

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

January 4, 2019

Santa Fe, New Mexico

I. This regular meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Chair Laurie Glaze at approximately 9:00 a.m. on the above-cited date at the Santa Fe County Community Services Department, 2052 Galisteo Street, Santa Fe.

II. The following members were present and a quorum was not achieved:

Members Present:

Laurie Glaze, Chair
Laura Brown
Christa Coggins
Barry Cooney
Sandy Dransfield
Bonnie Keene
Michael Munson
Kim Straus

Member(s) Absent:

Carolyn Roberts [Excused]
Nelsy Dominguez
[Three vacancies]

County Staff Present:

Rachel O'Connor, Director, Community Services Department
Patricia Boies, Director, Health Service Division
Jennifer Romero, Interim Accountable Health Community Manager
Julia Valdez, Constituent Liaison
Sara Smith, Constituent Liaison
Franchesca Archuleta, Public Housing

Others Present:

Ed Moreno, County Commissioner	Dawn Abriel, Bright Heart
Jerry Ortiz y Pino, Senator	Colin Baillio, Health Action NM
Mary Feldblum, Health Security NM	Sophie Andar, SF Public Schools
Johnny Wilson, Fathers NM	Terri Rodriguez, NMAHC
Olivia Ridgeway, LWVSF	Ramona Flores-Lopez, Citizen
Jesse Cirolia, CSV	Peter Bastone, CSV Anchorum
Chris Gay, Millennium Treatment	Brandy Van Pelt, La Familia
Kyra Ochoa, City of Santa Fe	Tyler Taylor, Health Security NM
Betty Sisneros Shover, NAMI	Sergio Cianci Chapman, Life Healing
Patsy Romero, ESEM/Health Exchange	

SFC CLERK RECORDED 02/08/2019

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

Upon motion by Commissioner Coggins and second by Commissioner Munson, the agenda was unanimously approved as published.

V. Approval of Minutes

September 7, 2018: Commissioner Keene moved to approve the September 2018 minutes. Commissioner Munson seconded and the motion passed without opposition.

October 5, 2018: Commissioner Coggins moved to approve the October 5, 2019 minutes. Commissioner Straus seconded and the motion passed by unanimous voice vote.

November 2, 2018: Ms. Coggins moved to approve and Mr. Straus seconded. The motion to approve the November minutes passed without opposition.

VI. Matters of Public Concern

Terri Rodriguez updated the HPPC on the bills the Alliance is proposing to support: HB 137, County and Tribal Health Council Act which replaces the 27 year-old Maternal and Child Health Plan Act; and HB 67, which is asking for an additional \$1 million to be placed in the DOH budget to support health councils. She thanked Mr. Straus for his assistance.

Betty Sisneros Shover said NAMI will be offering a course for families on mental illness starting in February.

Julia Valdez informed the HPPC that the County held a luncheon for leaders of the Complete Count Committee for the 2020 Census. The County will be stressing the importance of the census – \$6 billion comes to New Mexico through the census data.

Patsy Romero announced that Easter Seals is opening a new facility for individuals with intellectual disabilities. The home will house five individuals; there are 22 open positions and a scholarship program offered.

Peter Bastone said the funding cycle application process for the CSV Anchorum will begin on January 15th. There will be \$2 million funded to non-profits in the Santa Fe/Northern New Mexico area and \$25 million for impact/endowment investments for senior services, behavioral health and upstream educational efforts. Anchorum is very metric oriented and focused on moving the dial in supporting organizations with three- to five-year impact grants. Information is on the CSV website. Awards are expected to be granted by June 2019.

VII. Action Items

A. **Medicaid Buy-in Legislation**

Senator Ortiz y Pino stated that he served on an interim Health and Human Services Committee which met 25 times throughout the summer. The broadest interest was expressed around the Medicaid issue and the potential for New Mexico to create a way to leverage the Medicaid system to reach people who would not technically be eligible for Medicaid but cannot find health coverage elsewhere. Before the ACA, New Mexico was approximately 25 percent uninsured and today it is closer to 10 percent – demonstrating one of the largest decreases in the country. He expressed appreciation for Governor Martinez’ administration in expanding Medicaid. There are 900,000 New Mexicans on Medicaid. Hospital reimbursements have been boosted throughout the state, hopefully covering the loss of some federal programs.

