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

August 14-16, 2019
University of New Mexico-Taos
Bataan Hall
121 Civic Plaza
Taos

The third meeting of the Legislative Health and Human Services Committee (LHHS) was called to order by Senator Gerald Ortiz y Pino, chair, at 9:29 a.m. on August 14, 2019 at Bataan Hall at the University of New Mexico (UNM)-Taos in Taos.

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

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

Advisory Members
Rep. Phelps Anderson
Rep. Micaela Lara Cadena (8/15, 8/16)
Rep. Rebecca Dow (8/15, 8/16)
Rep. Miguel P. Garcia (8/14, 8/15)
Sen. Linda M. Lopez (8/15)
Rep. Rodolpho "Rudy" S. Martinez (8/14, 8/15)
Sen. Michael Padilla (8/15, 8/16)
Sen. Mary Kay Papen (8/15, 8/16)
Rep. William B. Pratt (8/15)
Sen. Nancy Rodriguez
Rep. Patricia Roybal Caballero (8/15, 8/16)
Sen. Antoinette Sedillo Lopez
Sen. Elizabeth "Liz" Stefanics (8/14, 8/15)
Sen. Bill Tallman (8/15)
Rep. Elizabeth "Liz" Thomson
Rep. Christine Trujillo

Rep. Rachel A. Black
Rep. Zachary J. Cook
Rep. Doreen Y. Gallegos
Rep. Dayan Hochman-Vigil
Sen. Gay G. Kernan
Sen. Mark Moores
Rep. Andrea Romero
Rep. Gregg Schmedes
Sen. William P. Soules
**Guest Legislator**
Rep. Roberto "Bobby" J. Gonzales (8/15)

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

**Staff**
Andrea Lazarow, Bill Drafter, Legislative Council Service (LCS)
Chris Pommier, Staff Attorney, LCS
Karen Wells, Contract Staff, LCS

**Guests**
The guest list is in the meeting file.

**Handouts**
Handouts and other written testimony are in the meeting file.

**Wednesday, August 14**

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

**Endorsement of Legislation for the 2020 Legislative Session**
Mr. Pommier presented proposed legislation to be considered for endorsement for the 2020 legislative session.

The first bill presented would require coverage for heart artery calcium scans for qualifying individuals. David Schade, M.D., chief, Division of Endocrinology and Metabolism, Department of Internal Medicine, UNM School of Medicine, provided information about the heart artery calcium scan and a description of individuals who would be eligible to receive it. He said that the treatment costs of a heart attack average $94,000, while a heart artery calcium scan costs an average of $150. The bill was introduced and passed in 2019 but was vetoed by Governor Michelle Lujan Grisham. A member said that the objections raised by the governor in her veto message have been addressed in the proposed 2020 legislation. Another member provided historical context for the reintroduction of the bill in the 2020 legislative session.

Questions and comments from committee members addressed the following:

- whether the bill would receive a message from the governor for the 2020 legislative session: conversations regarding this are under way;
- recognition that heart artery calcium scans are currently partially covered by Medicare but not by Medicaid: insurance companies generally resist new mandates, claiming that they increase the cost of insurance premiums;
• a request for more information regarding the reasons for the governor's veto: a handout describes the reasons and changes made to address them; and
• a request that all efforts be made to achieve agreement by November on needed changes to the bill in order to present a "bullet proof" bill.

The second bill presented for endorsement would amend the statute that creates the rural health care practitioner tax credit by adding pharmacists, social workers and certain behavioral health therapists to the list of practitioners who qualify for the credit.

Questions and comments by committee members addressed the following issues:

• whether licensed alcohol and drug counselors could be included in the rural health care practitioner tax credit to provide incentives to help address the opioid addiction crisis in rural areas; and
• acknowledgment of the importance of sending bills and other requests to the Legislative Finance Committee (LFC) and the Revenue Stabilization and Tax Policy Committee (RSTP) for their review during the interim.

**Vaccination Exemptions and Public Health**

Dr. Michael Landen, state epidemiologist, Department of Health (DOH), Daniel Burke, chief, Infectious Disease Bureau, DOH, and Robert Otto Valdez, Ph.D., M.H.S.A., Robert Wood Johnson Foundation Professor, Family and Community Medicine, UNM School of Medicine, addressed the committee.

Dr. Landen described measles, the risk it poses nationally and in New Mexico and how the DOH investigates and controls measles infections. He emphasized the serious nature of the virus and the risks to individuals as well as communities, noting that vaccination is the best protection against measles. Dr. Landen stated that the incidence of measles is on the rise, with outbreaks and cases identified in 30 states in 2019. He provided statistics regarding the incidence of measles in New Mexico from 1985 to 2019 and noted that although the DOH has been relatively successful in controlling measles infections, the agency cannot control the importation of the virus through infected visitors from other states or countries. He stressed that continuous vigilance is critical.

