

NEW MEXICO INSURANCE NOMINATING COMMITTEE
MEETING AGENDA
APRIL 24, 2023
9:46 A.M.
1511 UNIVERSITY BOULEVARD
ALBUQUERQUE, NEW MEXICO 87102

A P P E A R A N C E S

DIANE DENISH, Chair
JENNIFER FORD, Member
SCOTT YURIC, Member
NORA VAZQUEZ, Member
PATRICIA WILLIAMS, Member
ALLEGRA CARPENTER, Member
DALE RYCRAFT, JR., Member
GEOFFREY ROMERO, Member

BEFORE: KIM KAY SHOLLENBARGER, COURT REPORTER
Paul Baca, a Veritext Company
500 4th Street, Northwest, Suite 105
Albuquerque, New Mexico 87102

1 CHAIR DENISH: I'm going to call the meeting to
2 order. Welcome, everybody, to this meeting. I appreciate
3 everybody fighting through the various obstacles, we had to
4 get through traffic jams and traffic accidents this morning.

5 We're going to start, as we always do, with
6 introductions of the Committee Members. My name is Diane
7 Denish, I'm the Chair of this Committee. I'm elected by the
8 Committee to be the Chair.

9 Start with Patty.

10 MEMBER WILLIAMS: Good morning, everyone. I'm Patty
11 Williams, I'm an attorney in Albuquerque, New Mexico who does
12 mostly insurance defense for governmental entities and I was
13 appointed by the Governor to be an industry representative.

14 MEMBER VAZQUEZ: Good morning. My name is Nora
15 Vasquez, I'm from Artesia and I am a Legislative appointee.

16 MEMBER RYCRAFT: Good morning, I'm Dale Rycraft, I'm
17 Underwriting Counsel for First American Title Insurance
18 Company for New Mexico and I was appointed by the Governor as
19 an industry representative.

20 MEMBER YURIC: Good morning, my name is Scott Yuric,
21 I have an insurance agency in Las Cruces, down south, and I'm
22 a Legislative appointee.

23 MEMBER ROMERO: Good morning, I'm Jeff Romero, I'm a
24 local attorney practicing primarily on the plaintiff's side
25 extensively in insurance litigation. I'm a gubinatorial

1 appointee.

2 MEMBER FORD: Good morning, I'm Jennifer Ford and
3 I'm a Legislative appointee. I'm a consumer member of the
4 Committee and I work at a non-profit center.

5 MEMBER CARPENTER: Good morning, I'm Allegra
6 Carpenter, I'm an Albuquerque attorney. I am appointed by
7 the Governor on the consumer side.

8 MR. DWORAK: Good morning, my name is Joseph Dwork,
9 I am not a member of the Committee, but I'm here to serve as
10 counsel and I'm a Deputy Attorney General at the Office of
11 the Attorney General.

12 MS. ROMERO: My name is Jennifer Romero, I'm a
13 paralegal for the OSI and I'm the Committee Administrator.

14 MR. SALTER: I'm Brian Salter, I'm the Technology
15 Officer for the OSI.

16 CHAIR DENISH: We have one guest back here.

17 MR. MOORE: Madam Chair, Members of the Committee,
18 my name is Brent Moore, I'm with the Montgomery and Andrews
19 Law Firm and just reporting for my clients.

20 CHAIR DENISH: I think that's everybody. So,
21 welcome. Our first candidate here this morning -- let me
22 just say, we're going to approve the Agenda, we're going to
23 go through standard business. So I will entertain a Motion
24 to Approve the Agenda. Are there any additions, corrections
25 or changes to the Agenda?

1 MEMBER VAZQUEZ: Madam Chair, my last name is
2 misspelled on the Agenda. It's not in the first section, but
3 it's when I'm speaking, so that needs to be corrected.

4 CHAIR DENISH: In the Minutes or in the --

5 MEMBER VAZQUEZ: I'm sorry, it's in the Minutes.

6 MEMBER WILLIAMS: Madam Chair, because the Minutes
7 were so difficult to take the last time, I would say that we
8 should amend the Agenda to approve the minutes at the next
9 meeting when people have had a chance to read through them,
10 because there are several mistakes because of how difficult
11 Zoom was. So I would move that we amend the Agenda to take
12 off Item 1D.

13 CHAIR DENISH: Any discussion about that? Let me
14 just suggest, if you will read through the Minutes and send
15 your corrections to Jennifer sometime in the next couple of
16 weeks, we can get them corrected. It was very difficult,
17 sometimes some people are talking that aren't really talking
18 in the Minutes.

19 Is there a Motion to Approval the Agenda as amended?

20 MEMBER YURIC: I'll make a motion.

21 MEMBER WILLIAMS: I will second that.

22 CHAIR DENISH: All in favor.

23 COMMITTEE MEMBERS: Aye.

24 CHAIR DENISH: Opposed?

25 Welcome, Mr. Jaramillo --

1 MR. JARAMILLO: Thank you.

2 CHAIR DENISH: -- for being here. We're going to --
3 I'm sorry about the delay, it couldn't be helped. So we're
4 just going to start out, I want you to take just a couple of
5 minutes and tell us a couple of things about yourself to just
6 set the stage a little bit for your interview, and then we're
7 going to -- I'll start out, and then I'm going to recognize
8 every Committee member to ask a question if they have one,
9 and perhaps have follow-up questions.

10 MR. JARAMILLO: Great. Well, thank you. Certainly
11 a pleasure to be here with all of you. You know, I was
12 sitting here thinking, you know, it's been 40 years since my
13 last job interview and so I've had -- I've been in many job
14 interviews, but on the other side of the desk, right, and so
15 -- because I made a career out of hiring and developing
16 people into the business. So to have an opportunity to come
17 before you to talk about a position that I think would be a
18 great position using my skills and talents is really, is
19 really an exciting thing.

20 So when I say, "my first job interview," when I also
21 consider that I'm not in the market for a job, then that
22 makes it even that much more interesting, because I am not in
23 the market. As a matter of fact, I've turned down many
24 opportunities. I don't want to go back into the insurance
25 business where I was running companies and running agencies,

1 because I've done all that and I felt great about how I
2 completed my career there. But when I saw the opportunity to
3 come back and help New Mexico utilizing what I have learned,
4 that appeals to me. And I'm looking forward to our
5 discussion today. I'm sure it's a discussion that will have
6 you looking to me to find out if I fit with the profile
7 you're looking for, and of course I'll be doing the same
8 thing to make sure that it's a position that I think I'm up
9 for and that my skills will enhance.

10 So thank you all for letting me be here. I will
11 give you a disclaimer. Jennifer reached out to me, she's
12 excellent by the way, she kept me on track the whole way, but
13 when she called, when she connected with me I was in Spain
14 last week, the last two weeks, visiting my granddaughter --
15 my daughter, her husband, her family and my two
16 grandchildren, my two grandsons. And so I had thought that
17 this week we would be told when the appointment would be, but
18 it turned out to be that the appointment was today, so we
19 scrambled a little bit and we left.

20 I got home to Seattle on Saturday, about midnight,
21 got on a plane yesterday at three o'clock and got here about
22 seven o'clock and here I am. So if I get a little jet lagged
23 here and start to doze off, someone just do that and I'll hop
24 back into it, so I'm sure I'll be fine.

25 But thank you for having me.

1 CHAIR DENISH: Thank you for that. I thank you for
2 taking time to -- or making all those special arrangements to
3 get here.

4 I have a couple of questions, after having read your
5 resume, and I am curious about what interactions you have had
6 through the years with legislative bodies in terms of
7 legislation related to insurance or any other kind of
8 legislation.

9 MR. JARAMILLO: I have not had a lot of contact with
10 legislative bodies. We have -- we usually have that set up
11 through our legal to have those kind of contacts with them.
12 I did have a lot of contact with superintendents or
13 commissioners of insurance in the -- across the country where
14 I frequently visited with them, but not in front of
15 legislative groups.

16 So the answer to that is, not very much at all.

17 CHAIR DENISH: Have you had any interactions with
18 our office with the superintendent over the last few years,
19 or any reason to have any interaction with them?

20 MR. JARAMILLO: I have not. You know, when I
21 started in the business my first interaction was to go and
22 take the test, right. I remember studying at the Bull Ring
23 right before going in, and the young lady was very helpful
24 and -- but when I went in to -- over the years, while I was
25 still in New Mexico, because first part of my career was in

1 New Mexico, I spent a lot of time in the State Insurance
2 Department for different things and met the people there that
3 helped us get our agents licensed and met the people there
4 that -- for regulatory situations that had come up. An
5 individual that was very helpful to us, he's since passed,
6 was Bango Gurule, and so I did have a lot of interaction with
7 the company and with the staff there at the time.

8 And then in different states that I have been in
9 I've always tried to stay very close to the insurance
10 departments so that we could be -- they could be a little bit
11 more accessible, so that we could be a little bit more
12 approachable. So I always felt like if we had that
13 connecting that we could head some things off that may
14 otherwise go a bad way.

15 But I haven't had, in the last three years of course
16 I haven't been here, so I haven't had anything to do with the
17 state.

18 CHAIR DENISH: Just one more follow-up. In your
19 career you've been primarily involved in the sales and the
20 management of agents in the insurance industry, is that --
21 did I read that correctly in your resume, that you primarily
22 -- you started that way, as an agent --

23 MR. JARAMILLO: Yes.

24 CHAIR DENISH: -- pretty much during your --

25 MR. JARAMILLO: Yeah, I started as an agent, very

1 proud of that time that I was an agent. I was a million
2 dollar round table agent and hit all kinds of goals and
3 things, then I went into the management side and that was
4 recruiting and developing, and then I was promoted to
5 managing partner.

6 My first office was El Paso, Texas, general office.
7 We had a great team there, a great group of people, and as a
8 result of that our performance showed that we were one of the
9 top offices in the country. From there they promoted me to
10 the Chicago office, which was a great office there.

11 And any time you go into these offices it's a lot
12 about sales and about recruiting and those kinds of things,
13 but it's also about administrative. It's also about making
14 sure that the compliance is in order, because you can have a
15 lot of sales going on, but if you're not meeting standards
16 and compliance, and so I like to think that that's really
17 where I excel in making sure that not only the offices were
18 having increases in sales under my leadership, but business
19 was being done right. And when we did have interaction with
20 state insurance departments it was positive.

21 CHAIR DENISH: As follow up to that, how many --
22 what is the most number of people you managed at any one
23 time, approximately?

24 MR. JARAMILLO: Well, at one time I managed the
25 entire field force and the entire field force is about -- at

1 that time was about 10,000 agents and about 11,000 employees
2 and so that was under my purview at that time.

3 The biggest office I had was when I was in the
4 Greater New York office, which is the flag ship office of the
5 company, and we had 350 and we built it to a little bit over
6 five in the short time that I was there.

7 CHAIR DENISH: I have one more question and then I'm
8 going to go to Mr. Romero. Are you familiar with the
9 Healthcare Authority Act that New Mexico recently passed in
10 this last legislative section?

11 MR. JARAMILLO: No, I'm not.

12 CHAIR DENISH: Okay.

13 MS. ROMERO: And following up on that, I appreciate
14 your time today. Our superintendent has recently been
15 involved -- or is involved in the management of the Patient
16 Compensation Fund and there has been some tension between the
17 medical community, the representatives of patients who may be
18 injured by a medical malpractice. I am interested in knowing
19 if you have any background in management of that kind of fund
20 and those kind of issues that might deal with rights and
21 remedies under the Medical Malpractice Act, or cap?

22 MR. JARAMILLO: I don't have a lot of experience in
23 that, in that area, other than the fact that I understand
24 that for more of a visceral level. My brother Chris
25 Jaramillo was, as I'm sure Ms. Denish remembers, he was a

1 state policeman in charge of security for the Tony Anaya
2 entire administration and he retired. After he retired we
3 believe that he was put into a situation that border -- that
4 was malpractice in an outpatient basis, didn't have the
5 equipment, didn't have the expertise to save him when he had
6 a simple blood clot get away on a knee, on a knee operation.

7 So, you know, I understand the problem, I just have
8 not been involved in the legislation or anything else to
9 solve it, but I think it's something that needs to be looked
10 at no doubt, because -- that's my own personal experience,
11 but I understand from the research that there's a lot of
12 other problems like that.

13 MS. ROMERO: Thank you. I don't have any other
14 questions.

15 CHAIR DENISH: Jennifer.

16 MEMBER FORD: Thank you so much for being here
17 today. I would love to hear, do you -- can you give us an
18 example or two from your past work experience where you
19 centered consumers.

20 MR. JARAMILLO: When you say, "centered consumers."

21 MEMBER FORD: Just where you have made decisions
22 about what you're doing that would center the consumer, so
23 the consumer, health care consumer.

24 MR. JARAMILLO: Well, I'm imaging you're talking
25 about a consumer that is -- has a complaint, an issue, and

1 getting together with them. I mean, many times in the chair,
2 as far as a managing partner is concerned, we're the first
3 line of defense when there is any consumer problems that come
4 up, and so I met with -- I would meet with any problem, a
5 client that had a problem to discuss, I'd meet with them in
6 person, along with my personnel that had access to whatever
7 it was, whether it was health care or life care, whatever it
8 was, to make sure that we had them feeling better about the
9 transaction, maybe changed, maybe submitted it to another
10 department for action.

11 And so I like to think I was really very good at
12 helping people understand what was going on and what we could
13 do to help them feel better about whatever it was that
14 happened.

15 MEMBER FORD: Thank you.

16 CHAIR DENISH: Allegra.

17 MEMBER CARPENTER: Hi, I'm Allegra Carpenter.

18 MR. JARAMILLO: Hello.

19 MEMBER CARPENTER: Thank you for being here, Mr.
20 Jaramillo. This is a follow-up question to Mr. Romero's
21 question. The role of Superintendent of New Mexico is to
22 balance equally the interest of consumers and industry.
23 You're familiar with that, correct?

24 MR. JARAMILLO: Yes.

25 MEMBER CARPENTER: Do you agree that injured

1 patients who are subject to provisions of the New Mexico
2 Medical Malpractice Act and are therefore subject to
3 administration under the Patient Compensation Fund are
4 considered consumers to this agency?

5 MR. JARAMILLO: I think so.

6 MEMBER CARPENTER: Thank you.

7 CHAIR DENISH: Is that it, Allegra?

8 MEMBER CARPENTER: Yes.

9 CHAIR DENISH: Patty.

10 MEMBER WILLIAMS: Good morning, Mr. Jaramillo.
11 Thank you, Chair. I have a question about the process that I
12 think the state is going to be going through very shortly.
13 How can the superintendent of insurance enhance efficiency
14 and better serve consumers moving between Medicaid and
15 marketplace coverage?

16 MR. JARAMILLO: I think that's also a big issue with
17 that right now and I think that it would take a concerted
18 effort involving other agencies as well. Right now, if my
19 memory serves me, agency has Medicaid to a certain degree and
20 I think it could be probably better served in the
21 superintendent's office of insurance and I think it may be
22 even a little more natural fit there. And I think it would
23 take working together with the existing staff and leaning on
24 the expertise of those individuals for me to get all the
25 information that I would need to know to help our team make a

1 decision and put forth a policy that will react and take care
2 of the things we need to take care of.

3 MEMBER WILLIAMS: Thank you. I do have a follow-up
4 question. Do you think that Medicaid would be a better fit
5 for OSI or DOH rather than HSD?

6 MR. JARAMILLO: OSI.

7 MEMBER WILLIAMS: Why?

8 MR. JARAMILLO: Well, because I think it's really
9 what -- it's an insurance product and I think we have access
10 to all the insurance information that we need there. And it
11 seems like somewhere else it's farmed out, we're having to
12 create a back and forth between them. Where if it was right
13 in the insurance, then we would have access to it and work on
14 it without involving other agencies.

15 MEMBER WILLIAMS: Thank you.

16 CHAIR DENISH: Nora.

17 MEMBER VAZQUEZ: Thank you. And welcome, Mr.
18 Jaramillo. I noticed on your resume that your work
19 experience ends in 2018. Just for clarification, are you
20 retired?

21 MR. JARAMILLO: Yes.

22 MEMBER VAZQUEZ: Thank you. Can you share with us
23 -- excuse me.

24 MR. JARAMILLO: Can I expand just a little bit?

25 MEMBER VAZQUEZ: Sure.

1 MR. JARAMILLO: So in New York Life you had a
2 contract that was just a great contract, right, because it
3 was a retirement contract and it's based on the best five out
4 of your last ten years, right. And so I was in New York for
5 that first five, okay, and of course that was the best five,
6 and then I opted to move back to New Mexico, which was done
7 for personal reasons, and then I had to finish -- that's why
8 I went to Seattle, because at a certain point you have to
9 retire or your retirement benefits will start going down as a
10 big year drops off and a small year goes on, you lose that.
11 And so I really didn't feel like I had a choice.

12 They tried to keep me in a couple of different ways,
13 but we retired. And the plan was to stay retired two to
14 three years, you know, because we wanted to travel and go do
15 some fun stuff and this and that, but the -- that didn't --
16 because of COVID, we -- this was 2018. And for COVID, you
17 know, that's right about when it hit in '19 and whatnot, and
18 so it's extended it now to -- it's been five years and I
19 hadn't expected to do that for five years.

20 So I've kept myself busy with a ton of mentoring and
21 helping managers, senior vice presidents, business owners and
22 that's kind of how I've kept busy with that. But that's why
23 two years stretched into five.

24 MEMBER VAZQUEZ: Thank you.

25 MR. JARAMILLO: I'm ready to not be retired. I just

1 will be pretty particular about what I'm not retired with,
2 fortunate that I can do that.

3 MEMBER VAZQUEZ: What specifically attracted you to
4 this particular role, this position?

5 MR. JARAMILLO: Well, that's a great question. That
6 is the question, right. My wife and my kids and everybody
7 was saying, "you're going to go back to work, right?" I said,
8 "well, if I can." Because I see it more as a calling than
9 anything else.

10 I have been very blessed in this industry. We were
11 just talking about it a while ago about the -- how people
12 don't grow up saying, "I want to grow up to be in the life
13 insurance business." They want to be a fireman or a baseball
14 player or something like that, right. Well, I didn't either,
15 but I was very fortunate to meet somebody that recruited me
16 into the business and it's been a great business.

17 And so I think I came into this business and my
18 state, the people that I knew, my market, they believed in me
19 and they helped me and as a result I had a great career. And
20 I thought that it would be a good opportunity for me to come
21 back in and utilize everything that I've learned to help the
22 state and to be a part of a group that can do good while in
23 the process. And so, that's kind of where it was as far as
24 that is concern, because as I mentioned, I hadn't taken any
25 other positions because they haven't excited me. This one

1 does.

2 MEMBER VAZQUEZ: Thank you. One more question.

3 What is one challenge that you may have had in your previous,
4 your last position, and how did you handle it? Did you have
5 any challenges with -- you know, in your career that you
6 could share with us and how you handled it.

7 MR. JARAMILLO: You're good. Yeah, I had a ton of
8 challenges and I think you learn early on to -- a lot of
9 people who have challenges, they close people out, they close
10 things out. They try to solve everything themselves. And
11 what I learned was that you do the opposite of that and you
12 open things up and you bring people in and you get different
13 perspectives. And every time I've done that I ended up with
14 a much better solution and utilizing people that are -- have
15 more experience, or less experience, but different
16 experience.

