

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

**November 12-14, 2019  
State Capitol, Room 303  
Santa Fe**

The eighth meeting of the Legislative Health and Human Services Committee (LHHS) was called to order by Senator Gerald Ortiz y Pino, chair, at 9:16 a.m. on November 12, 2019 in Room 303 of the State Capitol in Santa Fe.

**Present**

Sen. Gerald Ortiz y Pino, Chair  
Rep. Gail Armstrong (11/14)  
Rep. Joanne J. Ferrary  
Sen. Bill B. O'Neill  
Sen. Cliff R. Pirtle (11/13)

**Absent**

Rep. Deborah A. Armstrong, Vice Chair  
Sen. Gregg Fulfer  
Rep. D. Wonda Johnson

**Advisory Members**

Rep. Phelps Anderson (11/12, 11/13)  
Rep. Karen C. Bash (11/12, 11/14)  
Rep. Micaela Lara Cadena  
Rep. Miguel P. Garcia (11/12, 11/14)  
Sen. Linda M. Lopez (11/12, 11/13)  
Sen Michael Padilla (11/12)  
Sen. Mary Kay Papen (11/12, 11/13)  
Rep. William B. Pratt (11/12, 11/14)  
Sen. Nancy Rodriguez  
Sen. Elizabeth "Liz" Stefanics  
Rep. Elizabeth "Liz" Thomson  
Rep. Christine Trujillo

Rep. Rachel A. Black  
Rep. Zachary J. Cook  
Rep. Rebecca Dow  
Rep. Doreen Y. Gallegos  
Rep. Dayan Hochman-Vigil  
Sen. Gay G. Kernan  
Rep. Rodolpho "Rudy" S. Martinez  
Sen. Mark Moores  
Rep. Andrea Romero  
Rep. Patricia Roybal Caballero  
Rep. Gregg Schmedes  
Sen. Antoinette Sedillo Lopez  
Sen. William P. Soules  
Sen. Bill Tallman  
Rep. Linda M. Trujillo

**Guest Legislator**

Sen. Jeff Steinborn (11/13)

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

**Staff**

Andrea Lazarow, Bill Drafter, Legislative Council Service (LCS)

Sabina Gaynor, Bill Drafter, LCS

Karen Wells, Contract Staff, LCS

Lenaya Montoya, Staff Attorney, LCS

**Minutes Approval**

Because the committee will not meet again this year, the minutes for this meeting have not been officially approved by the committee.

**Guests**

The guest list is in the meeting file.

**Handouts**

Handouts and other written testimony are in the meeting file.

**Tuesday, November 12****Welcome and Introductions**

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

**Progress Update: Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR)**

Dennis R. Plummer, chief executive officer, Albuquerque Heading Home, Teddi Rivera, SOAR specialist, Albuquerque Heading Home, and Hank Hughes, executive director, New Mexico Coalition to End Homelessness (NMCEH), addressed the committee.

Mr. Plummer stated that New Mexico is one of the top 10 states reducing homelessness through the use of SOAR, which is a federal Substance Abuse and Mental Health Services Administration-approved model. He stated that SOAR connects qualified homeless individuals with disabilities to SOAR specialists who help them apply for SSI/SSDI benefits, with the goal of obtaining permanent housing. He discussed the complexity of the SSI/SSDI benefits application process, noting that it is burdensome for homeless individuals to pull together the necessary materials. He added that applicants are often rejected three or four times before receiving benefits.

Ms. Rivera stated that she trained as a SOAR specialist in 2010 and has since trained 250 to 300 SOAR specialists. She described the breadth of the training program and the nature of the work that SOAR specialists do during the application process upon approval and afterwards.

Mr. Hughes stated that the NMCEH has been working with the Department of Health (DOH) to identify necessary steps to end homelessness. He stated that there are 6,500 homeless

individuals who are not receiving help. He noted that the NMCEH is the lead agency for SOAR and organizes training sessions. Mr. Hughes stated that SOAR currently operates in Santa Fe, Albuquerque and Las Cruces and that the NMCEH would like the initiative to expand statewide. He stated that an appropriation of \$750,000 would allow SOAR to serve an additional 720 applicants per year.

Questions and comments from committee members included the following.

- What percentage of SOAR participants receive SSI/SSDI benefits? Ms. Rivera stated that in 2018, SOAR had an 82% success rate, compared to a rate of less than 30% among individuals who apply on their own.
- What percentage of individuals served by SOAR are veterans? Ms. Rivera did not have the figure but stated that nationally, nearly 900 veterans have been served.
- Are there attorneys who already specialize in SSI/SSDI benefit applications? Mr. Hughes affirmed but noted that attorneys generally take the full amount allowable for their work, whereas SOAR does not.
- To which agency would an appropriation to support SOAR be made? Mr. Plummer stated that the Workforce Solutions Department has been suggested. Mr. Hughes noted that the Behavioral Health Services Division of the Human Services Department (HSD) has indicated that it will request an appropriation for SOAR and might be an agency to receive an additional appropriation.
- What percentage of SOAR participants have representative payees? Ms. Rivera stated that estimated 25% have representative payees and that the United States Social Security Administration (SSA) encourages this.
- Does SOAR ever lose track of clients? Yes, Ms. Rivera said, sometimes they move or die.
- What kind of training do SOAR volunteers receive? Ms. Rivera stated that training is online and was developed by an organization called Policy Research Associates, which also manages the certification process for volunteers.
- If an individual has been approved and is receiving SSI/SSDI benefits, do those benefits cease upon the person obtaining employment? Ms. Rivera noted that the SSA requires recertification every three years.
- Are there limits to the number of hours a person can work without losing benefits? Ms. Rivera stated that there is no limit; however, if a person earns more than the benefit amount, that additional amount would be withheld.
- How are these applications approved and by whom? Ms. Rivera stated that the application goes through the SSA and then the disability determination unit of the Vocational Rehabilitation Division (VRD) of the Public Education Department (PED).
- Who qualifies for SSI and for SSDI? Ms. Rivera stated that SSI is based on need, whereas SSDI is based on whether the applicant has paid into the Social Security system in the past.