Mr. Burke described the DOH immunization program for infants and children. He stated that New Mexico purchases vaccinations for all children. The New Mexico State Immunization Information System tracks all immunizations given to New Mexicans of all ages, he said, and he indicated that the data for children's vaccinations is very robust but data on adult vaccinations is not as reliably recorded. He said that the adult immunization program is not as well funded as the children's program. Immunizations provided by the DOH include hepatitis A and B, influenza, pneumonia, shingles and others, he said, and he emphasized the importance of school immunization reporting. He noted that 29% of kindergarteners who are not vaccinated have a medical or religious exemption and 36% have exemptions in process. However, the remaining
35% are noncompliant, and greater vigilance is needed to ensure that these children are vaccinated, he said. Mr. Burke acknowledged that data on home-schooled children is not currently being adequately captured.

Dr. Robert Otto Valdez emphasized that vaccines are safe and effective at preventing serious diseases; however, vaccine-preventable diseases are still a threat. He introduced the term "herd immunity", which describes the state in which a high enough percentage of individuals in a population is vaccinated to prevent disease outbreaks and, thus, ensure the greatest protection to vulnerable individuals. He stressed that one case of a preventable disease such as measles is very contagious and that the virus can reproduce very quickly, putting ever larger numbers of individuals at risk of contracting the disease. He pointed out that in order to maintain herd immunity, it is important to increase the number of children with complete vaccinations, address outbreaks quickly and allow only limited vaccination exemptions.

Committee members had questions and comments in the following areas:

- whether there are pockets of public or private schools that are not doing well at immunizing children: yes;
- clarification regarding the nature and process of obtaining vaccination exemptions: it is not a rubber stamp process; parents seeking vaccination exemptions for their children must have viable reasons;
- whether the recent increase in migrant children in New Mexico is affecting the ability of the DOH to immunize all children: it requires a new level of diligence;
- whether the rate of severe complications from vaccines is known: it is very small; less than 1% for measles; and
- clarification regarding barriers to getting noncompliant families to have their children vaccinated: it is a big problem, but the DOH is making headway.

At this point in the meeting, Senator Ortiz y Pino suspended the presentation to allow Patrick Valdez, Ph.D., chief executive officer, UNM-Taos, to make welcoming remarks to the committee members and guests.

Welcome from the Chief Executive Officer of UNM-Taos

Dr. Patrick Valdez welcomed the committee to Taos and to UNM-Taos. He noted that UNM-Taos is currently operating as a two-year community college. He highlighted the programs offered and described the demographic being served. He noted that veterans are a particular focus. He said that an estimated 1,300 students are currently enrolled in UNM-Taos, which is a decline from 2018, when there were 1,800 enrolled students. The number of credit hours per student, however, has increased, he said. The graduation rate has increased from 13% in 2018 to 28% in 2019, he said. UNM-Taos is focused on graduating students eligible to complete four-year degrees in the desired areas of study, he added. He invited committee members to visit the Health Sciences Building, and he highlighted the career success of graduating nurses.
Committee members asked questions and made comments in the following areas:

- clarification regarding how UNM-Taos has identified the needs of local students: close attention is paid to data on student needs, and support, such as scholarships for individual students, is sought;
- whether the college has plans to offer upper-level courses: yes;
- clarification regarding the breadth of the services to veterans: services are currently provided to veterans within their service areas; however, staff facilitates networking with other communities to meet veterans' needs statewide; and
- a request from a member that Dr. Patrick Valdez work with UNM to ensure that a contractor can receive state employee retiree benefits.

Vaccination Exemptions and Public Health (Continued)
Questions and comments by committee members regarding vaccinations and public health resumed and included the following:

- whether a request for a religious vaccination exemption is sufficient to trigger an automatic exemption: it is not; however, it will be honored as long as the request is within the parameters of the law;
- clarification regarding the source of vaccinations purchased by the state: most are supplied by pharmaceutical manufacturers;
- whether vaccinations result in lifelong immunity: it varies by the disease vaccinated against;
- clarification regarding how to balance choice with public health concerns: it is important to have guardrails around vaccination exemptions; public health concerns are more profound than individual choice;
- clarification regarding funding for vaccines: some is from the federal government, and some is provided by private insurance through New Mexico's Vaccine Purchasing Act;
- clarification regarding how the DOH can strengthen public infrastructure: public health services have been downsized in recent years due to budget cuts; however, the Public Health Division of the DOH is doing what it can;
- whether there is potential for utilizing after-school programs as a means of accomplishing vaccination for home-schooled children: it could be done; however, a mechanism to do so does not now exist;
- clarification regarding how the DOH addresses smoking and alcohol use and abuse for which, committee members noted, there is no vaccine: it begins with epidemiological research;
- a request from a member for the percentage of kindergarteners who are vaccinated;
- whether vaccination compliance is lower in rural areas: yes; however, the presence of school nurses mitigates this to some degree;
- whether an individual who has not had chicken pox can get shingles: no; a person must have the chicken pox virus in their body to get shingles; and
whether Medicaid managed care organizations contribute to covering the cost of vaccines: yes.

Public Comment
Eileen Davis, UNM-Valencia, spoke in support of the Skill Up Network: Pathways Acceleration in Technology and Healthcare (SUN PATH) grant, which has had a positive effect on her community. She said that the grant led to huge improvements in academic achievement and enhanced relationships with employers.

