

MINUTES OF THE
STATE OF NEW MEXICO
HEALTH POLICY COMMISSION
MEETING

June 1, 2007

(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.)

CALL TO ORDER

Chair Lopez called a regular meeting of the State of New Mexico Health Policy Commission (HPC) to order on Friday, June 1, 2007, at 11:15 a.m. at the Sage Brush Inn, 1508 Paseo del Pueblo Sur, Taos, New Mexico.

Members Present

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

Members Absent

Dr. Frank Hesse (*excused*)
Dr. Miles Nelson (*excused*)
Moises Morales (*excused*)

Welcome and Introductions

Director Larragoite welcomed everyone to the meeting and the Commissioners introduced themselves. Staff members attending the meeting were: Kooch Jacobus, Peggy Schummer, Irma Montoya, Don Ortega, Lisa Lujan, Marietta Esquibel, Elisha Leyba-Tercero, Samuel Dominguez, David Martinez, and Martina C de Baca.

Guests included: Yolanda Cordova, New Mexico Department of Health, Director of the Office of School & Adolescent Health; Kari Armijo, Human Services Department Medical Assistance Division Manager of Medicaid in the Schools; Dr. Susie John, Northern Navajo Medical Center, Indian Health Services School Based Health Center; David Roddy, Executive Director, New Mexico Primary Care Association; Dr. Gary Buff, New Mexico SBIRT Project; Joseph Gallegos, National Association of Community Health Centers; Mary Ellen House, Assistant Bureau Chief, Department of Health; Susan Gonzales, Deputy Director, NM Primary Care Association; Janette Archuleta, Assistant Superintendent from Pojoaque Valley School; Dr. Alfredo Vigil, newly appointed

Cabinet Secretary for the Department of Health; and Christopher Romero, Congressman Udall's Office.

Director Larragoite announced it was his last day as Director of the HPC and Liz Stefanics would be the new Director, appointed by the Governor's office. Both Director Larragoite and Director Stefanics were advised by the Governor's office of their new positions within the last week. Director Stefanics, who is currently the Director of Risk Management, will be working ½ time in both positions until July 1, at which point she will be full time with the HPC.

Approval of Agenda

Commissioner Trujillo moved for approval of the agenda. Commissioner Roman seconded the motion, which passed by unanimous voice vote.

Approval of Minutes from April 20, 2007 Meeting

Commissioner Montano moved for approval of the April meeting minutes as written. Commissioner Trujillo seconded the motion, which passed by unanimous voice vote.

SCHOOL BASED HEALTH PANEL

As facilitator, Director Larragoite welcomed the School Based Health Panel. He suggested the panel begin with an open conversation flushing out any barriers or problems that either exist or could be potential with the school based health centers focusing on the three issues of health care policy: access, quality and cost. The Panel could then come up with policy recommendations.

David Roddy, Executive Director, New Mexico Primary Care Association (NMPCA) reported the NMPCA is made up of 20 members with clinics in about 90 communities throughout the state. The NMPCA has been involved with the school based health centers since early 1990 when the federal government determined a need to provide health services to middle and high students.

A number of pilot centers were set up in urban areas and offered access to health and counseling services to students who otherwise would not receive such services. The federal government created a program to fund school based health centers so they could offer services. There were 12 school based health centers that received federal funding (Medicaid), while several other centers received state funding, and through a collaboration of funding sources, additional centers were funded.

The NMPCA will be working with NMDOH Office of School & Adolescent Health to in form a network with pooled resources to assist some of the school based health centers with their administrative duties, ie. billing and gathering data so that the centers can

concentrate on delivering health services. The data gathered can then be used to insure the quality and cost effectiveness of services being offered at the centers.

Yolanda Cordova, Director, Office of School & Adolescent Health (OSAH), Department of Health, reported her department helps and is responsible for overseeing the school based health centers statewide. In reporting on the three health issues (access, quality and cost) in 2005 the OSAH spent approximately \$2.75 million for 34 school based health centers operational offering three levels of services. Level One provides a minimum staffing of four hours primary care and four hours behavioral health services per week; Level Two provides a minimum staffing of 16 hours primary care and 16 hours behavioral health services per week; and Level Three provides a minimum staffing of 40 hours per week for both primary care and behavioral health services. Some centers also offer dental care.

Ms. Cordova provided the Commission with the OSAH's most current brochures which includes key information about the OSAH, where the OSAH is going, and some of its key activities. One activity of OSAH was a collaboration with sister agencies to provide funding for services provided at the school based health centers. Through an agreement with Park Line West from Albuquerque, approximately \$3 million was used for construction, renovation and expansion of school based health centers.

The OSAH has also developed numerous relationships with various provider groups that include Presbyterian, Sandia Foundation, Lovelace and private doctors offices that gave equipment to help outfit some of the 34 sites established. Funding for the school based health centers that were established prior to the expansion in 2005 has been and continue to be an issue. For FY08 it is projected close to \$1 million will be spent on 25 of the prior existing sites. These sites help to set an anchor and develop models at new school based health centers.