17 So I pride myself in saying that I don't fix
18 anything on my own. I fix it with the help of other people
19 that are involved. And I think the one thing that has helped
20 me a lot is, when I come into a situation -- I think Phil
21 Hildenbrandt, or one of them, said that if you -- you want to
22 bring me into a position because I have a unique ability to
23 assess what's going on and fix things. But I think it really
24 is an ability to understand that the people that are there
25 can fix it, they just need a little guidance.

1 And so, for me I think that's what I've done and
2 what I have continued to do. I start from a premise that the
3 entire -- right now my premise would be with the State
4 Insurance Department, not knowing anything, which is the best
5 way to do it, right. Because everybody will give you an
6 opinion, it's good, it's bad, it's not doing this, it's not
7 doing that. I start from the premise that they are excellent
8 and I believe they are. And why shouldn't they be, they've
9 been there a long time. Those people have been doing that,
10 they understand it better than most, and so I start from that
11 premise.

12 Now, along the way if I'm proven wrong, well, we'll
13 adjust that and help that individual get to that level of
14 excellence. But I think it's best to start with an
15 understanding that the people know what they are doing and
16 then help them do it. And when we operate that way we can
17 solve a lot of things.

18 My first goal would be to do a swab analysis where I
19 can go in and figure out what are our strengths, our
20 weaknesses, our opportunities. What are the things that we
21 need to do, and that would have to be a team effort to do
22 that so that we have to get up and running real quickly.

23 I'm assuming that they're up and running and it's a
24 smooth operation, and so I would tap into that right away so
25 that I can learn where I can best -- what departments need

1 the most help and where I can best serve the quickest.

2 MEMBER VAZQUEZ: Thank you.

3 CHAIR DENISH: Dale.

4 MEMBER RYCRAFT: Mr. Jaramillo, as you know, The
5 office of superintendent of insurance is responsible for
6 multiple lines of insurance, all lines of --

7 MR. JARAMILLO: All lines of insurance.

8 (Court reporter - speak up please)

9 MEMBER RYCRAFT: Can you elaborate on your
10 experience in other lines of insurance.

11 MR. JARAMILLO: When I started in the business, my
12 father -- I was raised by Tony Jaramillo, Senior, he was the
13 -- turned out to be the Mayor of my hometown, Socorro. But I
14 worked with him in his office for many years. He had a
15 property/casualty office, and so I got very good at
16 understanding the property and casualty business.

17 In addition to life and health, I am currently still
18 licensed for disability, annuities, securities, stocks,
19 bonds. I have a 7 and a 24. I can supervise at the highest
20 levels, be it Wall Street or anywhere else. So I got to be
21 very efficient in understanding the investment business as
22 well. And so I think the answer to your base question is
23 yes, I am a life and health, that's how I started my
24 business, but I think I've added a lot to that going forward.

25 MEMBER RYCRAFT: Do you have experience with

1 property/casualty insurance?

2 MR. JARAMILLO: Yes.

3 MEMBER RYCRAFT: How so?

4 MR. JARAMILLO: That's why I said, my father was a
5 property/casualty agency and I worked in his office and I --

6 MEMBER RYCRAFT: Were you ever licensed --

7 MR. JARAMILLO: I was never licensed. I worked for
8 him in there and I helped quite a bit there, but I don't have
9 any personal -- I never sold any property and casualty.

10 MEMBER RYCRAFT: Thank you.

11 CHAIR DENISH: Scott.

12 MEMBER YURIC: Mr. Jaramillo, thank you for being
13 here today. Because you do have some history in health, I
14 want to bring up the exchanges and kind of follow up on a
15 comment by Member Williams. The office of the superintendent
16 is bound by regulation and still trying to promote free
17 market within the state, trying to give more choices to the
18 citizens of New Mexico. With regard to the health insurance
19 exchanges, how would you promote more players to come into
20 the market while still keeping your regulatory guidelines so
21 that citizens of New Mexico can have more choices for health
22 care coverage?

23 MR. JARAMILLO: In one of my answers here I talked
24 about the fact that I think that more insurance companies
25 that are held to a higher standard creates a more robust

1 insurance department, insurance industry. And so, I think
2 that's true.

3 I mean, making sure that we have the carriers to
4 provide the variety of coverages that are needed at different
5 price points, I think is imperative. But first I have to
6 look at what we do have, and then look for what we can
7 attract to add to it, because I do believe the more
8 companies, the better offer for the customer, the consumer.

9 So I'm not sure what details I would have to address
10 or what -- how I would -- what companies I would reach out
11 to, but I would have to gather that information and then make
12 decisions in the best interest of the consumer.

13 MEMBER YURIC: That was my follow up, how would you
14 reach out? What means would you take to court other carriers
15 to come into the state?

16 MR. JARAMILLO: Well, personal meetings with the --
17 first we would have to decide which of those companies we
18 want to attract to New Mexico, and then we have to go and see
19 them and have corporate meetings to make -- useful meetings
20 to discuss how that works and what they're looking for and
21 what the state can do to attract them here.

22 MEMBER YURIC: And your initial recruitment period,
23 would that be based on financial strength or would you have
24 some other criteria you might consider?

25 MR. JARAMILLO: Well, depending on what the need is,

1 right? Financial strength is always a big plus, but
2 depending on what areas we're falling short in, it may be
3 that we need to attract carriers that do a better job in
4 certain areas of the medical field that are not being
5 addressed. And so, I would have to look at that first, and
6 then of course talk to companies that have that -- what we
7 are looking for.

8 Without any more information, I think it sounds like
9 it would have to be something that I study quite a bit and
10 utilize the people that are currently there to come up with
11 an expansion of that program.

12 MEMBER YURIC: Very good. Thank you.

13 CHAIR DENISH: This is a follow up to Scott's
14 question. In New Mexico we have many areas of the state
15 which are uninsured or underinsured when it comes to property
16 insurance, that was really brought to light during the recent
17 fires in Northern New Mexico.

18 MR. JARAMILLO: I saw that.

19 CHAIR DENISH: Part of that relates to the fact that
20 we are a replacement value state which, as replacement values
21 go up, premiums go up and people decide not to -- if they own
22 their homes, many generational families decide not to insure
23 their homes. Related to Scott's question, how would you
24 approach companies to try to increase the number of insured
25 people in high risk areas, like fire danger zones?

1 MR. JARAMILLO: Sure, sure. I think that the -- I'm
2 sorry, I think the answer is still, that we'd just have to
3 open the dialogue with them and attract them to the business
4 and give them good reasons to be here and I'm not sure what
5 those reasons are, Diane, I just don't have that information
6 and I wish I did.

7 But I would certainly make that information --
8 hopefully get that information and prioritize it so that we
9 can --if there's a deficit that you're feeling in certain
10 health care industry -- in certain areas. One of the things
11 that happens is, sometimes these carriers get a little fancy
12 with -- or a little sneaky with who they -- how they draw a
13 policy up, who has access to it. And so, we would have to
14 look at that to make sure that it didn't adversely impact
15 people who need the coverage the most.

16 CHAIR DENISH: As a follow up to that, in these
17 times of crisis, what would be your approach as a regulator
18 when companies decide they want to exit the market because
19 the losses have been -- there have been a number of losses?
20 We do have some high risk areas. Off the top of your head,
21 what would you -- how would you convince a company to
22 continue to be a provider in property insurance in New
23 Mexico?

24 MR. JARAMILLO: Well, I mean, as I said before, my
25 position is always face-to-face, and making sure we have a

1 great administrative team. My position is to meet with these
2 individuals face-to-face, and I find when they -- when we
3 have common ground of understanding, I understand their
4 business and they understand mine, then I think we can do
5 great things.

6 And so, it would have to be a face-to-face meeting
7 and some trade-offs I'm sure to make sure that, you know, we
8 got what we wanted and they were able to stay in business
9 with what they're bringing, I think that would be it.

10 I plan -- I was thinking about this morning, I can't
11 imagine that I would give less than a hundred talks,
12 presentations to consumer groups, stakeholders and insurance
13 organizations in my first year, and the reason that that
14 would only be that amount is because I'd be busy learning the
15 rest of the business from the ground up from the existing
16 team. I think after that it would be even more than that.

17 I have a dear friend by the name of George Nickels,
18 and George Nickels was the first African American
19 superintendent in the State of Kentucky. He also went on to
20 be the President of the National Association of Insurance
21 Commissioners. Right now he sits at the -- he's the head of
22 the American College of Finance and Insurance. And we had
23 this discussion and he -- I asked him how he was so
24 successful and how insurance departments, superintendents,
25 which ones were most successful, and he said they weren't the

1 ones that are sitting behind their desk. They're the ones
2 that are out in the -- providing the face of the operation
3 and meeting with people and giving presentations so that
4 you're demonstrating that you understand their business. And
5 I think that brings a mutual respect, provides accessibility
6 and approachability and keeps you ahead of issues that you
7 may need to deal with. And so, that would be the kind of
8 superintendent that I would be.

9 And I think the studies have shown for those that
10 have those kind of insurance commissioners, that there are
11 less problems and more tighter with the insurance business
12 than if they were not meeting in front of them.

13 Plus, I know from experience, you ask an insurance
14 commissioner or superintendent to come and speak at your
15 meeting, most of the time they come pretty quickly, not all
16 the time. But when a state insurance department
17 superintendent asks a company if he or she can go speak at
18 their meeting, it's a hundred percent yes, because they want
19 that feedback.

20 CHAIR DENISH: Thank you. Any other follow-up
21 questions from the Committee?

22 MEMBER CARPENTER: I do have one.

23 CHAIR DENISH: Okay.

24 MEMBER CARPENTER: There is a sense among many who
25 pay attention to the insurance markets in New Mexico that the

1 companies are sort of holding a gun to the heads of us in New
2 Mexico, holding us hostage with these, you know, we just
3 can't perform in your market, we're going to leave. There's
4 a perception that we're making too many concessions to
5 industry, have you seen that or do you have any thoughts on
6 how you would deal with that?

7 MR. JARAMILLO: Yeah, I mean, a lot of times these
8 threats need to be addressed and need to be addressed pretty
9 quickly, because I think a lot of it is B.S., if you ask me.
10 And I think they need to be put on a program that they must
11 adhere to and that has to be that both the type of coverage
12 that they're providing and the duration of the time that they
13 will provide it have to be agreed upon.

14 MEMBER CARPENTER: Short follow up to that is, you
15 know, very often -- I'm going to look at medical malpractice
16 stuff and those carriers --

17 MR. JARAMILLO: Sure.

18 MEMBER CARPENTER: -- in that arena. There seems to
19 be this push to pit patients against doctors, and nobody is
20 really looking at that. The only people around who are
21 making money off of this, and that's the carriers themselves.
22 Is there an ability, in your mind, or process that you would
23 be comfortable with with auditing those companies and being
24 aware of their bottom line so that this is not a
25 disproportionate or blind discussion and negotiation with

1 them?

2 MR. JARAMILLO: Absolutely, I think that's the only
3 way you can understand what it is that they're trying to do,
4 right. Can they, indeed, perform the services at a price
5 that's affordable, and a lot times -- if we can't get into
6 their books, if we can't see what they're seeing and it's
7 just rederrick, then we can't make good decisions. But I
8 think we can audit and adjust based on that.

9 We have, I'm pretty sure, a good actuarial team and
10 they can help us out in a lot of different ways. And it's
11 something that you have to stay on, right, because I think a
12 lot of times -- sometimes something flares up and you kind of
13 tap it down a little bit and think, we're okay. And then we
14 walk away and before you know it, it's ablaze again.

15 And so, I think once we address those situations
16 we've got to put a timeline and make sure they agree to that
17 timeline so that it will be capped off for good.

18 MEMBER CARPENTER: Thank you.

19 CHAIR DENISH: Any other questions from the
20 Committee?

21 MS. ROMERO: I have one other follow up. This goes
22 back to the discussion with the Chairwoman about policy
23 access. In certain lines, especially in property and
24 casualty, the large carriers are targeting markets in
25 languages other than English. New Mexico especially is a

1 Spanish language market, because they are a fast growing
2 market. But today there's no addressing of providing the
3 documents or the policies in the language in which they were
4 marketed. Attracting a customer who doesn't speak English or
5 read English, but then not providing any of the pertinent
6 materials for review or consideration. Do you have any
7 thoughts on addressing that, as superintendent of insurance,
8 regulation?

9 MR. JARAMILLO: What you're talking about is making
10 sure that if you're dealing with a Spanish customer that they
11 have access to the details of the policy in Spanish?

12 MS. ROMERO: Or any other language.

13 MR. JARAMILLO: Or any other language.

14 MS. ROMERO: Yes.

15 MR. JARAMILLO: Yeah. I mean, we've gone through
16 this a few times. I've been through this and we -- I'm
17 pretty proud of the fact that I developed what's called the
18 cultural markets with New York Life, and we were one of the
19 first companies to do that, and it was for that reason
20 exactly. And there that was actually problems coming back
21 because -- I think I was mentioning to somebody, that I've
22 downgraded my Spanish to intermediate, now that I have two
23 Spanish grandsons and they can correct me a lot, so I did
24 that.

25 But there was a time if you -- okay, if I'm English

1 -- and I do speak Spanish. But if I'm going to buy a policy
2 or a contract or anything like that -- my first language is
3 English, I'm going to want to read it in English, right, or
4 I'm going to miss some things, I just am, right. And so, we
5 found that out.

6 We started in the Chinese market and we expanded a
7 whole market and then we went to the Korean market and my --
8 real feather in my cap was getting them to understand that we
9 needed a Spanish market as well, and when we did that -- it's
10 not only the direct language that needed to be updated in
11 there in Spanish or Korean, it was the way we sold to that
12 particular market. Because those markets, they're buying the
13 same thing, but they all buying differently. Then we added
14 the African American market and they tried to say, that's not
15 a -- there's not a language difference. But again, the
16 market buys differently, right.

17 And so, we had to spend a lot of time, energy and
18 money on making sure that we had all the details. And I
19 think it's an important thing. We also had the Navajo, the
20 other languages that are in the state that could be addressed
21 as well.

22 MS. ROMERO: Thank you.

23 CHAIR DENISH: Any other follow up? Just a couple
24 of housekeeping details so it's clear to you, that if you are
25 -- I don't know if you re-established a residency in New

1 Mexico, but to take the job or to be in the job we require
2 New Mexico residency. So I just wanted to make that clear.

3 MR. JARAMILLO: I do have a home in Socorro, New
4 Mexico, it's a family home that I personally own, along with
5 some property there. But we're in the process of selling in
6 Seattle. And, yes, this will bring us home. We're planning
7 on coming home. I do understand that.

8 CHAIR DENISH: And then, just to tell you, today
9 we're going to interview all the candidates. We will have an
10 executive session and see if we are -- if it's possible to
11 make a decision today.

12 MR. JARAMILLO: Sure.

13 CHAIR DENISH: And then we'll be back in touch with
14 you about our decision and we'll go -- then explain the
15 mechanics from there on.

16 MR. JARAMILLO: Can I answer some questions you
17 haven't asked?

18 CHAIR DENISH: No.

19 (laughter)

20 CHAIR DENISH: You can.

21 MR. JARAMILLO: I was just going to say, I mean, if
22 I'm sitting there, here I'm looking at this guy who's 66
23 years old, right, and you can't ask any of those kinds of
24 questions, but I can offer, right.

25 I'm in excellent health. I've been diagnosed with

1 AOS, which is active overeating syndrome. But aside from
2 that, my wife is working on that with me, right. But I'm in
3 excellent health.

4 My commitment would be for a five-year commitment,
5 okay, and I feel pretty good about that. My goal being to
6 mentor the people in the insurance department and leave with
7 the department better than when I found it and with people
8 better trained and excited about the work that they do.

9 And so, that's kind of what I'm looking for there.
10 And I think if we can get that accomplished, I think it would
11 be a feather in everybody's cap. So I feel like I have
12 already won, right.

13 Check this out. I got some old friends, the guy I
14 reported to, Phil Hildenbrandt, to say some really nice
15 things about me and put it in writing, because I reported to
16 him. I had another individual who reported to me, the head
17 of training for New York Life, and he put some great things
18 in writing. He got a little bit overzealous. I don't know
19 if anybody read it, if he dare say that if JJ said to jump
20 off a cliff, they would jump off a cliff. He got a little
21 bit out of hand there, but it was a nice gesture.

22 So I have been able to come down here and meet with
23 you all and if there's anything else I can answer, anything
24 else at all, just let me know. I really would love -- I
25 don't know if I should say this or not, but I'm going to put

1 it out there, because part of this whole idea, and I'm not
2 sure it's possible, was the possibility of doing this pro
3 bono. In talking to my CPA, he's going to give me some
4 different options of how that might work, because I can't
5 talk about wanting to come back to give to New Mexico, and
6 then feel good about accepting a big check.

7 And so, anyway, that's just part of it. Thank you
8 for having me and I look forward to hearing from you.

9 CHAIR DENISH: Those details, I appreciate that. We
10 believe this is a really critical job for the State of New
11 Mexico, especially as we go into a standard setting for the
12 Health Care Authority and the things that are going to have
13 to happen. We want somebody who is vigorous, committed and
14 understands New Mexico, the dynamics.

15 And so, we really appreciate you sharing your
16 personal story with us and we will be back in touch with you.

17 MR. JARAMILLO: And if any other questions come up
18 reading my resume or anything else, there are some things in
19 there that are different.

20 CHAIR DENISH: Before you get away, because I didn't
21 see them before, we have two other people back here and I
22 would like for them to introduce themselves so we know who
23 else is in the audience and you know too.

24 MS. PAYTON: I'm Patty Payton, I'm CEO of the
25 Independent Insurance Agents.

1 MS. SEWELL: I'm Kim Sewell, I'm here as a member of
2 the public today.

3 CHAIR DENISH: Thank you very much.

4 (Recess at 10:37 a.m. to 10:44 a.m.)

5 CHAIR DENISH: Good morning --

6 MS. CHAVEZ: Good morning.

7 CHAIR DENISH: -- Ms. Chavez, thank you for joining
8 us.

9 MS. CHAVEZ: Thank you for having me.

10 CHAIR DENISH: I'm sorry about the delay, there's
11 been all kinds of things out of our control this morning.
12 We're happy to have you here.

13 Just for your information, we are going to open it
14 up to questions from all the Committee and I will start, but
15 I would like to take a few minutes and have you introduce
16 yourself, and just take a couple of minutes to give us a
17 couple of highlights of your career and why you really,
18 really want this job.

19 MS. CHAVEZ: Sure. I'm Jeanette Chavez, I'm
20 currently the Risk Manager for the City of Albuquerque, and
21 I've been doing insurance work since 1982, I believe. I ran
22 the State Farm office to pay my way for college, and then I
23 became an insurance adjuster after that with State Farm,
24 worked for various insurance companies along the way. Had a
25 highlight career at Talbot Agency before it became HUB and

1 then left when it became HUB. I was the claim manager there
2 and was able to work on the different accounts that brought
3 in more than a million dollars worth of premium insurance, so
4 large commercial carriers, so I acted as a liaison to get
5 them the coverage that they wanted or that I thought that
6 they deserved based on policy reviews. I have worked for the
7 New Mexico Association of Counties. I have been in public
8 entity work now for quite some time and I really enjoy what I
9 do with the City.

10 I decided to throw my hat in the ring on this one
11 because it's kind of like the ultimate pinnacle of what I do
12 in my insurance career since roughly 1985. I like being a
13 public servant and I like the challenge of working with
14 insurance companies. And a lot of people don't like
15 contracts, but I kind of like contracts, and so it's
16 interesting work for me.