Career Pathways in Health Care
Pamela Blackwell, J.D., senior policy director, New Mexico First; Kristen Krell, academic career education manager and former executive director, SUN PATH Consortium, Santa Fe Community College; Waldy C. Salazar, employment services manager, Workforce Solutions Department; and Melissa Offenhartz, M.A., R.N., director, School of Nursing, UNM-Taos, and area coordinator, UNM Health Sciences Center, addressed the committee.

Ms. Blackwell described SUN PATH, a program of health care career pathways for student success. She stated that the program moves students through community colleges and directly into the workforce. She said that New Mexico First hosted a town hall that led to the creation of SUN PATH, which has been funded by a $15 million grant from the United States Department of Labor. She identified key goals, which are to: expand capacity and systematic improvements in the delivery of health care career pathways that align with industry needs; increase the attainment of degrees, certifications and industry-recognized credentials; and create strategic alignments between education and workforce systems resulting in improved employment outcomes, retention and average earnings.

Ms. Krell explained the project's importance, given the low number of individuals in the state with an associate's degree or higher and the low overall per capita income.

Mr. Salazar highlighted data about the health care industry, which is central to continued future growth in the economy of the state. He said that many of the jobs in health care require less than a bachelor's degree. He reported that a study conducted by the UNM Bureau of Business and Economic Research (BBER) indicated that SUN PATH students earn more, contribute more to the economy and fill high-demand jobs. He identified typical jobs, including certified nursing assistants and community health workers. Mr. Salazar described the Integrated Basic Education and Skills Training Program and described the role of employer partners. He noted the importance of the partnership in placing students in internships, apprenticeships and jobs.

Ms. Offenhartz spoke to student experience. She explained that students are paired with job development and career coaches. She stated that the program simultaneously provides high school equivalency programs and job training. She said that students are given the support and resources that they need to go through training programs and be ready to pursue higher education.
and enter the work world. She explained that now that the grant funding has expired, the program has become fragmented and lacks consistency. She stated that the SUN PATH Consortium is looking for support for an appropriation to sustain and expand the program. She noted that the request for $5 million would allow the program to be established at eight community colleges for four years. She indicated that Santa Fe Community College would administer the funding and manage the statewide program.

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

- clarification regarding the specifics of the legislative proposal;
- clarification regarding the number of Native Americans who were enrolled in the program: it is not known;
- recognition that many more specifics will need to be developed before the program would be supported by the LFC or the LHHS;
- clarification regarding whether this request would be germane in the 2020 legislative session;
- whether there is a role for New Mexico's Junior League chapters in SUN PATH: a relationship was explored, but it did not materialize;
- clarification regarding how the return on investment was identified: this was part of the BBER report; and
- clarification regarding opportunities to leverage funds: there are possibilities through partnerships with community colleges and the Workforce Solutions Department.

The chair asked legislative staff to open a file on this request.

Harm Reduction Program Report

Dr. Dominick V. Zurlo, program manager, Harm Reduction Program, DOH, described the history of the Harm Reduction Program, spanning from 1994 to the present. He highlighted the trends of drug overdose rates. Dr. Zurlo stated that while it appears that New Mexico rates are declining, in actuality, other states' rates are rising while New Mexico rates have remained fairly static. He reported that the program began with the passage of the Harm Reduction Act in 1997, which established a syringe service program that allowed the DOH to record the incidence of syringe use.

He said that syringes are collected through multiple means. He added that overdose prevention efforts began when legislation was passed in 2001 allowing naloxone to be legally distributed to individuals for reversing opioid overdose. He stated that prevention education is also occurring through a wide variety of methods and venues and can easily be integrated into clinics. He noted that today, comprehensive services exist in more than 50 locations, providing syringe services, educating law enforcement and partnering with UNM's Project ECHO. He discussed an integrated “train the trainer” program, which has been developed to meet demand.
Dr. Zurlo reviewed teaching points for stigma elimination and awareness and linkage to existing services. He concluded by stating that all of these approaches have been replicated in other states and are now considered best practices nationally.

Committee members asked questions and made comments as follows:

- clarification regarding standing orders: New Mexico has standing order provisions; however, pharmacists are permitted to dispense naloxone without an order;
- whether there would be a benefit to making naloxone available over the counter: it would be possible, but users would lose access to insurance and Medicaid coverage;
- clarification regarding the typical cost of hepatitis C treatment: it is between $18,000 and $20,000 for a six-week course of treatment; the price has been declining in recent years;
- identification of ideal next steps: provide receptacles everywhere for syringe disposal;
- clarification regarding the approach of very brief training: it has been found to be more effective;
- clarification regarding when enough naloxone has been administered when treating an overdose: if there is no improvement 10 seconds after administration, the advice is to and wait three to four minutes while performing assistive breathing before administering another dose;
- a suggestion that syringes that are distributed be color-coded to enable tracking of when and where distribution was made;
- recognition that there are areas in Albuquerque where improper disposal of syringes is still taking place;
- whether there is a barrier to placing a prescription order for naloxone electronically: Dr. Zurlo has not heard of that problem;
- whether Dr. Zurlo's program oversees other types of harm reduction programs: the Harm Reduction Program at the DOH primarily oversees naloxone administration, the syringe program and hepatitis C prevention; and
- whether there are any legislative proposals for harm reduction being considered: not specifically in the area of harm reduction.