Noting these were estimates, the senator estimated there are still 200,000 New Mexicans without insurance coverage and that may include 60,000 adults eligible for Medicaid and 20,000 youth could be covered through CHIP.

Health Action New Mexico, the Center for Law and Poverty, and Strong Families United all advocated for people to get health insurance coverage and asked that the state look consider a Medicaid buy-in. Manatt Health, a national consulting organization, developed a study and presented a series of options that were eventually narrowed to one. The other options required waivers from CMS and there seems to be consensus that the Trump administration will not be giving states the opportunity to utilize federal money to expand Medicaid.

Colin Baillio, Health Action New Mexico, said the effort has been community driven and the advocacy organizations have been working directly with the researchers. The current political reality drove the more narrowly targeted option. The idea is to build up the infrastructure and to take advantage of opportunities that may be presented in 2021. He said these efforts complement efforts of other groups in the state.

Mr. Baillio outlined the bill as follows:

- It sets particular eligibility criteria for those locked out of affordable coverage
- The program would be administered by the state and use the Medicaid infrastructure
- The state-sponsored plan would offer the essential health benefits available through the ACA and help provide income-based financial assistance for those under 200 percent of the poverty level
- The eligible group is small – working class that are locked out of their option: those above the income threshold for ACA, undocumented or visa holders with no other coverage options
- The buy-in can facilitate a broader buy-in for future plans by closing the coverage gap and developing an infrastructure
- Estimates are being developed to cover the eligible population which appears to be at most 80,000. With a coordinated outreach program, there is confidence the eligible people will be reached
- Behavioral health benefits will mirror ACA benefits
- The bill is being drafted for this session

- The website www.NMtogether4health.org contains a contact page
- The proposed option is a win/win – providers will be compensated
- Manatt is conducting the actuarial work to determine demand for the option

Medicaid is considered the vehicle for this expansion because it has done a good job of keeping costs down on a per member/per month basis. With the state financing the program it is important costs are kept down. As a public option, the program may offer an opportunity to improve the provider payments across the entire Medicaid program. Additional studies and stakeholder engagement are necessary.

Senator Ortiz y Pino said it is Medicaid-like in that long-term care will not be included. He understood the plan will not be listed on the Exchange and would only be available through Medicaid offices.

Residential treatment services, which are not covered through Medicaid, are not covered in the proposed buy-in. VHSC uses state and federal block grants to pay for these services.

Given that the individuals are paying into the program, Commissioner Straus asked whether it would eventually be self-sufficient. If a surplus were developed, Senator Ortiz y Pino said the premiums could be reduced. Mr. Baillio said the program could be expanded to include a larger risk pool.

Commissioner Keene said that it would be expensive for people that have not had recent health care coverage. Access is still an issue. Mr. Baillio said they factored in that the first-year costs will be higher as was experienced with Medicaid expansion and the Exchange. Regarding access, the buy-in is not a silver bullet and will not address provider shortage issues but it can bolster the providers already serving these populations to give them a more stable income stream. Access is an important component that requires additional review.

Ms. Romero noted that the Exchange started with 60,000 New Mexicans and has dropped 23 percent with 40,000 individuals today. The majority do not have the ability to purchase on the Exchange. The capacity to provide services has been a challenge, especially regarding behavioral health. She pointed out that the state pays whether they have coverage or not. Nationwide data shows that the exchange numbers are decreasing because of the current administration's policies and the continued hike in insurance rates. She supports increasing the reimbursement rate.

The senator said with the removal of the mandatory clause, fewer people are signing up. A proposal of Health Action New Mexico would impose a state mandate and penalty. The fine would be applied to the individual's insurance premium.

Mr. Baillio said there are a lot of forces at the federal level working against New Mexico's state health care system but there are a lot of innovations the state can implement and become a leader.

Commissioner Cooney asked about the obstacles in the model/option and insurance companies

were identified. Residents of the US pay twice as much as other countries for less health care and the culprit is the insurance model.