- Are individuals eligible for benefits after age 65? Ms. Rivera stated that it is a possibility; however, the SSA requires that an assessment of the individual's retirement income must precede the determination of disability.
- A member requested that an appropriation to support SOAR be included in the bills being considered for LHHS endorsement. The chair agreed to the request.

### **Statewide Impact of Juvenile Detention Facility Closures**

Grace Philips, general counsel, New Mexico Counties, and Traci M. Neff, administrator, Juvenile Services Department, San Juan County, addressed the committee.

Ms. Philips provided statistics regarding the number of youth detained from 2010 to the present, noting a significant overall decline. She stated that in 2019, the average daily population in county juvenile detention centers was 126. She added that the number of juvenile detention facilities has declined from 14 to eight, with more closures anticipated, but she asserted that these closures do not represent a lack of need for these facilities.

Ms. Neff discussed the issue of youth who are detained in San Juan County with charges pending in other parts of the state, which entails long transports to court dates. She provided examples of these transports, including the hours that they take, the physical restraints employed and the involvement of law enforcement officers, who are not necessarily trained to work with mentally ill youth. Ms. Neff also discussed situations in which a youth arrives in court after these long transports, but the hearing is postponed and the youth is transported back to the facility. She added that these last-minute postponements often occur because the youth's appointed counsel cannot adequately prepare due to obstacles presented by the distant incarceration and stated that the impact of this practice on youth is profound. She highlighted that the cost to the county of law enforcement transporting six juveniles was \$7,050.55. She asserted that this example is representative of the statewide impact.

Ms. Philips described a task force that was convened to study the impact of facility closures. Key recommendations of the task force included the following: sharing costs and resources among facilities; identifying ways to repurpose existing facilities; improving court processes; improving training for law enforcement; creating substance abuse beds for youth with disabilities; and increasing community resources to address the needs of youth.

Questions and comments from committee members included the following.

- How many detainees have behavioral or mental health disorders? Ms. Neff indicated that it is a very high percentage.
- What behavioral health services are available for these youth? Ms. Neff noted that San Juan County has a pediatric psychologist on staff, but many counties are struggling to address this need.
- Are there separate detention facilities for girls and boys? They are housed in one facility but segregated into separate areas.

- Is solitary confinement permitted? Ms. Neff stated that it is not permitted.
- A member recognized that cost is an issue in keeping a facility open. Are a certain number of beds needed for a facility to break even? Ms. Philips stated that co-location of facilities addresses this issue somewhat.
- Has any work been done to implement the Missouri model of youth incarceration, as was previously explored in New Mexico? Ms. Neff noted that this model only works well with youth who have less severe mental health issues and that some youth are not well served by this model.
- Why are youth being transported so far away when there are local courts in the community with the facility? Ms. Neff stated that the local court is not the original court of jurisdiction or the location of case records.
- How were decisions made to close certain county facilities? Ms. Philips stated that each county decided independently due to unsustainable costs.
- What services are provided for incarcerated youth about to be released? Ms. Neff stated that many services are available; however, some youth are only detained for a short stay, so there are differences in services provided. Each county is different. She noted that 14 counties have established programs to serve youth who are transitioning out of incarceration.
- A member recognized the importance of additional training of law enforcement officers interacting with this population.
- Are all facilities required to have beds for females? Ms. Neff stated that there is not a requirement for this; however, females are separated from males in each facility.
- Are female staff provided where there are females in the facility? Yes.
- Do staff at facilities receive training in trauma-informed care? Ms. Neff stated that the San Juan County facility does this, but it is not a requirement.
- What is the youngest age that a youth can be detained? It is 13 years of age.
- How are transgender issues addressed with regard to separate housing for boys and girls in a facility? In San Juan County, transgender youth are placed in the part of the facility with the gender with which they identify.
- Is the number of juveniles with drug-related or substance abuse issues known? Ms. Neff stated that this is not specifically known; however, it is a high percentage.
- A member expressed the importance of continuing to develop suggestions and recommendations to expand the understanding of the needs of juvenile detention facilities and incarcerated youth, especially with regard to the state's obligation to keep inmates safe.
- A member noted that capital outlay funds were previously appropriated for drug detection wands designed to identify illegal drug possession and reduce the need for strip searches. How can the legislature expand this project? Ms. Neff asserted that the distribution of funds was inconsistent and that in some counties funds remain unspent. The technology is promising.
- A member asked what measures should be pursued to address needs in juvenile detention centers. Ms. Neff stressed the need for funding for transitional living services. A member suggested that the Law Enforcement Assisted Diversion program

could be used for this purpose. Ms. Philips stated that youth are not eligible for this program.

### **Public Comment**

Nat Dean, disability advocate and traumatic brain injury survivor, addressed the committee. She told her personal story of applying for SSI/SSDI before SOAR was an option. She identified the maximum that can be paid for anyone who is assisting someone to apply and the maximum award a recipient can receive for both SSI and SSDI. She further identified the maximum amount a representative payee can receive. She noted that SOAR training is an online program and is free.

Ellen Pinnes, representing The Disability Coalition, offered clarification regarding the desire of the committee to fund the disability determination unit of the VRD. She asserted that this unit is federal and cannot be funded by the state. A member suggested that the committee might wish to write a letter to the New Mexico congressional delegation about the needs for SOAR and other efforts to help people apply for SSI/SSDI and to request flexibility from the SSA to fund these efforts. No action was proposed regarding a letter.

### **Coverage Innovations Update from the HSD**

David R. Scrase, M.D., secretary, HSD, and Abuko Estrada, coverage innovation officer, HSD, addressed the committee.

Secretary Scrase stated that Mr. Estrada would provide an update about efforts to expand access to health care coverage such as the Medicaid buy-in program that the LHHS previously studied.

Mr. Estrada reviewed the challenges of providing statewide health care coverage. He provided background information regarding efforts to implement a Medicaid buy-in program, noting that the legislature appropriated \$142,000 in 2019 to the HSD to continue to study this issue. He emphasized that the state is considering a variety of options while pursuing federal matching funds wherever possible. He asserted that the administration also wants to ensure that providers are adequately reimbursed. He highlighted actions that have already taken place to pursue this goal and identified next steps to continue to pursue coverage and affordability options for health care coverage.

