

MINUTES OF THE
STATE OF NEW MEXICO
HEALTH POLICY COMMISSION
MEETING

October 27, 2006

(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.)

CALL TO ORDER

Chair Lopez called a regular meeting of the State of New Mexico Health Policy Commission (HPC) to order on Friday, October 27, 2006, at approximately 9:15 a.m. at the Health Policy Commission Conference Room, 2055 South Pacheco, Santa Fe, New Mexico.

Members Present

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

Members Absent

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

Welcome and Introductions

Dr. Larragoite welcomed everyone to the meeting and the Commissioners introduced themselves.

Staff members Dr. Larragoite, Kooch Jacobus, Kevin McMullen, Catherine Burton, Joel Flores, Marietta Esquibel, Lisa Lujan, Irma Montoya, Sam Dominguez, and Elisha Leyba-Tercero were present at the meeting.

Also present were Michael Maestas, LPC, New Mexico Counseling & Therapy Practice Board; Allison Kozelinski, Executive Director, New Mexico Board of Nursing; F. Robert Knox, LSN, Chair, New Mexico Board of Social Work Examiners; Lynn Hart, Executive Director, New Mexico Medical Board, Thomas Thompson, PhD., New Mexico Board of Psychologist Examiners; Vedra Baca, Administrator, New Mexico Board of Social Work

Examiners; Dr. Jerry Harrison, Deputy Director, New Mexico Health Resources; and Ken Padilla, Hispanic Dental Association.

Approval of Agenda

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

Approval of Minutes from September 21, 2006 Meeting

Commissioner Roman moved for approval of the September meeting minutes as written. Commissioner Anton seconded the motion, which passed by unanimous voice vote.

NEXT COMMISSION MEETING DATE

Dr. Larragoite suggested combining the next two meeting dates in November and December, holding one meeting on December 1, 2006. A possible location for this meeting is the Indian Pueblo Cultural Center in Albuquerque with a second panel discussion regarding Native American health.

DIRECTOR'S BUDGET REPORT AND BUDGET REVIEW

Dr. Larragoite was not able to provide any actual figures to the Commission because of the ongoing problems of the Share Project. There was a budget hearing held with LFC and DFA on October 26, 2006, but because of the Share Project problems, no actual numbers were discussed. DFA and LFC recommended the HPC's budget remain flat, the same as the budget allocation last year. Dr. Larragoite requested the correction of the operational line from \$880,000.00 to \$948,000.00 to reflect the actual payroll and staff benefits costs.

In response to a question by Chair Lopez, Dr. Larragoite explained the audit of HPC was completed and the auditors have given the HPC a clean bill of health. Once the true numbers come back from DFA regarding any reversion dollars, the auditors will be able to give the final endorsement, sign off on the audit, and conduct the exit interview.

BEHAVIORAL HEALTH DISCUSSION PANEL

Introduction of Prospective Boards

Michael Maestas, LPC, Chair, New Mexico Counseling & Therapy Practice Board (NMCTPB), reported there are approximately 4,900 counselors and therapists licensed in New Mexico. The NMCTPB licenses two types of general practitioners: counselors and therapists. The Board also issues licenses for professional clinical counselors, professional independent counselors, marriage and family therapists, professional art therapists, and alcohol and drug abuse counselors. There are other licenses issued by the

Board which are considered entry licenses to the five licensed professions above, and include: mental health (entry license to a professional independent counselor) (or the American Family Associate license is an entry license to that license); and the substance abuse associate license (entry level license to the alcohol and drug abuse counselor.)

At one time, the Board was responsible for issuing 11 licenses in total, but during the last three to four years, the Board reviewed the industry standards and has done an excellent job in reducing the issued licenses issued to those listed above. This now provides for a good match with industry and colleagues because when there are too many licensed professionals practicing, many services are not paid for by third party payers reimbursement providers. For the most part anyone that is licensed in the counseling and therapy practice board has either a master's degree in counseling and therapy or a doctorate degree in counseling and therapy. The Board also provides an associate level license for an associate degree.

