

**MINUTES OF THE**  
**STATE OF NEW MEXICO**  
**HEALTH POLICY COMMISSION**  
**MEETING**

**January 20, 2006**

**CALL TO ORDER**

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Chair Lopez called a regular meeting of the State of New Mexico Health Policy Commission (HPC) to order on Friday, January 20, 2006, at approximately 9:10 a.m. at the Health Policy Commission Office, 2055 South Pacheco, Santa Fe, New Mexico.

**Members Present**

Waldo Anton  
Andy R. Lopez  
Seferino Montano  
Moises Morales  
Alicia Roman  
Dr. Michael Trujillo

**Members Absent**

Rick Crabtree (*excused*)  
Dr. Frank Hesse (*excused*)  
Dr. Miles Nelson (*excused*)

**Welcome and Introductions**

Chair Lopez welcomed everyone to the meeting.

Staff members Dr. Larragoite, Kevin McMullen, and Joel Flores were present at the meeting.

Guests in attendance were Jose Villegas, Police Chaplain and behavioral advocate, Corrections System; and Jeff Dye, Executive Director, New Mexico Hospital & Health Association.

### **Approval of Agenda**

**Commissioner Anton moved for approval of the agenda. Dr. Trujillo seconded the motion. Dr. Larragoite requested the item of Executive Meeting be added to the agenda. The motion passed by unanimous voice vote.**

### **Approval of Minutes from November 23, 2005 Meeting**

**Commissioner Morales moved for approval of the November meeting minutes as written. Dr. Trujillo seconded the motion, which passed by unanimous voice vote.**

### **GUEST PRESENTATION**

Dr. Larragoite introduced Jose Villegas, who serves as Police Chaplain and behavioral advocate in the corrections system. Dr. Larragoite provided the Commission with copies of Section 9-7-11.2 NMSA 1978, the statute creating the HPC and reported the following responsibility was given to the HPC during last year's legislative session: HPC is to ensure that any behavioral health projects, including those relating to mental health and substance abuse, are conducted in compliance with the requirements of Section 9-7-6.4 NMSA 1978.

Chaplin Villegas began his presentation with a prayer and then stated he is very active in the community, serving as police chaplain for five law enforcement agencies in Santa Fe County as well as an FBI chaplain for the City of Albuquerque and northern part of the state. As chaplain he deals with death on a daily basis as he is one of the first called to emergencies, consisting of car accidents, homicides, and suicides. In 2005 there were 158 deaths in Santa Fe County; and 13 deaths so far this year.

Chaplin Villegas reported the Behavioral Health Work Force Group (BHWFG) had submitted a report to Governor Richardson on September 1, 2005 which identified goals and made recommendations on how to achieve the goals. On November 10, 2004, the Governor issued Executive Order 2004-062 directing specific activity to enhance New Mexico's behavioral healthcare workforce. The Governor affirmed the State of New Mexico's commitment to behavioral health services that work for the recovery and resilience of children, youth and adults with mental illness, emotional disturbance or addictive disorders and for their families. The Governor set behavioral health service system goals to have better access, better services and better use of taxpayer dollars.

Chaplin Villegas stated on January 10, 2005 a press conference was held which related to the seeking of answers on improving the retention and recruitment of behavioral health professionals in New Mexico. At the press conference the Governor stated the lack of behavioral healthcare professionals and bilingual professionals in New Mexico's rural areas is critically low and not acceptable.

Chaplin Villegas explained the Executive Order emphasizes that the availability of behavioral healthcare practitioners across the state, especially in rural areas, is a critical

determinant of meeting the behavioral health needs of New Mexico citizens in the following ways: (1) by promoting recovery and developing resiliency; (2) by promoting mental health; (3) by preventing or reducing the adverse effects of substance abuse and mental illness; and (4) by assisting all New Mexicans to participate fully in the life of their communities. The Executive Order also identified serious behavioral healthcare workforce shortages and targeted for action licensing and regulatory processes which currently make it difficult to recruit or keep behavioral healthcare practitioners in the state.

Chaplin Villegas stated since the report was submitted, he has been working closely with the Native American Behavioral Health Sub-Committee to address similar cultural competency concerns related to the rigid licensure requirements the Spanish speaking behavioral healthcare professionals experience. Another disparity issue is the disproportionate mental health counselor failure/passage rates experienced by minorities who are required to pass the National Counselor Exam (NCE) prior to practicing in New Mexico.

