NEW MEXICO RETIREE HEALTH CARE AUTHORITY

PUBLIC HEARING

OCTOBER 19, 2018

ALFREDO SANTISTEVAN BOARD ROOM, STE. 207

4308 CARLISLE BLVD., NE., ALBUQUERQUE, NM

9:30 A.M.

Present:
Mr. Greg Archuleta, Presiding Officer, Director of Communication & Member Engagement, NMRHCA
Mr. Tom Sullivan, President, NMRHCA Board of Directors
Mr. David Archuleta, Executive Director, NMRHCA
Mr. Neil Kueffer, Deputy Director, NMRHCA
Ms. Peggy Martinez, Chief Financial Officer, NMRHCA
Mr. Jason Ballard, Customer Service Manager, NMRHCA
Ms. Cynthia Loehr, Counsel to the NMRHCA, Rodey Law Firm

- **PROPOSED RULE CHANGES ESTABLISHING A MINIMUM AGE TO RECEIVE SUBSIDY AND EXTENDING THE YEARS OF SERVICE FOR THE MAXIMUM SUBSIDY**

Presiding Officer Greg Archuleta explained the purpose of the hearing, which is to receive public comment, views, testimony, arguments, information and data on the proposed amendments to the board's current regulation, 2.81.11 NMAC, establishing subsidy levels on the basis of years of creditable service. He stated that this hearing is being conducted in accordance with provisions of the Retiree Health Care Act, NMSA 1978, §10-7C-1 to 16 (1990, as amended through 2009), State Rules Act, NMSA 1978, Sections 14-4-1 to 11 (1967, as amended through 2017), and the Default Procedural Rule for Rulemaking, 1.24.25 NMAC (4/10/2018).

Mr. Archuleta stated that lobbyists present should be aware that the Lobbyist Regulation Act NMSA 1978 § 2-11-1 to 9, 1977 as amended through 2016, regulates activities before boards and commissions and rulemaking proceedings. Additional information and registration is available at the Secretary of State's Office.

Mr. Archuleta stated that public notice of this hearing was advertised in the New Mexico Register on September 11, 2018, and copies of the rule have been available since then. The proposed rule was also published on the NMRHCA website. Copies of the rule show changes, underlines, strikethroughs showing deletions.

Mr. Archuleta stated that the purpose of these rule changes is to amend the subsidy schedule to increase the years for maximum subsidy for some plans.

-- The purpose of a proposed new section is to establish a minimum age requirement to receive subsidy for coverage. Subsidy levels will be established on the basis of age and years of creditable service.

-- Section 8 of the rule provides for NMRHCA to pay a percentage of the subsidy to monthly premiums of eligible retirees, which percentage is dependent on the years of credited service of the retiree and is 100 percent at 20 years of credited service. The amendment would change this to 25 years, and changes the percentages for fewer years of credited service for retirees who are not members of an enhanced retirement plan and become eligible for participation on or after January 1, 2020.

-- Section 7 is amended to include a definition for members of an enhanced retirement plan.

-- A new Section 10 states that eligible retirees who are not members of an enhanced retirement plan and become eligible for participation on or after January 1, 2010 be 55 years of age to receive subsidies.

-- Section 9 clarifies that disabled retirees receive 100 percent subsidy regardless of age or years of service.

-- Section 6 clarifies that subsidies will have a minimum age requirement for those retiring on or after January 1, 2010.

Mr. Archuleta stated that written comments submitted during the comment period are part of the record. The recording of this hearing will become part of the record and will be available on the Sunshine Portal as well as in the NMRHCA offices. He stated that the complete rulemaking record will be compiled and forwarded to members of the Board of Directors, who will discuss the proposed rule during their next regular meeting on November 13.

[All persons wishing to testify stood and were sworn.]

COMMENTS FROM EXECUTIVE DIRECTOR DAVID ARCHULETA

Mr. Archuleta provided additional comments about the program and explained why the rule changes are being proposed. He stated that the NMRHCA relies on four sources of revenue, and all four sources have been virtually flat for several years. Right now, there are two basic measurements to gauge the program's overall financial health: the annual solvency study, which projects expenditures over the next 30 year period; and GASB reporting requirements.

Mr. Archuleta stated that the NMRHCA program is projected to go broke in 2037, 19 years from now. Between 2013 and 2016, the board and staff have requested increases in employee/employer contributions from the legislature to shore up the funding, but the legislature did not act on those requests. The only way the board has authority or control over the growth of long-term liabilities and amounts being paid in benefits is to implement the minimum age requirements. Absent a change in legislation, it is important to change the rule prior to beginning deficit spending. Although the trust fund has a $633 million balance, the liabilities associated with the program total $5.1 billion.

Mr. Archuleta noted that, nationwide, many retiree healthcare programs are moving into a defined contribution program structure. The NMRHCA is trying to avoid converting into that type of program, but absent a change in the legislation, that is a path the agency is marching down. In order to limit what the NMRHCA will have to do in the future with respect to benefit reductions and an increase in the employer/employee contribution, the board has decided that it would be reasonable to implement a minimum age of 55 in order for someone to receive a subsidy from the program. This doesn't limit access to the coverage, but simply means that a member would have to pay 100 percent of the benefit otherwise. Anyone participating in that program today knows it is expensive, and it would be that much more expensive in the future if someone retires before age 55, but if someone goes outside the agency and looks at other plans, they will notice a great variance. Unfortunately, the board has limited control over what it can do.

