Strengthening New Mexico Healthcare:
Access, Coverage, and Economics

A town hall convened by New Mexico First

Conducted On: May 3-5, 2007
Location: UNM Student Union Building, Albuquerque, NM

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Executive Summary

Strengthening New Mexico Healthcare: Access, Coverage, and Economics was convened by New Mexico First on May 3-5, 2007 in Albuquerque. This town hall brought together healthcare stakeholders from all parts of the state.

In order to choose a topic for this town hall, New Mexico First polled the public through a series of surveys during the spring and summer of 2006. These survey results, combined with feedback from members, elected officials, and community leaders, identified healthcare as a universal concern. Further surveys gathered specific concerns that citizens had about healthcare, and these clustered into three basic areas: access to quality care, coverage for all, and economics that work. These clusters provided the structure for both the issue guide and the town hall.

New Mexico First focuses on attaining balance between various stakeholder groups so that all necessary viewpoints are present in the discussion. To this end, full scholarships were offered to students as well as community members who indicated they needed financial support. Business representatives were also actively recruited. Registrants could choose between acting as a participant (attending the full town hall and actively taking part in discussions) or simply observing.

Almost 250 people took part in the three-day event, with 135 active participants. These participants developed recommendations about what should be done to strengthen New Mexicans' healthcare system.

More specifically, the participants made recommendations, covering all three aspects of the town hall discussion. These recommendations called for public and private sector leaders to make a number of improvements to the state's healthcare delivery system.

Access to Quality Care

Town hall participants developed the following recommendations on quality of care issues:

- Provide sustainable, permanent funding for incentives to recruit and retain healthcare professionals.
- Develop and fund a system of community health workers.
- Provide diversity and cultural competency training to everyone in the healthcare industry.
- Increase the capacity of our educational system to produce healthcare workers.
- Support home and community-based healthcare services across the lifespan.
- Give incentives to provide higher quality healthcare using high-tech, state of the art statewide.

Coverage for All

- Provide for universal coverage of healthcare, with an emphasis on individual choice and education.
- Create a public health infrastructure that monitors and assesses the state's healthcare situation.
- Make the healthcare system cost-efficient, including linkages with the national system.
- Link enrollment into healthcare programs with occasions when citizens use other public agencies.
- Encourage Congress to fully fund Native American healthcare.
- Develop point-of-service enrollment into coverage programs based on a statewide risk pool.

Economics that Work

- Create across-the-board incentives for measurable wellness, prevention, and healthy lifestyles outcomes.
- Fund and facilitate systemic coordination of the healthcare industry, including both technology and human resources.
- Provide and fund incentives to a comprehensive, coordinated, secure, electronic information system, where healthcare data will be analyzed to help policymakers and individuals make good decisions.
- Reduce the barriers and bureaucratic inefficiencies in the public and private healthcare systems.
- Establish a healthcare trust fund to provide dependable system financing.

These recommendations, presented in more depth later in the full report, will be taken up by an implementation team, composed of town hall participants and led by Bill Johnson, former CEO of UNM Hospital and former cabinet secretary for the state's Department of Health. This group will spend the next 12-18 months advancing the recommendations with policymakers, community leaders, and the public.

About New Mexico First

New Mexico First is a nonpartisan nonprofit organization that engages citizens in public policy. Co-founded in 1986 by U.S. Senators Pete Domenici and Jeff Bingaman, New Mexico First brings people together for two- and three-day town hall meetings. These town halls use a unique consensus-building process that enables participants to learn about a topic in depth, develop concrete policy recommendations addressing that topic, and then work with other New Mexicans to help implement those recommendations with state leaders. New Mexico First is entirely funded through donations, membership fees, town hall registrations, and contracts.
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Strengthening New Mexico Healthcare: 
Access, Coverage, and Economics

Introduction
In May 2007, New Mexico First convened its 35th statewide town hall. The topic was strengthening New Mexico healthcare. This was perhaps the most well attended town hall in New Mexico First’s history, with participant registration reaching the maximum well before the deadline. It was made clear that many New Mexicans feel an urgent need to improve, clarify, and modify the healthcare system currently available throughout the state. Town hall speakers included Lieutenant Governor Diane Denish, as well as Michelle Lujan Grisham and Pam Hyde, the two current Cabinet Secretaries with oversight into healthcare issues. Participants heard keynote addresses from national-level experts Dr. Bob Crittenden from the Herndon Alliance and Edmund F. Haislmaier from the Heritage Foundation. Local business and healthcare experts also spoke.