Chaplin Villegas explained the NCE, which began in 1986, currently is a 200-question multiple-choice exam but does not include any factors defining cultural differences between and among the different racial/ethnic populations in the state. The stated purpose of the counseling examination is to ensure that new counselors are minimally competent to practice counseling. Counselors are given a 90-day license until the exam is taken. If a counselor fails the exam, the license is taken away until the exam is passed; however, there is no cut off score for the exam in New Mexico.

Chaplin Villegas, pursuant to the Executive Order, submitted in writing positive recommendations and suggestions on how the BHWFG could improve the shortage of bilingual behavioral health professionals. Because many of his concerns were ignored, he strongly believes the final report submitted by the BHWFG failed to address the true intent of the Executive Order and completely dismisses the cultural competency issues that continue to plague the Native American and Hispanic behavioral health practitioners' workforce state.

On July 26, 2005 Chaplin Villegas submitted a complaint to National Board of Certified Counselors (NBCC) and affiliates specifically outlining his valid concerns and identified over 34 areas of knowledge, understanding, skills, and attitudes which are essential components of core cultural competence that is part of the actual practice of bilingual behavior healthcare practitioners in the state. On December 5, 2005, he received the following statement from the NBCC: "You are correct that the NCE was not developed to reflect core cultural competence for the actual practice of bilingual health practitioners in New Mexico. The issues you raise about the suitability and/or applicability of the NCE as the counselor licensure examination in New Mexico should be addressed with the New Mexico Counseling & Therapy Practice Board."

Chaplin Villegas reported he has filed a complaint with the New Mexico Counseling & Therapy Practice Board (NMCTPB) and has been placed on the January 27, 2005 agenda

to address his concerns and issues with the NCE. He added the NMCTPB mandates the NCE exam to be part of the licensure requirement prior to the practicing in New Mexico as a counselor.

Chaplin Villegas requested HPC's support of legislation for the study on the impact of the shortage of bilingual behavioral health professionals and retention issues or workforce development in the state. He stated both Representative Rick Miera and Senator Pete Campos are willing to sponsor the legislation necessary if it has HPC's support.

Chaplin Villegas reported while conducting his research and interviews, he approached the committee studying the work force development and pointed out the issue of cultural and language competency. At that time the committee assured BHWFG and Mr. Villegas that the issue would be included in the draft report. When the draft report came out, the issue was not included so Mr. Villegas again got involved, and again was assured the final report would include the issue. However, the final report came out and the issue was not included.

In response to a question from Chair Lopez, Dr. Larragoite explained New Mexico boards rely on the national certification test. He added the study proposed to be conducted by this commission will address and provide enough information for policy recommendation.

**Commissioner Morales moved for HPC's support of a memorial to study the impact of the shortage of bilingual behavioral health professionals and retention issues be introduced. Dr. Trujillo seconded the motion; which passed by unanimous voice vote.**

Dr. Larragoite offered to assist Mr. Villegas and plans to meet with Representative Miera regarding HPC's support of a memorial and will keep the commission updated.

### **HM-43 FINAL REPORT**

Mr. McMullen stated HM-43, titled Public Notification of Hospital Charges, sponsored by Representative Payne, asked hospitals to work with state agencies to develop a process for informing the public about hospital charges, hospital quality and annual increases of hospital charges. He stated one problem with HM-43 was with regard to charge or rate increase points. The two sponsors were expecting DOH, HPC and the New Mexico Hospital & Health Association (NMHHA) to support a memorial regarding all three items: charges, quality and charge increase reporting.

Mr. McMullen stated the report, which was prepared and sent to both sponsors, included a background review of hospital's charges and what had been done in other states on the process issues. Commissioner Montano stated a comparison of hospital charges and actual costs needed to be done in order to get a sense of why charges are where they are so the public can get an idea of where health expenses are going. Mr. McMullen added

the report, which is very complex, should be user friendly and available to consumers. With almost 50 different ways to code services, it would not be easy to explain the charges to consumers.

Mr. McMullen explained through bundling, one hospital can charge \$20.00 for a suture set, while another hospital can add labor charges and charge \$40.00 for the same set. Bundling and unbundling occurs in the development of what's called charge masters all across the board and is not friendly for consumers to understand.