Allison Kozelinski, Executive Director, New Mexico Board of Nursing (NMBN), reported the purpose of the board is to protect the citizens of the state by licensing professional nurses and certifying Hemodialysis Technicians and Medications Aides; regulating educational programs for licensees and certificate holders that hold those positions; regulating the practice of those positions; and taking complaints and disciplining licensees and certificate holders who violate the law and rules.

During FY06, the Board continued to develop a comprehensive strategic plan. The process used to update this plan included input with discussions with all board of nursing staff board members, the public, and other constituents. The mission of the board was reviewed, revised during this process and the new mission and vision statements were adopted. The board's mission is to protect the public's safety through effective regulation of nursing care and services, and the board's vision excellence in regulatory practice. Strategic goals were then develop to enable the actualization of this mission and its vision to advance nursing systems, to maximize effectiveness in public protection and customer service.

Lynn Hart, Executive Director, New Mexico Medical Board (NMMB), reported the Board, created in the interest of public health, safety and welfare to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine, regulates the licensing of physicians and physician assistants. The Board consists of nine members: six physicians, one physician assistant, and two members of the public.

The NMMB licenses MDs, physicians, Physicians assistants, and anesthesiologists assistants, and offers temporary licenses such as public service camp licenses, tele-health medicine licenses, (New Mexico is one of the very few states to offer such services), and residents licenses. The Board also monitors and supervises the supervisory physicians of physician's assistants, physician assistants that are supervised throughout their career by a MD and recently began licensing anesthesiologist's assistants.

F. Robert Knox, LSN, Chair, New Mexico Board of Social Work Examiners (NMBSWE), explained the function of the NMBSWE is the regulation of social work practice through the licensure of three different levels of practice. NMBSWE assures continued professional competence by requiring all licensed social workers to obtain fifteen hours of continuing education annually. It also investigates complaints from the public about unprofessional or unethical conduct, and takes disciplinary action when required.

With NMBSWE's most important function is licensing and regulating social workers practicing in the state. Their primary mandate is public protection for the state's most vulnerable citizens who have the most complicated and severe of problems, disabilities, issues and situations.

The Board licenses at three levels based on education, licensing bachelor level social workers, master level social workers and a third level referred to as independent social workers which are master level social workers and who are capable of functioning independent of supervision. There are 3,000+ currently licensed social workers in the state working in public, private and nonprofit settings.

The Board's current principle focus is the significant shortage of social workers in New Mexico, especially in rural areas. According to the National Association of Social Workers, this shortage is not unique to New Mexico and is experienced throughout the country. Predictions indicate this type of shortage will continue to increase.

Thomas Thompson, PhD., New Mexico Board of Psychologist Examiners (NMBPE) reported the NMBPE licenses psychologists, psychologist's staff, and traditional prescriptive authority for psychologists. During the last two years, the Board, responded to the need to improve access to behavioral health and lowered the number of years that an individual has to be licensed in another state from 20 to 10. It also created a six-month temporary license for an individual coming into the state and the four-month emergency license for individuals who have been displaced from another state.

With a full membership, the NMPBE will have its first full meeting on November 20, 2006. The examination is available on-line and the Board hopes to have the new cultural competency exam on-line by next year. The major work by the Board during the last years was trying to streamline several laws and to develop a good working relationship with the New Mexico Medical Board.

Licensing Issues

The NMPBE has also been focusing on developing an atmosphere of cooperation with the NMMB in terms of prescriptive authority and increasing the focus on biological basis of behavior within the psychology board. The following study done on this has real implications and addresses the need for increasing the number of psychologists and behavioral health practitioners where the background in terms of understanding biological functions is important.

In 2002, the Boston Massachusetts Hospital and the McKlean Hospital began to look at the EEG activity on admitted children who had histories of significant abuse. Of those kids who had patterns of PTSD, a significant number of abnormalities within the EEG were found. With this implication, children who are having behavioral problems can be controlled by simple techniques that are more traditional. Children who have been abused also have permanent changes in terms of automatic hyper arousal (the system that governs blood pressure, respiration, and excitability) as well as changes in the nuero transmitter function that results in an excitable individual who has less ability to actually gain control through cognitive processes.