Mr. Estrada described the demographics of the uninsured, as identified through work conducted by the Urban Institute. He stated that according to the Urban Institute, there are approximately 187,000 uninsured residents at this time, representing 10.5% of non-elderly residents. He provided information about uninsured individuals who are eligible for premium tax credits in the marketplace and where those individuals live. He noted that Hispanics and Native Americans comprise the largest percentage of uninsured. Mr. Estrada said that enrolling eligible individuals in Medicaid could reach 30% of all uninsured. The HSD has identified outreach and enrollment efforts to address this opportunity. Secretary Scrase noted that one of

the primary outreach methods is through the health exchanges established by the federal government.

Mr. Estrada identified and described potential approaches for reaching the uninsured population, some of which could be combined for a wider impact. He said that the state has already been approved to pursue a federal waiver to establish the option of a basic health plan and a qualified health plan public option to be offered on the health insurance exchange. Mr. Estrada described the potential for state-funded subsidies, a targeted Medicaid buy-in, reinsurance and standardized plans that would provide additional affordable options in the exchange. He provided pros and cons of each option. He stated that while all potential options would increase access to health care coverage, many will require state appropriations to implement.

Questions and comments from committee members included the following.

- Why is an additional study being recommended? Mr. Estrada stated that it will look beyond the individual impact on the uninsured to the impact on the insurance market and the General Fund.
- Why is the number of uninsured in the southeastern region of the state so high? Mr. Estrada stated that he suspects the situation to be employment-based, including the issue of a "family glitch", in which an employee qualifies for employer-based health insurance benefits, but family coverage is unaffordable. The HSD is working closely with the health insurance exchange to identify and address these inconsistencies.
- In what ways do the identified options stabilize the health insurance market? Secretary Scrase noted that there are disparities between pricing in the commercial and Medicaid markets. Options being considered seek to find a balance.
- Are Native Americans who are enrolled in the Indian Health Service (IHS) of the United States Department of Health and Human Services considered insured? Mr. Estrada affirmed but stated that they have limited coverage through the IHS.
- What is the anticipated impact of uninsured individuals who do not qualify for public coverage options but who decide not to purchase health insurance? Mr. Estrada is not aware of any studies that focus on this issue.
- Has there been a problem of having an inadequate selection of insurers in the state or on the exchange? Secretary Scrase noted that low premiums indicate that this is not problematic.
- What are the numbers of those eligible but not enrolled in Medicaid by age group? Mr. Estrada will follow up on this question.
- Is there an effort to automatically enroll eligible individuals who apply for insurance through the health exchange into Medicaid? Mr. Estrada noted that when a person is determined to be Medicaid-eligible through the exchange, the person is notified and encouraged to enroll.

- Would the HSD and Medicaid support legislation to require an individual mandate to enroll in Medicaid or health insurance? Mr. Estrada stated that other states are considering this approach, and the HSD would be willing to do so as well.

### **Reimbursement for Medicaid Personal Care Services (PCS)**

Secretary Scrase, Meggin Lorino, executive director, New Mexico Association for Home & Hospice Care (NMAHHC), Ellen Pinnes, consultant, and Megan Pfeffer, deputy director of Medicaid, Medical Assistance Division, HSD, addressed the committee.

Ms. Lorino described eligibility for and services provided by Medicaid through the PCS benefit. She noted that New Mexico has been nationally recognized for rebalancing, which ensures that individuals who are eligible for both PCS and nursing facility coverage are referred to PCS. She provided a chart reflecting the reimbursement rates for PCS since 1999 relative to the minimum wage. She reminded the committee that recent legislation will raise the minimum wage over the next four years and asserted that provider members of the NMAHHC already pay more than the minimum wage to their employees in order to retain good staff. She provided information regarding the additional costs of providing these services, which exceed the reimbursement provided through Medicaid. She noted that informal research supports that the amount paid for similar services across the country averages \$18.69 per hour, which significantly exceeds the amount reimbursed to New Mexico providers.

Ms. Pinnes clarified her role in lobbying during the previous legislative session to advocate for personal care providers who are not employed by an agency. She said that she is not currently formally representing this population and is testifying based on her personal knowledge. She noted that the PCS program is a lower-cost alternative to nursing home care and that all individuals served by PCS are nursing-home-eligible. She described the type of individuals who work independently of an agency, saying that they are mostly women, many of whom also qualify for public benefits. She compared PCS reimbursement rates for agencies and caregivers, relative to the minimum wage, since 1999. She emphasized that reimbursement rates for these services are now lower than they were 15 years ago, which does not recognize any increase in the cost of doing business. She noted that the HSD has announced an increase in 2019 of \$.50 per hour for PCS, and she asserted that the increase for the PCS program is disproportionally lower than increases given to other long-term services providers and does not recognize the mandated increase in the minimum wage. She asserted that all are in agreement that the need for the program is increasing, and, without sufficient pay for workers, the program will suffer.

Secretary Scrase presented information regarding the predictable decline of aging individuals, leading to an inevitable need for additional help with activities of daily living. He briefly reviewed the provisions of Medicaid PCS and described two models for providing these services, including agency-based community benefit and self-directed services. He noted that PCS is one option of several for home- and community-based services provided under the community benefit in Medicaid. He identified the total cost of PCS, which represents



approximately 10% of the total of Medicaid-covered services for long-term care. He emphasized that the PCS program has saved a great deal of money in the Medicaid program by paying for services in a home rather than in a nursing facility. He described the directive in House Bill 2 (2019) to increase funding for Medicaid provider rate increases and noted that PCS accounted for the largest share of Medicaid rate increases. He asserted that the HSD believes it has an obligation to keep up with minimum wage increases. He noted that beginning January 1, 2020, the PCS rate will be increased an additional amount of at least \$1.00 per hour.

Questions and comments by committee members included the following.

