

MINUTES OF THE
STATE OF NEW MEXICO
HEALTH POLICY COMMISSION
MEETING
April 26, 2010

(Minutes shall be approved, amended or disapproved at the next meeting where a quorum is present. Minutes shall not become official until approved by the policy-making body.)

Members Present

Members Absent

Frank Hesse Karen Kotch Jerry Harrison Robert Romero Dawn Brooks Valerie Romero-Leggott (pm only)	Eric Kraska Susan Trujillo
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Call to Order

The meeting was called to order at 9:20am by the Chairman, Dr. Frank Hesse.

Approval of Agenda

Motion to approve by Commissioner Kotch; seconded by Commissioner Romero; approved by unanimous vote.

Approval of Minutes

Motion to approve minutes from the March 26, 2010 meeting by Commissioner Brooks; seconded by Commissioner Romero; approved by unanimous vote.

Health Care Reform Update

Frederick Isasi – Senator Bingaman’s Legislative Counsel for Healthcare

Highlights from the call include:

- Will cover what is coming to NM through the bill.
- Senator Bingaman’s perspective on the issues facing NM (pre-reform)
 - dramatic healthcare cost
 - fastest growing premiums in the county
 - New Mexican’s spend more on healthcare than any other state we are in the top 5
 - 2nd highest rate of uninsured in country, behind Texas
 - highest rate or working uninsured
 - access issues
 - quality challenges
- The part of the bill that have received the most press coverage
 - There are 3 main pillars in the legislation
 - insurance market reform
 - individual/employer responsibility

- federal protections to make sure coverage is affordable, primarily through Medicaid expansion, premium tax credits for lower and middle income families, and some support for employers offering coverage
- For the state, developing new health exchanges will allow for more to access coverage.
- Medicaid expansion is to allow for those not currently covered. There will 100% federal funds to cover the expansion population. The state will need to cover the currently eligible populations.
 - The new population would be everyone at or below 133% of the federal poverty level (FPL).
 - There is a 5 year bar for immigrant population.
 - In 2014 all CHIP kids will be covered 100% by the federal government.
- For those above 132% of FPL they will qualify for the new exchanges through subsidies.
- Based on the different levels (up to 400% FPL), a sliding scale will be used and costs will be capped at 9.5% of income to ensure their coverage is affordable through private insurers (exchange)
- No ratings based on health status or pre-existing conditions
- Will use IRS data for income verification
- Federal government will pay subsidies to insurers directly
- There was a review of the different scenarios around the exchange and administration of the exchange.
- 238,000 people would be eligible under the exchange and 124,000 in the new Medicaid coverage would be guaranteed for about 2/3 of the population through both by 2014.
- There is no requirement for small business (less than 50 employees) to offer coverage.
- This includes an exchange to be created for small business employers to offer affordable and meaningful coverage to their employees.
- In the recovery act there was about \$20 billion dollars put in for HIT, this will be available to hospitals and providers in 2011 to pay for their HIT systems. This could be a good project for the HPC to work on, to get hospitals and providers ready to get the federal dollars that will come through the Medicare and Medicaid programs. Works as a reimbursement after purchase, up to a certain percentage of the cost.
- Under the reform, there will be penalties to providers who aren't fully operational in HIT by 2015.
- There is additional funding for states to support additional high risk pool consumers, this is temporary until reform exchanges are up and running in 2014.
- There is a lot of new money for the workforce funding – Title 7 & Title 8, along with national health service corp funding.
- Created a federal workforce commission to report annually about what the workforce needs are throughout the country, how are the federal dollars being spent and how to realign the federal dollars.

- New long-term care provisions, voluntary, requires payroll deductions, no caps, vested after 3 years, premiums are based on age and locked in.

What are the most immediate actions the state needs to do in order to take advantage of the act.

1. Getting NM citizens to buy into the ideas/plan through releases and op eds.
2. There will be funds coming available from the federal government for states to provide consumer protection and oversight of all insurance offered within the state.
3. States can get federal dollars to create a review process for premium increases.
4. Starting next year the grants will be set up to start up the exchanges, to develop all of the infrastructural changes that need to happen to be ready for reform to happen in 2014.

