the RFP? One of the problems is that many times the RFP packets are not put together until maybe first quarter of year. When are service organizations notified of an RFP?* The providers are contracted through a provider agreement; it is an annual process that is used for delivering speciality clinical care. It is a hybridized version of the RFP process. A program works with the specialist community and the Governor's Advisory Council on HIV/AIDS, which provides input. The prevention program does a formal RFP process tied to the federal funding cycle. It is a limited community of specialists capable of delivering this care. Provider agreements are on a one-year cycle.
- *Any complaints about the annual process by providers?* Provider agreements tend to be single-year. Federal and state appropriations change year to year. July is always a challenge, because the DOH and the Department of Finance and Administration are closing out the old fiscal year and handling large volumes.

- *Clinic locations: is [the handout showing clinic locations] representative of the geographics of patient concentration?* The DOH has recruited agencies having the appropriate expertise. Every client gets a case manager. There are centers of excellence developed per population. The model of care for patients is relatively flexible with satellite facilities and a very responsive system of care.
- *Is any money allocated to bupenorphine programs?* The DOH works in conjunction with community-based organizations that are piloting bupenorphine programs and working with DOH's Stanford [Avenue – Albuquerque] health office. Bupenorphine is used to help people come off of heroin. Most money gets allocated for health care for the homeless in Albuquerque.
- *What is [DOH's Public Health Division's relationship] with the [behavioral health] statewide entity, OptumHealth?* The DOH tries to expand those services and integrate with other programs. It works with Project ECHO and several other organizations.
- *Is OptumHealth responsive?* The DOH has had lots of conversations with Optum Health. Each region has a series of points of contact around services. It is early [in the contract with OptumHealth].
- *How is Camino de la Vida in Las Cruces?* The DOH has received some calls from staff that the new director was not sensitive to the Hispanic community. The DOH has been concerned about significant changes in leadership with six executive directors in five years. It continues to struggle, and complaints continue.
- *Will you follow up and report? How many patients?* About 175 total patients, with 78 in Roswell and 325 in Santa Fe.

Tobacco Use Prevention and Control (TUPAC) Program Evaluation

Larry Elmore, Program Manager, TUPAC Program, DOH
(See handout.)

High school youth smoking dropped 6% between 2003 and 2007. The University of New Mexico (UNM) is going smoke-free on August 1, 2009. Ninety-two percent of New Mexicans are protected by strong clean indoor air laws.

A competitive RFP process and negotiation increased services for less money. TUPAC is meeting with health plans, and over 653 people who called the quit line have private health insurance. TUPAC is expecting over 1,000 individuals to receive services through private insurance.

The number of cigarettes sold per New Mexican fell from 54 in 2001 to 30 in 2003. Tribal sales were tracked starting in 2008. 2009 data on use will be collected. Expect the Dee Johnson Clean Indoor Air Act to have an effect alongside the federal and state tobacco taxes. New Mexico is the third lowest state in addiction measures (e.g., number cigarettes smoked per day; number of daily smokers).

Questions/Comments included:

- *Has there been any concern from any providers about money matters and reimbursement invoicing?* Mainly, TUPAC has it right, but every now and then something arises.
- *In terms of program evaluations, does TUPAC do site visits and provide technical assistance?* TUPAC does site visits at least quarterly and makes monthly phone calls. It has a manual for contractors and each contractor has a monitor. Travel is more difficult because of funding. There are also monthly evaluation reports; TUPAC will not pay invoices until evaluation reports are received. TUPAC also started a professional training program. Turnover is an issue. The Public Health Division of DOH has the CDP and C Bureau, including Ms. Gabriele. TUPAC works with the obesity, breast and cervical cancer program. The CDP and C Bureau is trying to integrate a lot more. The CDC recommends this also.
- *Are you planning any NA programs?* There are eight northern pueblos, five Sandoval pueblos, Mescalero Apache, Navajo, Santa Fe Indian Hospital, Gallup Presbyterian Medical Services and Southwest Tribal Tobacco Coalition programs. TUPAC provides per diem and mileage to members. TUPAC is concerned because NA youth have higher and increasing smoking numbers. The RFP process provides an obstacle to tribes because they have to meet with leaders to get permission to apply, which delays the process. An extra month has been added to the RFP process. There are four trainings across the state to inform about the application process.
- *Does TUPAC work with the Corrections Department (CD) as prisoners are entering/exiting the system?* TUPAC has not worked with the CD.
- *We might ask the CD if it is doing anything to address [tobacco addiction].*
- *Is this part of the alcohol and drug prevention program integrated with tobacco prevention?* It is harder and harder to get into schools with specific curricula, so TUPAC has narrowed its approach to teaching life skills—drug use; sexual behavior; stress. TUPAC asks about alcohol use because of nicotine metabolism.
- *Are there any measures to address co-addiction?* We hear about practices such as cigars being hollowed out for marijuana use. TUPAC is not doing a comprehensive prevention and abuse program. TUPAC has environmental strategies available to anti-tobacco programs that are different (taxes, etc.). TUPAC is moving away from curriculum.