- Will rates for PCS providers be specifically highlighted with the anticipated rate increase? Secretary Scrase noted that while it is possible to do so, the current contract with managed care organizations (MCOs) leaves the MCOs responsible for rate negotiations with PCS providers.
- A member suggested that the HSD could include contractual language requiring MCOs to follow state law in negotiating rates. Secretary Scrase noted that such language is already included in contracts.
- What are the requirements for the self-directed model of care in the PCS program? Ms. Pfeffer described a minimal amount of required training for a caregiver to be employed by an eligible individual, and she mentioned a requirement that the individual or family engage a fiscal manager to pay PCS providers.
- Is there any help for families that are hiring private caregivers for non-Medicaid eligible elders? Ms. Lorino noted that Medicare Advantage plans are beginning to consider this, but it is likely not a short-term solution. Ms. Pinnes noted that this is a required covered benefit under traditional Medicare.
- Are there agencies that do not participate in this program due to a lack of reimbursement? Ms. Lorino noted that agencies have many different lines of business and some do not participate in the PCS program.
- Is there any data regarding turnover rates among caregivers? Ms. Lorino stated that national data reflects that more than 90% of caregivers report that they are looking for or would accept another job.
- Is electronic visit verification (EVV) functioning and successful? Ms. Lorino stated that EVV created increased costs in every agency. Areas without broadband internet access are still problematic. Most agencies have found ways to manage these issues, but it has been quite costly. Ms. Pinnes stated that both connectivity and privacy issues remain. Ms. Pfeffer reported that most agencies have worked with the HSD to resolve issues.
- Is there a workforce shortage for personal care providers? Ms. Lorino said yes, this is why agencies must pay more than the minimum wage to hire and keep good employees.
- Secretary Scrase raised a concern that as wages for PCS workers rise, so do the wages for workers in less stressful or demanding jobs, worsening the shortage of employees.

- Are nursing homes closing, in part, due to the rebalancing success of this program?  
Secretary Scrase observed that the nursing home business is inordinately challenging and has been underfunded for years.

### **Recess**

The meeting recessed at 5:14 p.m.

### **Wednesday, November 13**

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

The meeting reconvened at 9:34 a.m. The chair welcomed committee members and members of the audience. Committee members and staff introduced themselves.

### **Improving Access to Fresh Produce for Seniors**

Martin Miller, Women, Infants and Children (WIC) Program, Public Health Division, DOH; Pam Roy, executive director and co-founder, Farm to Table, coordinator, New Mexico Food and Agriculture Policy Council, and coordinator, Santa Fe Food Policy Council; Katrina Hotrum-Lopez, secretary, Aging and Long-Term Services Department (ALTSD); Sarah Flores-Sievers, program director, WIC Program, Public Health Division, DOH; and Denise King, director, ALTSD, addressed the committee.

Ms. Roy provided background information about Farm to Table. She then described legislation from the last legislative session that funded two pilot programs to improve seniors' access to fresh produce. She stated that in one program, the DOH provides vouchers to seniors that can be used to buy fresh produce at farmers' markets. In the other program, the ALTSD purchases fresh produce from farmers' markets for senior center meals, she said.

Ms. Flores-Sievers presented statistics regarding programs that provide food assistance and are overseen by the WIC Program and highlighted programs serving seniors facing food insecurity. Mr. Miller then provided more detail about the voucher program. He stated that each month, eligible seniors can obtain vouchers for up to \$50.00 worth of food per household. He identified partners that assist with the distribution of vouchers, including the ALTSD and the Indian Affairs Department. He stated that as of November 2019, 11,100 vouchers had been issued, and 2,722 were redeemed. He said that the goal of the program is to reach 2,500 to 3,000 households.

Secretary Hotrum-Lopez asserted that food insecurity is a significant problem among seniors. She noted that the funds are serving not only seniors but entire communities, and they provide not only a meal but also groceries to take home. Secretary Hotrum-Lopez concluded by saying that the model varies from community to community and that the ALTSD is interested in identifying the most effective approach.

Ms. King emphasized the importance of these two programs and the opportunities they provide to improve health and wellness among seniors. She stressed the importance of the community approach that is being used in the implementation of these programs.

Senator Stefanics noted that two bills to continue funding these two programs will be brought before the LHHS for endorsement during this meeting.

Questions and comments by committee members included the following.

- A member noted that funds for vouchers represent a small expenditure that is making a huge difference for impoverished seniors in remote parts of the state.
- Has the ALTSD done any work to develop produce gardens at senior centers? Secretary Hotrum-Lopez stated that the ALTSD is currently focusing on obtaining locally grown foods for senior center meals; the development of gardens will be addressed next.
- Why did the ALTSD only seek \$100,000 to continue the pilot program? Secretary Hotrum-Lopez stated that the ALTSD wants to proceed incrementally, but it is seeking increased base funding.
- A member encouraged the ALTSD, Farm to Table and the DOH to consider using funds to provide additional kinds of locally produced food, such as nuts and grains. Ms. Roy stated that they have reviewed other state approaches and are beginning incrementally.
- Is there any reason why the age of eligibility for applicants is 60 years, and could it be lower? Secretary Hotrum-Lopez stated that she is not sure but will find out. She is very interested in expanding programs to include entire families and communities. Mr. Miller stated that the DOH identifies eligibility based on the requirements for the federal Commodity Supplemental Food Program (CSFP) of the United States Department of Agriculture or a short application if individuals do not participate in the CSFP.
- A member emphasized the importance of collaboration across various programs that offer access to food.
- What kind of farmers' markets remain open during the winter and are they limited to growers who grow inside? Mr. Miller stated that the farmers' markets at Taos Pueblo and in Taos remain open all winter.
- Have schools made progress in obtaining fresh foods and vegetables from farmers' markets for school lunches? Ms. Roy affirmed.
- A member recognized the importance of farmers' networks that are developing long-term plans to utilize fresh produce in a variety of ways.
- Is there any way that fresh fruits and vegetables could be incorporated into Meals on Wheels programs? Secretary Hotrum-Lopez stated that the ALTSD is asking for funding for transportation needs and is exploring combining food programs.
- Does the DOH have a list of growers and criteria for participation in these pilots? Mr. Miller said yes; he will provide that information to the committee.

At the request of the chair, Senator Papen appointed Senator Lopez as a voting member for the purpose of establishing a quorum. A quorum was recognized.