Commissioner Montano stated there should also be accountability broken down and measured to reflect minorities getting lower quality care due to their income status. He added Medicaid should have some way of addressing this, in terms of how funding or reimbursement is made to hospitals, which would possibly provide for a better distribution of care.

Mr. Jeff Dye, Executive Director, NMHHA, stated the key issues discussed by NMHHA included what information would assist the public in making informed decisions about health care. They also wanted ensure that reporting burdens would not be imposed and that data already available could be used so through a resolution, came up with phases to endorse transparency. The first phase was to repackage the ten already available hospital specific quality indicators and adding four more not currently publicly available. The NMHHA, in defining the second phase, is working closely with the State of Wisconsin to create a matrix of the proposed indicators and definitions.

Mr. Dye reported that in addition to HM-43, HPC has been actively involved with the task force created from HM-20, titled Trauma Care Systems Improvement Study and sponsored by Representative Wirth. He stated infrastructure for the trauma fund will be set up which will also authorize the administration of the fund.

Mr. Dye stated about \$6 million has been requested in the Governor's proposed budget for trauma centers, with \$4 million earmarked for UNM and \$2 million for two other trauma facilities/ designated centers. The task force, on the other hand, recommended \$30 million with \$15 million going to existing trauma centers, \$10 million for the development of new trauma centers, and \$5 million for the development process. Decisions will need to be made on how the funding will be distributed for system maintenance of the existing facilities and building new parts of the system.

Mr. Dye stated another recommendation of the task force was to take a portion of the alcohol excise tax and directing that into a tunnel fond for a continuous pool of dollars. Right now approximately 40% of the tax goes to the general fund with the remainder going to DWI counsels.

Mr. Dye reported SJM-37, the nurse staffing and retention memorial, requested HPC to study the impact of nurse staffing and retention on the workforce development. He added a bill for funding of this memorial was recently introduced and appreciates HPC's support and involvement.

In response to a question by Commissioner Montano, Mr. Dye explained he did not recall seeing any data on the number of lives saved or not saved as a result of transportation issues or distances. He explained the task force did discuss coverage issues, travel distances, and identified gaps where there were no trauma centers in the state.

Mr. Dye reported during the 2005 legislative session there were initiatives for hospitals to report acquired infection or infection rates. A group of healthcare professionals in infection control in the state was organized and is working with the national organization, Association of Practitioners in Infection Control, to come up with some national indicators and definitions.

In response to a question by Chair Lopez, Mr. Dye explained the NMHHA met with a reporter from the Albuquerque Journal to announce the NMHHA's website. Press release packets were provided to all member hospitals and it is planned NMHHA will be holding a press conference in the near future. Mr. Dye added he did not know how many hits the website has received but that consumers and media have both accessed the website.

In response to a question by Dr. Larragoite, Mr. McMullen stated a copy of the report would be available once it is approved by the NMHHA.

## **DIRECTOR'S REPORT**

### **Budget Hearing Up-Date**

Dr. Larragoite reported that at the budget hearing on January 11, 2005 recommendations were presented by the LFC and DFA. Based on a historical vacancy rate of over 35%, the LFC recommended: (1) a 5% vacancy savings be applied to personal services and employee benefits; (2) deletion of one full-time equivalent position due to vacancy for two years; and (3) reallocating this funding to other costs categories to fully fund in-house printing costs and information technology expenses.

Dr. Larragoite stated that the LFC found: (1) HPC's strategic plan has not been updated since FY04 and should be done regularly; (2) while one of the agency's performance measures indicates 22 reports were produced in FY05, the agency's website reflects only three reports; and (3) the agency did not produce any reports in FY04. Based on this information, the LFC recommended: (1) the full legislature request a report from the commission on their significant activities and contributions to health policy in the state over the last five years; (2) the agency increase efforts to collaborate and share data with sister agencies; and (3) the full legislature consider consolidating the commission into DOH's Office of Policy and Multicultural Health or a division within HSD to save on overhead costs or enacting a sunset clause for this commission.