Participants traveled from throughout the state to attend. New Mexico First ensured statewide representation by convening focus groups in two rural communities and by offering scholarships. These activities generated interest in the town hall while providing specific focus to the unique needs of rural areas. Town hall participants included business leaders, education administrators, teachers, professors, community members, and college students. Scholarships covered registration, food, and lodging fees for those with financial need.

Background
When the town hall opened, the challenge given participants was as clear as it was difficult: achieve consensus on actionable recommendations that identify what needs to be done and who might do it. Speakers illustrated health disparities among minority and rural groups, systemic inefficiencies, and the concerns of a wide variety of stakeholders, including employers, the uninsured, medical professionals, tribal leaders, government officials, and healthcare administrators.

Common Themes
After extensive discussions, town hall participants came to consensus on their recommendations as one large group. Participants developed their initial ideas in small groups. The ideas were combined and refined until the full group agreed to all the recommendations. Common themes began to emerge immediately including:

• Incentives to recruit and retain more health care professionals
• Affordable, portable, and individualized healthcare
• Personal responsibility by individuals through wellness and prevention activities
• Increased use of technology (electronic medical records, telehealth, health outcome tracking, and simpler health program enrollment)
• Improved community health services (including cultural competency training, home health care, and trauma services)
• Improved and portable coverage for Native Americans
• Cost efficiency throughout the healthcare system

The recommendations that were developed were based on a consensus agreement of what a good New Mexico healthcare system would look like. Participants agreed that such a system would be cost-effective, coordinated, and efficient, with sustainable funding. No one would be prevented from getting needed care for financial reasons.

This optimum system would include many more healthcare professionals, enough that healthcare becomes convenient for every individual. These healthcare workers would be culturally diverse and sensitive to the cultural diversity present throughout our state. Individuals would take personal responsibility for their health and their healthcare. They would be able to make informed healthcare choices. Urban, rural, tribal, and underserved populations would all see improved healthcare outcomes.

While the participants achieved consensus on the idea that healthcare costs should never be a barrier to care, they never achieved true agreement on who precisely should be covered by this financial umbrella. Some favored coverage for “all people living in New Mexico,” which would include undocumented workers. Others favored coverage for “all New Mexicans.”

1 These dialogues were conducted in the format of “community coffees” convened in Silver City and Roswell. Please refer to the New Mexico First Town Hall 35 Issue Guide for a synopsis of these community-based dialogues.

2 For a detailed explanation of this situation, please see footnote #4 on page 8.
Town Hall Recommendations
Access to Quality Care

**Recommendation 1**
In order to recruit and retain a larger number of healthcare professionals, lawmakers and the private sector should provide sustainable, permanent funding for incentives, especially for those providing services to rural and underserved areas. These incentives could include things such as:

- Increased student loan forgiveness and repayment,
- Tax abatements,
- Reimbursements for uncompensated services.³

**Recommendation 2**
So that *all people living in New Mexico* are aware of and have the opportunity to access and receive needed health services, the Legislature, in partnership with private and public healthcare service organizations, should develop and fund a system of local community health workers. These community health workers would advocate for families and individuals by:

- Helping them identify their needs,
- Providing knowledge of resources, health education, and information, and
- Assisting with navigation of the healthcare system.

Alternate language preferred by many Town Hall attendees: So that *all New Mexicans* are aware of...⁴

**Recommendation 3**
So that adequate and appropriate access to quality healthcare is assured for individuals from diverse backgrounds, the public/private sector should:

- Provide diversity and cultural competency training to healthcare professionals and all ancillary healthcare workers,
- Recruit healthcare professionals from diverse backgrounds, and
- Provide alternative accommodations to reduce cultural, linguistic, physical and cognitive barriers.

**Recommendation 4**
So that adequate and appropriate access to health professionals for all is assured, lawmakers should revamp and reprioritize policies and fund programs that increase the capacity of New Mexico’s educational system to produce healthcare workers, including but not limited to:

- Stipends,
- Daycare,
- Scholarships,
- Prerequisite training, and
- Incentives to recruit and compensate quality faculty.⁵

**Recommendation 5**
So that cost-effectiveness can be increased, lawmakers and the private and public sectors should support home and community-based services such as Hospice, Promotoras⁶, and home healthcare across the life span with a focus on quality of life.

**Recommendation 6**
So that urban, rural, tribal and underserved populations and areas are better served with improved outcomes, the private and public sectors should be given incentives to move towards more Level 1 or Level 2 trauma services, state of the art technology, telehealth, transportation, traditional and non-traditional health providers, services and expertise in these areas.

