

## ANNOUNCEMENTS

- TLG has invited us to walk with her and her team for Pride. She will be at the front of the parade with her because she is the Marshall.
- Looks like we have about 12 people who raised their hands.
- Bev joined the Zoom! She is doing well.
- Postcards to write for the Virginia primary. All seats. Complete turnover of entire state - Jane. Liza. Monica, Cindy, Rachel, Joyce, Carol, Barbara, Lynne, Terry. These PCs are go to only Afro-Americans.
- Canvassing - Dottie was saying that she was thinking canvassing might not be a good activity because of all the things that are happening. But this particular canvassing activity is in conjunction with Indivisible National, the Hype Program, to talk about the good things that Biden's administration has accomplished. But you have to be willing to canvass. It's a different type of canvassing. It's deep canvassing. It's going to actually talk to people to have conversations.
  - Choose areas carefully
  - There is danger in going for the mall. I mean, you can get stuck anyway.
  - Daytime is good.
  - I was talking about this to Roland the other day. He's not comfortable with me doing that. But I have to say. It's yes, we can get shot anywhere, but I I can't I can't let them you can't let them stop us do this. And I feel more I feel comfortable during the day with other people. And yes, we we as long as we have identification.
  - Concerned about the idea that there would be a dearth of canvassing in key communities in Albuquerque that are not participating in our system because it seems to me that that's probably an important place to go. Is there a way to align with the police when canvassing is being done so that there is more police, you know, just driving through the community and aware of us being there because the fear of guns doesn't, it's like it can parallel, it can parallelize the left.
  - Santa Fe is a particularly safe environment for us to canvas in and if we stick with Santa Fe, we should.
  - New member: I'm Judy Kowalski. She is secretary of the Santa Fe NOW Chapter. We've partnered on a couple of things together.
  - Impressed with our group. Similar interests. And struggled with enlarging the group and feel like the best thing is to join forces.
  - Idea is to partner with like-minded organizations with the idea that could settle on a few Issues of similar interests. Focus on in the upcoming year and try to agree

on some action strategies. It's kind of overwhelming how many issues there are that they care about and make some huge accomplishments.

### **Reena Szczepanski (before she arrives)**

- Hospital film, which we were really quite taken by in extraordinary ways. It's an important for the group to know that the superintendent of insurance did a report analyzing the Health Security Act.
- And he basically has said that it violates federal law. It would require the feds to redo the ERISA law, which is about patient showing up at the ER and requiring care.
- So for her, it's pretty much off the table. And I think it's just important for us to know that she has lots of other ideas that she will share as a direction for us to go, but the Health Security Act is not one of them.
- . This legislation it's the Employment Retirement Income Security Act of 1974, ERISA. It was kind of part of some other law in a U.S. federal tax and labor law that establishes minimum standards for pension plans in private industry.
- It contains rules on the federal income tax effects of transactions associated with employee benefit plans. ERISA was enacted to protect the interests of employee benefit plan participants and their beneficiaries by requiring the disclosure of financial and other information concerning the plan to beneficiaries, establishing standards of conduct for plan fiduciaries, providing for appropriate remedies and access to the federal courts.
- Reena's cultural bill: for as varied as architecture, to software design, fine art of course, but then also performance, even culinary
- Focus of that program, a whole 50% of anything that comes out of that division is going to be for rural and underserved communities.
- An effort that worked with artists who played us around the state. And especially a lot of folks from the Gallup McKinley area where Indigenous art is, you know, really a huge part of their economy.

### **REENA Arrives: (her words)**

- As you all know, I was the staff to speaker Brian Ebel for many years. And, you know, it was a great experience. I think we passed some really critical pieces of legislation, not the least of which was House Bill 7, Senate Bill 13 to protect, protect reproductive health care.
- In light of the recent events with some of our cities trying to enact some really punitive ordinances. I am very relieved because Senate Bill House Bill 7 directly addressed that

and basically said no municipality can regulate reproductive or gender affirming health care.