During the year and half Mr. Thompson worked at family practice in Las Cruces, an experiment was done in cooperation with the domestic violence program. The domestic violence program was asked to send four or five court-ordered males who had failed treatment to the family practice. With the assistance of Ralph Espinosa, they looked at neuro psychological brain dysfunction checklist and found all four males had high incidents of red flags for central nervous system brain dysfunction. The EEG on the four individuals was read, analyzed and compared with a database for abnormalities. Of the four individuals, three of the EEGS, which were read by the neurologist, came out as clinically abnormal, one had a seizure pattern, and all four were read as abnormal compared to the quantitative data on hand.

Because more and more high-risk populations of individuals are coming into the system for treatment, there needs to be a way for the psychology providers to encourage more individuals to enter into the psychological field. Mr. Thompson feels this is a key issue and part of what the Board needs to be doing in terms of working with other boards to develop ways to encourage looking at the biological behavior factors to develop sensitivity to that. There is a need for the development of integrated systems so that the level of services needed can be differentiated, thereby offering either higher tech deliver of services when needed or intervention services when needed.

F. Robert Knox said from the perspective of the social work board the most pressing and critical issue is the shortage of social workers. The shortage of social workers right now is rising in part because the social work profession is much older than most of other health care professions, most of the social workers are baby boomers reaching retirement. Other factors contributing to the shortage of social workers include: dissatisfaction from the social work career; relatively low wages paid by Medicare and Medicaid funded physicians; restrictive, stagnant and at times even decreasing fees paid by private health insurance which also includes the elimination of the sliding fee scale; ever increasing paper work required of social workers thereby pulling them away from direct client care; the growing population of people in need (headed by the aging) of services provided by social workers; the increasing severity and complexity of the client population; the increasing of non-social work assignments; job security; decreasing availability of support systems for social workers; inadequate staffing levels of agencies which then leads to decreasing that are non-social work; increasing concerns for public safety and decreasing support and responsiveness from employers on the issue; and in

rural areas limited access to cultural, recreational, educational, and spiritual life style opportunities; and extremely large caseloads.

Social workers not only have clinical skills in counseling and psychotherapy but also work with individuals in the broader context of situation. Social workers offer therapy to individuals and their families, but also looking at the kinds of intervention and services needed to help facilitate both the individual and their families. Further complicating the shortage situation is the fact that graduates from social work schools are tending to move into more selective areas of practice that are not experiencing shortages. Rural areas tend to have the most difficult, complex and problematic populations to be addressed and dealt with.

With the ever increasing caseloads, the error adequacy is rapidly increasing. With the shortage of social workers, the waiting lists for access to social worker are increasing, thereby significantly impeding effective treatment. In the areas experiencing the most acute shortages, problems with oversight and supervision have been arising including situations where people who are supposed to be or need to be working under supervision, aren't working under supervision, where the supervision they're getting may be inadequate or inappropriate, where often times it is too infrequent or where it's provided by essentially non-social workers. Non-supervision can impact dramatically on the advancement and potential advancement opportunities.

In response to a question by Chair Lopez, Mr. Knox explained the reason for two separate boards, one for social workers, and one for counseling, is that LPCCs and SWs do not do the same work, however some of their work does overlap particularly with regard to the delivering of counseling in psychotherapy services. The work of social workers particularly in public agencies and in nonprofit agencies goes well beyond simply counseling and psychotherapy and often includes a whole range of bio psycho social interventions they are responsible for developing, moving people into, assisting people in making a transition to those services, being able to use those services effectively, being able to influence those services so that people are getting what they need, and dealing with that person in a context. Counseling and psychotherapy, which is a pretty limited but important service, tends to happen in a room for an hour.

Mr. Maestas added another distinction of importance is the foundations for the two different fields. Counseling primarily came out of the educational counseling arena and offers a whole career counseling aspect that social workers do not practice. Counselors are trained and qualified in the area of measuring personalities but not in terms of disorders of personalities. There are approximately 3,000 licenses social workers in the state.