Recess

The meeting recessed at 4:35 p.m.

Thursday, August 15

Reconvene, Welcome and Introductions

The meeting reconvened at 9:16 a.m. The chair welcomed committee members and members of the audience. Committee members and staff introduced themselves. The chair appointed Senator Sedillo Lopez as an alternate voting member.
UNM Substance Use Disorders Grand Challenge (Grand Challenge): Addressing the Opioid Epidemic

Brandi Fink, Ph.D., assistant professor, Department of Psychiatry and Behavioral Sciences, UNM, and co-chair, Grand Challenge, and Katie Witkiewitz, Ph.D., professor, Department of Psychology, UNM, and co-chair, Grand Challenge, addressed the committee.

Dr. Witkiewitz provided background information about the Grand Challenge, the goal of which is to coordinate efforts across areas of expertise and work across systems to make a meaningful impact on substance use and substance use disorders. She said that New Mexico is ranked at the top of the states in alcohol mortality, child poverty, poor economy, suicide mortality and births impacted by opioid use. Dr. Witkiewitz stated that the Grand Challenge project is targeting systems of care, including enhancing screening and treatment for opioid use disorders in multiple settings, establishing widespread availability of naloxone, supporting community efforts, especially in Native American communities, and improving prevention and treatment for justice-involved individuals.

Dr. Fink noted that prescription-opioid-related overdose deaths have risen dramatically both nationally and in New Mexico. She said that statewide, 2.18% of Medicaid recipients were diagnosed with opioid dependence.

Dr. Fink noted that New Mexico has made significant progress in six key actions that have been identified nationally as critically important in addressing the opioid epidemic. She noted that New Mexico is one of only three states that have adopted all six actions. Dr. Fink reviewed these actions by stating that New Mexico mandates prescriber education; is implementing opioid prescribing guidelines; is integrating prescription monitoring programs; is participating in data sharing; is treating opioid overdose; and is increasing the availability of opioid use disorder treatment. She said that widespread availability of naloxone is key to reducing opioid overdoses.

Dr. Witkiewitz addressed the efforts of UNM to increase and support substance use disorder treatment through workforce and education measures, including policy, prevention and treatment of alcohol and other substance abuse and use. She highlighted the value of prevention measures, and she emphasized the critical importance of funding for treatment and research.

Questions and comments by committee members addressed the following:

- clarification regarding specialty treatment centers: these centers often have both inpatient and outpatient services;
- recognition that research now shows that outpatient treatment centers are more effective than inpatient centers;
- recognition that access to social activities is crucial in treatment of and recovery from addiction disorders;
• recognition that counties and municipalities largely bear the burden of financing addiction treatment services;
• recognition of the onerous regulatory burden of opening and running treatment facilities;
• whether poverty is a factor in higher incidence of substance use and abuse: yes;
• encouragement that UNM focus research on the relationship of poverty to substance use and abuse;
• encouragement that UNM work with the governor to include this topic in the governor's message for the next legislative session;
• whether it is a goal of the Grand Challenge to educate providers about alternative ways to treat pain: yes;
• a suggestion that the issue of the prevalence of alcohol abuse should stay on the legislative agenda;
• a reminder that alcohol use among youth remains a serious problem and often leads to abuse in adulthood;
• acknowledgment of the severity of opioid use and abuse prevalence;
• a comment that treatment of post-operative pain with long-lasting local anesthesia is becoming more standard;
• whether UNM is working with the pain management center and its data: yes;
• recognition that despite New Mexico's progressive approach, New Mexico is still behind the curve in treating substance use disorders;
• clarification regarding future plans for the Grand Challenge: it is broadening the scope of its work well beyond opioids, with even more emphasis on community connections;
• a question on where to access information regarding other Grand Challenge topics: it is on the UNM website; and
• whether the assertion that "most people with addictions don't get treatment" includes 12-step programs like Alcoholics Anonymous (AA): yes; AA is very effective; however, many users do not want to participate and need other options.

Medication-Assisted Treatment for Opioid Use Disorder (MAT)

W. Brian Goodlett, M.A., executive director, New Mexico Treatment Services and Albuquerque Treatment Services, and chair, New Mexico Opioid Treatment Providers Association, and Emily Kaltenbach, New Mexico director, Drug Policy Alliance (DPA), addressed the committee on MAT.

Mr. Goodlett presented basic facts about opioids and opioid use disorder as well as a description of MAT. He explained the nature of MAT programs, and he described the mission of the provider network that he represents, New Mexico Treatment Services.

He highlighted some barriers to providing services, including reimbursement levels that have remained flat for several years. He also discussed the costly requirement that providers
have a pharmacist present when dispensing methadone. He indicated that an increase in reimbursement would help to increase access and mitigate other barriers to providing MAT.

Mr. Goodlett said that providers support a change in policies that would eliminate the requirement to have a pharmacist present when dispensing methadone. He stressed that pharmacists would still be essential in oversight of the programs but not necessary in the weekly dispensing of methadone. He acknowledged that the Board of Pharmacy is opposed to this recommendation. Eric Martinez, lobbyist for New Mexico Treatment Services, told the committee that legislative solutions to these treatment barriers are being developed for the 2020 legislative session.