17 So that's why I applied and why I would like to move
18 on to the position of superintendent.

19 CHAIR DENISH: Thank you. In your current work or
20 in any past employment you've had, have you had to work in
21 legislative advocacy for various kinds of insurance issues or
22 have you interacted with the legislature to any degree?

23 MS. CHAVEZ: I have very short interaction. For
24 about six weeks I was appointed to be the State Risk Manager
25 and I got to Santa Fe, and honestly and truthfully, I did not

1 think I had the political capital to survive. And so, I went
2 back to the City. But I did have a short stint with the
3 legislature there working on some financing and budget
4 issues.

5 CHAIR DENISH: Are you familiar with the Health Care
6 Authority Act that the state recently passed? And if you
7 are, what is your perception of how that will impact the
8 office of the superintendent?

9 MS. CHAVEZ: Would that be Senate Bill 523 or is
10 something that different?

11 CHAIR DENISH: Would it be what?

12 MS. CHAVEZ: Would that be Senate Bill 523 or is
13 that different? I may be confusing different names for the
14 Health Care --

15 CHAIR DENISH: It's the Health Care Authority Act
16 that -- it's a consolidation of pricing issue.

17 MS. CHAVEZ: I'm vaguely familiar with it, yes.

18 CHAIR DENISH: The office is going to have to be
19 involved in standard setting and things like that.

20 MS. CHAVEZ: Yes.

21 CHAIR DENISH: Do you feel like you would be
22 prepared for that?

23 MS. CHAVEZ: I don't have a lot of history in health
24 care. You can see from my resume that I just don't have
25 that, but I am acutely aware of some issues that I've

1 discovered talking with different people and just keeping up
2 with the insurance stuff, what's going on in the state.

3 For example, the market exchanges for health care
4 coverage, I've been looking into that and I'm curious about
5 that because I have family members that are dependent upon it
6 and they had a hard time getting coverage. I understand
7 there may be some issues, so I am aware on that perspective
8 of the health care.

9 CHAIR DENISH: Based on your history, where is the
10 biggest concentration of your insurance experience, property
11 and casualty or in legal issues related to litigation?

12 MS. CHAVEZ: I would divvy it up probably in four
13 parts. I would say commercial, property/casualty, public
14 entity work, and I am very active in all of the litigation
15 that's filed against the City of Albuquerque.

16 CHAIR DENISH: I think I'll go to Mr. Romero and
17 we'll just continue.

18 MS. ROMERO: For the benefit of the Committee, I
19 will disclose that I have known Ms. Chavez at least 30 years.
20 When I started in the insurance industry I worked for State
21 Farm with Ms. Chavez. I have worked with her across many of
22 the iterations of her career, and being with City Risk,
23 adversely and sometimes representing the City on projects she
24 supervised throughout the 30 years in different context, and
25 so I'm familiar with your background.

1 But I would ask you this, on the issues that are
2 pressing sometimes in the legislature, in the last two
3 sessions there's been tension between patients and health
4 care providers related to the Medical Malpractice Act and how
5 the Patient Compensation Fund can best be run so that it's
6 healthy and the patients are taken care of. Do you have
7 information or an opinion about those tensions?

8 MS. CHAVEZ: I'm concerned. Senate Bill 523 was a
9 step forward in the right direction, but I still am concerned
10 for those patients, first of all, that are in rural areas
11 that don't have access to doctors, so that's a big deal,
12 don't have access to the physicians and the medical
13 facilities that are needed. And I guess the striking
14 imbalance between that and some profit and benefit for the
15 providers to come into the state, I would say that is a
16 challenge and something that's going to be ongoing forever, I
17 don't think it's ever going to go away.

18 Does that answer your question?

19 MS. ROMERO: You did. And going to a completely
20 different subject, so that I don't have to ask questions
21 twice, there's some marketing opportunities for big carriers
22 in the state and they market to population that speak other
23 than English and they have a concentration of advertising in
24 the language that's other than English, but there's no
25 requirement either by the legislature or by regulatory body

1 to service those customers in the language in which they were
2 marketed. Do you have any thoughts or opinions on regulation
3 addressing that issue?

4 MS. CHAVEZ: At first blush, it sounds kind of like
5 redlining in the language sense; in that, you're not giving
6 everybody who could be a potential customer access to that
7 information. I mean, you've got D'nai, you've got Spanish,
8 you've got multiple languages in this state that are now
9 spoken as primary languages, so I think it is a concern. I
10 think it is something that the OSI would have to address.

11 MS. ROMERO: Thank you. I don't have any other
12 questions.

13 MEMBER FORD: Hi, welcome, thanks for being here.
14 Can you give us an example, or two, from your past work
15 experience where you have centered consumers.

16 MS. CHAVEZ: The closest I would have come to doing
17 that would have been my time at HUB, or at the Talbot Agency
18 working with the insurers directly as opposed to the
19 insurance carriers and looking for avenues for them to secure
20 coverage. But since I've been in public entity work that's
21 not something I have done.

22 MEMBER CARPENTER: Hi, Ms. Chavez. A constant
23 strain in New Mexico is recruiting and retaining carriers to
24 our market so that we have competition. We also have a
25 challenge that we don't want carriers to be able to hold us

1 hostage either. Do you have ideas for how we attract and
2 retain carriers who aren't going to then exploit New
3 Mexicans?

4 MS. CHAVEZ: That's a really tough question and I
5 don't know that I can give you the answer that you're looking
6 for. I can be honest and say that I think sitting down at
7 the table with those people that want to come into the state
8 and talk about what they offer, what their pricing is, what
9 benefits they bring, would be the first start, and then
10 trying to figure out if it's going to work. I mean, there's
11 competition at that level, but on the other hand we have some
12 very large providers in the state that do have almost a
13 monopoly on certain coverages and health care issues.
14 Primarily health care.

15 So, yeah, it's a challenge. I honestly can't sit
16 here and tell you that I have a bunch of ideas for that, but
17 I would definitely start with communication, sitting down and
18 talking with them all and seeing what they have to offer and
19 then taking it from that point.

20 To me, it's a very delicate issue because, for
21 example, when you have one health care provider that writes
22 most of the public entity employees, you just can't make them
23 that where they go or that they change things to the point
24 where your employees can't afford the coverage or get the
25 coverage that they need to survive in a poor state.

1 So that would be the challenges that I would face
2 and I'm aware of that.

3 MEMBER CARPENTER: Thank you very much. I'm done.

4 MEMBER WILLIAMS: Hi there.

5 MS. CHAVEZ: Hello.

6 MEMBER WILLIAMS: I am going to ask you two
7 questions that are kind of related and they are related to
8 the creation of the Health Care Authority that was passed
9 legislatively. Have you thought about what role the office
10 of the superintendent has in creating and supporting the
11 operation of the Health Care Authority?

12 MS. CHAVEZ: He has a big role in terms, you know,
13 that is one of the things that the Office of the
14 Superintendent of Insurance takes care of, the OSI
15 Department, health care and long-term care and those things
16 that are kind of associated with that.

17 The challenges I see on those ends would be rural
18 issues, access Internet, understanding bills, understanding
19 bills that are going to make sense, that are collectible,
20 having centers that sell health care, making sure that they
21 hold up to the standards that are appropriate to get the
22 product sold and that type of thing. Making sure that there
23 aren't going to be runaway premiums, making sure that there
24 aren't deals between the insurance agents and the health care
25 facilities that are detrimental to the consumer.

1 I'm consumer driven, that's the only way that I
2 think this office operates well, is if it's consumer driven
3 and it tries to take both sides in every issue, so that's
4 where I would start, looking at that.

5 MEMBER WILLIAMS: Thank you. How do you see the
6 superintendent enhancing efficiency and better service as
7 consumers move between Medicaid and workplace coverage?

8 MS. CHAVEZ: I think making sure that they really
9 understand what the exchange is doing, how they are acting
10 towards things, how they're billing people, who sits on the
11 boards. Not necessarily go in there and say, "it's my way or
12 the highway," but understanding what the process is so that
13 if there are holes we can try and plug them in that system.

14 I'm very concerned that rural areas don't have what
15 they need and that there's a huge population of people that
16 if they're not being communicated with or treated as the
17 proper consumer, that they're not getting the health care
18 that they need.

19 MEMBER WILLIAMS: How do you ensure, as the
20 superintendent, network adequacy in rural and tribal and
21 underserved areas?

22 MS. CHAVEZ: I don't know that the superintendent
23 can control that. I mean, I don't know a lot about that. I
24 don't have a lot of experience in terms of making sure that
25 there's Internet access for everybody, but I do think that as

1 a voice, most definitely. I don't know that I can -- in this
2 position I don't think anybody can say, "this is going to
3 happen, we're going to have broadband for all those different
4 communities," but you sure can ask for it.

5 MEMBER WILLIAMS: Thank you.

6 MEMBER VAZQUEZ: Good morning, how are you doing?

7 MS. CHAVEZ: I'm fine. How are you?

8 MEMBER VAZQUEZ: I'm doing good, thank you. I know
9 you initially covered some of this in the beginning, but what
10 attracted you to this role? What specifically would you like
11 to contribute if you were to get this position?

12 MS. CHAVEZ: I would like to be on a higher list in
13 terms of things for the consumers and for the citizens. My
14 public entity work has shown me that there's a lot of
15 inadequacy and there's a lot of stuff that happens where the
16 consumers are not there. The private citizen doesn't have
17 the same kind of benefits that other people do. So that's my
18 driving force.

19 I like my role currently because I'm able to affect
20 positive change, or at least talk about it, or at least try
21 to get the ball moving on it. And in this role I think I can
22 really do something like that. The time I spent at the state
23 for about six weeks in Risk Management, I had a great team.
24 There was some really good people with some really innovative
25 ideas and so I'm drawing on that, but I'm sure that that's

1 going to happen at the OSI as well, that there's some really
2 good people there that have great ideas that maybe have been
3 stifled and maybe haven't had the kind of communication that
4 they need or the leadership that they need. I'm not saying
5 that there's bad leadership, I'm just saying there's
6 different leadership, that's what kind of motivates me to
7 even put myself out here.

8 It's a big deal and it's a very scary deal, so...but
9 I am putting myself out there, because it's something I would
10 like to do.

11 MEMBER VAZQUEZ: Thank you. In your current role
12 what is one challenge that you may occasionally or regularly
13 experience in your current job and how did you handle it?

14 MS. CHAVEZ: Because it's been in the news I can
15 talk about it. We recently had a very large settlement on
16 employment issues, and so my concern is making sure that I
17 have a healthy risk plan.

18 And so, with any other budget I have to operate
19 within my budget and I have to make sure that we have enough
20 money to pay the claims that I have, the potential claims
21 that I may have, and adequately reserve it. I'm the agent
22 for the taxpayer in that role and so I take that very
23 seriously. So that's a challenge for me and it's a daily
24 challenge for me.

25 MEMBER VAZQUEZ: Thank you.

1 CHAIR DENISH: Dale.

2 MEMBER RYCRAFT: I have a couple of questions.

3 First, just clarification. In your resume it says your
4 driver's license is Alabama; is that correct?

5 MS. CHAVEZ: No, no, it's New Mexico.

6 MEMBER RYCRAFT: Yeah, okay.

7 MEMBER WILLIAMS: It says Alabama.

8 MEMBER RYCRAFT: It says Alabama.

9 MS. CHAVEZ: No, it's right here. I'm not sure what
10 happened there.

11 (multiple people speaking)

12 MS. CHAVEZ: No, I've never lived in Alabama.

13 MEMBER RYCRAFT: Moving on to something else. So if
14 you were to get the position of superintendent how would you
15 manage the staff that are responsible for lines of insurance
16 for which you are unfamiliar?

17 MS. CHAVEZ: I would do my best to become familiar
18 with it as quickly as possible. I'm literally sitting and
19 talking with people, side by side, and learning the job. So
20 if I don't know something, I'm going to go to that person and
21 I'm going to say, "hey, I need to learn this, I need to
22 figure this out," that's the first step I would do.

23 When I came into the position of Risk Manager there
24 was a lot of steps I didn't know at the City. I didn't know
25 how to manage the counseling department, because I had never

1 been a counselor, I had never worked in mental health that
2 way, but learned. I learned real quick to do that. So that
3 would be my first step, is to sit down and talk with people
4 and understand what they do and actually sit by them and
5 figure that out.

6 And then, communication, you know, I'm not one of
7 those managers that doesn't come in every day or doesn't
8 greet their staff every day or doesn't have regular meetings.
9 I don't meet people to death, that's for sure, but I do meet
10 with them, so that would be my first step, is acknowledging
11 it and being genuine and authentic about it, but also
12 learning as much as I can about the position so I can
13 understand it.

14 MEMBER RYCRAFT: Thank you.

15 MEMBER YURIC: Ms. Chavez, thank you for joining us
16 today. I have a question with regard to one of your
17 follow-up questions on the questionnaire. Number 6,
18 regarding rates shall not be excessive or inadequate or
19 unfair, discriminatory. As the superintendent you have the
20 responsibility for regulation as well as for promoting a good
21 marketplace to do business in.

22 In your response, insurance carriers are supposed to
23 be able to show rates that are based on actuarial numbers,
24 loss histories, underwriting analysis and appropriate
25 built-in profit. What do you see as appropriate built-in

1 profit?

2 MS. CHAVEZ: I knew that was going to come back and
3 bite me. I understand that insurance companies need to make
4 money. I understand, you know, there is a profit built on in
5 terms of what your lost earnings look like, what do your
6 actuaries say. I can't give you a number today. I would be
7 disingenuous to give you a number in terms of percentage, but
8 I really think that -- I'm going to guess here -- 25, 30, 40
9 percent, I don't know. I'm not sure what the profit margin
10 would be and maybe I should have followed that up, and I
11 apologize for not having that answer right now. But there
12 has to be a profit, because you're not going to attract them
13 in here unless it's something that's attractive.

14 MEMBER YURIC: And as a follow up to that, how much
15 of that do you think should fall on regulation or how much of
16 that should be regulated by market forces?

17 MS. CHAVEZ: I think I would say probably 50 percent
18 on market forces.

19 MEMBER YURIC: Thank you.

20 CHAIR DENISH: A couple of follow-up questions. In
21 your employment what's the largest staff you've managed at
22 any one point?

23 MS. CHAVEZ: The current department that I have now,
24 I've got 39 people that report to me.

25 CHAIR DENISH: I'm sorry, how many?

1 MS. CHAVEZ: I have 39.

2 CHAIR DENISH: Okay.

3 MS. CHAVEZ: I directly manage. Meaning, I have
4 hands-on interaction with everybody every single day. All of
5 my management staff, the work comp department and the tort
6 department, so that's probably about 20 that I directly
7 manage every single day.

8 CHAIR DENISH: In your current job or previous jobs
9 have you, especially in your current job, do you have
10 interaction with the Office of Superintendent of Insurance?

11 MS. CHAVEZ: We do occasionally. We don't get any
12 complaints, so I'm happy about that. We interact mostly on
13 licensing and lobbying and that type of issue, for our
14 adjusters. We really don't have much else -- I mean, we
15 don't have much interaction with OSI besides that.

16 CHAIR DENISH: And how would you describe those
17 interactions, consumer friendly or lengthy or...

18 MS. CHAVEZ: They're not lengthy. I have an issue
19 now where I've got adjusters -- public entity adjusters are
20 very unique, they're not like the commercial adjusters out
21 there. They're not like regular P and C, so they don't know
22 what an HO4 is, they don't know what a rental dwelling policy
23 is, they don't know those types of things.

24 So I've been trying to figure out a way to get them
25 trained so that they can fit into OSI's testing schematic,

1 because right now they're exclusive of it. There's just no
2 place for a public entity adjuster in the OSI testing
3 capacity, and so that's the first training because I'm trying
4 to get people trained and up to par so that they can be
5 licensed adjusters per OSI standards.

6 So that part of it has been frustrating, but it's
7 not necessarily OSI being frustrating, it's just that that's
8 just the facts that I have. That's the situation that I have
9 to go with when trying to get my adjusters licensed.

10 CHAIR DENISH: On your resume you had a few years
11 that you worked for the Association of Counties.

12 MS. CHAVEZ: I did.

13 CHAIR DENISH: I assume in that role you had to work
14 with the smallest counties, as well as the largest counties.

15 MS. CHAVEZ: I did.

16 CHAIR DENISH: To Allegra's question about how
17 insurance companies kind of have us held captive because we
18 don't have a critical mass of customers to keep them in the
19 state many times. Do you have any ideas about how to
20 encourage the consumers to become -- especially in the
21 property/casualty area, and the motorist area, to promote or
22 encourage, especially in rural areas, securing insurance so
23 that we create -- we're not going to create a huge mass, but
24 maybe to increase the client customer base for companies, if
25 they will provide -- if they are a provider in New Mexico.

1 MS. CHAVEZ: I enjoyed working with the pools and I
2 learned a lot about insurance pools when I was there. I
3 think that if there's some way to talk about people and
4 licensing pools, that would be a nice thing and a nice option
5 for them because, like you said, we do have very, very poor
6 counties that didn't have a lot and experienced losses and
7 then we have large counties like Bernalillo and Santa Fe
8 County that had different kinds of exposures, but did have
9 the funds to do certain things. I thought the pools gave the
10 small counties ability to get insurance, the issues that were
11 way over their head, to purchase a new fire engine that they
12 couldn't -- they wouldn't have been able to purchase before.

13 On the commercial side of it, I don't know that
14 there are any pools for that, but may be worth talking about.
15 How can you create some kind of a pool where the smaller
16 counties can have a better ability to purchase a commercial
17 farm policy, or something like that along those lines. I
18 would explore those options based on my experience there,
19 because I thought the pools were handy and it was very -- it
20 was well run.

21 CHAIR DENISH: Are there other follow-up questions?
22 Anybody have follow-up questions? Do you have questions for
23 us?

24 MS. CHAVEZ: I did coming in, but I'm kind of...let
25 me think. I guess my only statement is, that this is such an

1 honor to be here to talk to everybody and that there's a vast
2 amount of experience here that is really cool and
3 invigorating.

4 I'm very happy where I am. I'll be happy to do this
5 change if that's the selection Committee's decision and I
6 will give it a hundred and ten percent of what I do.

7 Questions, I'm sorry, I just don't have any
8 questions.

9 CHAIR DENISH: That's okay too. Nothing else from
10 the Committee. So just as a -- from here on out we're going
11 to interview everybody today and we're going to have a
12 meeting to discuss if we want to make an offer to one of the
13 candidates. If we do that, we will be back in touch with you
14 or let you know what's going to happen moving forward. Even
15 though your thing says you have an Alabama driver's license
16 --

17 (multiple people speaking)

18 CHAIR DENISH: It requires New Mexico residency if
19 you're the person who gets the job offer.

20 MS. CHAVEZ: I absolutely understand and I
21 absolutely have never been to Alabama.

22 CHAIR DENISH: I think that's it then. We really
23 appreciate you being here and thank you for having an
24 interest in this job, taking an interest.

25 MS. CHAVEZ: Of course.

1 CHAIR DENISH: We believe this is a very full time,
2 rigorous job, getting more rigorous with the Health Care
3 Authority, passage of that act and other things related, as
4 pointed out here, medical malpractice and things that have to
5 be negotiated. So we really appreciate you being here.

6 MS. CHAVEZ: Thank you very much. I appreciate the
7 opportunity to be here.

8 CHAIR DENISH: Thank you.

9 (Recess at 11:11 a.m. to 11:13 a.m.)