Ms. Hart explained that the NMMB has been working on making the licensing procedure more streamlined and offering the application on line. Another way the NMMB can help the shortage of practitioners in the state, is to work with other practitioners and types of providers in making medical a much more attractive field.

Recently the legislature dictated that the medical board work with psychologists to outline regulations and types of training and supervision that a prescribing psychologist needs before practicing. A lot of effort and time was put into drafting the regulations, and at one point the medical board was of the mind that the more complicated they made the regulations, the longer it would take one to become licensed, and the less likely their scope of practice would be endangered by the psychologist.

The NMMB's newsletter, which will be issued soon, encourages doctors to engage in supervisory roles for psychologists. Psychologists must have supervision and training by physicians during the conditional prescribing period with reluctance coming from psychiatrists to engage in this. It is very important for the NMMB to reach out to all physicians to work collaboratively with psychologists as well as other providers in the behavioral health field, recognizing that this is for the best interest of the public.

In response to a question by Chair Lopez, Jerry Harrison stated there are 223 licensed psychiatrists in the state, with about ½ receiving their medical education before 1974 and concentrated in the Albuquerque area.

Ms. Kozelinski reported in FY06 the total of all nurses claiming residence in New Mexico increased from 17,713 to 18,084. The total of all nurses with a New Mexico license increased by 400 from the previous year to 22,974. The NMBN's efforts to attract nurses to the state have been successful, but the shortage of nurses is not a licensing issue. New Mexico is one of 27 states who participate in an inter-state compact for licensing nurses wherein any state in the compact will recognize licenses from other participating states. This state has 1,027 advanced practice nurses, with 207 of those certified registered nurses, and with 820 advanced practice nurses working as either clinical specialists or practitioners.

NMBN is concentrating on the infrastructure with licensing in New Mexico, looking at central data and streamlining and can license people within as little 24 to 48 hours.

In response to a question by Chair Lopez, Ms. Kozelinski explained licensing LPNs has actually declined because of the increase in technology, education and skill that is needed for the nurse of the future. Community meetings have taken place around the state where people have discussed EMTs and paramedics as being an untapped resource. EMTs and paramedics' training is far more extensive than the training offered to medical assistants, a common health care provider in rural areas.

Studies have also shown that there is less of a disparity in salaries along border areas like Texas/New Mexico and Arizona/New Mexico. If a nurse works in Lubbock, she will more than likely work at a major medical facility that has more resources and modern equipment and is more glamorous than working in rural town clinics.

Mr. Maestas explained the NMCTP, in dealing with licensing issues and trying to meet the industry standards, wrote a letter to the New Mexico Health & Human Services Dept to look into the professional art therapist, which is not really listed as a Medicaid provider

in the Medicaid standards. The NMCTP received a response to their letter stating the NMDH and HSD would consider looking at the professional licensed art therapist because they do come from a different educational training.

Another licensing issue faced by NMCTP is the relationship between the Behavioral Health Purchasing Collaborative and redesigning of the licensing boards. The Board's job is to protect the public and to regulate the licensees, within the frame work of the behavioral health redesign, but it appears there's a lot of policy in legislation being recommended to the governor's office, which sometimes does not touching base with the licensing boards who are responsible for issuing licenses. We are required to protect the public in terms of making sure that the highest level of quality practitioners out there to provide the services received by the public. After the licenses are issued, the licensees are then responsible.

In terms of the disconnect between the licensing boards and the planning council and licensing issues, NMCTP is trying to convince practitioners to be well versed in evidence based practices to treat co-occurring disorders as counselors. The Policy Academy is recommending to the Governor for both practitioners' and public awareness of the importance of simultaneous treatment co-occurring conditions. At a recent public hearing, however, practitioners stated they do not want to work out of their scope of practice which is an example of the disconnect issue.