- And so, you know, we're going to be watching those cases very closely. There's, it's in front of the New Mexico Supreme Court right now. One of the people that brought that was involved with the drafting of one of the most recent ordinances was the engineer of the horrible reproductive health law in Texas.
- So we believe that that ordinance has been designed to take this case all the way into it.
- Edgewood and Hobbs are virtually identical. But we believe it's designed to take the
- We also passed this incredibly historic Voting Rights Act. And that I don't know if folks realized how critical that is going to be to making sure that everyone in New Mexico is registered to vote, that we have, it was the very first Native American voting rights act in the country. So we have specific protections for polling places on Native land. And we, it also really engaged tribal governments in that process, a really good model for the country.
- And so that bill was the one that had died in the final minutes in the Senate last year. And so to get that across the finish line just felt like a huge accomplishment.
- And then, you know, I do want to just mention the budget because the budget was truly historic. We had new leadership on our House Finance Committee.
- Chair Nathan Small is a fantastic, That's right. That's right. So, she's husband. He is a fantastic leader for that committee.
- And the budget really started to fill some of these historic budget gaps that we had seen starting back with the Susanna Martinez administration.
- So, under Governor Martinez's administration, we had in 2017 done some really deep cuts to the budget. And she was very passionate about cutting state government. And so, we are finally, I think, partway there too. Thank you. I'm going to and then, you know, so I think we're finally, on the path I think maybe one more year of appropriations and we will finally have restored some of those deep cuts.
- A lot of those cuts were to our natural resource agencies. So the Environment Department, Energy Minerals and Natural Resources Department, and part of the problem has been as oil production has been ramping up, we need more regulators.
- We need more staff to that Governor Lujan Grisham has put into place and so with these budget investments I think we'll finally be when we're starting to see, you know, you're starting to see reports about who the high emitters are, who is violating those emissions regulations.
- But in the end, we got bipartisan support to take the first step in examining whether we can expand Medicaid to people under 400% of the federal poverty line. And draw down the federal match for that. And so one of the issues in New Mexico is that there's not enough funding in our health care system.
- All of our hospitals to go to that point have significant amounts of uncompensated care, so people that can't pay. We have done some reform on whether hospitals and other health care providers can go after individuals and put liens on their homes or liens on their wages to get those bills paid. But in the end, what happens is there's just not enough money in the system in New Mexico.

- So given the system that we have, over the next 10 months or so, there will be a study of whether how exactly we could expand Medicaid into who it would make sense to do so.
- So a lot of our uninsured population, we still have 200,000 Mexicans that have no insurance.
- It used to be 425,000 before the ACA. So it was more than 20 percent of our population was on a short one of the highest uninsured rates in the country.
- Now we're at about 10 percent. So the ACA did a piece of that work, but we need to do more.
- And so for those 200,000, a lot of them fall into the category of between 185 percent of the federal poverty line and 300 percent of the federal poverty line.
- So that population is very vulnerable. The other issue is that if you qualify for Medicaid and you get a better paying job or you get a raise, you suddenly are hit with incredible insurance expense when you have been on Medicaid and had good coverage.
- So families are having to weigh those choices of, well, if I get \$2 more, but my employer doesn't cover health care, and then I go on to the exchange, you know, what is that going to cost me?
- So... Oh, this would be a way to expand the current system that we have. Already three quarters of births in New Mexico are Medicaid.
- Almost half of our population is on Medicaid, so of some in some capacity. And so to me, this is a really common sense way to get more federal funding into the system.
- And that way, we could also increase provider reimbursement rates. So that was another thing that the budget did, and I know that you all care deeply about behavioral health.
- We finally are going to be increasing some of the reimbursement rates for behavioral health through Medicaid, which is going to be huge.
- You know, there are a lot of providers that don't cover, that don't accept Medicaid as a form of payment.
- And in Santa Fe, I'm sure you all have noticed, there's a lot of behavioral health providers that don't take any insurance at all.
- But I think if we can make Medicaid reimbursement rates, more healing and appeal to people's sense of justice and access, that hopefully we can get more providers to offer their services to the Medicaid eligible population.
- I see one question on the chat. The 200,000 uninsured. Does that include undocumented residents? It does include undocumented residents and at five best estimate.
- Of course, we don't have the perfect estimate of our undocumented population. So if you're undocumented in New Mexico, there are a few, a few resources that are available to you.
- One is the high risk pool, the cover. which is more expensive than the market. I actually had a bill to align the discounts in the pool with the exchange.
- You're not eligible for exchange subsidies, so you have to be documented to get those exchange subsidies. So you can go through the high risk pool.
- Most of the undocumented that are on the high risk pool have very serious medical conditions. So they just absolutely must have coverage.