Mr. Bastone said without the actuarial numbers the bill cannot move forward. A Medicaid provider does not have costs covered but it covers people without insurance. He said there would be push-back in covering the undocumented because citizens should be addressed first. He said the reason many governors did not expand Medicaid was because of the sunset clause. A provider network to cover the entire state is necessary.

Ms. Ochoa suggested the proposal include a component of local care coordination.

The study Manatt is conducting is being funded by the Arnold Foundation and Robert Wood Johnson has shown an interest in it. Mr. Balliol said the bill includes an appropriation to continue the study.

Ms. Boies said this item was presented as an action item in the event the HPPC wants to recommend to the BCC that they support Medicaid Buy-in in the next legislative session.

Commissioner Straus said there may be additional legislation that merits the Commission's support, e.g., the Health Council Alliance. He appreciated that New Mexico would be the pioneer and lead on the proposal. Commissioner Brown suggested HPPC's recommendation could also involve an examination of population health effects.

Commissioner Dransfield said she attended the Public Health Association Creative Conference in December where an overview of health-related legislation that was expected to come forward was presented. She said she wants to support the buy-in as another piece to build a foundation for universal health care.

There was agreement to hear the next presentation before developing a recommendation.

VIII. Presentations

A. Health Security Act

Mary Feldblum, executive director, Health Security for New Mexicans Campaign, said the campaign feels strongly that every effort should be made to provide health coverage for people and to protect people. Health Security of NM is the largest coalition in the state's history. The membership has increased and she delineated their varied membership from volunteer firefighters to the Pharmacists Association. People recognize the system has to change. Aside from the huge reserve funds insurance companies have, administering multiple policies, different deductibles, different co-pays – the current system wastes money. NM Health Security Act proposes setting up New Mexico's own health plan where the premiums go to a fund for the state.

She offered the following:

- The Health Security Act will be introduced with Senator Ortiz y Pino as one of the sponsors

- It has been introduced numerous times and gets improved each time
- The bill will enable the state to set up its own health plan
- Almost all New Mexicans will be covered. Excluded would be military retirees and federal retirees. Sovereign nations can voluntarily decide to join and recently the All Pueblo Council of Governors passed a resolution in support of the Health Security Act. Companies that self-insure can avoid state insurance laws. Union plants that come under ERISA can voluntarily join. The expectation is that most of them will join with full union support
- Residents of New Mexico are automatically covered
- The networks will be open and this plan can contract with providers around the country
- One can stay with the physician of choice
- Services offered can be no less than what is offered to the state employees which has been established as a baseline
- It would be administered as a co-op, a citizens board that is geographically represented: ten with consumer and business interest, five representing health facility and provider interest. The commissioners must receive the benefits of the plan
- There will be staff and advisory committees to work out the details
- The late Max Coll and Lucky Varela were identified as the plan's grandfathers
- The LFC is charged to work out how the plan will be paid for by using existing health care dollars, which leads to the need for an incentive to maximize the federal dollars, and having premiums based on income with a sliding scale
- Two studies have been conducted in NM and showed that if the residents of the state were collected into one health risk pool billions of dollars would be saved in five years. The savings are calculated by looking at the current system. The costs still increase but not as much as the current system.
- Thirty-five counties and cities have endorsed the plan over the years, recently Los Alamos
- The fiscal analysis will take over a year and at this point the state does not know what it spends on health care
- Tele-medicine is included as well as coordination of care

Dr. Tyler Taylor, a family practitioner in Los Alamos and Health Security Act Board member, retired last year after 39 years of watching the system become more and more burdensome and dysfunctional. He said it affects patients as well as well as providers. Once retired, he started working on a committee of the State Medical Society to look at health care reform and coverage issues. The committee surveyed physicians on what they experienced – a long comprehensive survey (76 questions) and found out that 60 percent said they had problems daily or often. The whole spectrum, billing issues, pharmaceutical, prior authorizations etc. was included.