Ms. Kaltenbach identified increasing access to MAT as a primary goal of the DPA. She highlighted models for optimal treatment of opioid addiction in emergency departments as well as for street-based treatment on demand and treatment by emergency medical practitioners. She stated that numerous calls have been made for federal reform in this area. She identified injectable opioid treatment as a promising alternative for people who use drugs and have been unsuccessful with other treatment methods.

She noted that a memorial to study this mode of treatment passed the legislature in 2018, and she asserted that benefits to this approach have been demonstrated by widespread use in other countries. Ms. Kaltenbach emphasized the importance of exploring alternative approaches to treatment and harm reduction. She explained that one approach is to substitute injectable hydromorphone (Dilaudid) for heroin. She suggested that New Mexico could pilot exploration and research. She estimated that it would cost $150,000 to develop protocols and a model.

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

- whether United States Environmental Protection Agency approval is required to conduct a research project involving injectable opioid treatment: yes;
- whether Medicaid would allow a project that does not require participation of a hospital emergency department: there is a federal requirement that a prescription for buprenorphine be obtained from an emergency department and that the user must be transported to the hospital to receive the injection;
- recognition of challenges related to training volunteers, especially in rural areas;
- whether Espanola is still the epicenter of the opioid epidemic: yes, by a substantial margin;
- whether lack of transportation is a barrier to receiving treatment in treatment centers: yes; most of the clients of New Mexico Treatment Services are enrolled in Medicaid and have no reliable transportation;
- whether the DPA works with alcohol addiction issues: the national organization does not; however, the New Mexico DPA intends to; and
- encouragement to support projects for emergency medical technicians to provide buprenorphine in the field.
Public Comment

Joie Glenn, lobbyist for the New Mexico Association for Home and Hospice Care (NMAHHC), stated that legislation that requires administration of naloxone to reverse an opioid injection is problematic for hospice providers who often administer opioids when a patient is in great pain and is close to death. She said that any requirement to administer naloxone could disrupt an otherwise peaceful death. She stated that the NMAHHC is working on amending the regulations, but failing that, a legislative solution may be needed.

Candyce O'Donnell, commissioner, Taos County Board of County Commissioners, updated the committee regarding the impact of opioid abuse in Taos County. She said that Taos County has a health care assistance fund and routinely requests support from local nonprofits. She said that the county is hoping to fund a 16-bed drug detoxification facility. She mentioned that the county also has a contract with an organization that serves the needs of frail, elderly, homeless and other disadvantaged residents. She said that the county intends to make a request to the legislature for capital outlay funding to build a residential treatment center and triage facility on land already owned by the county.

Social/Structural Determinants of Health: Hunger

Michael Chavez, director, Student Success and Wellness Bureau, Public Education Department (PED), Sherry Hooper, executive director, The Food Depot, and Virginia Schroeder, legislative chair, New Mexico School Nutrition Association, addressed the committee.

Mr. Chavez emphasized the importance of the national school lunch program. He highlighted efforts under way through the newly restored Children's Cabinet, which has convened a committee with the representatives from the PED, the Human Services Department (HSD), the Children, Youth and Families Department (CYFD) and the DOH to reduce childhood hunger in New Mexico. He said that the committee is working to realize goals developed by the PED, including maximizing breakfast and summer food programs for children. Other highlights discussed included Farm to School, a program of Farm to Table New Mexico; collaboration with the Bureau of Indian Affairs; and community eligibility program results.

Ms. Hooper noted that one-fourth of children in New Mexico experience hunger, and she presented specific information about the impact of hunger on children's health and welfare. She briefly identified the activities and benefits of partnerships between the five Food Depot food banks and the impact of food banks on hunger in the state. She pointed out that food bank organizers also collaborate with the HSD to distribute commodities provided by the United States Department of Agriculture. She said that despite all of these efforts, food banks are unable to access enough food for the number of people seeking help and continue to prioritize identification of other potential sources of food.

Ms. Schroeder identified issues with school nutrition programs. She said that research supports the value of children having recess first, followed by lunch, and having 30 minutes scheduled for lunch. She said that currently, school children are required to eat first, then play,
and children are allotted only 20 minutes for lunch. She stated that the New Mexico School Nutrition Association wants to work with the legislature to change these policies. She also said that federal concerns relate to issues with direct certification and Supplemental Nutrition Assistance Program (SNAP) benefits and unpaid meal charges. She recommended the inclusion of representatives from the New Mexico School Nutrition Association on any task force established to study hunger in the state. Ms. Schroeder said that the association also supports regulatory changes to facilitate availability of backpack programs and to simplify requirements for distributing shelf-stable meals for non-school days.