### **Healing Trauma, Healing People: What State Policymakers Can Do**

Lisa Cacari Stone, Ph.D., director, Transdisciplinary Research, Equity and Engagement Center for Advancing Behavioral Health, and associate professor, College of Population Health, University of New Mexico (UNM); Thomas Anthony Chávez, Ph.D., L.M.H.C., assistant professor, College of Education, UNM; Shannon Sanchez-Youngman, Ph.D., research faculty, School of Public Administration, UNM; Selene Vences-Ortiz, senior academic advisor, UNM; and Yazmin Irazoqui-Ruiz, student, UNM School of Medicine (SOM), addressed the committee.

Dr. Cacari Stone presented findings on behavioral health issues impacting Latino youth and offered policy recommendations for advancing health equity for this demographic. In particular, she focused on rising rates of depression and suicide risk; substance use, including alcohol; and tobacco use and vaping. She discussed risk factors impacting Latino youth, including discrimination, exposure to violence and trauma, economic stress, linguistic isolation and acculturation gaps. Dr. Cacari Stone highlighted strong family relationships, respect for Latino culture, encouragement of academic achievement and strong social networks as forces that can counter these risk factors.

Dr. Sanchez-Youngman spoke about work that she has done in collaboration with the San Miguel County Family and Community Health Council and other partners to reduce the incidence of rural youth suicide. In particular, she discussed facilitating digital storytelling workshops for youth, aimed at breaking down the stigma around suicide and encouraging youth to talk about it. She explained that digital storytelling is a health equity policy tool that strengthens youth voices and encourages their engagement in policy development.

Dr. Chávez and Ms. Vences-Ortiz addressed the adverse impact of federal immigration policies on immigrant communities in the state. Dr. Chávez described community focus groups to address the issue that were conducted in two locations. He said that the focus groups yielded insights about the experiences of Latino youth who are undocumented immigrants or part of families with mixed immigration status. They discussed UndocuHealth and Wellness, a program that addresses the anxiety and stress within this community by promoting wellness practices, such as breathing exercises and meditation and encouraging creative pursuits.

Ms. Irazoqui-Ruiz identified herself as a federal Deferred Action for Childhood Arrivals (DACA) participant who is currently a fourth-year medical student at UNM SOM. She spoke to the anxiety and stress of her status; in particular, obstacles to participating in residencies in certain states and professional licensure.

Dr. Cacari Stone summarized the points made in the presentations regarding the negative impacts of stigmatization, the roots of structural and intergenerational trauma and the critical

importance of access to health care and education. She identified policy actions, including the following: providing universal health care coverage; strengthening laws to ensure that immigrants can fully participate in education and the workforce; eliminating the stigma around behavioral health; and using trauma-informed treatment models to tackle addiction. Dr. Chávez recommended specific policy actions to address each of the five priorities. Ms. Irazoqui-Ruiz highlighted and advocated for support for a Medicaid buy-in option and nondiscrimination laws in professional and occupational licensure. She noted that 10 states have enacted legislation to address the professional licensing issue. Dr. Sanchez-Youngman promoted the importance of providing venues for community conversations addressing these issues.

Questions and comments by committee members included the following.

- How will the United States Supreme Court decision on DACA affect this research? Ms. Irazoqui-Ruiz stated that the decision will be rendered next year, so it is too soon to tell.
- A member asserted that the children currently separated from their parents and detained at the border will someday be released and that the educational system is ill-equipped to deal with the effects of their adverse childhood experiences.
- A member made an observation about the importance of including ethnic studies in the public school curriculum.
- A member stated that it is important to reiterate that immigrants pay taxes.
- Clarification from Ms. Irazoqui-Ruiz was requested regarding what opportunities she will have for licensure when she becomes a doctor. She stated that she has applied for residencies in states with laws that allow her to be licensed, despite her DACA status, noting that New Mexico does not have such a law.
- Is there anything more that health councils need to address in efforts to prevent youth suicide? Dr. Sanchez-Youngman stated that she had a grant to accomplish her work and that more funding is needed for health councils to accomplish their objectives. She noted that pending a renewal of the grant, the San Miguel County Family and Community Health Council plans to convene more and larger groups to continue its suicide prevention work, with the hope that this will lead policymakers to take definitive steps to address the topic.
- What is being done to make academic research opportunities more accessible to scholars from underrepresented groups? Dr. Cacari Stone noted that scholars of color must continue to study these issues and be prepared to participate in changing the culture of their universities.

### **Public Comment**

Pilar Faulkner, government affairs liaison, Burrell College of Osteopathic Medicine, informed the committee that the college is seeking additional funding for the state's professional loan repayment and scholarship programs and requested the support of the LHHS. She noted that it takes about \$2 million to fund the education of 10 doctors.

Ken Collins, executive director, Hozho Center for Personal Enhancement, discussed the problem of alcohol abuse in Gallup and contributing factors in the community. He has been hosting groups at various locations in Gallup to address the consequences of driving while intoxicated. He said that he has been living with a brain injury for 44 years, and he stated that he would like to conduct a demonstration project to test the effectiveness of mindfulness as a way to address brain injuries.

Dr. Theresa Cruz, research associate professor, Department of Pediatrics, UNM SOM, summarized her research on the public health benefits of early childhood home visiting (ECHV). She opined that training health care providers about the benefits of ECHV would result in more referrals to such programs. She also discussed additional research findings about employing a centralized intake system for referrals to ECHV programs and concluded that, in states where this model has been employed, referrals have increased.

Dr. Lance Chilton, a pediatrician with 45 years of experience, stated that he has seen many cases involving the adverse effects of infant and childhood trauma and noted the role that ECHV can play in mitigating these outcomes. He stated that he and Dr. Cruz developed and provided a training program for health care providers about the importance of ECHV but that it was discontinued due to lack of assigned leadership within UNM. He requested funding to restart this program and to develop a centralized intake system for referrals to ECHV programs.