The OSAH has projected approximately 12,000 unduplicated students/youth will have accessed the school based health centers. Thrity to forty thousand students have visited the centers, with half being for behavioral health. Van Buren Middle School in Albuquerque has a model dental program that is being closely monitored and is actually being used as a model by Senator Bingaman's office for federal legislation to increase dental services.

In FY08 Atlantic Philanthropies have granted \$20 million grant, which will be spread out over five years, so that the OSAH, working with the New Mexico Community Foundation, can establish four new school based health centers. The new school based health centers will be located at Grants Middle School, Wilson Middle School which will also serve the Native American Charter Academy, Laguna Middle School and Gadford Middle School, and will offer level three services including dental services.

Through a relationship with the New Mexico Community Foundation, \$1 million were given to the state through United Healthcare, which will be spread out over four years. The first \$250,000 will be spent on the Native American school based health centers, the

second \$250,000 will go to the border area school based health centers, the third \$250,000 going to the rural frontier, and the last \$250,000 will go to urban area school based health centers. The Coca Cola Foundation also donated money that was used by the school based health centers established before 2005.

Kari Armijo, Human Services Department, Manager of the Medical Assistance Division, reported Medicaid plays a large role in funding various programs including school programs. Medicaid pays school based health centers for services provided to special needs children including physical and occupational therapy, mental health services and nursing.

To date (FY 07) Medicaid has paid \$12 million to schools which served 17,000 children, and in FY 03 about \$4 million was paid by Medicaid serving approximately 10,000 children. Both the federal government and the state contributed funds and Medicaid matched the funds contributed by the state. Medicaid has also paid for administrative activities that support Medicaid, Medicaid enrollment, and the referral of children to services in the community. Medicaid also reimburses the schools when students are referred to community services which can be as much as \$10 million per year.

About seven years ago Medicaid received a grant from the Center for Health Care Strategies to begin a pilot program which allowed Medicaid to link with the school based health centers and began reimbursing the centers for services such as physicals, family planning services, mental health, and immunization. This program has grown and beginning in July 2007, Medicaid will begin a school based health centers reimbursement fee for service program. This program will address the access and cost issues faced by Native American children who are not in any managed care.

Because all school based health centers must meet Medicaid's criteria in order to get reimbursed, Medicaid has worked very closely with the DOH creating quite a few quality initiatives. Medicaid also matches general fund dollars that go to the DOH for reimbursement to the school based health centers.

Dr. Susie John, Northern Navajo Medical Center (NNMC), Indian Health Services School Based Health Center (IHS) provided the panel and Commission with NNMC's strategic plan and explained she is the President Elect for the Assembly Board of Directors. The Assembly Board, a volunteer advocacy program, began in 1999 and has grown into a full board.

Another division of the NNMC serves the Native American students in the school based health centers which makes up about 10% of the student population. The Medicaid office has school based health center rates but agreements with IHS provides for either all inclusive rates or fee for service rates, which most of the centers use.

Dr. John reviews the list of schools with health based centers and explains that quite a few discussions have been held with the Kellogg Foundation program as well as others trying to determine how the school based health centers can be financially sustainable.

The listing also shows the levels of services offered at each center but most centers serving the Native American students only offers Level One services. In the Shiprock area, one center offers four hours of primary care weekly and eight hours behavioral health while another center offers eight hours of each weekly. Most of the needs of the Native American students are behavioral health referrals due to depression, with suicide rates two to three higher than the national rate.

Because most of the funding from the federal government stops at the reservation line, it is difficult to help the children which is only one of the challenges faced by IHS. Three years ago, the Kellogg Foundation provided funds to the school based health centers across the nation which included New Mexico's Native American children. The information provided to Commission included information on the Kellogg Foundation and other organizations.

Ms. Janette Archuleta, Assistant Superintendent from Pojoaque, explained that Toni Trujillo, Superintendent Pojoaque Valley Schools, was not able to attend the meeting. The Pojoaque Valley School (PVS), which is located between Espanola and Santa Fe, has about 2,000 students, with 72% Hispanic students and approximately 26% Native American students.

Ms. Archuleta reported that the school based health centers located at the PVS is very new and the school has worked very hard in learning about a health care system and incorporating it into an educational system. They have found it to be difficult in working with different schedules, contracts, and financial and reimbursement issues but the services are very much needed and appreciated.

With no health care providers in the Pojoaque Valley, their school based health center has two local physicians and one dentist and the community has been very receptive to the center from the very beginning and has worked with the Board of Education.

The PVS has received assistance from the Office of School & Adolescent Health and DOH in explaining to the PVS Board what the school based health center would look like and what services should be provided. The PSV community did not want to offer reproductive services or family planning at the school based health center so the implementation of those services were delayed.

Director Larragoite summarized the panel's comments explaining the common theme includes: integrated systems, DOH, the primary care system our safety net, the Medicaid billing system, and the Native American and IHS system. There are some inherent problems but it is hoped that the common themes can be built up and lead to some positive policy recommendations.