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³ Recommendation was edited for clarity. Original language approved during the town hall: So that a greater number of health care professionals can be recruited and retained, lawmakers and the private sector should provide sustainable, permanent funding for incentives including but not limited to increased student loan forgiveness and repayment, tax abatements, reimbursement for uncompensated services, and especially for providing services to rural and underserved areas.

⁴ During the town hall, some participants urged that all recommendations containing the phrase “all New Mexicans” be changed to read “all people living in New Mexico.” This language change was agreed to during the final session, but following the event, several participants reported that the process had been unclear at that point and that the “all people living in New Mexico” language did not actually reflect the consensus of the group. Because of the number of participants that reported this concern, New Mexico First – in keeping with its commitment to nonpartisanship and fairness – conducted a follow-up email survey. Of the 135 participants, 51 answered the survey. About half (53%) said they favored the “all people living in New Mexico” language, 45% favored did not, and 2% said they did not know.

⁵ Recommendation was edited for clarity. Original: So that adequate and appropriate access to health professionals for all is assured, lawmakers should revamp and reprioritize policies and fund programs that increase New Mexico healthcare educational capacities, including but not limited to stipends, daycare, scholarships, prerequisite training, and incentives to recruit and compensate quality faculty.

⁶ Promotoras are community health workers in many Hispanic communities, often serving as a liaison between the official medical establishment and the local community.
### Coverage: For All

**Recommendation 7**  
So that all people living in New Mexico have access to affordable and portable healthcare that meets individual needs, lawmakers should create and fund a system that includes, but is not limited to:  
- Individual choice of healthcare coverage,  
- Individual ownership not tied to employment, so that payment dollars follow individual,  
- No denials, penalties, or premium increases due to pre-existing conditions,  
- Medical, behavioral, vision, and dental, and  
- Education of consumers by the public and private sectors.

Alternate language preferred by many town hall attendees: So that all New Mexicans have access to...

**Recommendation 8**  
So that New Mexico can strengthen the local public/community based health system, an adequate public health infrastructure should be funded to provide surveillance, monitoring, assessment and policy development. State and local governments will collaborate to expand resources and funding for community based solutions, such as community health councils, community health centers, school-based health support services and centers and local DOH Public Health offices. Individuals should have access to information/data specific to their own community and be directly involved in developing healthcare policy and planning for their community.

**Recommendation 9**  
So that all people living in New Mexico have access to affordable and quality healthcare, lawmakers should enact a healthcare model that is cost-efficient. Our federal delegation should participate positively in the development of a national healthcare reform strategy to ensure that all people living in New Mexico have access to health coverage, including access to needed drugs.

Alternate language preferred by many town hall attendees: So that all New Mexicans have access to...

**Recommendation 10**  
So that as many people living in New Mexico as possible enroll for the programs in which they are eligible, the private sector, in conjunction with governmental agencies and other public institutions, should implement processes to enroll individuals (or groups) by allowing for enrollment when accessing other services, and standardizing forms, systems, and communication.

Alternate language preferred by many town hall attendees: So that as many New Mexicans as possible enroll...

**Recommendation 11**  
So that all Native Americans in New Mexico have access to healthcare, tribal leaders and the New Mexico Congressional Delegation should approach Congress, and Congress should fully fund healthcare services at 100% levels for all Native Americans, regardless of where they reside, to ensure compliance with congressional mandates as committed to in historical treaties and subsequent agreements.

**Recommendation 12**  
So that all people living in New Mexico can have access to competitive coverage for healthcare costs, the legislature should establish a mechanism for point-of-service automatic enrollment into a coverage program, including Indian Health, based on a statewide risk pool.

Alternate language preferred by many town hall attendees: So that all New Mexicans can have access...

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7 Throughout this document, the term “coverage” is used to mean any form of insurance, public or private, that pays for individual medical expenses. It is not meant to denote only traditional private insurance systems.

8 Recommendation was edited for clarity. Original language approved during the town hall: So that all people living in New Mexico have access to affordable and portable healthcare that meets essential individual needs, lawmakers will create and fund a system that includes, but is not limited to:
- Individual choice of healthcare financing mechanisms
- Individual ownership (payment dollars follow individual)
- no denials or penalties due to pre-existing condition exclusion and premiums not tied to medical history
- medical, behavioral, vision, and dental
- education of consumers by the public and private sectors
- is not tied to employment.