10 CHAIR DENISH: Welcome to the Nominating Committee
11 for the Office of Superintendent of Insurance of New Mexico,
12 we're glad to have you. For purposes -- just for your
13 understanding, I'll start out, and we'll let everybody ask
14 questions and follow-up questions, should they have them, and
15 try to get as much information as we can from you and you
16 from us.

17 I'm Diane Denish, I'm Chair of the Committee, but I
18 wanted to start out by giving you an opportunity to say a few
19 things about yourself that -- just a couple of highlights,
20 things that you think are important.

21 MS. KANE: Well, first I want to thank you for
22 allowing me to participate in this, and I do want to
23 apologize, I was late on those questions and it was my -- I
24 was working from my phone and traveling and it was tax week,
25 and so my apologies. Hopefully -- once I heard about it --

1 Jennifer Romero gave me a call, which was very kind of her,
2 and hopefully I got it in as quickly as I could, so apologies
3 and thank you again for indulging my lateness.

4 Me, I've been in the insurance industry for almost
5 50 years now, I think. I started off at New York Life, I was
6 -- that was my first job, I was there for 25 years. I ended
7 up general counsel/secretary of the company. I dealt a lot
8 with the agency force and I also was then pushed into the
9 business area and really built the mutual fund business.

10 I then went on to Blaylock and we did the data
11 portfolio and brought in institutional managers, so the
12 teachers were able to get, I thought, high quality products.
13 Then I went on -- my next insurance job was at Zurich. I was
14 called in to work on the Spitzer investigations when there
15 was rate crisis and settled that case, because I had done
16 large class actions before at New York Life and I settled
17 that case with 24 states, I think, and attorney generals and
18 insurance commissioners, so I dealt with.

19 Then I went on to start the health insurance
20 practice at Dewey LeBoeuf, which exploded a few months after
21 I arrived there, one of the largest law firm in bankruptcies.
22 My first attempt to join a law firm. I then went on to Duane
23 Morris and did the health insurance practice there, and
24 Clifford Chance.

25 I took two years off during COVID. I took my

1 daughter up to Vermont, because of the epidemic and she
2 Zoomed and now is graduating from college, so the silver
3 lining is that it got her to focus. And then I came back at
4 the request of one of the former superintendents in New York
5 to help them in the consulting business at FTI.

6 So I love the business. I've been in many aspects
7 of it. I worked with regulators. I guess I should say, I've
8 settled some big claims with the regulators. I was
9 instrumental in getting the industry to settle the World
10 Trade Center case. The Zurich CEO supported me and we went
11 in and said we'd pay, despite the one occurrence/two
12 occurrence defense. So I did regulation, it's critical.

13 And I've been invited a few times to be a regulator
14 in Massachusetts and New York, but because of my daughter's
15 -- my daughter has Tourette's Syndrome and she's doing very
16 well now, which has changed my opportunities, but I really
17 wasn't able to take advantage of those opportunities. But I
18 really would be excited to be on the regulatory side.

19 CHAIR DENISH: So along that line, in one of the
20 earlier questionaries it said, "explain why you want this
21 job," which you did a good job of saying how important it
22 was, the job was, but what would make you, after this long
23 career in New York, want to pick up and come to New Mexico
24 and be the superintendent of insurance? And, have you spent
25 any time in New Mexico?

1 MS. KANE: Well, let's start with, I was the interim
2 global general counsel at Zurich, so I was at Zurich a long
3 time and I had moved to Seattle at that point. My former
4 husband was working for Microsoft, so we were there for five
5 years, so moving around does not bother me. The two years in
6 Vermont was pretty exciting and luckily my skiing improved,
7 so what else can I say.

8 I have been in New Mexico. The woman who ran the
9 Dallas office for New York Life was a very good friend of
10 mine and she built a house here in the mountains, and so I
11 came here for a number of years and spent a lot of time
12 around Santa Fe, mostly in the mountains. So I think it's a
13 beautiful state. I enjoyed Washington State, I enjoyed
14 Vermont, I think New Mexico is beautiful.

15 You know, I've had a wonderful career in New York,
16 but I don't have to stay there my whole life.

17 CHAIR DENISH: In your past history of employment
18 what is the largest number of people you've managed?

19 MS. KANE: About a thousand, when I was on the
20 business side. On the legal side I think it was about 300
21 lawyers at Zurich, globally.

22 CHAIR DENISH: Have you, in the course of your
23 career, have you had to interact with legislative bodies or
24 on industry, either industry legislation or consumer
25 legislation?

1 MS. KANE: I have not been active on the legislative
2 side. The regulatory side, yes. But not the legislative
3 side.

4 CHAIR DENISH: I had other question, but I'll turn
5 it over to Mr. Romero.

6 MS. ROMERO: In New Mexico we have a Patient
7 Compensation Fund that's established in order to compensate
8 people who have been injured from medical malpractice.

9 MS. KANE: I'm sorry, what?

10 MS. ROMERO: People who have been injured through
11 medical malpractice, and there's a statutory cap on recovery.
12 And there's been, at least the last two legislative sessions,
13 a tension between the patient's side and the medical side
14 over what those terms, what those limits should be and how to
15 manage and maintain a healthy fund so that there is
16 compensation available for patients who are injured.

17 Do you have any background or understanding of those
18 kind of issues, and particularly in New Mexico?

19 MS. KANE: Not in New Mexico, but I have done -- I
20 have represented a medical malpractice insurer in New York
21 who supported the five largest Jewish hospitals in the city,
22 and dealt with some of those issues.

23 My understanding, and it's very brief, my
24 understanding is that there's a medical malpractice they can
25 chose from, problem, not crisis here, and the providers are

1 having a hard time getting insurance. I know we dealt with
2 that in New York. And in Pennsylvania I was involved with
3 creating a reciprocal to -- where the doctors did that.

4 I think caps are an interesting question. When I
5 was early in my career I did handle litigation in New Mexico
6 with health insurance claims for New York Life, and I have
7 seen some very sad cases where people really do need support
8 and compensation.

9 I'm not a -- well, caps. I like the jury system, I
10 think we should leave a lot to it. But again, this is a
11 fund, so that's a different focus. It's probably a state
12 tax-supported fund, so I don't know if that's the only place
13 the patients can get compensation. So I think it's an issue
14 of where the funds are coming from, where caps I think are
15 appropriate.

16 MS. ROMERO: You mentioned working on establishing a
17 reciprocal. Do you have experience setting up a system where
18 doctors can create their own insurance company?

19 MS. KANE: I've advised it, I didn't set it up, but
20 the law firm I was in, Duane Morris, created a reciprocal
21 during the Pennsylvania crisis and I had obviously talked to
22 a lot of people about it. It had the best loss ratios,
23 because the doctors were so involved in it and they seemed to
24 report claims quicker, had much more of an investment in it.
25 They eventually sold it. But it was probably one of the most

1 successful medical practice companies at that time. It was
2 created, I think in the late '80s and it was sold by the
3 firm, I think about four or five years ago.

4 MS. ROMERO: Did it solve the medical malpractice
5 crisis that Pennsylvania was experiencing?

6 MS. KANE: It solved it for the doctors that joined,
7 yes, it did. And, you know, again, very successful. I think
8 the more you can get people involved in anything, the better
9 the solutions are. So if you get people that have a vested
10 interest in it and they feel responsible, it's like many
11 other situations, ownership creates accountability and
12 responsibility often.

13 MS. ROMERO: Thank you. I don't have any other
14 questions.

15 MEMBER FORD: Thank you so much for being here. Can
16 you give us an example or two from your past work experience
17 where you centered or prioritized consumers.

18 MS. KANE: Centered -- well, managing premium, I set
19 up the -- I don't know if any of you recall what that was,
20 but for many years life insurance companies outperformed
21 their dividends because the interest rates. The interest
22 rates sort of turned on them and the dividends that they
23 thought would be coming through and pay off the whole life
24 insurance policies didn't come after about 50 years of
25 performing.

1 And New York Life was involved in a class action
2 suit, as many other insurers were at the time. I actually
3 worked with management and we created what I call the -- what
4 did we call it? The Tylenol solution, and I got -- the
5 Florida insurance regulator said I was the example of -- not
6 me personally, the company was an example of self-regulation.

7 We took all the problematic sales materials off the
8 shelf. We created new materials. We did a training program
9 around the country. We had four regional training programs.
10 We videotaped them and went back to then Commissioner
11 Gallagher and showed him what we did and he said we were the
12 example of self-regulation.

13 I also created -- helped with my outside counsel to
14 create the solution called the fault/no fault situation there
15 where we set up sort of mini tribunals. If you could say, if
16 you had proof that you had -- there was misrepresentation.
17 If there wasn't proof that there was misrepresentation, we
18 tried to use the strong balance sheet of New York Life to
19 allow the consumers to get bonus to continue the policies
20 going forward, so that was one place that I did it.

21 I think the Trade Center issue was another, but that
22 was a large corporation, but it was really getting the
23 companies to do the right thing. I was on the NASD Board for
24 a number of years and I was on the adjudicatory committee
25 where we actually disciplined agents who misrepresented. And

1 part of what I did at Blaylock was to really look at what the
2 teachers were getting as insurance product. They really
3 weren't getting -- I think the shift from defined benefit to
4 defined contributions has been very hard in the country. I
5 don't think the consumers have knowledge of how they should
6 handle their investments, is challenged. And the valid
7 product to support through product were most of the primary
8 and school educators get supplements to their retirement
9 programs.

10 And I had been running the institutional product at
11 New York Life and I went to American General and looked at
12 Blaylock. And I wanted to bring in the disciplined
13 institutional managers, not the consumer chasing the five
14 star results, to give them a product so if they wanted to do
15 a balance portfolio they could rely on those products for
16 being appropriate and if the institutional managers didn't
17 perform, we made a -- it was a subsidized fund and the board
18 could remove those non-performing institutional managers,
19 which wasn't quite as easy before. We shifted about, I don't
20 know, a couple billion dollars to that much more highly
21 monitored formula.

22 MEMBER FORD: Thank you so much.

23 MEMBER CARPENTER: I have a question that I posed to
24 the other candidates and I want to ask you about it too. We
25 have a constant strain in New Mexico of recruiting and

1 retaining sufficient volumes of accountable carriers and
2 carriers that we tend to see kind of hold us hostage once
3 they're here with a lot of demands and they don't -- they
4 don't break their insurance or they're constantly threatening
5 to leave, which puts the regulators in a pinch about how to
6 keep them here without selling out. And so, I'm wondering
7 how your vast experience could help you in this role of
8 really recruiting and holding accountable the carriers.

9 MS. KANE: First, is it certain types of insurance?
10 Is it health insurance, all insurance --

11 MEMBER CARPENTER: We have insurance across all
12 lines. I'm in particular interested in both access to
13 medical insurance, but also in the medical malpractice field
14 lines there's been a lot of threats by carriers and the
15 effect of that is it pits doctors against patients instead of
16 looking at carriers and saying, you know, this is a
17 subsidized market, why can't you perform, what is the problem
18 here, and hold them accountable for it and not letting them
19 pit doctors against injured patients.

20 MS. KANE: I know the doctors insurance company
21 bought the company that I was advising, so -- I mean, that's
22 a group in California, it's trying to build nationwide. I
23 know people who know them. I know their chief, I think,
24 administrative officer, so I -- my first thought would be to
25 go sit down with them and sort of say, "what are your issues

1 and why can't you come"....and so far the regulation versus
2 attraction and carriers that threaten to leave is always an
3 interesting issue. We had it a lot in New York with AIG
4 always threatening to leave and you can't -- you want to make
5 the market attractive enough, you want to make the rates
6 fair. On the other hand, the consumers have to be protected
7 and have to get access.

8 I think an outreach program, frankly, to sort of sit
9 down and, you know, see who we want to target, who we want to
10 talk to, who we might want to attract, is one thing. I know
11 one of the things that -- I know somebody is here from
12 Farmers and I know Farmers fairly well, because I was the
13 Zurich general counsel and I spent a lot of time at Farmers
14 and -- you know, if there are auto claims here, then you want
15 them to bring some of their other products here. I know
16 Florida has done that a lot with -- you want to sell auto
17 insurance, well, then you have to help us out with flood
18 insurance. I mean, there's a way to -- attractive market
19 that allows them to bring another product or you say, you
20 know, we're attracted to you here, we need your other
21 products. I mean, there's, there's certain strategies that I
22 think you can apply.

23 The other thing I'll say, in my experience, it's
24 getting better and better, is that the knowledge at the NAIC
25 and the communication among the insurance commissioners is

1 fabulous. I gave a program on artificial intelligence on
2 Friday to the New York City Bar and we had the New York
3 Insurance Regulator, we had the Maryland Insurance Regulator,
4 we had the Vermont Insurance Regulator and they were all
5 basically saying, look, we want to regulate, we need
6 solvency, we need consumer protection, but we want our doors
7 to be open and talk to you.

8 I think one of the most successful states that I
9 have seen, again not related to your question, is Colorado,
10 your neighbor, doing a lot of the -- being a leader in the
11 artificial intelligence regulation. And the stakeholder
12 meetings that they're having with the consumer advocates, the
13 companies, the lawyers, it's bringing an awful lot of
14 knowledge together. And these issues are not state by state,
15 they are people that have found some solutions and I think --
16 and it's not just national. We're finding a lot of change
17 insofar as protect the consumer, coming in from Europe. And
18 a lot of the U.S. insurance regulation is being pushed by
19 what's coming from the international market.

20 And I have attended the International Association of
21 Insurance Supervisors, many U.S. regulators go to it. Its
22 power really came about after the financial crisis and AIG
23 and you find around the world people are struggling with
24 these issues and there's some interesting approaches that are
25 now being shared. It used to be isolated and now I think the

1 communication is fabulous. Everybody is struggling in
2 different ways with these issues.

3 So I think finding people who have solved it or have
4 some approaches is the best way to do it.

5 MEMBER CARPENTER: I don't think I have any
6 follow-up questions right now, but I will defer to....thank
7 you very much.

8 CHAIR DENISH: Patty.

9 MEMBER WILLIAMS: Good morning, Ms. Kane. I want to
10 ask you a question about the newly created Health Care
11 Authority in New Mexico. I don't know if you're aware of
12 that, legislation was passed. It's going to start being
13 effective in July. What role would you envision the office
14 of the superintendent with having creating or supporting the
15 operation of a Health Care Authority?

16 MS. KANE: And the Health Care Authority's goal is
17 to make sure that people have access, I would assume.

18 MEMBER WILLIAMS: Network access.

19 MS. KANE: The answer is, I think -- well, I think
20 the best -- what I see insofar as health care access is
21 really coming together. It used to be that health, you know,
22 the health -- equivalent of HSS working with the insurance
23 department to solve the problems, but it's a pretty much
24 integrated problem. I think it's hard to separate, you know
25 -- well, I guess I think it comes together mostly when you

1 look at how the HMOs are regulated. You have the insurance
2 departments doing one piece. Sometimes you have the health
3 insurance groups working at quality of care. I think they
4 have to be integrated.

5 From what I understand, not on this particular
6 issue, but I understand from some of my friends that have
7 been in the health insurance, that Delaware and Pennsylvania
8 seem to be very successful because they bring both groups
9 together. The people that are looking at the providers and
10 the volume of people that are looking at the rates and the
11 charges and the access. And then when you have HMOs, I think
12 they're together already.

13 So I think you have -- the insurance regulator has
14 to play a role here, but it's got to be a collaborative role,
15 because both have probably staff. Some are probably better
16 at looking at the quality of care and some people are
17 probably better at looking at the solvency, and jointly they
18 probably can tackle the problem, but I think isolated you're
19 just not going to get a coordinated solution. I just think
20 they're inseparable.

21 MEMBER WILLIAMS: This is a follow up kind of
22 question. How would the superintendent of insurance enhance
23 efficiency and better serve consumers moving between Medicaid
24 and workplace coverage?

25 MS. KANE: Well, I think there -- is this the issue

1 where now people are going to be thrown off --

2 MEMBER WILLIAMS: Yes, exactly.

3 MS. KANE: I think it's just a terrible problem and
4 I know all the states are -- I think it's just a terrible
5 problem. I do. I mean, these poor people.

6 CHAIR DENISH: We have a very high Medicaid
7 population in New Mexico --

8 MS. KANE: And they're the people that need the most
9 help, you know. When we got people on the Affordable Care
10 Act, the agents reach out and try to train them. I think
11 there's got to be some innovative outreach programs and it
12 can't just be digital or text or whatever. You need some
13 sort of exchange. I don't know if you want to have seminars
14 or groups come together or turn to some community leaders or
15 community centers, but it's got to be an outreach program and
16 it's got to be pretty aggressive and pretty quick, because
17 it's just such a -- well, I think some people are going to be
18 left without insurance.

19 MEMBER WILLIAMS: Have you had experience with a
20 state with a rural population and serving them with coverage
21 of different kinds property and casualty or medical?

22 MS. KANE: Well, rural. New York Life was national
23 and we had, you know, all the states, and so rural was an
24 issue. But we weren't as powerful then as I think the HMOs
25 are now in making sure you have coverage and they're creating

1 PPOS.

2 I think the regulator obviously has some power. If
3 people want to join certain groups and get contracts or
4 whatever, to urge, you know, recruitment and finding doctors.
5 I mean, you have to have a certain amount if you want to
6 participate. I think there are ways to push that. But
7 again, I haven't personally done it.

8 MEMBER WILLIAMS: Do you think that's a role of the
9 superintendent?

10 MS. KANE: I think it's part of the role. I mean, I
11 think if you're going to coordinate. I think it's not just
12 the superintendent. It's finding a coordination piece. But
13 I think insurance commissioners have a lot more power than
14 they use, except on occasion they used it when I'm not the
15 other side.

16 I do remember -- I did try to start a co-op for the
17 University of Cincinnati and that -- when I was at Duane
18 Morris, and I was very influenced. I knew the person that
19 was running the CMS, because he had been the general counsel
20 of the California department and we became friends. But
21 before we became friends, he basically told me if I didn't
22 settle the Spitzer settlements, he would pull Farmers
23 license. So, I mean -- you know, you can get people's
24 attention certain ways.

25 When we did the Trade Center, the superintendent of

1 insurance called all the insurers in and the reinsurers,
2 because the resistance was on the reinsurance side, and said
3 basically, "we'll just have hearings and we'll have all your
4 CEOs sitting in front of everyone." I mean, there's a lot of
5 -- there are ways if you want to be forceful, but fair and
6 open, that you can get people's attention.

7 I want to say one other thing here, because I saw
8 some people's background. When I was general counsel at New
9 York Life the management wasn't -- the regulation wasn't as
10 strong as it is now. They weren't consumer focused, I think
11 really to the management issues, but they were scared to
12 death of the class action lawyers. And I think they played
13 -- I think everybody had a role to play and, you know, I
14 think together you can move people.

15 So management sometimes has to be held to task.
16 Sometimes it doesn't. Sometimes you can convince people to
17 do the right thing. I think the management is -- the mutuals
18 have a great advantage that they can use, because they're not
19 being pressured by the stock price. It's a complicated
20 situation.

21 I also think, we're not talking about it right now,
22 but I think the whole reinsurance market is something you
23 have to watch, because I saw you just recently adopted the
24 model reinsurance, but, you know, the whole financial
25 engineering that's going on in the insurance industry to

1 take, you know, to get credit for reinsurance on the balance
2 sheets, something you have to look at. It's a global problem
3 and we're all looking at it.