Commissioner Anton pointed out one of the biggest complaints at the national level is the lack of services provided by health care providers because of the reimbursement rates for Medicaid and Medicaid services. Because of this problem, the state is losing a lot of physicians. Ms. Cordova agreed that there is a physician shortage faced by the state and

pointed out the difficulty in recruiting physicians to the state. Her agency has been looking at the volunteer mechanisms by retired physicians who are interested in working in the school based health centers. Presently, there is a retired physician at the San Felipe school based health center and issues such as insurance coverage and liability coverage are being discussed.

Director Stefanics stated that a bill was passed and signed during the last legislative session which allows the DOH to set up registry for retired health care volunteers. Once those health care volunteers are in the registry they are automatically covered under Risk Management specifically for medical malpractice. It is now up to DOH to set up the mechanism for those retired physicians to be placed at the various school based health centers around the state.

In response to a question by Commissioner Anton, Ms. House explained school boards negotiate with the DOH to get family planning in schools even though school employees and parents object to this. In order for the DOH to approve any contract with the school based health centers, family planning is included in the services provided.

In response to a question by Chair Lopez, Ms. House explained the constituents are very vocal and the statistics for incidences of teenage pregnancies, etc. have been provided to the boards and even with those statistics, they will not change their minds about family planning services.

Ms. Cordova added that it is difficult for the DOH and every school based health center because every community is different and every school board is different with individual thoughts and ideas about how things should be set up. Good information has been provided to the school boards, even statistics, to inform them and keep them up to date. Some school boards have changed their position such as the Dona Ana school board in Las Cruces has actually amended their policy to allow family planning services and even in Socorro, they are easing up about family planning services. However, schools in the southeastern part of state are absolutely against this even after being provided with good information and statistic.

Mr. Roddy stated that one major problem is a problem of conflict. The federal government which funds most of the primary care clinics insists that adolescents are given the opportunity to choose whether they want family planning or not. That means that the parents or anyone else cannot tell the students or the providers family planning services can not be offered.

Ms. Cordova pointed out the school based health center in Espanola went through a long process and a lot of work was done in terms of advocating with the school board so that they changed their mind. The school based health center in Espanola is one of the best run clinics in terms of family planning services.

Chair Lopez pointed out that another issue is when a primary care clinic is operating a school based health center, their contract is only for a year at time and suggested the

contracts be offered for a three-year term and Ms. Cordova agreed with this adding this would assure the school districts of continued health care services. Dr. John pointed out that not only the school boards and administrators needed to be kept informed, but the parents and communities need to be included.

DIRECTORS REPORT

Deputy Director Jacobus reported that SB 600, a federal bill presented by Senator Bingaman, as well as the companion bill, has not been voted by the Senate yet. The bill includes a good definition section and has been in the works for a number of years. Ms. Jacobus added that if there was no funding attached, the state would have to apply for additional funding.

She reported the HPV bill went before this last legislature and there is a memorial for HPC and the DOH to do a study and report back to the legislature by December 2007.

Director Larragoite reported SM 34, a study on compensated care, came out of hearings during the last interim with the Health & Human Services Committee because hospitals were reporting uncompensated care in three different venues. The hospitals were using their net reporting or gross reporting so the Committee decided to have one method to standardize the definitions and to standardize the reporting process so that the exact amount spent on uncompensated care could be reported. The Committee will appoint a nine-member committee from the leadership of the senate and the leadership of the house and the nine-member committee will meet and report by the end of October.

Elisha Leyba-Tercero reported that both HM 10 and HM 11 are contraceptive memorials asked for in part by Representative Mimi Stewart. HM 11 is asking for an emergency study of contraception currently offered in the state looking at access and availability and requiring a survey of all pharmacies. The task force has been formed and will be meeting June 6, 2007. HM 10 is a follow-up to last year's HM 38 asking for a study on the insurance of contraception and a website has been developed. The survey on all insurers was done last year to find out who was covered.

Director Larragoite reported on the dual memorials HM 17 and SM 18. SM18 was introduced because Commissioner Nelson was concerned of the stacking of patients in the emergency rooms before actually being admitted due to a lack of nursing staff. This memorial goes back to the nurse retention and nurse staffing issues which are experienced across the state. Dr. Nelson took a leadership role and wants to chair the committee. Marietta Esquibel stated the members to the task force have been appointed and will have their first meeting on June 11, 2007.

Ms. Jacobus reported SB 600, introduced by Senator Bernadette Sanchez, requires the Department of Education to conduct a study on education disparities and HPC has been named as one of the members.

Ms. Jacobus reported that HPC is to begin working with DOH on the strategic plan which will be done every four years with 2010 as the next reporting year.

Peggy Schummer provide the Commission with the budget report through the end of April and stated the agency is right on track. The budget is not balanced yet because money is still being transferred to contracts, to personnel, and several line items need to be cleaned up.

The Commissioners thanked Director Larragoite for his hard work and service to the HPC.

ADJOURN/NEXT MEETING

The next HPC meeting will be on July 20, 2007 in Albuquerque.

The meeting adjourned at 1:30 p.m.

Approved by:

Andy R. Lopez, NMHPC Chair

Date

Submitted by:
Michelle Gorman

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