9 During the town hall, some participants urged that all recommendations containing the phrase “all New Mexicans” be changed to read “all people living in New Mexico.” This language change was agreed to during the final session, but following the event, several participants reported that the process had been unclear at that point and that the “all people living in New Mexico” language did not actually reflect the consensus of the group. Because of the number of participants that reported this concern, New Mexico First – in keeping with its commitment to nonpartisanship and fairness – conducted a follow-up email survey. Of the 135 participants, 51 answered the survey. About half (53%) said they favored the “all people living in New Mexico” language, 45% said they did not, and 2% said they did not know.
**Economics That Work**

| Recommendation 13 | So that all people living in New Mexico take personal responsibility for their health, thus reducing healthcare costs, all sectors will use incentives tied to measurable wellness, prevention, and healthy lifestyle outcomes. This can be accomplished by:  
|                  | • Lawmakers providing financial incentives to employers for wellness programs and education,  
|                  | • Insurers providing financial and other incentives for healthcare professionals to provide preventive health solutions and education,  
|                  | • Insurers and employers providing encouragement and incentives for personal responsibility and accountability for healthy behavior and obtaining recommended preventive health screening.  
|                  | Alternate language preferred by many town hall attendees: So that all New Mexicans take personal responsibility...  

| Recommendation 14 | So that every person living in New Mexico has access to coordinated healthcare and in order to decrease duplication of services and medical errors, lawmakers shall fund and facilitate an interoperable architecture for a secure healthcare information system which would provide and help facilitate transfer of enrollment, payment and medical records.  
|                  | Alternate language preferred by many town hall attendees: So that every New Mexican has access to coordinated...  

| Recommendation 15 | So that the medical care system in New Mexico encourages electronically transferred medical information, such as telehealth and secure e-mails. Public and private sectors will work together to fund and provide incentives to that end to providers and consumers of healthcare in the state of New Mexico.  

| Recommendation 16 | So that the healthcare system becomes cost-effective and allows consumers to make informed choices, the public and private sectors should work together to fund and provide incentives for an interoperable, secure electronic information system. De-identified data on patients, providers and treatment outcomes will be available to provide information on outcomes to patients, providers, payers and policymakers.  

| Recommendation 17 | So that public and private health insurance will be more cost-effective, thereby lowering the cost of healthcare for all people living in New Mexico, lawmakers should develop a public and private collaborative to examine and identify all barriers and bureaucratic inefficiencies that can be significantly reduced in the public and private healthcare system. Lawmakers shall require all insurance providers to standardize definitions for, and make transparent cost, eligibility process, coverage, premiums and claims procedures and an implementation plan.  
|                  | Alternate language preferred by many town hall attendees: ...healthcare for all New Mexicans, lawmakers...  

| Recommendation 18 | So that there will be a sustainable healthcare funding, lawmakers should establish a healthcare trust fund to maximize delivery of care and positive health outcomes.  

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10 During the Town Hall, some participants urged that all recommendations containing the phrase "all New Mexicans" be changed to read "all people living in New Mexico." This language change was agreed to during the final session, but following the event, several participants reported that the process had been unclear at that point and that the "all people living in New Mexico" language did not actually reflect the consensus of the group. Because of the number of participants that reported this concern, New Mexico First – in keeping with its commitment to nonpartisanship and fairness – conducted a follow-up email survey. Of the 135 participants, 51 answered the survey. About half (53%) said they favored the "all people living in New Mexico" language, 45% said they did not, and 2% said they did not know.  

11 Here, the term "interoperable architecture" refers to a highly-coordinated information technology network, where various parts of the system are able to communicate, share information, and work together seamlessly.  

12 "De-identified data" means patient data that cannot be traced back to a specific patient.
Implementation of the Town Hall Recommendations

This New Mexico First town hall was not a destination, but rather was a launching point for statewide change. In order to ensure that these recommendations will be acted upon, New Mexico First identified an Implementation Team chair with leadership experience and influence. Bill Johnson, former CEO of UNM Hospital and former cabinet secretary for New Mexico's Department of Health, is heading up the implementation team, which is already 53 members strong.

The implementation team is composed of participants who wanted to be involved in taking action on the recommendations that were so thoughtfully prepared during the three-day process.