A member asked Dr. Chilton about automatic enrollment in ECHV programs for Medicaid recipients. Dr. Chilton stated that this step would be a good start but that all families should have access to ECHV programs to eliminate the stigma of participation, and because all new parents, regardless of age or socioeconomic status, could benefit from participation. He discussed his own experience as a first-time parent and confessed to feeling overwhelmed and second-guessing his judgment, even though he was a pediatrician. A member suggested that if the state could show favorable outcomes with Medicaid families, it would be in a better position to make the case for universal home visiting.

### **UNM Hospital Neurosurgery Residency Program Accreditation**

Paul Roth, M.D., executive vice president and chancellor for health sciences, UNM Health Sciences Center (HSC), and dean, UNM SOM; Dr. Joanna Fair, associate dean for graduate medical education and associate professor of radiology/nuclear medicine, UNM SOM; and Dr. Michael Richards, vice chancellor for clinical affairs, UNM Health System, addressed the committee.

Dr. Fair identified the education and training required to become a neurosurgeon. She described the key components for graduate medical education, which is a highly regulated and multilayered process. She then discussed the chronology of the UNM SOM's neurosurgery program accreditation process from May 2018 to the present and described the response to concerns that were raised during the accreditation process. She stated that the Accreditation Council for Graduate Medical Education asserted that insufficient time had passed to evaluate

whether remediation steps taken were sufficient to retain accreditation status, and in August 2019, it withdrew accreditation, effective June 30, 2020. Dr. Fair said that the UNM SOM intends to reapply for accreditation, while admitting that certain contingencies could interrupt the process.

Dr. Richards noted that the UNM HSC currently has six neurosurgeons on staff and does not anticipate any disruption of services. He also noted that there is no requirement to maintain a neurosurgery residency program in order to provide neurosurgical clinical care and treatment. He added that the neurosurgery department will transition into a new model in which physicians will take on a more clinical role and advanced practice providers, rather than residents, will assist them in providing patient care. Dr. Richards noted that a new neurosurgery department chair has been hired, adding that the new chair will bring two colleagues into the department and that 23 new advanced practice providers have been hired. Dr. Roth reiterated the conviction that the hospital will continue to provide neurosurgical services and that patient care will not suffer as a result of this change.

Questions and comments by committee members included the following.

- Are the other residencies at the UNM SOM in jeopardy of losing accreditation? Dr. Roth agreed that the loss of accreditation in the neurosurgery residency program has heightened scrutiny of all of the residency programs.
- What is the status of all of the other accredited programs at the UNM SOM? Dr. Fair stated that all of the residency programs have continuing accreditation status and none are on probationary status.
- What were the precipitating factors that led to the loss of accreditation? Dr. Roth stated that it was a combination of poor leadership, young and inexperienced residents and physicians and a lack of skills. He asserted that all of these issues are currently being addressed.
- How many neurosurgeons does New Mexico have, and is there a shortage? Dr. Roth stated that with the addition of Dr. Meic Schmidt, the new department chair, UNM HSC now has more neurosurgeons than it has ever had.
- Will the loss of the residency program negatively impact the pipeline of neurosurgeons in the state? Dr. Roth noted that the UNM SOM is exploring partnering with other universities that have an insufficient number of residents to address the issue.
- How is the UNM SOM ensuring that the problem of harassment and negative learning environments does not continue? Dr. Fair stated that the university has taken steps to increase educational support and to create a more positive learning environment for everyone.
- What is the retention rate for neurosurgeons at the UNM HSC? Dr. Richards provided information on measures that are being taken to retain and grow the department. Dr. Roth acknowledged that he is aware that there is unhappiness among the neurosurgeons, and he expects that there will be more attrition.

- Why are the neurosurgeons unhappy? Dr. Roth stated that the nature of the clinical practice of medicine is substantially different from the traditional model in which residents take on more duties.
- Is the neurosurgery department partnering with Presbyterian Healthcare Services? Dr. Richards stated that the UNM HSC has had a long-standing clinical relationship with Presbyterian and expects it to continue.
- How will the loss of this accreditation affect the ability of rural hospitals to refer neurological patients to the UNM HSC? Dr. Roth stated that the referral process is not expected to change.
- Must a program be fully accredited prior to accepting any residents? Yes, Dr. Fair said, that is why it will take two to three years to be fully accredited.

### **2019 Senate Memorial 96 (SM 96): Dental Task Force Update**

Rudy Blea, program director, Office of Oral Health, Health Systems Bureau, Public Health Division, DOH; Devi Gajapathi, dental director, Medical Assistance Division, HSD; Thomas J. Schripsema, D.D.S., executive director, New Mexico Dental Association; Barbara Webber, executive director, Health Action New Mexico; and Nicole Comeaux, director, Medical Assistance Division, HSD, addressed the committee.

Mr. Blea described the need for additional dental care services in New Mexico and outlined the work of the task force convened pursuant to SM 96. He reviewed the recommendations made by the task force, including increasing dental reimbursement by an additional 3%, implementing a pilot public partnership in underserved counties to increase provider education and providing Medicaid recipients with education on the importance of oral health.

Ms. Webber emphasized that investing in oral health care, especially for children on Medicaid, has a huge benefit to the state. She thanked the chair and the committee for their support of SM 96, especially the participants who brought together a diverse and comprehensive group of people. She noted that improvements in technology remain an important goal.

Dr. Schripsema also commended the task force and agreed with Ms. Webber that there is still some work to be done, particularly regarding available data.

Ms. Comeaux provided information regarding steps that the HSD has taken to address the task force's recommendations. She noted that there are approximately 320,000 children on Medicaid. She said that although there are many children yet to be served, New Mexico is ahead of the nation in this area. Ms. Comeaux said that major issues are streamlining the provider enrollment rate and increasing reimbursement rates to providers. She briefly discussed approaches Medicaid has identified to increase access to dental care services and thereby reduce the number and cost of acute dental care visits.

Questions and comments by committee members included the following.