Commissioner Harrison provided an overview of FQHC community health centers. They receive funding from 3 sources – 330 funding (HHS/HRSA), some state funding (RPHCA) and the collection of fees including Medicaid and Medicare. There are about 90 medical sites around the state, 40 dental sites, some with limited behavioral health services. He does not anticipate NM getting much funding to create new sites around the state as there are only 3 counties that do not have an FQHC and much of the new funding is for expansion. There was also discussion around school based health centers.

Update on Workforce Whitepaper

Reina Guillen

She provided a brief update we are taking 4 approaches to expand the research for the project:

- marketing healthcare careers to attract a new generation of workers
 - encouraging individuals to pursue education in health care profession fields through youth apprenticeships
 - youth in high schools start taking dual credit classes in health professions
 - Albuquerque has one such program – career enrichment center (CEC), for a practical nursing program (LPN), basically you graduate from high school with an LPN
 - those then go to CNM to get RN
- expanding higher education pipelines
 - by building a statewide curriculum between programs in an effort to encourage faculty sharing
- promoting educational and training opportunities
 - by partnering with educational institutions
 - providing professional training
 - grants, loan assistance, fellowships
- recruitment and retention
 - expand and revise policies for licensure and regulation, i.e. GME
 - lowering faculty qualifications to meet current demand in healthcare

- promoting rural areas by encouraging rural involvement by promoting family support

From here the process will look at what successes have worked in other areas or in the past then work toward recommendations that may be workable for NM.

Director's Report

Sam Howarth presented the following.

Workforce whitepaper is the main project on the stove

The MOU is being circulated for signature. It moves the HPC physically to the Runnels building, it keeps the HPC as a separate including budget and staff, DOH will help cover some operational costs to the extent possible for phones IT, computer hookups and email.

SJM1 created a healthcare reform task force to be headed by Mo Chavez from the Insurance Division at PRC

The Governor created an executive team to do same thing as SJM1, Secretary Falls, HSD is the point person, includes the Health and Human Services Secretaries.

There was extensive discussion around future possibilities, staff work projects, healthcare reform and the roles that the HPC may partake in all of this.

Budget Report

Peggy Schummers presented on the status of the current budget including projected vacancy savings and on the submission of the FY11 operating budget.

Update from Nursing Sub-Committee

Commissioner Brooks presented on some of the conversations she had with the head of nursing from San Juan college. Some of the highlights include:

- The briefing paper on nursing very closely mirrors what the Nursing Department Director at San Juan said in a conversation with Dawn.
- San Juan college is working with the hospital to work with current nurses to provide some funding to get higher level degrees.
- SJC has just started a nursing faculty sharing program, where nursing faculty at other colleges and universities can offer an online course where there may be holes for courses.
- Struggling with study habits and dealing with remediation in math and science.
- Money being given to the colleges is not get trickled down to the nursing programs.
- Some discussion about using retired nurses to teach, who are still able to work but some there is some draw back due to hours.
- The SJC completion rate is about 60-70%.

- Farmington high school is offering CNA courses to get them a head start.
- Crownpoint is opening an LPN school, are approved for 10-14 students.
- Cannot reduce degree levels for faculty because it's a national requirement and is required to keep the schools accreditation.

There was a suggestion that BSNs could teach appropriate level courses while attending at the same college/university to achieve their MSN.

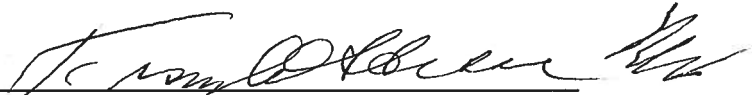
Old Business

New Business

Chairman Hesse distributed a handout and presented on research he conducted on increasing elderly populations and the demand for the number of visits per. There was discussion of the statistics presented.

Adjourn at 3:20pm

Approved by:



Dr. Frank Hesse, NMHPC Chair
4/26/2010

Date

Submitted by:
Peggy Schummers

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