Dr. Larragoite reported DFA's recommendations were to: (1) fully fund personal services and employee benefits; (2) reduce staff by eliminating two FTE positions; and

(3) reduce the general fund by \$1,118. The eliminated positions have been vacant for more than a year and services provided by these positions have been provided by contractors in FY05 and FY06. Dr. Larragoite explained the reason for the vacancy of one position for one and a half years was due to the Governor's executive order freezing the network administrative position, and the economist position was filled in October.

Dr. Larragoite reported that at the pre-budget hearing on December 8, 2005, HPC's FTE and budget were not cut. He pointed out the DFA analyst did not attend the hearing, and though there has been no communication with either the LFC analyst or DFA analyst since last year, staff will be working on the other recommendation of LFC so the budget analysis can be corrected. He added an updated budget will be provided to the Commission at the February meeting.

Lori Vigil reported the agency is right on track with the budget and pointed out that because of the different positions being vacant at different times, there are enough savings to avoid transferring money from contractual services to personnel. At the February commission meeting, she will provide an analysis of the budget which will include status of funds in the 400 categories.

### **Strategic Plan Update**

Dr. Larragoite reported the IT strategic plan has been updated and includes recommendations for the IT network. There will be a meeting with the state CIO's office to discuss the network administrative position as well as the administration of the IT network.

Dr. Larragoite reported the strategic plan, currently being worked on by Howard Gershon, will set the direction for HPC. Mr. Gershon is in the process of conducting interviews with commissioners, staff, other agencies, stakeholders and legislators. Dr. Larragoite will update the commission at the February meeting. The strategic plan update and report will be done by the middle of March.

Commission Morales suggested HPC issue statements on issues it supported, Dr. Trujillo suggested the commission as a whole meet with the assorted state agencies to collaborate on various health care issues. Dr. Larragoite pointed out the strategic plan would set out what HPC should be doing and once it has been approved by the commission, the scheduling of meetings can begin.

### **Annual Report**

Dr. Larragoite provided the commission with a copy of HPC's 2005 annual report, which identifies all of HPC's activities during 2005, and asked the commission for any input. The report also details both the strategic plan process and the IT strategic plan process.

Dr. Larragoite provided the commission with the audit report and stated the agency is again, right on track. He commended Lori Vigil for her tremendous job in assisting the auditors.

### **Governor's Oral Health Council Update**

Dr. Larragoite stated he had been appointed to chair the Governor's Oral Health Council (GOHC). The council has come up with four issues that have turned into pieces of legislation for this session and include: (1) increase the number of the state's WICHE (Western Interstate Commission for Higher Education) slots by five to seven for dental students, the bill is in process with a price tag of \$138,000; (2) HPC helped formulate, to include oral health in the governor's student based health clinics, asking for \$200,000 to be appropriated to pilot three student based health clinic sites which will include oral health; (3) increase the oral health residency program at UNM and provide additional funding; and (4) to increase the number of residencies from five to eight.

Dr. Larragoite reported as a result of the GOHC, as well as HPC's input, the report submitted included a \$1,398,000 appropriation to build dental hygiene programs for: (1) Eastern New Mexico campus at Roswell, (2) New Mexico State University campus at the Dona Ana Community College branch, (3) New Mexico Highlands University in Las Vegas, and (4) increase the San Juan Community College component.

Dr. Larragoite reported legislators have decided that if Luna Community College does not get their program up and running in time to utilize this funding source, New Mexico Highlands, designated as a minority serving institution, may step in and help facilitate the funding. Dr. Larragoite reported that President Aragon from Highlands University, in conjunction with Marquette University, a private school in Wisconsin; will designate 8 to 10 slots for New Mexico residents to attend the dental school at Marquette University. With the program being coordinated through Highlands, those students attending the Marquette University dental school would come back to New Mexico to do their clinicals.

Dr. Larragoite explained that the GOHC had an extensive debate regarding the shortage of dentists and more dental hygienists being produced than dentists. He added the Governor is asking for a \$250,000 appropriation for HPC to study the feasibility of a dental school for New Mexico.

### **Social Services Resource Directory (SSRD)**

Dr. Larragoite reported during the 2005 legislative session, \$500,000 was appropriated to CY&FD to begin the planning process for the social services resource directory. Because CY&FD had not begun this assignment, HPC has been instructed to get involved so that the funding is not lost. After the planning phase, \$1.5 million will be available in the FY07 legislation to continue the project. The directory will be an electronic directory listing all social service providers in the state.