TUPAC Program Update

Alvin H. Warren, Secretary, Indian Affairs Department (IAD)
(See handout.)

TSROC funding of \$500,000 has been allotted to the IAD for TUPAC. Native American youth have the highest cigarette use (31%).

The IAD is trying to make funds equally available to all 22 tribes. There were eight grantees: four mini-grants for \$60,000; four responses to the RFP for \$369,910.

There are \$38,065 in reversions, a 2% decrease between FY08 and FY09. This is attributed in part to difficulty in intergovernmental processes.

About 50% of NA communities served is funded through TCPP.

TUPAC was funded at \$400,000 this year versus \$500,000 last year. Keres Consulting has helped TUPAC to survey and evaluate grantees. Keres conducted site visits and informed communities and providers. Summer grantees present a problem because of co-existence with the change in fiscal years. TUPAC is still in process of awarding, but eight grants have been awarded.

Questions/Comments included:

- The Alta Vista Ranch's budget was reduced by \$38,000 this year. It had a youth conference at the ranch. Concerns were raised with the protocols and possible prejudicial evaluations of Alta Vista. Some citations made by evaluators were untrue. It was cut \$38,000 and likely had to cut staff; it was doing well and was still cut. There have been allegations of race and prejudice that must be supported. Confidence was expressed about the process used this year, especially with the involvement of Keres Consulting. There were issues identified that the director acknowledged. There was no prejudice whatsoever in fund allocation. Alta Vista tried to do its best with the 20% cut.
- Representative Begaye will email the committee and secretary the complaints he has received.

Federal Tobacco Legislation Update

Nathan Bush, Vice President of Government Relations, American Cancer Society (See handouts (2).)

New federal legislation, known as the Family Smoking Prevention and Tobacco Control Act of 2009, grants the federal Food and Drug Administration (FDA) authority over food and tobacco products. The Family Smoking Prevention and Tobacco Control Act requires manufacturers to disclose natural and added chemicals and any changes. The FDA is just now setting up a Tobacco Control Office, as product regulation authorities with the FDA. The FDA can dictate to tobacco companies ingredients and population effects can be evaluated. The FDA cannot ban all tobacco or require reduction of nicotine yields to zero, but can mandate that the level be non-addicting. However, states can prohibit the sale of tobacco products.

The act also clarifies advertising matters unclear since the Master Settlement Agreement.

What can states do?

- increase tobacco taxes;
- implement and enforce smoke-free laws;
- fully fund tobacco control programs; and
- restrict the sale and distribution of tobacco.

States used to be preempted from restricting advertising. Cannot permit states to restrict time, place and manner but not content of tobacco advertising or promotions (in accordance w/1st American).

There were no questions or comments.

Biomoda Update on Research

Richard Cervantes, New Mexico Institute of Mining and Technology

John Cousins, President, Biomoda, Inc.

John Garcia, Secretary, Veterans' Services Department

(See handouts.)

The panel informed the committee that it has only been about 15 months since it has been able to identify partners and implement its research. The panel has completed all of the intended tasks. It received no funding during the 2009 legislative session. It is hoping to get funding through the federal stimulus package: the American Recovery and Reinvestment Act of 2009 (ARRA). The panel requests the TSROC to support additional funding to meet program goals. Secretary Garcia believes this program could be a model for New Mexico. A lot of sampling has been done; this particular modality can have major implications. The federal Veterans Administration (VA) is interested. Iraq veterans have problems with inhalants. The partnership's contractual arrangement has ceased because there was no funding allocated in 2009 legislative session. It is currently searching for more funds.

Questions/comments included:

What has Governor Anaya's [of the New Mexico Office of Recovery and Reinvestment (NMORR)] reaction been regarding ARRA funds for these purposes? So far, NMORR has been unable to find research/development funds.

- *It appears veterans are getting radiology and being referred [for health care services] because of early detection.* Yes. Los Alamos technology used by Biomoda is being used; radiology is being used for comparison. Picture of glowing red cell in handout comes from one of the participants. These uses are not solely for detection of lung cancer.
- *Are there any ARRA funds for comparative effectiveness research being pursued?* Karen Wells of the Legislative Council Service identified it as belonging in both health reform bills and in the ARRA and perhaps through the CDC. There are measures of performance to offer the VA to identify special funding.
- *You may bring this to the economic development committee.* This is an innovative program. In order to create a bio-cluster, a critical mass is needed. The payroll was \$500,000 last year. There are significant state taxes; we would like money to go back into the community.

Public Comment

Adjournment at 2:30 p.m.