4 Again, this is a very complicated industry. It's a
5 very exciting industry. It's critical for everyone to
6 operate. I think health insurance is the most complicated of
7 all the -- you know, to deal with. There's sophistication
8 going on in some of the other levels on financial engineering
9 that you have to watch, it's an exciting -- people think
10 insurance is boring until you get in it and then you find out
11 how important, fascinating and how it touches everybody's
12 lives at certain times.

13 And I will say, companies do do the right thing.
14 Zurich during the Katrina crisis -- our CEO is a wonderful
15 man. I loved working with him. But he brought in -- he
16 brought in Ken Feinberg who did the Trade Center payments and
17 we had no litigation and he settled everything in that kind
18 of a fashion. Not even in arbitration, but a much more
19 consumer friendly way, because my chairman believed handling
20 claims was how you keep customers.

21 I mean, there are -- this whole issue we're talking
22 about, the ethicals, the AIPs, and they're basically saying,
23 look, knowing your customer is good business. We want to be
24 ethical, it makes the relationship stronger. Shouldn't be
25 one off transaction. Your best customers who you have a

1 relationship with, whether it's commercial or individual, is
2 my belief.

3 MEMBER WILLIAMS: Thank you.

4 MS. KANE: I will also say, the agents play a big
5 role in that, because I was brought up by agents.

6 CHAIR DENISH: Nora.

7 MEMBER VAZQUEZ: Good morning, Ms. Kane. Thank you
8 for joining us. What attracted you specifically to apply for
9 this position?

10 MS. KANE: Specifically. Well, I --

11 (Court reporter - repeat and speak slowly)

12 MS. KANE: I had met the Governor when she was a
13 Congresswoman and she found the woman who had introduced us
14 and said there was an opening, would I be interested. She
15 had known I had almost gone to some other states, and so I
16 think that is why she said there was an opening and that's
17 how I looked at it and found out about it. And, you know, I
18 wasn't looking every day to see if there was an insurance
19 commissioner opening, it was that. It's a state that I think
20 has some of the philosophies and policies that I could
21 support.

22 MEMBER VAZQUEZ: Thank you. Based on your recent
23 job experience, can you share with us one challenge that you
24 occasionally or regularly face on the job.

25 MS. KANE: You mean my consulting experience?

1 Dealing with private equity owners who don't appreciate the
2 value of regulation and are being pushed hard for profit,
3 it's been one of the bigger issues that I have been dealing
4 with. Because I put a compliance program in for one of them
5 and they had a hard time -- and they were reinsurers. They
6 had been -- they were reinsurers. They had industry
7 background as reinsurers and didn't understand what it meant
8 to be a direct insurer.

9 They a company from a large insurance company and
10 the large insurance company was going to GPA, so they thought
11 it was just going to be like reinsurance and it was really an
12 education program. And the other thing, I've also dealt with
13 some insurance tech companies, and they are brilliant people,
14 but they don't they appreciate the role of regulation and
15 it's really an -- you're educating them why this is
16 important. Sometimes it's hard to take brilliant people and
17 bring them back to basics.

18 MEMBER VAZQUEZ: Thank you.

19 CHAIR DENISH: Dale.

20 MEMBER RYCRAFT: I have a few questions for you just
21 to follow up on questions on motivation to come to New
22 Mexico. Do you have long-term plans to stay in New Mexico or
23 are you just applying for the position?

24 MS. KANE: Actually, years ago I wanted to retire
25 here, you know, I thought about it, and we were looking at

1 property. I was married at that point and my husband had
2 altitude, problems with the altitude, so I was -- when I was
3 visiting my friend I really fell in love with it, but at that
4 point...I'm not planning on coming in and jumping out. I
5 think this could be a life-long moment.

6 MEMBER RYCRAFT: Thank you.

7 MS. KANE: Hopefully my life is long.

8 MEMBER YURIC: Ms. Kane, thank you for joining us
9 today. Aside from what's been said within the conversation,
10 I want to follow up and bring up regulatory responsibilities
11 and how important they are. The office of the OSI is a
12 regulatory body with the responsibility to try to keep a
13 robust market as well.

14 To follow up on question number 3 that has to do
15 with protecting the interest of the insurance consumer and
16 ensuring companies can pay their claims. You mentioned
17 insurance solvency requires fair and justifiable rates. What
18 does that mean in your mind, fair and justifiable?

19 MS. KANE: That there's enough money for the
20 insurance company to pay the claims, but it's not -- the loss
21 ratios are -- there's not more profit than is needed,
22 basically.

23 MEMBER YURIC: And how would you define excess
24 profit, what level is excess versus appropriate?

25 MS. KANE: I think you have to look at the balance

1 sheets of the various companies. We had to put minimal loss
2 ratios in on the health insurers. There's a moment where the
3 amount of money you have has to be put towards paying claims
4 and then you have to have appropriate staff and development,
5 so I think that's why you have the rate submissions that are
6 so detailed and that's why you sometimes have rate hearings
7 to sort of figure this out. I don't think there's a -- I'm
8 not a formulating person, I'm much more like, let me see what
9 the situation is.

10 MEMBER YURIC: Because it's only the health
11 companies that have the --

12 MS. KANE: I understand that.

13 MEMBER YURIC: How much would you see the office of
14 the superintendent regulating profit versus the market taking
15 care of that in itself?

16 MS. KANE: I don't think the market totally takes
17 care of profit. I mean, I think you do have to look at
18 what's going on and how much people -- how much the
19 investment returns are. And again, I think it's a
20 complicated situation. I'm not saying 80 percent for minimum
21 loss ratios or 85 is what I'd apply to everybody else, but
22 you also have to look at, you know -- the competition sort of
23 does this as well. I mean, what people charge, if they --
24 you know, what people are charging sort of often solves most
25 of the problem, because you're going to have someone come in

1 and say, "well, if you're charging too much, I'll charge less
2 and get the customer." But it's not even just a balance.

3 I mean, everything sort of moves in a cycle. You
4 can't pull one out and then the other one will fall down,
5 balancing isn't even the right -- I don't think it's enough
6 of a term. I mean, you're really trying to -- you're try to
7 understand what the consumer can pay, what returns they're
8 getting on their portfolios and how much they need to operate
9 the company and what's a profit that they need to keep
10 executives and employees that want to come to those
11 companies, and what other things do they need to develop. I
12 mean, people need -- now we have cyber security and computer
13 systems and there's just a lot you need to operate a company.

14 MEMBER YURIC: In New Mexico with the P and C
15 portion of it is a file-in-use system. How would you
16 regulate a file-in-use system?

17 MS. KANE: File-in-use, I'd still look at it. I
18 mean, again, it's not approval, I understand, but you can
19 look at it and see if there are issues. You can see if
20 somebody is having a problem getting a certain kind of
21 product and you can ask questions. File-in-use doesn't mean
22 you can't inquire.

23 MEMBER YURIC: Correct. If a company came in with
24 what might be considered an excessive rate, would your office
25 contest that file-in-use situation?

1 MS. KANE: I certainly would have somebody, have
2 them come in and explain to me why they thought that was
3 appropriate and what they thought -- is it going to help them
4 in the future? Are they doing it for some other reason? If
5 not, you still have the authority --

6 MEMBER YURIC: Justify to you why the file-in-use --

7 MS. KANE: Yes. If it's excessive you have to look,
8 I think.

9 MEMBER YURIC: Thank you.

10 CHAIR DENISH: Just some follow-up questions on my
11 part. So currently are you a consultant or are you --

12 MS. KANE: Yes.

13 CHAIR DENISH: -- an employee --

14 MS. KANE: I'm a consultant.

15 CHAIR DENISH: You're a consultant, okay. And
16 mostly on the legal issues and counsel --

17 MS. KANE: Regulation.

18 CHAIR DENISH: Regulation.

19 MS. KANE: We're not a law firm, so we're not giving
20 legal advice. We are, you know, working with them on
21 regulation, that's why we could put a compliance program in
22 place, because we know the regulation.

23 CHAIR DENISH: I'd be interested in your view of
24 what happened with the co-ops. Just by way of
25 self-disclosure, I was Chair of the New Mexico Co-Op Board

1 and we were one of the last ones standing before we --
2 actually, regulation was the problem for us, not that we were
3 overregulated, we were under-regulated and the office didn't
4 really pay attention to what was happening with us, so -- but
5 the overall co-op scheme of these co-ops, what's your opinion
6 of why they --

7 MS. KANE: Didn't work. Well, first of all, I think
8 I gave some advice -- somebody called me up when I was at
9 Duane Morris, I can't recall who it was, and I tried to look
10 back, but I couldn't find any -- I couldn't find it. But
11 somebody was calling me about the co-ops.

12 I thought the co-ops were a great idea. Again, I
13 was helping the University of Cincinnati put one together.
14 We had it all done by December 31st. I got a phone call, the
15 funding was pulled, you know. I thought having a nonprofit
16 option was a good idea.

17 I thought there was a real bias, however. And I did
18 know who -- Gary Kono who was running CMS I know very well
19 and he's the one that called me and said, "Alice, your
20 application, forget it, it's over, there's nothing we can do
21 to help you." I said, "okay."

22 I do think -- sometimes not having -- they didn't
23 want the insurance industry to control, which was correct,
24 but they -- you need, I think more -- more insurance
25 expertise sometimes in them. I thought the delay in -- even

1 in the market we're supposed to get reimbursed, that came way
2 too late and a lot of the cost went under because that
3 reimbursement came way too late.

4 I think Minuteman is still surviving in
5 Massachusetts. I think they had problems in New Hampshire.
6 But it had to be regulated like other insurance companies.
7 You had to make sure there was solvency and -- but I also
8 thought -- again, back to that reimbursement issue, I thought
9 that was one of the first problems that was unfair. I think
10 it should have been more industry -- you know, professionals
11 involved and I think that the whole thing became political,
12 and you guys were sort of left holding the bag for awhile.

13 CHAIR DENISH: Back to --

14 MS. KANE: That's my personal opinion.

15 CHAIR DENISH: -- something Allegra was talking
16 about, was companies threatening to leave. New Mexico has a
17 total of a little over two million people in total. One of
18 the -- it's not just threats, it's people -- it's companies
19 decline in mass sometimes to insure in certain areas of New
20 Mexico, and then there's the consumer who doesn't consume and
21 buy insurance. And in many underserved places in New Mexico
22 there's a very low property/casualty insurance rate. And I
23 just wonder what your ideas might be about in these really
24 small communities. So 60 percent of the -- 50-plus percent
25 of the population lives in this five-county area where we're

1 sitting. Outside of that -- I mean, we only have 11
2 communities that have more than 10,000 people in New Mexico
3 and we have 99 -- 103 now, incorporated communities. So that
4 tells you that we have 92 communities that are less than
5 10,000 people.

6 So in these rural areas, what kind of ideas might
7 you have about getting consumers to play their part and the
8 consumers --

9 MS. KANE: To consume. Some of it is education,
10 obviously, you know. I think it was the Vermont commissioner
11 said there was a financial education day and he was going to
12 some of the high schools and explaining the need for
13 insurance. And there's an outreach program. I've never
14 tried this, but I have heard it's worked, but I don't know,
15 I'm not a regulator.

16 You know, you've got people that want to be in your
17 very profitable communities. So to say, if you want access
18 to this date you have to provide the real estate. I don't
19 know how those conversations go. I know it's been successful
20 in some other states. So I think there's some -- I don't
21 know what the outreach is, you know, and I don't know, you
22 know, is there a way to get to these consumers in a more
23 efficient way, I don't know.

24 Again, I just -- I like to talk to different people
25 and some ideas that they have and I think -- off the top of

1 my head, I don't have a solution. It sounds like it's a
2 problem that needs to be focused on, though. And I think it
3 needs to be focused on the industry. They want to make a
4 profit, but they don't want to look like they're not good
5 corporate citizens, so is there a way that you can get a
6 win-win, I don't know. But that's what I would be trying.

7 CHAIR DENISH: Just one last question to follow up
8 on Patty's question about the Health Care Authority. Is
9 there some place you think the Health Care Authority similar
10 to what we just passed has been successful?

11 MS. KANE: I hear Delaware and Pennsylvania. And
12 they may not be Health Care Authority in that sense, but the
13 health regulators are working with the insurance regulators,
14 they've got a combined approach and it seems to be getting
15 what the -- helping the providers and helping the patients in
16 getting their rates and pushing -- making sure you have
17 enough providers and -- you know, everyone is talking about
18 value-based health care and is that the new solution, it may
19 or may not be.

20 But I did hear a terrible story. A friend of mine
21 had an operation in Vermont, and she's a doctor, and it turns
22 out it didn't go well and they brought her back in. And she
23 said they didn't want to put in the paperwork that the first
24 operation was unsuccessful, so there's a lot of -- it's a
25 very -- it's something that if you're going to do, you're

1 really going to have strong oversight, in my opinion.

2 CHAIR DENISH: How do you determine success, is that
3 affordability or increased not just access, but increase
4 usage of insurance products?

5 MS. KANE: And increased quality of care. I mean, I
6 think that's a part of the value base, is really getting a
7 higher quality of care, which may solve some of the
8 malpractice problem.

9 CHAIR DENISH: Allegra, did you have a follow-up
10 question?

11 MEMBER CARPENTER: I do. There's a sentiment that
12 practices currently used by the PCF, which is the Patient
13 Compensation Fund under the -- pursuant to the Medical
14 Malpractice Act here in New Mexico, the current practices by
15 the PCF in settlement negotiations are having the effect of
16 preventing consumers, harmed patients, from having access to
17 lawyers and being able to find lawyers. Without going into
18 all the ways on that, I want to come back to your comment
19 about the class action lawyers and you didn't feel like
20 regulators were --

21 (multiple people speaking)

22 MEMBER CARPENTER: We have to not talk over each
23 other for the court reporter. So, you know, one way to
24 reduce claims is to get rid of the lawyers, kill all the
25 lawyers, right. I think that's not what you were saying and

1 I --

2 MS. KANE: No, it wasn't at all.

3 MEMBER CARPENTER: Okay. And then also related to
4 that is this comment that you just made about one way to
5 reduce malpractice claims is to improve provision of care.
6 And something that I have seen in various kinds of insurance
7 products is this idea that the companies, the carriers
8 themselves can improve safety in their customer. What is
9 your thought on the role of the superintendent in making sure
10 that companies are doing that?

11 MS. KANE: Well, that's a very interesting question.
12 The role of the superintendent, I have seen -- I did some
13 work for the captive that was in Vermont that basically
14 insured -- that provided a lot of the women's health care and
15 they actually came up with standards for all the clinics, and
16 it was very successful in helping them be more profitable and
17 helping the clinics raise their standards. And I think it
18 would be something to encourage when you're looking at
19 policies and approvals and share that that really is
20 effective. It was the Planned Parenthood, sorry. They were
21 one of the first groups that had put in the sort of minimal
22 standards and they went out and they looked at it and they
23 became one of the national program leaders in this, because
24 they wanted better results themselves and they also wanted
25 quality of care.

1 So the system can be brought together to have all
2 the pieces support the right outcome, but everybody has to be
3 committed to it and people have to be told, you know, this
4 works, show them that it worked.

5 MEMBER CARPENTER: Thank you very much. I'm
6 finished with my question.

7 CHAIR DENISH: Other follow up? Patty, do you have
8 any follow up?

9 MEMBER WILLIAMS: No. Thank you for coming.

10 CHAIR DENISH: Anybody else have follow-up
11 questions? How about you, do you have questions for us?

12 MS. KANE: No. I think just it's a very interesting
13 process, and it was nice to meet you all. Thank you for
14 taking the time and I appreciated this opportunity to get
15 back to New Mexico.

16 CHAIR DENISH: So just a couple of things. A
17 requirement is that you establish New Mexico residency,
18 should you get job. And what we're going to do today is
19 interview everybody, then we'll have a session and we will
20 try to make a decision. We may not, we might. And then we
21 will be back in touch with you after that.

22 MS. KANE: Well, it's been -- it was a little
23 daunting, I must say, that I would be talking to so many
24 people at once, but it's really -- I really appreciate the
25 questions and they were very on point. And I apologize for

1 my quick speaking.

2 (Recess at 12:02 p.m. to 12:28 p.m.)

3 CHAIR DENISH: Good afternoon, Roberta, thank you
4 for being here.

5 MS. BACA: Thank you for having me.

6 CHAIR DENISH: We are trying to get ourselves back
7 on schedule after some unintended consequences happened with
8 an accident and everything else on University.

9 Welcome to the Committee. The way we've been doing
10 this is, I'm going to give you a couple of minutes to just
11 say, you know, more of your background or highlight the parts
12 of your background you would like to, and then we'll start
13 with questions and go around the room. And then at the end
14 if you have questions for us, you're welcome to ask us those,
15 okay.

16 Why don't you start by giving us a couple of minutes
17 of things that you think are highlights and your desire to
18 have the job.

19 MS. BACA: Good afternoon. My name is Roberta Baca.
20 I am from Santa Fe, New Mexico. I was born and raised in
21 Santa Fe. After graduating from high school I attended New
22 Mexico State University and after graduating from New Mexico
23 State University with a government degree, everybody said to
24 me, "what are you going to do with a government degree?" I
25 said, "I'm going to go and work for the government." So I

1 obtained a job with the New Mexico legislature and I worked
2 in the House of Representatives for almost five years and
3 it's actually where I found the love of the law and I left
4 that position to attend law school at St. Mary's University
5 in San Antonio, Texas. Reason I chose St. Mary's in San
6 Antonio, Texas is that at the time the dean of the law school
7 was actually from Las Vegas, New Mexico, and I had worked in
8 his law firm as a runner when I was 16. So I graduated from
9 St. Mary's in San Antonio, Texas. And, of course, my family
10 and my love for New Mexico was too deep, I decided to come
11 home and I began working at the DA's office.

12 After leaving the DA's office I went to the
13 Department of Public Safety and I was in charge of their
14 Equal Employment Opportunity area. Then I needed to move
15 home, I had an ill parent, to Albuquerque and so I
16 transferred over to the New Mexico Work Comp Administration
17 where I was the assistant general counsel. At times I was
18 the acting general counsel. I also did the Enforcement
19 Bureau. So I'm very familiar with regulatory processes and
20 bringing people in that need to be regulated.

21 After leaving work comp, I have been honored to be
22 the Criminal Division Director at the Office of the
23 Superintendent of Insurance. This November it will be ten
24 years. So I've served in different capacities.

25 The former superintendent, Franchini, decided that

1 he wanted to combine the civil and criminal, so I have
2 experience actually over managed health care, consumers,
3 civil investigations. And I think at the time we also had
4 some of the rate and reviews. And also at the time we were
5 losing our general counsel, so I shared OSI general counsel
6 duties, very familiar with the entire insurance code.

7 And, of course, in our criminal division we -- in
8 2019, we were number one in the nation for stolen
9 automobiles. I'm sorry, in 2016 we were becoming number one
10 in the nation for stolen automobiles, and so our division got
11 together and we started a statewide auto theft task force.
12 In 2019 we were number one and there were about 10,000 cars
13 stolen out of the largest county, just Bernalillo County, and
14 so we had some insurance companies that were not happy with
15 the numbers and the losses in New Mexico.

16 So we went to the legislature and we requested the
17 statewide auto theft authority and they added it to the
18 insurance product. So our statutory authority was expanded
19 to auto theft and any other related crimes. We prosecute
20 people for auto theft and insurance fraud, arson. We also
21 run a statewide arson task force and we work with the
22 different fire departments when they have something that they
23 think might be insurance fraud.