- So they need dialysis, they have cancer, they have one of a number of people who have medical conditions. Some of the counties have indigent funds.
- It allow their indigent funds to be used toward the care of undocumented. I know Santa Fe County, I don't know if they still do this, as we're actually paying premium for undocumented residents at one point.
- And it depends. on county politics, honestly, because each county commission can decide the use of those indigent funds. There are some funds available through the Human Services Department for offsetting costs.
- They're difficult to get, but you're also getting that care as self pay. So an undocumented person go to the hospital, get that care, and then try to seek some assistance and pay out some of those funds.
- And those are state funds because the federal funds can be used for them, unfortunately. So it's a very difficult situation, particularly when you have a very serious medical illness or get into an accident or something like that.
- I have a question about, you said about the voting. a group of us is going to the country, Santa Fe County budget meeting.
- Oh, good. In the afternoon, we had Catherine Clark here talking to us, and she described an abominable situation. The salaries are terrible.
- People are leaving by the world. Space is terrible. Everything is terrible. We were like four or five.
- Yes. And this is, and here we have the 2024 election coming, and we are very scared about that. So how can we have, I know that, I think I know that the part of the budget for the county clerk comes from the state.
- We have to fix. Work, parks situation. It is not. It is much she has visited with me extensively too. And, you know, I think part of it is. The County Commission leaders run for County Commission to deal with land and water and fire
- In some cases health. They're not thinking about elections. And so I think the more advocacy and the more communication they get from community members about the importance of the police office having adequate staffing adequate security in the state.
- Add a quick physical space for storing all of the equipment and the balance safely. The State does do some funding.
- By far, the most of the funding comes from the counties to the county clerks. The state does do some funding through the Secretary of State Office.
- So part of that is just during the budget hearings this summer for the Secretary of State advocating for increased funding for her office.
- She has had more and more success as the years have gone by Maggie and Maggie and she's coming to the first month.
- Oh, good. Well, I think asking her what does she need in terms of advocacy support? But she has been more and more successful in getting most of her budget request funded, which has been great to see.
- And I think part of that is legislator and on legislative finance committee hearing from constituents about how critical it is to adequately fund those.
- And everyone's unhappy when an election goes poorly, but they don't necessarily take the steps early on to invest in the system to make sure that doesn't happen.