### **County Indigent Fund (CFI) Report Update**

Dr. Larragoite reported the CFI report, which has been completed, will be provided to the commission shortly. He will give further details during the Executive Session as to why the report is not available today.

Dr. Larragoite provided the commission with a copy of a press release regarding the top ten healthcare trends of 2006 as forecasted by health leader's inter-study. He asked the commission to review the press release for potential methods of formulating and preparing the strategic plan.

### **Legislative Update**

Kooch Jacobus reported over 700 bills were introduced during the first two days of the legislature and approximately a total of 2,500 to 3,000 bills will be introduced. Dr. Larragoite added it was not too late for this agency to make recommendations endorsing any bills of interest.

### **LHHS Matrix**

Dr. Larragoite provided the commission with the Legislative Health & Human Services Committee Legislative Requests. The matrix identifies what appropriation would be requested, what would require statutory changes, what would require a memorial, etc., including very useful information.

Dr. Larragoite asked the commission to identify any bills of interest, which can be placed on a tracking system with staff members attending hearings and then reported back to the commission.

Chair Lopez pointed out the following to be tracked: Primary Care & Prevention, the Rural Primary Healthcare Act, Update Patient Health Records at Primary Care Clinics, and the Statewide Trauma Care. Commissioner Roman added Funding for Women's Health Services and Commissioner Montano added Medicaid should be tracked in the state and national level.

Ms. Jacobus suggested the tracking of those relating to school health. Chair Lopez stated the funding for school based centers should go to the Department of Health and not the PED, then DOH could contract with private providers to run the centers. He added that with the governor's initiative doubling the number of school based clinics funded, the PED to create those school based centers, the funding should be placed in DOH's budget. Dr. Larragoite suggested a letter from HPC recommending funding to go through DOH or the student based health centers; not the PED.

**Commissioner Montano moved for HPC's recommendation that the funding be shifted over to the Department of Health. Commissioner Roman seconded motion.**

**Chair Lopez added the existing centers should be adequately funded before new centers are created. The motion passed by unanimous voice vote.**

Dr. Larragoite suggested a press release go along with the motion and Ms. Jacobus added that HPC could send a letter of support to DOH; the delay should be as minimal as possible and DOH could push that along the line.

### **Governor's Agenda**

Dr. Larragoite provided the commission with a list of proposed legislation identified and discussed during the December 1, 2005, meeting between HHS and the Governor. Although the list has probably been changed by now, it identifies the governor's goal with health and identifies proposed sponsors.

In response to a question by Commissioner Montano, Dr. Larragoite explained HB-2 is different from the state coverage initiative; it is actually a whole new waiver program that came out of the Medicaid Advisory Committee. Dr. Larragoite then added the Governor's proposed legislation to revise licensing regulations for certain behavioral health professions does not include language competency or cultural competency. Chair Lopez requested that this proposed legislation be tracked.

In response to a question by Commissioner Montano, Dr. Larragoite affirmed the Governor was adding more enrollees under the Medicaid Expansion and will have staff track the requests for the commission.

Dr. Larragoite pointed out the proposed legislation removing gross receipts taxes from for-profit hospitals. **After discussing the issue, Commissioner Montano moved to oppose this proposed legislation. Commissioner Morales seconded the motion; which passed by unanimous voice vote.**

### **Municipal League; Association of Counties**

Dr. Larragoite explained he has attended not only municipal league meetings but also legislative wrap-up meetings and meetings of the Association of Counties. He reported there was unanimous major concern with UNM's proposal to tap into gross receipts tax. He stated if passed, it would affect smaller municipalities dependent on gross receipts tax as well as county indigent funds.

### **EXECUTIVE SESSION**

**Commissioner Morales moved to go into Executive Session, pursuant to Section 10-15-1-(H) (3) NMSA 1978, in order to discuss limited personnel matters.** The Commission was in Executive Session from 12:28 p.m. to 12:40 p.m.

**ADJOURN**

**Upon motion by Commissioner Montano the meeting was adjourned at approximately 12:41 p.m.**

Approved by:

\_\_\_\_\_  
Andy R. Lopez, NMHPC Chair

\_\_\_\_\_  
Date

Submitted by:  
Michelle Gorman

**(DRAFT-----DRAFT-----DRAFT)**

**(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.)**