24 I love my job. I love OSI. I have been in
25 government 25 years. I absolutely think it's the best agency

1 and it's probably the most broad, as far as like its
2 regulatory and criminal authority in the state.

3 CHAIR DENISH: Thank you. That's a good review.
4 How much of the 25-year career you've been -- were you with
5 Franchini before we became the OSI or when it was under the
6 PRC or did you start when it became the office of
7 superintendent, that was about -- I think we created it
8 independently --

9 MS. BACA: It was 2013 and 2012, there was a
10 constitutional amendment to separate it out from the PRC, I
11 was not -- I came just shortly after it was constitutionally
12 separated out with Superintendent Franchini. But
13 interestingly enough, I was actually working at the
14 legislature when Representative Bob Perls created the PRC.
15 It was two o'clock in the morning when they called the
16 Department of Insurance and all of the other departments in
17 there.

18 I was also on the house floor when Representative
19 Mimi Stewart actually carried the bill, because now -- she is
20 now the Senate Pro Tem that created the insurance fraud
21 division. So it's really kind of a full circle moment for me
22 that I get to be in charge of that.

23 CHAIR DENISH: So I had a question about interaction
24 with the legislature, but I think you've answered that for me
25 just by talking a little bit about your history.

1 So in your division in the department you supervise
2 other people or you manage other people. I'm just trying to
3 get at how many people you've managed at any one time,
4 whether it was in that or some other role.

5 MS. BACA: So right now I manage approximately 13
6 employees, they're diverse employees, attorneys, police
7 officers, paralegals. But at any one time I probably
8 supervised over at least 25 people, compliance officers,
9 different people, secretaries, receptionists. And in my role
10 as the assistant general counsel I have dealt with Unions and
11 I'm very familiar with all of the employment laws and with
12 the state personnel system that we have to deal with to hire
13 and get people on board.

14 CHAIR DENISH: There's going to be some questions
15 about the Health Care Authority, but I think other people
16 have a series of questions about that, so I think I will lay
17 on that question. I will go to Mr. Romero.

18 MS. ROMERO: Thank you, and thank you for being here
19 today. In the work that you have done with OSI has any of it
20 involved working with the Patients Compensation Fund and the
21 Medical Malpractice Act?

22 MS. BACA: Not directly, but when I was the acting
23 general counsel we were working with the legislature. I
24 worked with the former Superintendent Franchini to figure out
25 how we're going to shore up that fund. I'm very familiar

1 with the issues that plague that fund. I think that the
2 legislature each year has sort of but a Band-Aid on that and
3 I really think that people really -- trial attorneys, I think
4 doctors, I think everyone, legislators, needs to come to the
5 table.

6 And, of course, it's just like every legislative
7 session, right, we're not going to make everybody happy.
8 There are going to be people that, you know, feel like they
9 won or loss. But in that particular area I think people
10 really need to sit and down figure out what it is that's best
11 for New Mexicans, whether it's from a trial attorney
12 perspective or from a doctor's perspective, that fund is not
13 sound into the future and so I think this temporary fix, you
14 know, as we saw this last legislative session, there were
15 several concerns from several doctors and several surgical
16 centers that need to be addressed.

17 We are a very rural state and it's really sad when
18 people will call us, even though we're the criminal division,
19 they have a question, and really their question is, you know,
20 how am I going to get to the doctor from Raton, New Mexico to
21 Albuquerque or to Santa Fe. And so, we need to figure out a
22 way to balance out everyone's interest, I think, in that
23 area, in the Patient Compensation Fund.

24 And I'm sorry, what was the other question?

25 MS. ROMERO: I think you addressed my point. The

1 question was probably not on that issue, but with the amount
2 of experience you have in the issue directly, do you have
3 insight or an opinion as to inclusion of large hospital
4 corporations within the cap system and equitable payments
5 into that system?

6 MS. BACA: So I know that that was really
7 controversial when the hospitals were let in, and then of
8 course now they're not. I think, again, pragmatically
9 speaking, we have to sit down with all of the stakeholders
10 and we really have to figure out what we're going to do.

11 We want doctors to be covered with medical
12 malpractice insurance, we also want patients and consumers
13 who are harmed by them to be compensated correctly for
14 whatever it is into their future that they need care for or
15 something like that. We know that doctors make mistakes,
16 they leave instruments in or they do surgery on the wrong
17 knee or something of that nature. And so, I think people
18 have a right to be appropriately compensated.

19 I don't know that just moving the hospitals in was
20 -- of course it shored up the fund, but again this fund is
21 not solvent into like 10, 15, maybe even 30 years, and I
22 think we have to figure something out; otherwise, the
23 legislature has to keep shoring up and they steal money from
24 Peter to rob -- you know, they rob Peter to pay Paul and they
25 start stealing from other funds or moving money around.

1 And so, I think we need to figure out how we're
2 going to move forward, I think, as a state and again be able
3 to have appropriate rural health care for people and health
4 care providers and also figure out how we're going to, again,
5 appropriately compensate people. I think they put back in --
6 it's like 750,000. I think we are going to have to
7 definitely figure out a path, but I can't really answer the
8 hospital, I think that was a quick fix, but I think it wasn't
9 -- I think it wasn't the answer to the future for people.

10 MS. ROMERO: Another question that's very different
11 than the hospital issue. In New Mexico there are large
12 insurers who market to populations that speak other than
13 English. There's a lot of effort and money in advertising
14 drafted in other languages, but there's no statutory or
15 regulation mandating provision, the documents, the policy,
16 the information, in the language in which the company did
17 business or sold the product. Do you have any insider
18 thoughts about controlling that or mandating provision of
19 policies in the language in which they were sold, taking care
20 of it through regulation?

21 MS. BACA: So again, I think that's another way that
22 the office of the superintendent can help. We already have
23 the regulatory authority to pass rules or regulations that we
24 could require. I don't think that companies would be opposed
25 to that. I think we just have to sit down at the table and

1 ask them and let them know what our expectations are.

2 I think people should be able to read policies in
3 their native language, whether it's Spanish, Navajo or one of
4 the dialects from one of the 32 pueblos. So I do think
5 that's a fair question, we have a lot of -- you know, be it
6 Vietnamese or Korean, I think people, even if they speak
7 English, we all like to read in our first language. I think
8 that they should have the opportunity to do that and that
9 would be something that we could absolutely work on, but I
10 think that's something that we could do by rule, really.

11 The superintendent has such broad statutory
12 authority in general. There's always a way to find something
13 to make it work.

14 MS. ROMERO: Thank you. I don't have any other
15 questions.

16 MEMBER FORD: Thank you so much for being here
17 today. Can you give us an example or two from your past work
18 experience where you have centered or prioritized consumers.

19 MS. BACA: We do that every, single day in the
20 insurance fraud division. Our whole goal and our whole
21 mission is to ensure, that people that are committing
22 insurance fraud, auto theft, other commercial burglaries,
23 things that are related, people aren't aware of the cost, the
24 drivers that drive up the cost of insurance and we want
25 consumers in New Mexico to be protected. We want premiums to

1 be low.

2 We know that not only are we a rural state, but
3 we're a poor rural state and a lot of people probably -- you
4 know, I think the last I saw there wasn't -- it wasn't too
5 recent, but almost 65, 70 percent of people either drive
6 without insurance or pay on a month-to-month basis for
7 insurance. We want to make things affordable and so we go
8 out and do community outreach. We educate not only the
9 consumers, but other people, but when it warrants it, the
10 criminal investigators and the agency go out and arrest
11 people for insurance fraud.

12 We have three really amazing prosecutors that work
13 in our division, between them they have over 75 years of
14 experience. I don't know if you all have seen what's
15 happening, there was a large attrition and a large retirement
16 in DAs offices across the state and of course when DA Bregman
17 took over in the Second Judicial District, which is the
18 largest judicial district in the state, there were 40
19 positions, that's unprecedented. In Santa Fe, Sandoval
20 County. So we're very lucky to have three prosecutors with
21 that type of experience.

22 So we either send people the -- if it's a first
23 offense or they qualify for prosecutorial diversion or, you
24 know, we ask that they be sentenced. And we always ask for
25 restitution. And a lot people think, well, you know, you're

1 getting restitution for insurance companies, they're like big
2 money bags. And what I tell people is, they're like the
3 bank, you wouldn't want somebody to go and rob your checking
4 account from the bank, we don't want people to rob insurance
5 companies as well, because we have to pay the cost then and
6 it just drives up the cost. And if people already can't
7 afford their insurance, whether it's commercial insurance or
8 any other type of insurance, then it's really difficult, I
9 think, to, you know, provide those services.

10 I think also the civil investigators, when I
11 supervise them, we bring people in that also need to be
12 regulated. The superintendent of insurance has broad
13 regulatory authority, and if it isn't criminal and it doesn't
14 meet that threshold, then it gets referred over to our civil
15 division and those civil investigators are investigating
16 those issues and bringing them in to regulatory compliance.

17 I think sometimes, because I've done both, people
18 are more afraid or more upset about paying fines than facing
19 jail time sometimes, right.

20 MEMBER FORD: Thank you.

21 CHAIR DENISH: Allegra.

22 MEMBER CARPENTER: So there's a concern in New
23 Mexico that there's a dearth of carriers willing to put out
24 lines of insurance here. At the same time we need a
25 regulator who is going to hold insurance companies

1 accountable to consumers and New Mexicans. How do you
2 envision being able to recruit and retain and enforce
3 regulations with more carriers and across all lines?

4 MS. BACA: I think, again, it's a delicate balance,
5 right. We want insurance companies to come and do business
6 in New Mexico. Insurance companies provide financial
7 stability and infrastructure to local, state and county. So
8 we want to make sure, though, that the companies that do want
9 to do business here are financially sound into the future and
10 that they are going to pay the claims in a fair and
11 non-discriminatory manner to consumers. I think that's
12 really important.

13 I think also just ensuring that our consumers, on
14 the other hand, also have a lot of choices. We like choices
15 when we're shopping, whatever it is that we're shopping for.
16 We want to make sure that people have choices.

17 I think sometimes we don't do a really great job in
18 New Mexico of maybe recruiting businesses. A lot of times
19 insurance companies, they want to do the right thing.
20 They're in business to make money and they want their
21 consumers to be happy, because there is competition and so
22 they want to be able to, you know, have more business.

23 And so, when we have regulatory issues, prior to
24 this, even in the work comp area, most of the time we bring
25 in an insurance company and they know you're really serious

1 about fining them. Again, they don't want to pay fines.
2 They don't want to have a black mark fee. Insurance
3 companies that used to have to pay \$250, would pay their
4 attorneys a thousand dollars not to have that like on their
5 record, right, or more, like an hour, just not to have a \$250
6 fine or any kind of finding against the company. It's really
7 important for companies that do business.

8 Of course there are bad apples and those bad actors
9 would be brought in, we have to regulate those people after
10 due process. They are entitled to a hearing, and then the
11 superintendent issues orders, and figure out how we're going
12 to move forward and how we're going to get the business back
13 on track, right. Because, again, we want to collaborate, New
14 Mexico. We want to have a balance, a delicate balance of
15 protecting our people and our consumers and having choices,
16 but we want people to want to do business here.

17 MEMBER CARPENTER: Thank you.

18 CHAIR DENISH: Patty.

19 MEMBER WILLIAMS: Ms. Baca, you're aware that the
20 health authority, Health Care Authority, was created in the
21 last legislative session, right?

22 MS. BACA: Yes.

23 MEMBER WILLIAMS: What role do you see the office of
24 the superintendent, the superintendent having, in
25 facilitating that new department?

1 MS. BACA: So I think that's going to be a
2 collaboration with both the legislature and the executive
3 branch, I think that's a brand new Health Care Authority. I
4 think some of the things that may or may not be coming down
5 the pike may or may not need a constitutional amendment. I
6 know that they want to move all things health care --

7 MEMBER WILLIAMS: Sorry to interrupt. Have you had
8 a chance to read the law that was chaptered?

9 MS. BACA: Yes, I have. I've read the final.

10 MEMBER WILLIAMS: Okay, thanks. Because some of the
11 things you're talking about are in the law, like the
12 interaction between different executive branch departments.

13 MS. BACA: So I think it's going to be, because it's
14 new, I think we're just going to have to really have open
15 lines of communication and I think you're really going to
16 have to collaborate.

17 I think, you know, if we're the entity that's
18 regulating the health care insurers, we need to make sure
19 that we're working with the cabinet secretary from the Health
20 Care Authority. I also know that the Health Care Authority
21 fee, like I spoke to you about earlier, the legislature has
22 already looked at that and some of it's actually already
23 being deferred into the Law Enforcement Protection fund.

24 So I think when we create new a authority, we create
25 a new fee, so part of those things when people were coming

1 off the Medicaid rolls, we want people to have health
2 insurance, we want it to be affordable. We want to help our
3 small businesses.

4 Again, we're generally a poor rural state and we
5 want our independent businesses to be able to offer health
6 insurance to their employees at a low cost so they stay in
7 business, so people can still be employed, especially in
8 those areas.

9 So I think that it will be important to really just
10 communicate and collaborate. I think because it's new, and
11 in New Mexico when things are new, not everything is always
12 very smooth and -- but I do think it's clear that we will be
13 having a very close working relationship with that cabinet
14 secretary with the executive, and really with legislators. I
15 think people -- you know, the legislative finance committee
16 during the interim and things like that are really going to
17 be looking to see what works and what doesn't, what they will
18 eventually move completely over or not.

19 MEMBER WILLIAMS: And following up on something that
20 you just said, how do you see the superintendent enhancing
21 the efficiency and the service to consumers moving between
22 Medicaid and market coverage?

23 MS. BACA: So first, the superintendent sits on the
24 Be Well New Mexico by virtue of appointment of that. And I
25 think it's really important for the superintendent to take a

1 leadership role in that. And actually, our department has
2 done a pretty good job of letting people know that if you're
3 coming off the Medicaid roll, then you may or may not be
4 eligible if you're a business or a person to sign up.

5 And so, we've really kind of brought ourselves into
6 the 21st Century in the last year. We have Facebook, we have
7 Instagram now, Twitter, things like that. But what I would
8 like to do is really take our, you know, show on the road and
9 really just visit with different communities and really be in
10 Farmington, be Magdalena, be in Raton, be in Las Vegas, New
11 Mexico, and really meet people so they know what services
12 that we offer, what kinds of things they can come to us for
13 including, say, oh, you know, there's 32 small businesses in
14 this community and, you know -- of course, as the criminal
15 division we work really well with the Better Business Bureau,
16 you know, the Hispanic Chamber of Commerce, you know, just
17 really reaching out to those companies and inviting them
18 maybe to -- you know, we do Coffee with a Cop, but maybe we
19 have Coffee with the Superintendent saying, if you know
20 you're eligible, how can we help you sign up.

21 I really feel like we need to do a better job
22 probably, like outreaching, besides just letting people know.
23 I know that they got letters, but again it goes back to, I
24 think -- you know, one of the issues that Mr. Romero asked
25 about, people are really comfortable speaking in their native

1 language and I think that we have to do, again, a better job
2 of putting different things out into the community with
3 various languages.

4 MEMBER WILLIAMS: Thank you.

5 MEMBER VAZQUEZ: Thank you for being here. I wanted
6 to ask you, I know you're currently working for OSI, but what
7 physically attracted you to this position? Why do you want
8 to be in this particular position?

9 MS. BACA: Because I think my training and
10 experience overall would make me a perfect person for this
11 position. I've had both regulatory, criminal experience. I
12 worked at the legislature and am very familiar with the
13 legislative process, worked with executive level secretaries
14 and things like that throughout my career.

15 And I think it's just such an important position.
16 People don't realize that insurance touches our lives, like
17 in every part every day, whether it's your commercial
18 insurance because you own a business, you're driving a car,
19 it's just such a -- and we regulate other things too, right.
20 And so, storage sheds. We have vaccines.

21 This department really just touches every single
22 part of every single New Mexican's life. As I said, I was
23 born and raised here and I really care about the people and I
24 just think it's such an important position that I would like
25 to roll up my sleeves and have the opportunity to make some

1 positive changes.

2 MEMBER VAZQUEZ: Thank you. In your current role
3 can you share what challenge that you occasionally or
4 regularly deal with in your current job.

5 MS. BACA: There are so many always, right, when
6 you're dealing with criminal prosecution. I think really
7 right now just dealing -- we had some legislation that was
8 affecting -- would affect, you know, more broadly
9 prosecutors, grand jury. For example, they want people to
10 have to come in and testify, that bill of course didn't pass,
11 but we have seen it a couple of times now.

12 I also think pre-trial detention and really having
13 people that commit non-violent offenses is -- you know, are
14 not held with -- we have bail reform, they're not held in
15 jail anymore. We have to file pre-trial detention motions,
16 sometimes those motions aren't well taken. And I think it's
17 really difficult to explain to somebody -- I don't know if
18 anyone has had their car stolen, I'm sure you know someone
19 who's had their car stolen, some people actually have their
20 car stolen more than once or twice and it's really hard to
21 explain to victims of crime why someone is, you know, being
22 let out, either released on their on recognizance or even on
23 an ankle monitor that they may cut off. Just because they're
24 are not committing what the Court considers a violent
25 offense, if it's not a homicide or something of that --

1 aggravated battery or something of that nature attached to
2 it. But people don't realize it's really damaging whether
3 people are breaking into your vehicle or stealing your
4 vehicle, how personal that is to people.

5 There's a lot of people that don't have full
6 coverage, insurance coverage, and it's really difficult for
7 them to replace their vehicles or to get to work, and so I
8 think that's the hardest part of our job, is trying to help
9 the people who aren't able to replace their vehicles after
10 they're wrecked or something of that nature.

11 MEMBER VAZQUEZ: Thank you.

12 CHAIR DENISH: Dale.

13 MEMBER RYCRAFT: I have no questions.

14 CHAIR DENISH: Scott.

15 MEMBER YURIC: Ms. Baca, thank you for being here.
16 It's nice to see you again.

17 MS. BACA: Thank you.

18 MEMBER YURIC: You've had an opportunity to work on
19 the inside of the office of the superintendent, and you have
20 articulated some of that here, you put some of that in your
21 questions. Can you give me three things that the office does
22 well? And you can include the fraud department in that if
23 you would like. And three things that you feel would need to
24 be improved on, like your focus of attention.

25 MS. BACA: I think we've done a really good job just

1 with our social media and doing like a lot of community
2 engagement, including not just my division, but other
3 divisions going out into rural commutes. I think there's
4 always room for improvement with that.

5 I think one of the things that was brought up that
6 actually we've been talking about for a long time is putting,
7 again, brochures together in people's native languages and
8 having them appropriately translated.

9 I think the other thing that the office of the
10 superintendent does well is really working -- like I think
11 regardless of personalities, they really do work really
12 closely during the interim with the legislators and I think
13 with the executive, the communication seems to be more open.

14 I think we could always do a better job about being
15 more transparent. I've had the honor of sitting on a couple
16 of onboarding interviews just recently. A lot of the people
17 applying to the Office of the Superintendent of Insurance
18 have no idea what we do. They are interested in an auditor
19 job or a licensing job, but they don't really have an idea.
20 I think when we onboard people we really need to give them
21 the tools and the education that they need to do a really
22 great job.