- And the other thing is that elections officials of all kinds are getting such an increased threat across the country, but it's happening here.
- And so the harassment, the threats, the fear has really had a chilling effect on recruitment of those, even just staff, not the person that put some word for election, but the staff also feel the brunt of it as well So I think, you know, us, for us to have the opportunity to beef up security, as well as funding for those basic elections.
- And you know, a lot of our clerk's offices are running on like, you know, Windows 95, like they need tech upgrade.
- It's they need things that that aren't very exciting but are really critical to administer an election in today's world.
- Yeah. They didn't give an approval panic button in their office. It's possibly. Yes. Both of them. Yeah. Both of them.
- Yeah. Um, scary. Mm-hmm. Mm-hmm. What's that? Yeah. I think, um, I'm really glad you're doing that advocacy. I was struck when the county brought their capital outlay allocations to us at a meeting last December that there wasn't a single request on there for the county clerk.
- Yeah. So she had to do her capital outlay at like her infrastructure was separately, like warehouse, like, you know, actual infrastructure vehicle, things like that.
- What about federal money? There, you know, I know less about that. I think that might be a good question for the Secretary of State. There is federal funding for elections, the help America Vote Act funds, but I don't know the size of those.
- I have a question for you, I know I also have a question. Do you happen to know the federal death rate in New Mexico? Boy, I don't know off the top of my head. I don't think it's acceptable. I don't think it's acceptable anywhere.
- Right. It doesn't really be worse here. Well, particularly, that's something we can get back to you on. But particularly because we've had such difficulties and access to prenatal care. Historically and now you see a number of hospitals closing their maternity or labor and delivery boards.
- High risk exposure. So, labor and delivery is a point of high liability. And so, in a sense, if you don't have cohesive coverage, if you don't have staff coverage that can maintain a labor and delivery unit 24, 7, 7, 8, you know, it then becomes less and less viable to keep it open.
- So, that's part of it. We're getting this. That's pretty much my half per 100,000. Well, for a second, 21 and a half per 100,000.
- Four and a half, little one, 4.6 times greater from Medicaid covered women than those in private insurance. The state also experiences a higher maternal mortality rate of 21.5 to 100,000 compared to the national average of 17.4. It's shocking. So, for me, when you see those types of numbers, it makes me very, very concerned about rural hospital, rural and rural age.
- So, I mean, I recall over nine in 2022 that will endanger of going under.
- Is there anything that any legislation that might have a good chance of passing that focuses on rural hospitals?
- So we did pass a rural hospital fund this section that is really designed to allow if a hospital is increasing the amount of services or increasing their facility, it allows them it's

basically a low interest loan that they do not have to repay for, begin repaying for 10 years.

- It's a piece of the solution and I think it's meaning I think it'll also help. There are a couple of counties that are trying to construct small hospitals like Valencia County.
- And there has been quite a bit of state funding put into that facility in Valencia County to get it off the ground.
- You know, I, after the screening that I know many of you attended, you know, I think I'm, I'm really interested in this global hospital budget initiative with its potential for helping rural hospitals stay afloat.
- Because I think one of the things it gives to them is predictability. In an environment that can be incredibly unstable.
- So I actually started to think about it. I spoke to Colin Ballio at the office of the superintendent of insurance this morning.
- And he said that they've actually got, they have already done one report on global hospital ledges, but they've got a couple more that are more detail oriented coming out. So he could do a briefing and if any of you are interested, I asked, you know, if we could include you all.
- And so, I think he said that the hospital association had been involved, they're, they're, and some conversations with the initial report.
- So I think if we're going to do a bill of this scale for a 30-day session, it's going to be difficult.
- But it may be the kind of thing that we go through the entire process, get close this session. I could say, you never know.
- I have shepherded some miracles before. But what it will take is probably a good six months of sitting with the hospital association, sitting with the governance office, a superintendent of insurance office, some of these consultants that they've got employed, they've got health management associates on contract with these reports, and crafting and potentially it is something that is so...all designed for rural hospitals. So Pennsylvania, you remember that movie, Pennsylvania, the Southwest, there's a series, Southwest Counties that have come together and they have, I think there's nine counties and they have local budgeting for their nine rural counties.
- Oh, wow. So, you know, we've never done, we've done a couple of speakers from out of state, but I'm wondering if you could get someone from Pennsylvania to talk with us about that.
- What was the legislation behind it? How did they get it passed and how did it happen? Because it's a serious issue here.
- I mean, when you close an ICU in Escamilla and you have to come all the way into Santa Fe, you have to have a blank and death time.
- Yeah, I mean, it's really, it's really serious. It's very... It's a maternity unit in Farmington and the next hospitals over an hour away.
- It's really serious. Well, and I've been reading some articles about what's happening in Texas because Texas has lost a number of their small town hospitals and expecting parents there or having to drive four and five hours each way for prenatal care, let alone delivery.