Updates on the progress of the Implementation Team will be provided to the town hall participants.
Appendix A: Town Hall Sponsors

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Roswell Regional Hospital/Dr. French
Eye Associates of New Mexico
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## Appendix B: Town Hall Committees and Speakers

### Town Hall 35 Research and Review Committee
**Dr. Daniel H. Lopez**, Chair

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<tr>
<th>Name</th>
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<tr>
<td>Raul Burciaga</td>
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<td>John Cordova</td>
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<td>Barbara Damron, PhD, RN</td>
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<td>Gayle Dine'Chacon, MD</td>
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<td>Jeff Dye</td>
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<td>Michael Ellis, PhD</td>
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<td>Carol Erwin</td>
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<td>Arthur Kaufman, MD</td>
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<td>Barbara Kimbell</td>
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<td>Patricio Larragoite, DDS</td>
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<td>Wanda Martin</td>
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<td>Todd Sandman</td>
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<td>Bill Wiese, MD</td>
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<td>Larry Winn</td>
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<td>Heather Balas, staff</td>
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<td>Jacey Blue Campbell, staff</td>
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<td>Jo Carter, staff</td>
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<td>Krista Koppiinger, staff</td>
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### Town Hall 35 Leadership Team
**Dr. Carl Moore**, Chair

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<tr>
<td>Tony Trujillo, Plenary Chair</td>
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<td>Michelle Henrie, Master Recorder</td>
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<td>Jani Grindatto, Assistant Master Recorder</td>
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<td>Diane Albert</td>
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<td>Kathleen Oweegon</td>
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### Town Hall 35 Speakers & Presenters
**Diane Denish**, Lieutenant Governor of New Mexico

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<tr>
<td>Pamela Hyde, Secretary, Human Services Department</td>
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<td>Don Chalmers, President, Don Chalmers Ford</td>
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<td>Charlotte Roybal, Executive Director, Health Action New Mexico</td>
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<td>Dr. David Scrase, Executive VP and COO, Presbyterian Healthcare Services</td>
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<td>Dr. Michael Trujillo, Executive Director for Program Development/Community Outreach, TGen</td>
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### Town Hall 35 Implementation Team
**Bill Johnson**, Chair

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*New Mexico First, © 2007*
## Appendix C: Town Hall Registrants

### Town Hall Participants

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<tr>
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Kay Knutson  
Presbyterian Health Plan  
Albuquerque

Allison Kozeliski  
New Mexico Board of Nursing  
Albuquerque

Chris Krahling  
New Mexico Mutual  
Albuquerque

Handini Kuehn  
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Corrales

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Albuquerque

Maria Lopez  
SC Prevention Programs  
Bernalillo

Laura Manire  
HANM  
Albuquerque

Barbara Marcus  
New Mexico Mutual  
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League of Women Voters  
Rio Rancho

Barbara McNenney  
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Marsha McMurray-Avila  
NM Public Health Association  
Albuquerque

Jamie Michael  
Donna Ana County  
Las Cruces

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Albuquerque

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New Mexico Dental Association  
Albuquerque

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NM CPR  
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Alma Olivas  
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Albuquerque

Gary Oppedahl  
FootPrints Home Care  
Albuquerque

Robin Otten  
NAWBO  
Albuquerque

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Molina Healthcare of New Mexico  
Albuquerque

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Albuquerque

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Aon  
Albuquerque

Lydia Pendley  
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Santa Fe

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Health Care for the Homeless  
Albuquerque

Malcolm Petree  
Don Chalmers Ford  
Rio Rancho

Danne Picax  
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Wayne Powell  
UNM Institute for Public Health  
Albuquerque

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Silver City

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Santa Fe

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Youth Family Centered Services  
Albuquerque

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Sandia National Laboratories  
Albuquerque

Charles Ring  
First Choice Family Health Care  
Edgewood

Mary Romero Hart  
Sandia National Laboratories  
Albuquerque

Leoni Rosenstiel  
ATE AM  
Albuquerque

Charlotte Royal  
Health Action New Mexico  
Albuquerque

Les Rubin  
Hidalgo Medical Services  
Lordsburg

Sydney Ryan  
New Mexico Tech  
Socorro

Rene Salgado  
Deps Ana County  
Las Cruces

Todd Sandman  
Presbyterian Healthcare Services  
Albuquerque

Sylvia Sapien  
La Clinica de Familia  
Anthony

Dean Scheer  
New Mexico QuickCare  
Las Vegas

Terry Schleder  
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Albuquerque

Doyle Smith  
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Patty Smith  
Independent  
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Chris Snyder  
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Eva Stevens  
Roosevelt General Hospital  
Parralas