23 We have a lot of attrition and there's a lot of
24 institutional knowledge that has left the agency, and so
25 there wasn't anyone to either cross-train or train. You

1 know, it's like Baptism by fire, we have people come in and
2 it's like, here's all the things you need to do. But really,
3 I think we can do a better job of onboarding people and
4 really getting them the tools they need to be successful and
5 to help, you know, either insurance companies or consumers
6 and our stakeholders.

7 I think the other thing is that -- and I think it's
8 a statewide issue, but it really -- knowing what I know about
9 the state personnel system, we need to really take a look at
10 being -- the classified people, having them appropriately
11 classified and paid appropriately. I think there are a lot
12 of people that may be misclassified and need to be paid more
13 appropriately. So I would like to undertake that with the
14 state personnel system for at least the classified people and
15 I think that the way it was restructured the last time, it
16 really damaged the classified people in order to have the
17 people that were appointed by the former superintendent, the
18 State Personnel Office actually made some of the employees
19 downgrade and I think we have to do a better job at not
20 having -- not making, you know, waves in the classified.

21 The classified people are really like the back bone
22 of the agency, they're the institutional knowledge and we
23 want to be able to foster them and have, you know, succession
24 plans for them so they can climb, so they don't get bored or
25 we lose them to other agencies because of the money issue.

1 And I think too, we do do an okay job, but we have
2 to be more transparent also. I think that, you know, there
3 are some issues that I'm aware of with like IPRAs and things
4 like that, so I think we need to get the people moving, more
5 help with effectuating more transparency with the agency.

6 MEMBER YURIC: Thank you very much.

7 CHAIR DENISH: I just have a follow-up question
8 related to your long time experience in the office. Do you
9 think that the office is appropriately staffed? And if not,
10 where could it use shoring up, in what departments or where
11 is our lack of either personnel or resources?

12 MS. BACA: So I think that a couple of years ago we
13 lost -- well, actually it's more than a couple, probably four
14 or five, we lost a tremendous amount of FTEs, which are
15 full-time employees, which are classified employees. Because
16 of the constitutional separation there wasn't an HR person
17 and they were contracting out HR services, so it was really
18 difficult to onboard people. And so, unfortunately we've
19 lost those positions.

20 I could tell you, almost every single one of the
21 divisions probably could at least use one more person and it
22 would be really good because then we could cross-train and
23 then when we do have some attrition people, you know,
24 wouldn't be left in the dark trying to figure out what their
25 jobs are.

1 So I think that we really have to work really
2 closely with the LFC and DFA and the executive and really
3 maybe just a little bit better job explaining to them what
4 our needs are and, you know, where we start. I think that
5 we'd probably have to do like an inventory and some things, see
6 if we could move some people around maybe to help other
7 departments, or not, and figure out really what our resources
8 are. I think because of COVID and we are just now
9 transitioning back to the office, we'll have a better
10 understanding of what those needs might be.

11 CHAIR DENISH: Are you aware of or is there any
12 particular interim legislation that you think is going to
13 critically affect the office in the next legislative session?

14 MS. BACA: Not that I'm aware of, but of course
15 there were a few things, you know, that didn't pass. There
16 were a lot of things that did pass, the breast health exam,
17 the diabetic, the pharmaceutical things. You know, there
18 were other things that the office of the superintendent, you
19 know, needed to shore up, the Managed Health Care Bureaus and
20 the Rate Review sunset clause was fixed.

21 I think, again, we can do a little bit better job
22 probably communicating what our needs are during the interim.
23 I think the Health Care Authority is going to be a really
24 large deal during this interim and to see where, again, that
25 might be going.

1 And again, the medical malpractice, I think until
2 somebody, you know, finally says, "let's get a task force
3 together," it's like free. It's kind of like when we started
4 the auto theft task force, you know, we were shooting in the
5 dark. We just had a lot of people come and then, you know,
6 now we were able to go from number one in the nation to
7 number six. We saw a little jump, now we're number four.

8 But I think really just having people collaborating
9 that need to be at the table, collaborating with things like
10 that, I do think the medical malpractice will continue to be
11 an issue, the Health Care Authority transitioning, whatever
12 that might look like. Again, I think that's new. I think
13 everybody is still wondering. I mean, the bill was fairly
14 specific, but sometimes we know that it doesn't always go
15 smoothly. Things aren't always implemented like that, so...

16 CHAIR DENISH: And one last question. Do you have
17 ideas about -- we have a shortage of people who are willing
18 to underwrite in New Mexico, a shortage of providers in
19 various categories that -- especially property and casualty.
20 We also have a shortage of people willing to buy insurance,
21 especially in rural parts of New Mexico. Do you have ideas
22 about how to both educate and inform customers about the
23 benefits of owning property/casualty insurance or is the
24 department doing something now that you think is being
25 successful?

1 MS. BACA: Again, I think the shortage of
2 underwriters question, that's a collaboration, right, with
3 companies, with universities. I think people need to get
4 people excited about maybe a career in the insurance
5 industry. I think you talk to them maybe in high school. We
6 reach out for people in law enforcement. We're doing as
7 young as, you know, middle school and things like that and
8 really saying, you know, think about how fun it will be, you
9 know, to be a public safety person. I think we have to get
10 more people excited, but I also think, again, we have to look
11 at the way we want people to do business in New Mexico.

12 We want to attract business and we want to attract
13 healthy, hearty, you know, utopia risk-free businesses, but
14 that doesn't, you know, necessarily happen. I think we can
15 collaborate and do a better job. I think in rural New Mexico
16 it's a little bit more difficult to write.

17 I have relatives that are in rural New Mexico,
18 they're in Chama, maybe Espanola, and they don't really
19 understand maybe why -- you know, older relatives, like how
20 important the need of property and casualty insurance is.
21 Again, it's about going out into those communities, having
22 the resources to go out into the communities and just really
23 meet and talk to people.

24 In New Mexico we don't like things that are new,
25 necessarily, and I think when you're introducing things, I

1 think you have to do it face-to-face. I think in our
2 culture, even though we're a big melting pot, it just works
3 better that way than putting a billboard or advertisements.
4 Although, those are effective too, it wouldn't be, you know,
5 unheard of to do things like that also.

6 CHAIR DENISH: Any other follow ups, anybody? Do
7 you have any questions for us?

8 MS. BACA: I don't.

9 CHAIR DENISH: We're going to complete the
10 interviews today. We're going to meet in executive session
11 following that, and then we may make a decision, we may not,
12 but we will be back to you once we have determined what we're
13 going to do going forward.

14 MS. BACA: Thank you. I just want to thank you all
15 again and thank you for your really thoughtful questions and
16 thank for you for serving on the Nominating Committee. I
17 know there's not a lot of remuneration for the people that
18 come and I'm happy to see, Mr. Scott, that you're still here.
19 I think you are the institutional knowledge --

20 (laughter - multiple people speaking)

21 MS. BACA: Really happy to see you. I do want to
22 follow up with one other thing. We used to make
23 presentations to this Committee and I think that's another
24 thing that I would implement again, is I would start bringing
25 staff back. And I think you all should meet the staff and

1 you should be interacting. It shouldn't be just one person.
2 I think that worked really well and I think Mr. Yuric can,
3 you know, attest to that. If you all have questions of staff
4 or things that were or were not working, people are
5 available, and I think we would like to do that again.

6 MEMBER YURIC: I agree with that and I appreciate
7 that.

8 MS. BACA: Thank you very much.

9 (Recess at 1:13 p.m. to 1:17 p.m.)

10 CHAIR DENISH: Good afternoon. Welcome to the
11 Committee, and thank you for being here. Just for mechanics,
12 we'll give you a couple of minutes at the outset to say a
13 couple of things about yourself or highlights of what you
14 would like to highlight, and then we'll go through the
15 Committee with various questions about different subject
16 matter and possibly some follow-up questions, and then at the
17 end if you have questions for us, please don't hesitate to
18 ask those questions.

19 MS. CATECHIS: Okay.

20 CHAIR DENISH: Again, welcome, and the floor is
21 yours.

22 MS. CATECHIS: Thank you. Thank you for having me.
23 Thank you for giving me the opportunity to interview for the
24 Superintendent of Insurance position. Thank you for allowing
25 me to have the great honor of being the Interim

1 Superintendent for last the four months, it has been a really
2 fast four months on the job, a full 60-day session, over a
3 hundred bills came to us for fiscal impact report, we met
4 every deadline that was asked of us in that sense. We
5 provided technical assistance to legislators and we
6 participated in the Governor's health huddle on legislation
7 that came through through her area she was looking at.

8 During my tenure at the OSI we have reduced our
9 vacancy rate to under six percent. If we do not count the
10 three exempt positions, we are at about percent vacancy as of
11 last Friday. We have fully staffed our Title Insurance
12 Bureau for the first time ever, and I am proud to say, as of
13 last week we have for the first time in five years a
14 Certified Licensed Health Actuary that will be starting at
15 the end of this week. In addition to that actuary, we will
16 have a fully staffed life and health rate and review section,
17 which we have not had. It's phenomenal.

18 I am a 13th generation Santa Fean and I am proudly
19 raising the 14th generation. I am proud to have served my
20 community for my entire career in New Mexico. I care deeply
21 about the people of this state and the people that I know,
22 and believe that there is nothing more honorable than public
23 service.

24 The regulation of insurance may not seem like the
25 most desirable, obvious place to serve, but I see insurance

1 has a role in every moment of every day, and while it is a
2 silent product that isn't bought except when needed, it is
3 vital to provide the necessary protection to the people of
4 the state; therefore, it is my responsibility to make sure
5 that people have a full market of insurance products to
6 choose from for their needs and that it is equitable, fair
7 and accessible to all.

8 I hope to continue the significant progress the
9 agency has made in consumer protection while maintaining a
10 market balance through regulation, which is adapting in
11 preparation of trends that could affect the different markets
12 in the coming years.

13 It has been an honor to be at the OSI and I value
14 having had the opportunity to head such a talented, hard
15 working agency and team. Thank you again for this
16 opportunity.

17 CHAIR DENISH: So diving right in, when you talk
18 about fast pace of the four months, talk to us a little bit
19 about the legislative session and your participation in that
20 and I think what I would like to know is, what was the
21 toughest things or the things that you participated in, the
22 legislation you testified for and how much time you spent at
23 the legislature and also were there things that didn't happen
24 during the legislature.

25 MS. CATECHIS: So coming in at the start of the

1 legislature I wanted to make sure we had some sort of stable
2 approach to the legislature without going wildly one way or
3 the other, so I brought in what I believe would be the best
4 team of the OSI staff based upon their expertise. We had an
5 initial opening meeting and talked about expectations. Our
6 expectations were, we were not going to be an agency that
7 intentionally tried to kill a bill. We weren't going to be
8 an agency that supported a bill unless it was one that we had
9 driven, and what I mean by that is, a year ago we asked all
10 of staff to submit their legislative ideas, and then we
11 vetted through those pieces of legislation to filter down to
12 about five we felt were best for the agency.

13 So we testified in support of those bills and we
14 provided technical support in other bills when asked. And
15 what I mean by technical is, where we saw that there would be
16 a pothole for a legislator's final intent, we raised that in
17 our FIR and made ourselves available to assist them. Some
18 members did that, some members didn't.

19 The best example I can give you is House Bill 131,
20 which is the prosthetics for all. Staff found a major hurdle
21 in that bill that was going to cost the state millions of
22 dollars because of the way it was structured originally. It
23 would cost us money, it wasn't going to end up making the
24 intended form it would have had with issues going in.

25 We brought the issue up. The sponsor asked for

1 response. We went and looked at it. Staff got really
2 creative and found a way to make that legislation palatable.
3 They took it from being a health mandate to be an ADA
4 accessibility bill. So the issue became, it was about
5 people's rights to have equal ability to move as others, for
6 children to run, that kind of stuff, versus a health mandate,
7 which the state base the deferrals on. That bill flew
8 through the committees. It had insurance carriers stand up
9 in support of it. It's now the law of the land and it's the
10 first of its kind. So that's where we found a technical
11 issue that we raised and then assisted.

12 We did the same thing with the Governor's health
13 hurdle. We tried to play a role of assisting legislators to
14 get to their intent rather than just saying, "that won't
15 work," and try to kill something.

16 CHAIR DENISH: So would you say on that one it was a
17 -- did you pass all the bills of the agency?

18 MS. CATECHIS: We did pass all the bills of the
19 agency.

20 CHAIR DENISH: Somebody passed them.

21 MS. CATECHIS: Somebody passed them. They all got
22 through. There wasn't any, what I call sexy, but they had
23 impact. We had the surety bond killed, that we drove, which
24 created 15,000 pieces of paper every year. Our agency didn't
25 provide any extra protection to the consumers, was painful

1 for the adjuster, because it's so hard to get a suring bond.
2 We were able to get that language out of the statute, so now
3 we are re-assigning that staffer to deal with more
4 specialized licensing. So we saved room. We saved the
5 agency about \$25,000 and were able to utilize staff in
6 another way, that's more helpful.

7 Some other difficult things, I think the budget
8 process in understanding all of the sausage that's being made
9 in the back and where to talk and when to talk and when to
10 insert yourself in your budget and when to step back from
11 your budget and allow the process to happen, was probably the
12 hardest piece for me. We did have the Health Care
13 Affordability fund take some major hits that I wish would not
14 have.

15 CHAIR DENISH: Were there any big disappointments?
16 Anything that you testified on that you were supporting, but
17 it wasn't an agency bill?

18 MS. CATECHIS: Not that I can think of. Like I
19 said, most of the stuff that we did, we supported the agency
20 bills, but we literally just testified as far as going for
21 technical reasons to assist members with addressing some of
22 the hurdles, but they didn't necessarily address or they
23 didn't necessarily exclude certain products that couldn't be
24 covered that way. I will say, maybe the dental bill, I wish
25 we would have had more time with that bill, but we'll figure

1 out how to get that into place.

2 CHAIR DENISH: When you were talking about the
3 budget, was that related to the Patient Compensation Fund
4 that was the most --

5 MS. CATECHIS: So the Patient Compensation Fund,
6 interestingly --

7 CHAIR DENISH: I think Mr. Romero has some more
8 succinct questions about that.

9 MS. CATECHIS: It's okay.

10 CHAIR DENISH: That was the issue with presenting
11 the budget that was formed.

12 MS. CATECHIS: Interestingly enough, we didn't get a
13 lot of pushback on our Patient Compensation Fund request,
14 which we didn't with 32 million for additional deficit
15 reduction. The Governor in her junior bill did give an
16 additional 15 million, so we're waiting to see the new
17 actuarial reports that will come out, to see how to utilize
18 that 15 million to assist physicians with reduced rates.

19 So it wasn't necessarily that we got kick-back
20 budget with PCF, it was more the Health Care Affordability
21 fund where we're -- more of the fund is being used than the
22 agency feels is helpful.

23 CHAIR DENISH: Jeff.

24 MS. ROMERO: Thank you. I appreciate you being here
25 today. The question that I've had for other candidates are

1 about that tension between the patients and the doctors and
2 making sure the fund is healthy. You had much more direct
3 experience than the other candidates dealing with it. Where
4 do you come down in that tension?

5 MS. CATECHIS: Where do I come down in that tension?

6 MS. ROMERO: Yes.

7 MS. CATECHIS: I think my work at the start of the
8 legislature, that I would let the legislature and the
9 Governor and the parties that meet, work out the differences
10 and that the OSI would remain neutral.

11 As the custodian of the fund and the person who sets
12 the rates, the OSI is kind of in a funky dual role with it
13 and so I can argue one way and I can argue the other way
14 about where to come down on that. What I think the best
15 answer is, is the OSI should manage that fund as intended in
16 legislation and follow that. We're going to need a few years
17 to see how that flows out.

18 I understand that the malpractice insurance market
19 is tightening, it's tightening nationwide. In fact, we had a
20 conversation from other states that came through on Friday,
21 where Oregon is presenting some legislation that may affect
22 their med mal. Maine responded. We have yet to respond to
23 it. So it's a market that's tightening to begin with, so
24 it's something that has to be addressed in a bigger, better
25 place.

1 I think you have to have a solvent market, have a
2 solvent fund, or else you're not going to be paying claims
3 that are absolutely necessary for the patient, but at the
4 same time you have to have the ability for a doctor to get
5 coverage. And so, that's the, that's the mix of what a
6 regulator is, you got to find that middle ground and I think,
7 I think with the 32 million coming in, the additional 15, may
8 be able to get to a place where potential rates are more
9 rational on the PCF than would be in trying to recover that
10 deficit.

11 MS. ROMERO: And the potential rates you discussed
12 are the rates paid in by the provider?

13 MS. CATECHIS: They're paid in by provider,
14 physician health clinics and hospitals until 2026 when the
15 hospital will be removed from the fund.

16 MS. ROMERO: The rate at issue, I know you have more
17 direct experience with it, the management of the --
18 authorizing settlements of patient claims and whether or not
19 the recognition of the damages to which patient would be
20 entitled to recover by law, for example, the bill versus pay
21 issue.

22 MS. CATECHIS: There was a place where it was
23 different than it is now. It's interesting, I've had this
24 conversation with our actuaries, with other people. You can
25 argue lump sum is actually healthier for the PCF. You can

1 argue it's not so healthy for the consumer. I would really
2 like to see the courts finally make a decision and set that
3 precedent instead of leaving it up to a political position to
4 change its mind every time someone new comes into that
5 position.

6 There is a line where previous to the recent changes
7 we have to apply claims one way, afterwards it's as-is, but
8 that's kind of where I generally fall within there.

9 MS. ROMERO: Do you think there's a void right now
10 as to whether or not the courts have decided that it should
11 split --

12 MS. CATECHIS: My understanding in talking to staff,
13 I think there's cases that are moving forward that might be
14 able to get the courts to finally come to kind of assist with
15 making that final decision. And like I said, being the
16 custodian of the fund and being the administrator of the fund
17 and the rates, and I want it to be solvent versus how is this
18 going to hit rate-wise. It's an interesting place to be. I
19 think it's all the hens and chickens and rooster and the fox
20 all in one hen house and so it makes you have to have
21 multiple viewpoints and conflicting, conflicting drive in
22 what you do with it.

23 I've actually often wondered why we didn't set it up
24 a little bit more like worker's compensation, where the OSI
25 sets rates and makes sure the fund is solvent, someone else

1 controls the management of.

2 MS. ROMERO: There are large insurers in the market
3 to people who do not speak English and they have
4 advertisement that's directed in the language that that
5 person speaks, but then don't service those customers with
6 policies, forms, documents in the language in which they were
7 marketed, and hasn't been addressed statutorily or by
8 regulation. What are your thoughts on regulating that?

9 MS. CATECHIS: As far as regulation, we could put
10 something clarifying that the OSI directs people to provide
11 language, we are a multi-language state. We have recently
12 spoke with a carrier who is looking at doing everything in
13 trilingual. If a carrier does multiple language, the
14 language has to be identical in the Spanish and the English.
15 I would be open to it, personally, but I do know there is a
16 void there. On top of that, how would you then determine
17 amongst the thousand of filings, we'd have to figure out the
18 random pools, that kind of thing to do the actual review.

19 MS. ROMERO: I don't have any other questions.
20 Thank you.

21 CHAIR DENISH: Jennifer.

22 MEMBER FORD: Thanks for being here. Can you give
23 us an example or two from your past work experience where you
24 have centered consumers.

25 MS. CATECHIS: Well, my job as chief of staffer, Ben

1 Ray Lujan, he had the largest constituent service caseload of
2 any member of the US Congress. We averaged 1,200 cases a
3 year, which was more than both senators combined in our state
4 at that time.