Dr. Taylor said he attended a Health Security Act meeting and was impressed and realized New Mexico is the perfect state with its poverty, politics, and a plan that has been refined over the years to move forward with a state insurance plan. The Health Security board is traveling the state and making presentations with a bureau of doctors promoting the plan. He was confident the problems identified in the survey could be solved by changing the financing of health care and getting insurance companies and their heavy handedness out of the picture. While issues would not be solved instantly, many could be improved easily. The providers' and patients'

- Imagine New Mexico as the forerunner in the country demonstrating there is a way to do this. The plan is politically palatable with citizens working on the plan
- Paying for it with premiums which people already pay rather than higher taxes is also palatable. The plan may encourage providers outside of New Mexico to come here. Providers are tired of insurance companies. If they knew there was a state where the insurance companies don't call the shots instead of physicians on the commission it would attract more doctors.
- The paradigm of patient care would improve
- The legislature will be taking a serious look at this and the new governor supports it on her website

Ms. Feldblum said the state has the talent to collect the data, make the necessary projections and fine tune the bill. A \$350,000 one-time investment to conduct the needed study is within the bill. She noted the two earlier studies were conducted before the ACA and did not assume the subsidies or Medicaid expansion, and there is a reduction in the uninsured level in New Mexico. Assuming the legislation is passed and the money for an analysis is obtained it will take three years to implement.

To stay updated, sign up for the email alert list at www.nmhealthsecurity.org

Ms. Dransfield introduced the following motion: The HPPC supports the Medicaid Buy-in program as well the plan to fund the Health Security Plan. Mr. Straus seconded. The motion passed by unanimous [8-0] voice vote.

Mr. Straus requested a meeting that focuses on legislation to include the support for the health council appropriations and the new Health Council Act.

VIII. Matters from the Commission and Staff

A. Director's Report

Ms. Boies said Presbyterian Healthcare Services is preparing a community health needs assessment as is required of all non-profit hospitals. They have asked to meet with HPPC and Ms. Boies will have the CSV update at the same meeting.

She also reported that:

- Unite Us, the company developing the data-sharing software for the accountable health community, has a signed contract with the County
- Conflict of interest forms are required of HPPC members
- A letter of interest will be issued by the County for a consultant to work as project coordinator and manager for the Census Project

Ms. O'Connor reported that Teresa Casados, senior services director, has been appointed to serve as the Governor's Chief Operating Officer. CSD is in transition and she asked for patience while the team gets up and running having lost two key positions recently. "It's good for Santa Fe County that we have people positioned at the City and State," stated Ms. O'Connor, "but it has left us in a time of transition."

She offered the following updates:

- The Behavioral Health Strategic Plan will be out shortly
- Bernalillo County and First Choice have approached the County to partner with them on a crisis center in Edgewood that would be an expansion of services. The County is investigating and there could be some funding
- Over the next month or more the department will be focused on stabilizing. She lauded Jennifer Romero and Ms. Boies for their efforts
- Anna Bransford will serve as the senior services manager

The state released the regulations regarding crisis centers and they are favorable to Santa Fe County. She was grateful the state listened to the County's recommendations. Timing in moving out of this building is under consideration.

B. Other Matters from the Commission

None were presented.

X. Future Agenda Items

- Legislation
- Presbyterian Community Health Needs Assessment

XI. Announcements

A. Next HPPC meeting is planned for February 1, 2018, Santa Fe County Community Services Department Conference Room, 2052 Galisteo Street

XII. Adjournment

This meeting was declared adjourned at approximately 11:15 a.m.

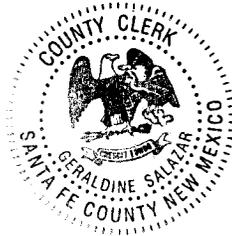
Approved by:

Laurie Glaze

 Laurie Glaze, Chair
 Health Policy & Planning Commission

Respectfully submitted by:
Karen Farrell (Pb)
 Karen Farrell, Wordswork

COUNTY OF SANTA FE)
 STATE OF NEW MEXICO) ss
 HEALTH POLICY & PLAN M
 PAGES: 8
 I Hereby Certify That This Instrument Was Filed for
 Record On The 8TH Day Of February, 2019 at 02:31:01 PM
 And Was Duly Recorded as Instrument # **1878627**
 Of The Records Of Santa Fe County



Deputy *Estrella Martinez*
 Witness My Hand And Seal Of Office
 Geraldine Salazar
 County Clerk, Santa Fe, NM