Joan Sullivan  
Heel Inc.  
Albuquerque

Kristine Suozzi  
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Santa Fe

Jack Swickard  
The Triton Group Inc.  
Roswell

Renee Swickard  
Swickard Agency, Inc.  
Roswell

Ronald Tafaya  
Intel Corporation/Digital Health Group  
Rio Rancho

Gayle Thompson Prinkey  
Network-Spiritual Progressives  
Albuquerque

Janice Torres  
Blue Cross/Blue Shield-NM  
Albuquerque

Ron Trevino  
NaviNet Claims  
Santa Fe

Susie Trujillo  
Glaxo Regional Medical Center  
Silver City

Doris Vician  
Retired RN  
Albuquerque

Lou Volk  
New Mexico Mutual  
Albuquerque
## Town Hall Observers

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Demographic Distribution of Participants

The 122 town hall participants and 70 observers were drawn from 22 communities around New Mexico including Albuquerque, Santa Fe, Silver City, Portales, Las Cruces and Window Rock. Similarly, these same 122 town hall participants were drawn from 7 different interest areas. The chart below demonstrates their distribution across these areas.
Appendix D: Community Conversation Participants

The following people participated in New Mexico First's Community Conversations program, a series of small town focus groups. The program ensured that the priorities of rural communities were reflected in the background report for the town hall.

**Roswell**

- **Dr. Fred French**
  Partner, Roswell Regional Hospital
- **Jim Manatt**
  President, Providence Technologies
- **Dean Schear**
  CEO, Strategic Health Care Associates
- **Jack Swickard**
  President, The Triton Group
- **Renee Swickard**
  Owner, The Swickard Agency

**Silver City**

- **Dr. John Bell**
  Physician, Silver Internal Medicine
- **Linda Kay Jones**
  Special Asst to the President, WNMU
- **Mike Harris**
  Administrator, SW Bone/Joint Institute
- **Dr. Don Johnson**
  Physician, WNMU
- **Lanny Olson**
  Owner, Holiday Inn Express
- **Sean Ormand**
  President, First NM Bank in Silver City
- **Sam Redford**
  Owner, Redford Associates
- **Dr. Jean Remillard**
  CQO, Gila Regional Medical Center
- **Robert Rydeski**
  Owner, Rydeski & Co. Insurance
- **Judy Ward**
  Business Consultant, WNMU
- **Don White**
  Pastor, Berean New Baptist Church
Appendix E: New Mexico First Leadership

Executive Committee
William "Bill" Garcia
Chair
Santa Fe

Heather Balas
President
Corrales

Noel Behne
Endowment Chair
Albuquerque

Carol Cochran
Treasurer
Albuquerque

John Cordova
Public Relations Chair
Albuquerque

Luci Davis
At Large Member
Farmington

Jami Grindatto
At Large Member
Rio Rancho

Jim Hinton
Vice Chair District I
Albuquerque

Robert A. Jung III
Secretary
Los Ranchos de Albuquerque

Dr. Daniel Lopez
Research Chair
Socorro

Jim Manatt
Vice Chair District II
Roswell

Sherman McCorkle
At Large Member
Albuquerque

Susan McGuire
Implementation Chair
Cedar Crest

Lillian Montoya-Rael
Chair-Elect
Los Alamos

Dr. Carl Moore
Leadership Chair
Santa Fe

Bob Rosebrough
Vice Chair, District III
Gallup

Lynn Slade
Immediate Past Chair
Albuquerque

Jack Swickard
At Large Member
Roswell

Phelps Anderson
Roswell

Brenda Brooks
Hobbs

Garrey Carruthers
Las Cruces

Curt "C.J." Chavez
Albuquerque

Michael DeWitte
Albuquerque

Ed Ely
Las Cruces

Jed Fanning
Albuquerque

Jack Fortner
Farmington

Javier Gonzales
Santa Fe

Linda Kay Jones
Silver City

Sharon King
Portales

Joseph M. Maestas
Espanola

Michael Martin
Lordsburg

Tom Mills
Santa Fe

Stuart Paisano
Albuquerque

Malcolm Petree
Albuquerque

Alice Quintanilla
Los Alamos

Lynn H. Slade
Albuquerque

Bill Real
Albuquerque

Shelley "Sam" Redford
Silver City

Jennifer Thomas
Albuquerque

Sayuri Yamada
Santa Fe

Mary Yates
Artesia

Robert Armstrong
Roswell

Jon Barbas
Rio Rancho

Kathleen Bond
Las Vegas, Colorado

Mary Jean Christensen
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Bill Knauf
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Fort Meyers, Florida

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