Committee members asked questions and made comments as follows:

• whether a child's parent or guardian can be required to sign up for school lunch programs on the first day of school: the Hobbs Municipal School District does require this;
• a request for research on child hunger, perhaps in conjunction with the Legislative Education Study Committee;
• whether New Mexico is accessing all of the funds to which it is entitled: the food banks are concerned that New Mexico is not getting all available money;
• recognition that many committee members are concerned about hunger and are participating in a caucus and a national effort to identify new approaches to address the issue;
• clarification regarding charter and private schools and how they are addressing child hunger: many charter schools do not have a kitchen or a lunchroom; nutrition is often not part of the plan when charter schools are in the design phase for a building;
• a suggestion that charter schools be required to address the issues of a kitchen, a lunchroom and the provision of adequate nutrition in the planning phase of new charter schools;
• a question regarding how many seniors are receiving food supplements and a request that the DOH be asked to respond to this;
• clarification regarding New Mexico's efforts to deal with hunger in migrant children: this is primarily being managed by churches;
• an observation that state reimbursement for child care centers does not now reimburse for meals; and
• clarification regarding the areas of the state covered by The Food Depot food banks.

Social Determinants of Health: Housing


Mr. Johnson described the homeless youth population in New Mexico, stating that 16.4% of all homeless people in the state are between 16 and 24 years of age and that this age group is
the fastest growing segment of people experiencing homelessness. He identified differences in the needs of young people versus those of adults. He stated that the most effective system for serving youth is to establish a coherent continuum of services, including outpatient therapy, case management and shelter at the low end; wraparound, intensive care coordination, in-home therapy services, mobile crisis triage centers and specialized foster care at the intermediate level; and community group homes or short-term residential services at the intensive, residential level of programs.

Ms. Smith provided historical information about Albuquerque Health Care for the Homeless. The organization is a federally qualified health center (FQHC) that provides MAT and syringe services and is a patient-centered medical home. She stated that the organization's services are covered by both Medicare and Medicaid. She noted that social determinants of health include housing, diet, exercise, access to health care and other needs.

Dr. Doorley discussed the challenges that a homeless person faces. Ms. Smith provided data to demonstrate that societal costs due to lack of housing include shortened life expectancy, higher rates of certain illnesses and an increased rate of violent victimization. She reported data on homeless individuals served by FQHCs. She identified different locations where the homeless live and noted that in order to afford a modest two-bedroom apartment, an individual would need to earn $16.34 per hour. She said that this fact highlights the gap between wages and the cost of housing.

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

- a request for ways in which lesbian, gay, bisexual and transgender youth can be helped: this population is highly at risk and providers must find ways to make communities more welcoming and accommodating;
- acknowledgment of the extreme challenges in finding affordable housing;
- clarification regarding opportunities through system-level solutions and how effective system-level solutions are in addressing the core problems;
- clarification regarding training opportunities for homeless youth: training needs to include learning how to keep a job;
- recognition that downstream of homelessness is lack of a job, job training and family support, as well as many other factors that contribute to low self-esteem and lack of a sense of personal agency;
- an observation that funding priorities need to change to be able to address some of these issues;
- whether there is data to show the impact of mental health issues on homelessness: addressing homelessness begins with providing options for care and how homeless individuals with mental health issues are received and treated;
- an observation that $15.00 per hour as a proposed revised minimum wage is inadequate to cover even the most basic housing and a suggestion that the word "minimum" not be used when this debate occurs;
• how measures to address housing and homelessness should be prioritized: funding for housing vouchers should be for more than one year; the second major priority is for available, quality health care;
• whether youth with mental illnesses become homeless because of their illness or develop mental illness after becoming homeless: posttraumatic stress disorder, depression and anxiety are the primary mental health diagnoses for homeless youth, which suggests homelessness can cause mental illness; and
• a request for data on homeless individuals with human immunodeficiency virus infection and hepatitis C: Albuquerque Health Care for the Homeless will provide this information to the committee.

Approval of Minutes
The chair appointed Representative Cadena as an alternate voting member for the purpose of approving the minutes, and the minutes of the May 17, 2019 meeting were unanimously approved.

Public Comment
Sharon Argenbright testified as a former instructor of nursing. She brought information regarding the nursing workforce, and she offered to send a copy of her findings to the committee, along with references and recommendations. She emphasized the importance of nurses remaining in their home communities.

Recess
The meeting recessed at 5:30 p.m.

Friday, August 16

Reconvene, Welcome and Introductions
The meeting reconvened at 9:13 a.m. The chair welcomed committee and audience members. Committee members and staff introduced themselves. The chair invited committee members to comment on any insights or thoughts gleaned from the previous two days.

Children's Cabinet Update and Early Childhood Services
Mariana Padilla, director, Children's Cabinet, and Alejandra Rebolledo-Rea, director, Early Childhood Services, CYFD, presented to the committee. Ms. Padilla assured the committee that she heard the committee members' comments and that she welcomes feedback in whatever form. She reviewed the historical background of the Children's Cabinet.

Ms. Padilla explained that the cabinet is tasked with studying and making recommendations to maximize outcomes for children and youth under age 21. She said that the cabinet's duties include the development of an annual children's report card and community outreach. She identified initiatives already under way, including a children's hunger initiative, the development of the newly formed Early Childhood Education and Care Department
(ECECD), a youth behavioral health review, a review of the Children's Code and the establishment of a youth leadership council. She stated that together, these initiatives reflect a strong commitment to children in New Mexico.