5 In fact, I was asked by Speaker Pelosi on six
6 separate occasions to give national trainings on how to be a
7 consumer and constituent outreach services. I think my main
8 goal is to make sure consumers and constituents know they
9 have a place to go, because no one ever comes to us or a
10 congressperson, as their first choice. By the time they're
11 there, they're at their wit's ends. They need that
12 assistance.

13 So one of the first things I did now was, our
14 consumer section is extremely anemic staff-wise. You're
15 talking six people that handle all health claims and all P
16 and C claims. I've added two more staff. Of the six staff
17 that the state gave us, additional staff, I've taken two of
18 those staff to put in that area. We also did wild fire
19 outreach staff, drove about 20,000 miles during the wild
20 fires to do outreach to do assistance with other community
21 members.

22 And then finally, with that in mind, you have the
23 New Mexico Fair Plan, of which we requested the Board to
24 change their bylaws to add a consumer advocate to their
25 board, which they complied with.

1 MEMBER FORD: Thank you.

2 CHAIR DENISH: Allegra.

3 MEMBER CARPENTER: Do you agree that injured
4 patients with malpractice claims that involve the PCF are
5 consumers to whom the OSI has an equal duty?

6 MS. CATECHIS: I do and I don't because of the way
7 it's structured. I'm supposed to keep that fund solvent.
8 I'm supposed to keep it healthy, and whatnot. So I'm
9 supposed to defend it and I'm supposed to defend it from
10 whatever, but at the same time I've got to make sure
11 consumers have access, and that's where I really think the
12 structure of it has been imbalanced and I don't know that it
13 can. I certainly see the roles on some of the claims that
14 have come in that I've had to rule on where the consumer
15 needs that access and I protected that access and there was
16 multiple ways to do that, but at the same time it's in the
17 back of my head, how is that going to fit that fund, how is
18 that going to make that -- but I do believe that the fund is
19 there for a reason, to protect consumers at the end of the
20 day.

21 MEMBER CARPENTER: Would you agree that this fund,
22 that keeping it solvent should not fall on the backs of the
23 people who have been injured by malpractice?

24 MS. CATECHIS: In what sense?

25 MEMBER CARPENTER: You keep saying consumer access

1 and I guess my question is, we've got doctors and providers
2 who have an interest in this. We have injured patients who
3 this fund has been created to compensate them, and then you
4 have insurance carriers who are making a lot of money. And I
5 want to know what can be done to attract more of those
6 carriers here and keep them accountable, because we can't let
7 the insurance carriers hold a gun to New Mexicans heads
8 forever.

9 MS. CATECHIS: So med mal insurance is tough, not
10 just for New Mexico, I'm going to tell you that now. Like I
11 said, we just had that conversation where Oregon is looking
12 at legislation that may actually reduce their market.
13 They're looking at trying to protect providers that are
14 providing pro-choice care.

15 One state that responded, they have one carrier,
16 much bigger state than us, that carries 80 percent of their
17 medical malpractice. So medical malpractice in and of itself
18 is a minor business that's tough, and I think some of the
19 things that we looked at is -- and they're risky, but risk
20 retention groups that might be willing to come in and do some
21 sort of assistance with filling a gap in coverages in those
22 areas, so it's -- your traditional carrier, I don't know that
23 you're going to drag them here. There are other states that
24 have a bigger market, bigger economies, aren't pulling them
25 in. New Mexico struggles with that, so it may be having to

1 look at a different type of market of insurance coverage that
2 doesn't -- and I'll be honest, risk retention groups don't
3 have the same regulatory fund that a traditional carrier
4 does, but they are willing to take more risk, which is part
5 of the nature of what they're called, so...

6 I'm all for finding a way to get the PCF healthy and
7 whole and doing what it's supposed to do. There's just not
8 an easy, straight-forward answer.

9 MEMBER CARPENTER: I'm going to just reserve any
10 further questions. Thank you.

11 CHAIR DENISH: Patty.

12 MEMBER WILLIAMS: Hi. Tell me how you think the
13 superintendent of insurance can better serve consumers and
14 make it more a efficient process to move Medicaid consumers
15 to marketplace coverage.

16 MS. CATECHIS: I think, first of all, the drive to
17 create our health care affordability bureau team really has
18 that at focus and they started in their infancy a couple of
19 years ago and they've grown. We've added one more program
20 person there. I think with the work that they've done we've
21 been able to get Be Well in a healthier place than it was,
22 but there's -- we do have someone in the team that their
23 entire focus is outreach for the program into the
24 affordability.

25 Personally, I think some of it is understanding our

1 rural areas of New Mexico and how communication happens to
2 them. The idea that we rely on television or social media to
3 reach people is a ridiculous concept in Raton. In Raton,
4 unless you're on local radio, nobody knows you're doing
5 anything and you need to know that. Gallup is similar, where
6 you need to be at both Navajo radio stations and you have to
7 have a Navajo speaker. So I think diversity in the outreach
8 and understanding the market that you're going to be hitting
9 is part of our role.

10 And so, I'll say this, I think Colin has taken a
11 very pro-active, aggressive forward with it and give him more
12 resources, Colin will keep growing and keep pushing out.
13 He's been a fabulous resource for the agency and he thinks
14 outside the box. He's hired very good staff within that
15 bureau, but I feel like it's on a good trajectory to what
16 it's supposed to do and how it's supposed to do it.

17 MEMBER WILLIAMS: Does the OSI have the ability or
18 the alignment of network adequacy to minimize the disruption
19 for people moving from Medicaid to the marketplace?

20 MS. CATECHIS: Network adequacy, we are working with
21 the state to do the physician portal adequacy. I think some
22 of the issues that happened is, we have the authority -- or
23 the responsibility to look at a network and test it. I think
24 what it is, is we've lacked the physical human responsibility
25 to do it. We also need to start --

1 MEMBER WILLIAMS: Staffing, you mean?

2 MS. CATECHIS: Staffing. And we're growing. Our
3 life and health is growing. We have -- if you count the ten
4 employees we have, we have six coming into there, but they
5 have been dedicated to other parts of life and health. We
6 have one program manager coming into life and health that the
7 legislature gave us and it's not special funding. And so,
8 it's trying to find that.

9 Part of what I've been trying to do when I look at
10 life and health is look at what staff we have, where can we
11 expand some of their services so they're not siloed to, all
12 I'm going to do is PBM, but because I'm reviewing PBM, I have
13 a general idea of what else I need to look at over here and
14 see how we can share that across the different programs, but
15 we have a responsibility to test the network adequacy that
16 carriers tells us exists. It's more complicated when I talk
17 to Paige, but I do believe that that's part of our
18 responsibility.

19 MEMBER WILLIAMS: The next question is related, but
20 with the creation of the Health Care Authority, how do you
21 see the role of OSI in the creation and the support and
22 ultimately the operation of health care --

23 MS. CATECHIS: I look at it as a collaborative.
24 Based upon the legislation as it's written, OSI is not
25 mentioned in it at all. It talks about what falls under the

1 executive and the agency's reorganization of the different
2 units that can go into it. Where I'm excited about it is, so
3 often the OSI gets mandates to regulate certain types of
4 plans certain ways that aren't extended to other plans. And
5 I think we can work with the authority to actually help draft
6 and set a baseline for the plans that they do, because my
7 understanding is they hope to eventually get those groups
8 into it so that when you mandate to the commercial market,
9 you mandate to state employees that behavioral health should
10 be zero cost, but then you have a firefighter in an IVAC and
11 he doesn't get zero cost, that won't happen anymore.

12 And I think we can collaborate with them in setting
13 those standards that everybody is getting. Help them
14 negotiate rates, as well as do any kind of oversight review
15 when they need assistance with making sure that forms,
16 submissions are meeting regulatory guidelines where they are
17 applicable.

18 MEMBER WILLIAMS: Do you think that the creation of
19 Health Care Authority is going to make more work, less work
20 or different work for OSI?

21 MS. CATECHIS: Different. I think we still have a
22 commercial market. I think, my understanding, and this is
23 all rumor, is that eventually the authority will try to grab
24 other things. They're starting with what they can
25 government-wise to -- which may go into the commercial

1 market, authorities haven't done that so far, but I think it
2 gives us a different role in being a collaborator in
3 assisting with those structures. We're doing network GSD now
4 as they meet before the authority comes into place.

5 MEMBER WILLIAMS: Thank you.

6 MEMBER VAZQUEZ: I'm going to pass, because I think
7 she's answered both of my questions already. Thank you.

8 MEMBER RYCRAFT: Hi, Jennifer.

9 MS. CATECHIS: Hello.

10 MEMBER RYCRAFT: One question. In your
11 pre-interview responses there's a question that talked about
12 maintaining the relationships with industry and consumers, et
13 cetera. You said that a successful OSI must maintain a
14 collaborative and open relationship with all public servants
15 and stakeholders. Do you have a plan for maintaining such
16 relationships? And if so, how would you implement it?

17 MS. CATECHIS: So I think Superintendent Toal did a
18 good job with having the monthly carrier meetings on the
19 health side, I think I would continue that. The P and C
20 every six months doesn't seem to work. I would like to see
21 that restructured a little bit better, I do. I would keep
22 with -- when you're talking with rulemaking, that we bring
23 all parties to a roundtable prior to the start of rulemaking,
24 which includes consumers, industry and have those talks.

25 I think a perfect example is with the title

1 industry. Title came to the OSI and said, "we have these
2 ideas," and we had continuous back and forth. We pushed back
3 and said, "no, that's not going to work. Yes, this is going
4 to work." And I think we ended up with something that ended
5 up in the legislature that passed that is helpful for
6 industry, but protects the consumer still in that way.

7 And so, my door is always open. I've never had a
8 problem reaching out to people and talking to them, but I
9 think having more regular on the P and C side meetings than
10 have been happening and maybe a little bit more structured,
11 as well as keeping up the health carrier one, is my first
12 event. I don't think our newsletter is all we should rely on
13 every time we post something.

14 MEMBER RYCRAFT: We've had a lot a discussion about
15 face-to-face --

16 MS. CATECHIS: Conversations, yeah --

17 MEMBER RYCRAFT: -- conversations --

18 MS. CATECHIS: -- that would be nice.

19 MEMBER RYCRAFT: Thank you.

20 MEMBER YURIC: Thank you for being here. Many of
21 the things you've touched on, but just to be concise, you
22 have somewhat of a unique opportunity to be in the OSI before
23 coming to this application process. Within that, can you
24 give me three things that you think the OSI is doing really
25 well and then maybe three things that, boy, I need to improve

1 on right away.

2 MS. CATECHIS: I think our aggressive take on
3 rulemaking and modernizing our rules has been one we've taken
4 a total approach to trying to modernize the agency as a whole
5 where we can. Can we do electronic, I think we're doing a
6 great job there. I think our licensing department has come a
7 world away from where it was under its leadership, their
8 turnaround is phenomenal. I think what we've done is, we've
9 been able to hire good people who have the talent, the
10 knowledge and the expertise.

11 Things that I need to get running on the head is,
12 and I'll be honest, it felt lopsided being the deputy that
13 had, you know, 60-some percent of the agency under us. I
14 think what I need to do is keep that reorganization as I've
15 had. I think COVID, what happened during COVID is, we got a
16 lot of siloed vertical discussions within units instead of a
17 horizontal and I've started to create a horizontal
18 communication system there and I hired a communication team
19 to help us get out PSAs, help get our messaging out there.
20 Those are kind of -- I know they're technical and
21 administrative but, man, if you get them running right, it
22 goes so smooth and things get done.

23 MEMBER YURIC: Very good. Thank you.

24 CHAIR DENISH: The questions that Patty asked about,
25 when you said the workload would just be different with the

1 HCA, do you feel like that you have -- that the department is
2 properly resourced with both Human Resources and other
3 resources to either onboard the staff that is currently there
4 or would you have to increase the number of staff people to
5 --

6 MS. CATECHIS: To assist with that.

7 CHAIR DENISH: I mean, the general impact would be
8 -- I mean, different is one thing, but it's...

9 MS. CATECHIS: I think we generally have the staff
10 to absorb it initially, because it's the structuring piece.
11 But when you get further down we may have to add staff to do
12 those forms, those rate reviews, those consumer inquiry
13 assistances that happen, but initially I think we have the
14 staff to absorb to assist with setting up those relationships
15 and the systems between the two, I think we do that.

16 Overall, we asked for 21 staff from the legislature
17 this year. We have the lowest vacancy rate of any agency and
18 have had the lowest vacancy rate for six months. The
19 legislature gave us six. So, in my mind, we are still 14
20 staff short of what we need and I will keep fighting to get
21 the staff that we need, because when we get the staff we
22 need, we're not swimming upstream. We're going with the flow
23 and we're able to add things and I think we're at a place
24 where we can do that.

25 CHAIR DENISH: And then, one other thing, because

1 you have the insight. When the fires happened in the north,
2 what was your biggest challenge with insurers and customers
3 and maybe people who are not customers?

4 MS. CATECHIS: Heart-breakingly, we had less than 24
5 complaints about insurers. The biggest concern was the vast
6 number of uninsured homes, that was the majority of people
7 outside of the Ruidoso area. Ruidoso had insurance and our
8 issues there was, there was more improper product for their
9 insurance for those who did have insurance in Ruidoso versus
10 those who didn't, that was more the issue there.

11 Up north it was truly a lack of no insurance and
12 then some underinsurance, which led us to really start doing
13 some inquiries into the community about what the community
14 knew about the New Mexico Fair Plan, which is kind of a
15 property/casualty of last resort. It covers fire and it
16 covers vandalism and it's supposed to keep rates and it's
17 supposed to be set for people who can't have them, and we
18 found literally no one had heard of it.

19 And so, we went back, and we've had this
20 conversation with the New Mexico Property Insurance group and
21 that's part of the reason we asked them to add a consumer to
22 their advisory board. We've asked them to change their
23 bylaws to provide us annual outreach plans and information so
24 we can assist them with getting that information to these
25 communities.

1 A lot of the people were like my aunts and uncles,
2 they are the fifth family that's lived in the house and my
3 Uncle Jose can fix a roof. They've never had major issues,
4 and so insurance wasn't something necessary. That's a
5 challenge moving forward we will have, is trying to get
6 people to know these products exist for them, why they need
7 them and make sure that they're affordable.

8 The fair plan did increase the amount of coverage
9 that they do as well. They've been a really good partner
10 since the wild fires in trying to find some ways to get that
11 extra access to people.

12 CHAIR DENISH: That goes to my question about how
13 you increase the people -- how you educate people that the
14 value of insurance, since it's only something we really use
15 when things go bad.

16 MS. CATECHIS: We're working on some staff head
17 talks, five minutes, what we do, how we do it, when we can do
18 it. Also I think what helped us is having staff who are from
19 the area. Of the three consumer staffers we have, two of
20 them were evacuated, and yet they showed up every day to help
21 people find out if they have insurance, navigate FEMA, do
22 that work. They care about the community.

23 CHAIR DENISH: Follow-up questions from people on
24 the Committee? Do you have questions for us?

25 MS. CATECHIS: I don't have questions. I really

1 want to thank you for this opportunity and really tell you
2 what a privilege it has been to work with the staff. They
3 are phenomenal and they do so much and they show up every day
4 and they go the extra distance and it's just been a blessing
5 to meet them.

6 Even when I had to push back and say, "no, we're not
7 going do it that way," they've had open hearts and open ears
8 and they found solutions to move forward. I've really
9 enjoyed it and I just -- and from the bottom of my heart,
10 thank you for the opportunity.

11 CHAIR DENISH: Just for mechanical, you're our last
12 interview. We will be meeting in closed session. We may or
13 may not make a decision today, and then we will follow up
14 with you about what's next.

15 MS. CATECHIS: Thank you very much.

16 (Pause)

17 CHAIR DENISH: It's now to time to make a motion for
18 the Nominating Committee to enter into executive session to
19 discuss the items listed on the Agenda. So I would entertain
20 a motion that --

21 MS. ROMERO: I move that the Insurance Nominating
22 Committee enter into executive session pursuant to NMSA 1978
23 Section 10-15-1(H)(2) to discuss limited personnel matters
24 listed on the Agenda.

25 CHAIR DENISH: Is there a second?

1 MEMBER RYCRAFT: I'll second.

2 CHAIR DENISH: The motion to enter into executive
3 session, which was made by Member Romero and second by Dale
4 will have a roll call vote.

5 MR. DWORAK: We just need to go through as if you
6 were calling roll and each member says yes or no. Yes would
7 be to approve the motion to go into closed session.

8 MS. ROMERO: Mr. Romero, do you approve?

9 MEMBER ROMERO: Yes.

10 MS. ROMERO: Mr. Rycraft, do you approve?

11 MEMBER RYCRAFT: Yes.

12 MS. ROMERO: Ms. Carpenter, do you approve?

13 MEMBER CARPENTER: Yes.

14 MS. ROMERO: Ms. Williams, do you approve?

15 MEMBER WILLIAMS: Yes.

16 MS. ROMERO: Ms. Vazquez, do you approve?

17 MEMBER VAZQUEZ: Yes.

18 MS. ROMERO: Mr. Yuric, do you approve?

19 MEMBER YURIC: Yes.

20 MS. ROMERO: Ms. Ford, do you approve?

21 MEMBER FORD: Yes.

22 MS. ROMERO: Ms. Denish.

23 CHAIR DENISH: Yes. So the motion to enter into
24 executive session carries. Let the record show that the
25 Insurance Nominating Committee entered into executive session

1 at 2:01 p.m. The recorder will now be turned off and we will
2 proceed to executive session.

3 (Recess at 2:01 p.m. to 4:01 p.m.)

4 CHAIR DENISH: Let the record show that the recorder
5 is back on. The Insurance Nominating Committee is back in
6 open session. The time is 4:01 p.m. The record should also
7 show the matters discussed in the executive session were
8 limited to those specified in the motion for closure and that
9 no votes or official action were taken in the closed session.

10 We're back in open session. I will entertain a
11 motion.

12 MEMBER CARPENTER: I move that in light of our
13 continued deliberations, we reconvene this meeting tomorrow
14 at 3 p.m. at this location.

15 CHAIR DENISH: Is there a second.

16 MEMBER FORD: I second.

17 CHAIR DENISH: There's a motion and a second. We'll
18 reconvene the meeting tomorrow at three o'clock.

19 MEMBER WILLIAMS: As a hybrid Zoom?

20 MEMBER CARPENTER: Correct.

21 CHAIR DENISH: Yes. Any more discussion about that?
22 All in favor say aye.

23 COMMITTEE MEMBERS: Aye.

24 CHAIR DENISH: Opposed? Okay. Any other business
25 to come before the body? Do I hear a motion to adjourn?

1 MEMBER FORD: I motion to adjourn the meeting.
2 CHAIR DENISH: There's a motion to --
3 MEMBER FORD: We're not adjourning, we're recessing.
4 CHAIR DENISH: We're in recess until tomorrow at 3
5 p.m.
6 (Recess at 4:03 p.m.)

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1 REPORTER'S CERTIFICATE

2 I, Kim Kay Shollenbarger, Court Reporter, do hereby
3 certify that I reported the foregoing proceedings in
4 stenographic shorthand and that the foregoing pages are a
5 transcript of those proceedings that were reduced to printed
6 form by me to the best of my ability.

7 I FURTHER CERTIFY that I am neither employed by nor
8 related to any of the parties or attorneys in this case and
9 that I have no interest in the final disposition of this
10 case.

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21 *kim kay shollenbarger*
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23 Kim Kay Shollenbarger
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