- And so, you know, families are having to make all sorts of, you know, you either have the resources to stay with a family member when you're close to your due date or due to, but you know, pregnancy is unpredictable.
- Yeah, you can't always predict when you're going to go into labor, especially preterm labor, and then you're in a situation where you're literally four hours away.
- So, we can't allow that situation to happen. Mexico, although we're certainly flirting with it right now. Yeah, there's a few really powerful articles about the Texas rural hospital situation.
- It's very chilling. And then you talk about they have, for example, they have a doctor that just out of the commitment and personal resolve drives four or five hours to do prenatal care one day a week and in certain town drives back, you know, and so he's not there when someone is having an emergency.
- There are two other health leaders, Liz Thompson and Liz Stefanik's and the House and Senate, into this, particularly Center's Devanik's system is finding different financing things and she has a real deep background in the financing side.
- But, you know, I think that I think it's one piece of, we have the other piece of health care that I am really interested in working on right now is a health care professional loan repayment program that is much larger than the scope than what we have now.
- We were able to increase that program from two to seven million this past session, which was the first increase that it had in a long time, but it's still just scratching the surface of what the need could be. And I think if we had a sizable enough program, we could use it as a marketing tool.
- You know, you could really, you could encourage people to go back to school, high school students to go into school here.
- You could encourage your recruitment of professionals from out of state to say, you serve two years in a rural area or three years in an urban area or whatever that criteria might be.
- You will get full loan repayment. And it's a terrific use of one-time funds. You know, we keep searching for what are the budgetary items that need one-time infusions of cash because we don't know how long this sort of bubble we're in is gonna last.
- That, to me, is a great fun to endow and utilize to just boost the provider's short term. So I'm really interested in that piece of it as well as where I said to be.
- Q from Cindy Pabst
  - Hi, how are you? Thank you. Yeah, I know. Thanks for coming. I've made a commitment to pay attention to the interim committee schedule and trying to maybe include them for some other people, for some advocacy. And I've been on the website, and nothing's been scheduled, at least as far as I can tell. I'm going to the committee's page, and on the right-hand side are all the interim
  - Yes. We can definitely email it to you once we get anything. It comes out in the form of what's called the ledges letter.
  - It's a little bit old fashioned. So if you go to the website and you go to, I think of it, some publication on the webinar.



- Maybe it's happening. There's something called ledges letter. And that is it. literally prints out as a cow a month on every page and it shows which committees are meeting which days.
- The only two that have schedules posted right now are legislative education study committee and legislative finance committee. So you should be able to click on LEFC and LLC go to their pages and I think go to committee information.
- It might be under each of their pages and look for those dates. If you can't find them we can get those and send them to you.
- The other ones are not right yet. So legislative council right now this last Monday we approved the membership of the interim committees and now what they do is they do this master matching process to avoid as much overlap as possible and so they create the master calendar for the year.

Reena:

- I'm going to put in this from buying house and that's right. So every topic area will have a committee that is made up of house and senate majority in my house. I'm going to put in the committee that is made up of house and minority members. They very extensively in terms of voting and non-voting members, but there is, you know, there's health and human services as one committee. And I'm just making note.
- And Court Corrections and Justice is another committee that this group has been involved with and presenting to in the past.
- And really, four health issues that health and human services is the biggie. One of the things that's always been difficult is creating a connection between the health committee and the finance committee.
- But I think with the new leadership we have, I think that's going to get a little bit easier. Chair Small has been very involved in a lot of Medicaid discussions and he shared the sub committee for health appropriations.
- So he's got a lot more background in the issue. Most finance chairs, which is really good. Good question. Well, I'd love to hear in your overall feeling about the first session you've been in.
- Yeah, You know, for me, I felt in the house with the change in finance chair. It was sort of like a bomb went off over the day. It was a very big deal. And I think Chair Small is going to do a fantastic job, but that was, you know, it was new leadership on both sides, both the minority and the majority.
- And that was very much exemplified by that first day change. One of the things that I was really excited about was that the minority leadership is actually reasonable.
- And we are able to work with them in a way that speaker Egolf was never able to work with the previous minority leadership because they were very oppositional.
- And we have Leader Lane and with Iber and Chair, and Caucus Chair Armstrong, they're all known for being somewhat moderate, not necessarily on some of the issues that we all care about, but in terms of just their approach and their pragmatism and their way of just and the way that they really excited about that because for the first time we could start having conversations about issues that were sort of in the middle or issues that were more pragmatic.