Ms. Padilla explained that the hunger initiative is in response to the statistic that puts New Mexico fiftieth in a ranking of states for the prevalence of childhood hunger. She said that the initiative involves broad collaboration statewide with food banks, businesses, schools and others to improve the efficiency and effectiveness of food programs. Ms. Padilla stated that summer and at-risk meal programs are targeted for expansion. She said that a DOH pilot project with the Women, Infants and Children (WIC) and SNAP programs will offer avenues for home food delivery. She said that school-based efforts include universal feeding sites, a reduction in food waste and mobile distribution to families.

She indicated that development of the ECECD will bring together, in one department, fragmented programs that have been housed in several entities with the goal of ensuring a more seamless continuum of services for children from the prenatal phase to the age of five.

Ms. Rebolledo-Rea described a preschool development grant to define New Mexico's early learning system. She stated that to accomplish this project, the CYFD is collaborating with multiple partners and stakeholders with the goal of ensuring equitable access to community services and comprehensive learning services. She said that a statewide early learning needs assessment will lead to the development of a three-year strategic plan. She noted that an integrated data system will support consolidation of disparate programs and services. The CYFD is the lead agency for a leadership team that includes representation from the PED, the DOH, the Office of the Governor and New Mexico's Early Learning Advisory Council. She said that engagement of stakeholders is key to the success of the project. She shared highlights of several early childhood programs, services and activities.

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

- whether there is a need for further study and engagement regarding malnutrition: a commission is probably not needed; however, the issue is very important;
- whether food stamps can be used at farmers' markets: Ms. Padilla will research this question;
- a comment that children in school need more time to eat;
- whether qualification for child care assistance could be extended for a fixed period of time to avoid the cliff effect;
- support for the plan for a statewide campaign to educate families about healthy foods;
- clarification regarding star ratings in child daycare centers: ratings are measures of quality developed by stakeholders using current research;
- whether star ratings dictate the amount charged for a child to attend a daycare center: no; child care programs receiving state support are prohibited from charging more
than the set rate; parents can be assured, regardless of the star rating, that certain standards will be met;

• a request to notify the LHHS when a cabinet secretary is appointed to the ECECD: a comprehensive search is under way;

• clarification that once a family qualifies for state support for child care, the family remains eligible for 12 months, regardless of changes in income and employment;

• emphasis on the importance of communication with families and fostering opportunities for family involvement;

• concern that funding for the new ECECD is inadequate for the long haul: funding has in part been provided by shifting funding for particular program areas to the new department, which should lead to cost efficiencies in the future;

• a statement regarding the importance of working with the Higher Education Department to ensure a sufficient number of qualified teachers;

• clarification regarding the healthy baby standards for child care programs: standards are higher for programs that include the healthy baby standards;

• a recommendation that child care providers be informed in advance about details of site visits for accreditation, including the number of site visitors;

• whether there is funding available for teachers caring for children with special needs: funding is being proposed;

• whether there are support and funding to serve children with autism: there is a program in the DOH, but the CYFD does not fund one; and

• clarification regarding what the CYFD does to help a program improve its rating: the CYFD provides required training for child care programs to address this concern.

Children's Health Care Providers: Migrant Trauma and Early Childhood Development

Megan Delano, executive director, Las Cumbres Community Services, and Roger Gonzales, president and chief executive officer, Chicanos Por La Causa-New Mexico (CPLC-NM) spoke to the committee about migrant trauma and early childhood development.

Ms. Delano described Santuario del Corazon, a program developed by Las Cumbres Community Services, which, she stated, is a community-based behavioral health organization in northern New Mexico that is recognized as a child trauma center. In January 2019, Las Cumbres Community Services was awarded supplemental funding to provide behavioral health supports to migrant children who have experienced trauma as a result of being separated from a parent or primary caregiver. Services provided include wraparound case management services and comprehensive clinical treatment as well as mobile team services.

Mr. Jose Gonzales, project director, Santuario del Corazon, spoke to the challenges in trying to serve the migrant population, as many of the families are in shelters. He stated that Las Cumbres Community Services has access to the shelters. He indicated that migrants who have been preapproved for asylum are required to check in daily with border patrol agents. He said that Las Cumbres Community Services is attempting to provide transportation and other services.
Stacey Frymier, clinical director, Santuario del Corazon, testified that Las Cumbres Community Services is working to provide education and information to migrant families.

Mr. Roger Gonzales presented information regarding efforts of CPLC-NM to serve migrants, whether documented or undocumented. He said that CPLC is one of the nation's largest Hispanic-owned and operated community development organizations that provides financial support, child development services, employment and independent living options for vulnerable populations. He said that a community service block grant has allowed CPLC-NM to provide a summer food program for migrants and that CPLC-NM is reaching out to children and families detained at the border. He stated that the recent influx of migrant families experiencing trauma has compelled CPLC-NM to adjust many of its protocols for case management and other services.