Another example of integrated services is the early intervention assessment referral and treatment program, with counselors now providing alcohol screening and early intervention as well as referral and assessment in health clinics, illustrating an overlap between medicine and counseling. Another example I would have in terms of regulatory issues that need some attention where in state government employs people in classifications do not or may require licensing. In the Department of Corrections, they have been hiring counselors under a particular classification in state government for the last 3-4 years with out requiring them to be licensed. As soon as they were informed that they were out of compliance with state law, negotiations were initiated to get all providers licensed.

Mr. Maestas pointed out that the Department of Education and the NMCTPB each have different licensing requirements as well as different ethical responsibilities for such things as privileged communication. A person holding both licenses will probably get into a bind in terms of ethics and is liable to make an error in judgment in terms of what is privileged communication and what is not. Another area of concern is coaching vs. counseling. Since counselors have to be licensed and coaches sometimes counsel students, there should be some sort of regulation for coaches.

Education Issues

Mr. Maestas explained the NMCTPB would like to meet with higher education regarding licensed professionals and preparing students for the medical profession through the right curriculum. In response to a question by Dr. Larragoite, Mr. Maestas stated there are

enough classes for family counseling and therapy but not enough classes for alcohol and substance abuse.

Ms. Kozelinski explained there are 18 nursing programs in the state. There are two new privately funded programs functioning under initial approval status, Apollo College out of Albuquerque and Anamarket out of Teresa, New Mexico. The 18 nursing programs offer associate degrees at community colleges, 16 of those nursing programs offer a bachelors degree at NMSU and UNM. Western New Mexico is looking at offering a bachelors degree as well.

The Board of Nursing is undertaking the preparation of the nurse of the future initiative with a balanced approach for the advancement of education requirements in New Mexico. With the increasingly complex demands on nurses, it is essential to provide the necessary education. At this point in time New Mexico has at least 66% of nurses that have associate degrees while 33% hold bachelor degrees. The Board is looking at how to reverse this ratio.

The Board is working diligently to regulate pre-nursing programs and has just completed community briefings in five cities, Farmington, Las Cruces, Roswell, Albuquerque, and Las Vegas. The presentation in Las Cruces was watched via video in Silver City, Hobbs, Clovis and Alamogordo.

Ms. Hart stated that NMMB has been working very closely with UNM with one major goal in mind, to keep more residents in New Mexico once they finish their residency to actually practice in New Mexico.

Mr. Knox stated the NMBSWE doesn't regulate essential education programs that are available in the state. Colleges and universities are turning out adequate numbers students, but part of the problem is that these students go outside the state to practice. Highlands University, NMSU in Las Cruces and Western New Mexico are the primary social work educators. Eastern will soon offer a program and Highlands has developed satellite program in Rio Rancho. The Board has recently changed one of its requirements regarding the issue of cultural awareness.

In terms of developing resources in social work in hard to place areas, something needs to be done to reach out and cultivate those people, providing them with the educational support necessary to acquire the skills, capabilities and credentials to practice. Opportunities then have to be created so that these people have a place to work. There should be funding at the doctoral level and an agreement with expectation that they will stay in the state for a number of years. This might help in retaining people in the state.

Legislative Discussion/Requests

Dr. Larragoite has identified the following common themes and asked the panel to review and rank the themes, including suggestions and legislative requests.

The common themes are:

- recruitment/funding
- credentialing
- privilege communication
- scope of practice issues
- loan repayment
- multidisciplinary
- nursing/school nursing
- medical assistant training standards
- provider shortage/baby boomers
- tele-health regulatory reimbursement
- integrated care
- rural areas
- centralized data base
- distance learning/coaching

Dr. Larragoite will be sending these common themes to the panel so that they can rank the issues in order of importance and solicit the panel's comments, feedback and possible legislative and policy suggestions. Dr. Larragoite asked that the evaluation forms be filled out by the Commissioners and the panel members.

ADJOURN/NEXT MEETING

Commissioner Montano moved to adjourn. The meeting adjourned at 12:16 p.m.

Approved by:

Andy R. Lopez, NMHPC Chair

Date

Submitted by:
Michelle Gorman

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