- Did the task force discuss the role of school nurses in providing dental education? Mr. Blea said that this came up briefly and that collaborative work is under way in the DOH to address the opportunity.
- Was utilizing mobile dentistry discussed? Yes, that conversation is ongoing, Ms. Gajapathi said, adding that such services are reimbursable under Medicaid.
- Is there training for providers that addresses the treatment of children with special needs? Dr. Schripsema stated that there is a program but that it is dwindling due to lack of funding.
- Has the number of dentists who accept Medicaid increased? Ms. Comeaux will follow up.
- What is the impact of a 3% increase in rates for dental services on the General Fund? Mr. Blea and Ms. Comeaux will follow up.
- How many students from New Mexico are in dental school because of the Western Interstate Commission for Higher Education (WICHE) program? Dr. Schripsema indicated that there are currently 17 students.
- Are WICHE program students required to come back to New Mexico upon graduation, and how many do so? Jerry Harrison, Ph.D., executive director, New Mexico Health Resources, stated that such a requirement exists and that more than 90% of the students return to New Mexico.
- Does the task force wish to continue its work? Mr. Blea stated, yes, most task force members wish to continue and to begin to study prevention issues.
- A member suggested that additional attention be paid to addressing the reluctance of dentists to care for patients with disabilities and encouraged the task force to consider this issue.

## **Recess**

The meeting recessed at 5:23 p.m.

## **Thursday, November 14**

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

The meeting reconvened at 9:27 a.m. The chair welcomed committee members and members of the audience. Committee members and staff introduced themselves.

### **Approval of Minutes**

The chair recognized separate motions to approve the minutes of the meetings of September 25-27, 2019, October 9-10, 2019 and October 22-24, 2019. The motions were seconded and were adopted without objection.

### **J. Paul Taylor Early Childhood Task Force (JPTTF) 2019 Report**

Andrew Hsi, M.D., M.P.H., professor, Department of Pediatrics, UNM HSC, and Susan Merrill, L.C.S.W., coordinator, Birth Defects Services, Children's Medical Services, Family Health Bureau, Public Health Division, DOH, addressed the committee.

Dr. Hsi presented the JPTTF's report on insurance carrier case management services related to the development and implementation of plans of care (POCs) for substance-exposed newborns and their families, pursuant to House Bill 230 (2019).

He explained that House Bill 230 was passed in response to the federal Comprehensive Addiction and Recovery Act of 2016's (CARA's) amendments to the federal Child Abuse Prevention and Treatment Act. Dr. Hsi provided an overview of the law, which, among other things, required the Children, Youth and Families Department (CYFD) to develop rules by January 1, 2020 to guide stakeholders in the care of substance-exposed newborns.

Dr. Hsi stated that a work group that he co-chairs with Cynthia Chavers, chief, Federal Reporting Bureau, Protective Services Division, and Native American Liaison, CYFD, consists of a broad range of stakeholders and was formed to develop a model for complying with the CARA requirements. Dr. Hsi explained that the work group developed a model, informed by best practices, based on one used at Kaiser Permanente. The model provides a multigenerational continuum of care beginning with pregnancy. He then discussed the components of a POC, which ensures the safety and well-being of substance-exposed newborns.

Ms. Merrill then explained that the model requires that a POC be developed at the hospital through the discharge planning process. She added that the POC is submitted to the CYFD to fulfill legal reporting requirements and to monitor compliance with the POC if a referral is made and to the DOH for the purpose of connecting the family to recommended services.

Ms. Merrill stated that pilot POC programs have been established at UNM Hospital and Christus St. Vincent Regional Medical Center. She noted that at hospitals without a discharge planner, the DOH's Children's Medical Services or the CYFD develops the POC in coordination with the hospital. She stated that an electronic notification portal is under development to facilitate the entire process.

Ms. Merrill asserted that when families are engaged with care coordinators through their insurance carrier or Medicaid, they are more likely to adhere to the recommendations of the POC. Ms. Merrill also discussed the importance of a warm hand-off when care coordinators make first-time referrals to service providers.

Questions and comments from committee members included the following.

- Are midwives required to screen and report infants at risk of substance exposure? Dr. Hsi affirmed and noted that Indiana has developed a comprehensive screening tool that the JPTTF is studying for possible use in New Mexico.
- Who follows and monitors the implementation of POCs? Ms. Merrill stated that it is the DOH's responsibility but that the CYFD is also involved in the process.

- A member who participated in the work group noted that MCOs were very engaged in the process. She noted that other states have identified punitive approaches to comply with the federal law but that New Mexico's approach is supportive and provides opportunities to make a real difference to families.
- Where is the funding coming from to implement this program? Ms. Merrill stated that it is being absorbed into existing budgets of the federal Centers for Medicare and Medicaid Services and the CYFD. Dr. Hsi noted that MCOs and private insurance companies have incorporated these requirements into their premium pricing strategies. He contended that full implementation will probably need an appropriation.
- What is the anticipated volume of the program statewide? Dr. Hsi believes that it is between 1,200 and 1,400 babies per year.
- Is there data to show how many mothers of substance-exposed newborns participate in substance use disorder treatment and how many relapse? Dr. Hsi stated that such data exists and that it is being studied. He is hopeful that the universal screening process will lead to better data collection and analysis.
- Have MCOs shifted care coordination to providers, as was predicted? Dr. Hsi stated that this is starting to happen.
- To what extent do home visiting programs fit into the POC? Ms. Merrill noted that many women are enrolled prior to giving birth. Dr. Hsi noted that many home visiting providers have been trained in the care planning process and related resources.

In conclusion, Dr. Hsi noted that the work of the JPTTF is broad in scope, with the ultimate goal of building and supporting a healthy environment to provide the greatest opportunity to avoid child abuse and neglect. He expressed an interest in a memorial directing the task force to continue this important work.

### **Early Childhood Education and Care Department (ECECD) Update**

Mariana Padilla, director, Children's Cabinet; Alejandra Rebolledo-Rea, director, Early Childhood Services, CYFD; Brenda Kofahl, director, Early Childhood Bureau, PED; and Meribeth Densmore, principal analyst, Department of Finance and Administration, addressed the committee.

Ms. Padilla provided background information and an update on the establishment of the ECECD. She said that the effort was funded by a \$1.1 million appropriation in 2019. She announced the appointment of a cabinet secretary for the ECECD, Elizabeth Groginsky.