Questions and comments from committee members were as follows:

• expressions of thanks, gratitude and support for the work being done by both organizations;
• clarification regarding what legislators can do in this arena: funding for infrastructure within the CYFD is needed to augment federal funding to serve migrant families; funding is needed to train workers in shelters and provide protection for courthouses and schools;
• recognition that there is a new level of fear due to increased efforts by United States Immigration and Customs Enforcement (ICE) to locate and potentially deport undocumented individuals;
• whether New Mexico is doing anything to coordinate efforts to help migrants: a platform has very recently been established, with a special focus on food issues;
• whether any research has been done on the effect of trauma on migrants: yes, and it will be provided to the committee;
• an assertion that many Hispanic families are being targeted by ICE and border patrol agents simply because of the color of their skin;
• whether the number of migrants coming across the border seeking asylum has declined: yes; fewer people are being allowed across the border; border patrol officers are conferring with shelters about their capacity to accept more people; and many migrants who have made it to the border are waiting on Mexico's side of the border;
• whether there is detention of unaccompanied minors in New Mexico: yes;
• a statement that a prison in Torrance County is being converted to a shelter for migrants and others and former prison workers will be staffing this shelter;
• a statement that migrants approved for temporary asylum status are required to wear ankle bracelets so that ICE can keep track of them;
• an assertion that denying entry and requiring asylum seekers to wait in Mexico violates federal law;
• an explanation provided by Mr. Roger Gonzales that temporary asylum seekers are given minimal information of a court date and then dropped off; CPLC-NM is clothing them, locating families to house them and paying for bus transportation to other locations;
• acknowledgment that there are several volunteers, including those from the Border Network for Human Rights, who are assisting migrant families at the border; and
• an observation that there are predatory lenders at the border who offer loans for outrageously priced services, including legal advice, to migrants.

DOH Programs for Families and Children
Micaela Fischer, program evaluation manager, LFC, Dominic Rodriguez, M.S.N., R.N., director of nursing services, DOH, Andrew Gomm, chief, Child and Family Supports Bureau, DOH, and Sarah Flores-Sievers, program manager, Special Supplemental Nutrition Program for WIC, DOH, reviewed DOH programs for families and children.

Ms. Fischer presented the LFC’s program evaluation of the DOH’s role in providing early childhood services. She stated that six DOH early childhood programs were evaluated in response to statistics that place New Mexico below the national average in several critical maternal and child health measures. She stated that three major findings and six recommendations were offered, all aimed at the responsible cabinet-level departments. The LFC’s recommendations for action are as follows: 1) inventory early childhood health-related programs to identify points of services duplication and client overlap; 2) organize a comprehensive state home visiting childhood support system; 3) oversee the completion of the Family Connects New Mexico pilot project, and if it is successful, expand the program to serve as the state’s centralized screening and referral program; 4) use existing programmatic data to regularly monitor program performance and develop action plans to address findings; 5) determine avenues to best co-locate or co-deliver early childhood and other services; and 6) hold Children’s Cabinet meetings at least six times per year and open the meetings to the public.

Mr. Gomm provided an overview of the Family, Infant, Toddler (FIT) Program. He stated that the most recent annual performance and quality report shows that the FIT Program met requirements in all 11 indicators, which is the highest level of achievement. He reviewed FIT Program eligibility requirements, which include developmental delays, certain medical conditions, biological risk conditions and environmental risk. He spoke to the recommendations in the LFC report and the actions that the FIT Program is taking to meet these recommendations. He stated that the FIT Program is building a statewide home visiting network and noted that the FIT Program is working with the Office of the Governor in transition planning for the new ECECD.

Ms. Flores-Sievers updated the committee on the WIC program. She said that the program currently serves more than 38,000 clients per month and has more than one-half of the babies in the state enrolled in the program. She identified numerous current projects designed to increase caseloads and strengthen community partnerships, and she identified initiatives in which
the WIC program is collaborating with the Children's Cabinet on hunger. She stated that New Mexico's WIC program is currently in the lead in the nation for the new online curbside food pickup program and other food initiatives. She stated that the rate of women breastfeeding in New Mexico's WIC program exceeds the national rate and that New Mexico is third in the nation for birth-friendly hospitals.

Mr. Rodriguez described Family Connects New Mexico, a public health initiative to improve the well-being of New Mexico families. He said that the program is evidence-based and under the aegis of Duke University. He stated that the program helps all families, making visits with highly trained nurses to provide training and support to new mothers. He said that the main focus is primary prevention, beginning with a visit three weeks following the birth of a child. He stated that the assessment conducted evaluates the need for support for health care, infant care, a safe home and needed education for parents. The program works collaboratively with other home visiting programs. Mr. Rodriguez said that Family Connects New Mexico provides public health alignment with communities that enhances access to care.

The committee had questions and comments as follows:

- whether Family Connects New Mexico has thought about working with adoptive or foster parents: the tools are developed for mothers postpartum and newborn infants; although Family Connects New Mexico could meet with adoptive or foster parents, there are other programs in the DOH that might be more appropriate;
- whether care coordinators in managed care organizations share information about these valuable programs with new parents: that is part of the role of care coordinators — to coordinate care and to inform clients about available services;
- clarification regarding when coverage expires for new mothers not otherwise eligible for Medicaid: it is thought to be six weeks following the birth;
- whether it is anticipated that moving the FIT Program to the new ECECD will cause any problems: no, the transition process is working smoothly; and
- whether vacancies in departments are being filled: there are still vacancies, but they are being filled; division directors would have exact details.

Public Attendance at LHHS Meetings

The chair suggested that publicity in advance of out-of-town meetings improves public attendance.

Adjournment

There being no further business before the committee, the third meeting of the LHHS adjourned at 2:48 p.m.