- Also, we could have conversations about we know you hate this bill, the House Bill 70, a prime example of that, them in productive healthcare.
- And are there ways we can work together to keep the temperature down so that it's not so nasty so that we're not in these pitched battles that then rip her through the rest of the session. So that was very exciting. The governor's vetoes took us all by surprise.
- And I, you know, I think one of the things that I wish is I wish there were more policy staff in the governor's office that we could work with here around.
- We're lucky in that there is a healthcare policy person. But that's the only issue that I'm aware of that has like its own subject matter expert in the governor's office.
- And, you know, I think that that shows during the session because we don't have a ton of conversations leading up to the session about policy.
- She was also in a difficult situation because she just come out of an election and not having that policy kind of capacity, you know, she won the election and then immediately went into prepping for the legislative session, which doesn't give you a lot of time.
- And so it's always taught in the first session of a new administration. You know, I, during the session, leadership meets frequently with the governor's office.
- And I don't know, I feel like there's a lot we could do to improve the amount of conversation we're having.
- And I hope to do that. I was very disappointed in some of the tax vetoes because I felt like some of them, like the rural health care provider tax credit was in there.
- And I thought that could have been a really big boost. And I think what I don't know if her staff was aware, but some of those things we have been trying to get across the finish line forward years, the rural health care provider tax credit was a primary example of that. Secondly, the electric vehicle tax credit, we have been trying to get that done for years.
- Come very close. But one of those like last day of session dying bills in the past. And there were two criminal justice reform bills that were vetoed that I really don't want to let go of those concepts.
- And those, at some form of those bills, we have been trying to pass for like 10 years. So clearly we have a lot more work to do with her administration to talk about criminal justice reform.
- I mean that was the takeaway I want to create a category of probation and parole violation called a technical violation.
- So right now all violations are grouped under the same category. So if I'm on probation and I go, you know, steal a car, it's considered the same as if I don't show up for my appointment or I fail my drug test.
- And so this was to create kind of a stepped level of sanction based on the severity of the violation. That was one. The other one was. Oh, yes. So the other one was. To allow for a very, very technical targeted bill was basically to say that if you're so we have habitual offender sentencing in New Mexico, which means if you get. Your second felony, you get you can get a stacked one year, your third felony, you get a stacked additional six years. And so it was to say that if your felony was. from possession because possession of anything other than marijuana that's a controlled substance is a felony. It was so that if

you were to just have that felony drug possession that you would not get that enhanced sentence.

- And so that was the other one that she vetoed and it just. So we'll see. I think we just have a lot more work to do with conversation to have with her about criminal justice reform. I don't. It's hard to tell with her. I mean, I'm not meeting with her all the time. So I want to pretend that I'm, you know, in the inner circle here, but I think she. She has some really stellar staff that I think if we could get if we could move them in more.
- To what we're talking about that, that hopefully that would. impact her. So I just wanted to ask, if there are things that organizations such as this, the understanding of now are there things that we do to reach out to the governor's office that might be helpful, we don't want to create animosity.
- You know, I think both of those bills suffered the criminal law. Justice Bill suffered because they didn't have anyone who necessary was the face of the bill.
- You know, Medicaid forward, for example, it was a very difficult bill to pass. But we had all of these families talking about their health concerns that they had had, making choices between medicine and food and things like that.
- And I think that really helped because we had this steady stream of press coverage. I don't know that either of those criminal justice bills had someone like that who was willing to tell their story over and over and over.
- And if you can get a little cohort of those, that can be very powerful. And so those two things, you know, putting out the need for the issues that you care about into the newspaper, I think really helps.
- And secondly, I think those community members or family members are being willing to tell stories yourself. I think also makes a difference.