Ms. Padilla noted that a federal preschool development grant of \$5.4 million is providing funding to conduct a needs assessment, establish and coordinate advisory groups and develop the strategic plan for the ECECD. She noted that a phase two grant application for \$30 million has been completed. The existing grant is also being used to provide staff training on infant mental health and trauma-informed care, develop an integrated data system and conduct a statewide

media campaign. She noted that a primary responsibility of the ECECD will be to improve coordination with partners to ensure an effective service delivery system.

Ms. Rebolledo-Rea discussed the ECECD budget request for fiscal year (FY) 2021 of \$447.3 million, which represents a budget increase of \$81.5 million. She provided a breakdown of funding priorities, including Families FIRST, community-based home visiting, the Family, Infant, Toddler (FIT) Program, child care assistance, pre-K and early pre-K programs and workforce development. Ms. Densmore provided additional information, including the amount of funding and justification for the requested increase for FY 2021 for each program area.

Questions and comments from committee members included the following.

- What is the new ECECD secretary's involvement in this budget request? Ms. Padilla stated that the new secretary was not involved, as she was only recently appointed.
- Will funding for programs being transferred to the ECECD follow them? Ms. Densmore stated that that is the plan.
- Are there plans to simplify the application process for early childhood programs? Ms. Padilla stated that that is in progress.
- How were the increases in budget and number of children to be served determined? They were calculated by the current number of children being served, the cost of incorporating improvements in programs and staffing and requests from rural schools.
- Will the funding increases be used for additional slots or for new start-up programs, or both? Ms. Rebolledo-Rea indicated that the funds can be used for both.
- How many four-year-old children in New Mexico are being served? Ms. Rebolledo-Rea stated that 68% of four-year-olds are served by publicly funded programs.
- Are health insurance premiums deducted from the salaries of early child care workers? Ms. Rebolledo-Rea noted that it varies; some private providers do not provide health insurance benefits.
- A member observed that previous administrative decisions regarding certification of early childhood programs disproportionately harmed programs in rural and frontier areas and that these programs are still struggling. The member opined that the new ECECD has an obligation to address this situation.
- Did the state revert any pre-K money last year? No, these funds are nonreverting.

#### **Public Comment**

Ms. Dean noted that many people are now passing off their pets as service animals and that it is a misdemeanor to do so.

#### **Approval of Minutes**

A motion was made and seconded to reconsider the previously approved minutes to include corrections made to the attendance list. The corrected minutes were approved.

## **Review of 2020 Legislation for Endorsement**

The following bills were presented to the committee for endorsement.

1. .215969.1 would appropriate \$1.1 million to the UNM HSC for a statewide human papillomavirus pap registry and \$500,000 for colorectal cancer screening programs. Upon a motion that was made and seconded, the bill was endorsed.
2. .215905.1 would appropriate \$150,000 to the UNM HSC for a demonstration project to assess the feasibility and acceptability of an injectable opioid treatment program. Upon a motion that was made and seconded, the bill was endorsed.
3. .215993.1 would amend the Human Rights Act to add pregnancy, childbirth or related conditions to the protections provided by the act. Upon a motion that was made and seconded, the bill was endorsed.
4. .216039.1 would enact the Paid Family and Medical Leave Act. Upon a motion that was made and seconded, the bill was endorsed.
5. .216020.1 would appropriate \$2 million to the DOH for school-based health centers to provide reproductive health services. The bill was not endorsed.
6. .215968.1 would appropriate \$1.2 million to the DOH for training health care providers and staff to provide services related to long-acting reversible contraception. Upon a motion that was made and seconded, the bill was endorsed.
7. .216023.1 would appropriate \$300,000 to the DOH for a statewide perinatal program. Upon a motion that was made and seconded, the bill was endorsed.
8. .216021.1 would appropriate \$500,000 to the DOH for a public awareness campaign regarding long-acting reversible contraception. Upon a motion that was made and seconded, the bill was endorsed.
9. .215803.3 would amend the Tobacco Products, E-Cigarette and Nicotine Liquid Act to ban the sale of these products to anyone under the age of 21. Upon a motion that was made and seconded, the bill was endorsed.
10. .215800.2 would ban the sale, purchase or provision of free samples of flavored tobacco products. Upon a motion that was made and seconded, the bill was endorsed.
11. .216024.1 would appropriate \$2 million to the DOH to support school-based health clinic services. Upon a motion that was made and seconded, the bill was endorsed.

12. .216000.2 would appropriate \$100,000 to the DOH for a program that provides seniors with vouchers to buy fresh produce at farmers' markets. Upon a motion that was made and seconded, the bill was endorsed.
13. .216001.2 would appropriate \$100,000 to the ALTSD for a program that provides fresh produce from farmers' markets for meals served at senior centers. Upon a motion that was made and seconded, the bill was endorsed.
14. .215997.1 would appropriate \$1 million to the DOH for supporting county and tribal health councils. Upon a motion that was made and seconded, the bill was endorsed.
15. .215720.3 would require health insurance plans to cover heart artery calcium scans for certain individuals. Upon a motion that was made and seconded, the bill was endorsed.
16. .215689.1 would authorize the New Mexico Board of Dental Health Care to issue a license to a dentist who was trained in a foreign country under certain circumstances. The bill was not endorsed.
17. .216050.2 would appropriate \$50,000 to the Developmental Disabilities Planning Council for convening a task force to study and report on supported decision making for certain individuals. Upon a motion that was made and seconded, the bill was endorsed.
18. .215951.1 would appropriate \$300,000 to the PED for programs that foster friendship between students with and without intellectual and developmental disabilities. Upon a motion that was made and seconded, the bill was endorsed.
19. .215764.1 would require all state agencies to provide full access to programs for individuals with limited proficiency in English in their native languages. Upon a motion that was made and seconded, the bill was endorsed.
20. .215903.1 would establish reimbursement parity between pharmacists and other health care professionals for providing the same clinical services. Upon a motion that was made and seconded, the bill was endorsed.
21. .215823.1 would appropriate \$750,000 to the HSD for a program that assists disabled individuals who are homeless to apply for SSI/SSDI benefits. Upon a motion that was made and seconded, the bill was endorsed.

### **Adjournment**

The chair thanked members and staff for their hard work during the interim. There being no further business, the meeting adjourned at 12:12 p.m.