#### [@1:19:02](#) - joycedubensky (Fathom)

My only question was really going back to the opposition who you said are easier to work with. And whether there's a way that when there is a constructive bill that gets passed because they've been cooperative, we could be advised so we can thank them.

You know, not just oppose their thinking, but also thank them when they've worked with us responsibly and show their attention to that too.

REENA :

- Yeah, I think that's a really important point. And I would say legislators feel it. I mean, I've seen this the last a number of years, you know, the session ends, everything's over. They worked so hard and the thank yous that they get are much rarer than you would realize. And they're more impactful because of that, you know, so that so they realize, wow, this really touched someone that I represent.

- And then it just is the faucet turns off and you don't really wonder like, oh, do people, did I do the right thing to people, you know, did I, did people feel like they were being represented, you know, and so I think those moments are important too.

And it's a way to build a relationship in between the sessions also.

[@1:20:48](#) - **joycedubensky (Fathom)**

So a question and is there anyone, so of some of the bills that were vetoed, that which have been so hard to get across the line in the past. Are there people now to write to in the legislature and say, I know the governor vetoed this, but it really is still important and is now the time to be doing that?

[@1:21:14](#) - **Indivisible SOS Santa Fe (Fathom)**

Yeah, I think so. I think both of the criminal, I'm not sure either of the criminal justice bills had a single Republican supporter.

- I know. I think I'm interested in the thing. We can look. Yeah, they have run on being tough on crime for so long, which is interesting because Republicans in Oklahoma, Kansas and Texas have all been pushing criminal justice reform that is deeply unpopular with Republicans in our state.
- But in those states, they've looked at it as a truthful issue. So they're looking at the dollar, the ballot sheet, the dollar's incentive, the cost of prison and the cost of jail, the cost of growing people back on these technical violations. And so they've done a ton more reform. We're very behind on criminal justice reform.
- Part of that though is that we have some very serious crime happening in our state and it makes it very difficult to contemplate criminal justice reform.
- Even when we think it would make our communities safer, it just makes the atmosphere very difficult. Well on the Medicaid Forward Bill, we did have bipartisan support, which was super exciting.
- So people like Gayle Armstrong, who is the Republican Caucus Chair, worked with me on the bill. She didn't sign it.
- It was a little, it was going to be a step too far, but she worked with me on the on that issue.
- She was also very active on the rural hospital fund. So she's a good All right, on healthcare issues. She served on the health committee for a number of years.

Yeah. That's so great to be with you all. Thanks for having me. Thanks so much. Thank you. Thank you.

Thank you. Thank you. Thank you very much. And thank you for all the support. You know, I spoke to a group right after the session and I said, I just felt sad face supporting me and that was a lot of this group.

So I really appreciate that all the stopping in. Some people dropped off cookies. point just desperate. Is there anything not made in this cafe?

All of that stuff was so helpful and meaningful. Just even the little paths on the back in the hallway, especially as a new member, you feel a lot of stress.

And so just that reassurance was really helpful from you all too. So thank you very much. We're very proud of you.

Hey, I'm a great rest of you. I'll leave this one here. Thank you. Thanks so much. So you should call.

Yes, you should. What? Thank you, everyone. Watch for an email from me. Are you all having a good shit eating that?

We are not. Yeah, I can't do it Monica. You're doing it. Thank you. Is there a.