Mr. Archuleta presented explanatory slides, including a comparison of amounts in 2014 and 2018 and the premium difference for costs under the new rule and change in the subsidy. [PowerPoint entered into record as Exhibit 9.]

QUESTIONS AND ANSWERS FROM AUDIENCE (HIGHLIGHTS)

Q: How many members are on the NMRHCA Board and who represents the active state employees?

A: There are ten members on the board. There has not been an active state employee representative on the board for seven years. The NMRHCA has asked for a representative to be appointed, but this Administration has indicated that they do not see it as a priority.

Q: If I retire before the age of 55, what happens to the coverage for my family and spouse?

A: The state picks up a percentage of your overall cost for the entire family. The NMRHCA does not subsidize dependent children anymore; in 2014, that was identified as one factor that could cause the agency to go broke. For spouses, we subsidize 36 percent of their overall premium, and for retirees it's 64 percent. Depending upon when you retire, it's unclear what those amounts will be in the future, but you'll have to add what you're paying along with what you would pay for your spouse plus any amounts for dependent children.

Q: I'm in a similar situation. I will retire at 44. If I retire after the December 31, 2019 threshold, I would have to wait until 55 to get 100 percent, but if I retire before that this would not apply?

A: Correct.

Q: What happens to the NMRHCA pot of money if there is a mass retirement in 2019? Will the NMRHCA go under because we've all retired? Is there money for us to have those benefits after we retire under those circumstances?

A: Again, the efforts that we're making today are to make sure that this program goes on. To be honest with you, the vast majority of what you and I are paying in is all going to pay current retirees. There's a small chunk of it that we're putting in our trust fund that we're hoping grows with investment earnings and helps offset costs. I should add that our enabling statute is very specific, which is that this benefit may be modified or extinguished at any point in time. It's different from PERA or ERB, which are constitutionally protected benefits. We're not. And as we're discussed, we're trying to prevent that from happening so there are benefits for retirees into the future.

Q: My husband and I bought a year of time from PERA. Are there tiers down from the 25-year proposal to the 20-year proposal? And you did mention an option of buying a year of time with your agency; do we have any prices on that?

A: Statutorily it's required that if you purchase a year of service time from PERA or ERB, you also have to purchase that from NMRHCA to get the same service credit. Today, if we give you the maximum subsidy after 20 years of service, you wouldn't have to purchase anything in excess of 20. After that period of time, the subsidy goes down for each year of service. We don't have a chart showing you what your subsidy may be based upon that.

Q: I was informed by one of the board members that there was a Supreme Court finding that any new rules can't be applied to existing employees, because when we joined we were under a certain agreement that we were going to get. How does that apply?

A: It's probably related to your pension, both PERA and ERB. As I mentioned before, those are constitutionally protected benefits, whereas with us, our enabling statute states that this benefit may be modified or extinguished. That's why it would likely not apply to folks who are getting the benefit today.

Q: Is there a way to pay the extra small percentage and be part of the enhanced retirement plan?

A: Unfortunately, no. The enhanced retirement occupations, the firefighters and so on, paid in 25 percent more over their careers.

Q: Under the proposed rule change, the definition applying to members of an enhanced retirement plan states they are eligible to receive a full pension after 20 years of service. The New Mexico State Police are under an enhanced retirement plan, and they're not eligible until 20 years and 10 months of service. Will this definition also apply to New Mexico State Police if they are an enhanced retiree?

A: If they are considered an enhanced retiree, and we have technically missed the 20 years and 10 months, that could be amended by the board to make it correct.

Q: How is this going to affect the board administrators personally, other administrators or legislators? Will anybody be exempt?

A: The folks that are participating under the enhanced retirement plans will be exempt. Everyone else will be affected. Folks that retired before January 1, 2020 will not be affected.

Q: The statute changed in 2001 for the NMRHCA to have the ability to create subsidy schedules based on service credit years, period. Isn't that a statutory conflict to add onto what they allowed the NMRHCA to do by adding an age requirement?

A: [From Director Archuleta:] The board has the authority to determine the eligibility of participants in the program.

A: [From legal counsel Loehr:] I was not aware of any conflict with the statute, but I believe it's fairly broadly written.

Q: I've noticed that the groups impacted by the rule change are relatively small. It appears that there are only about 300 retirees who will be affected who are less than 55. Also, people retiring at 60 with 20 years rather than 25 isn't going to be a broad representation of everybody who participates. Was there any priority given in looking at models for extending solvency that took into account a more equitable approach to spreading out paying more, as opposed to relatively small groups?

A: We're just nibbling around the edges, to be honest with you. So with this minimum age, we could have looked at establishing a minimum age of 65, as has been suggested to us, which would save a whole lot more. And 60 would save more than 55. Obviously that would be more impactful to a large portion of it. At the point in time they decided to do this, there were that many people under the age of 55 getting the benefit from us. That number has gone up, obviously with some of the pension changes. There was a flood of folks that came in trying to get in, so they were going to get that COLA that much sooner, and that spiked the number of people under the age of 55. However, there are still additional changes that need to occur, so this is one of several, including a proposed increase in employee/employer contributions. We're doing a couple of things. One is making people work longer so that they get this benefit for a shorter period of time. We're going to increase what they pay into it over the course of their active retirement; that hasn't been successful yet, but they pay more into it, and then every year the retirees have seen both an increase in what they pay for the benefit as well as a reduction in the benefit that they receive. Every year that has gone through. This minimum age change has been once over the lifetime of this agency. We're trying to spread this out over the entire group, not just retirees, but also future folks coming into it.

Q: What I mean by equitable is taking into account the active employees and retirees at different income levels. The reason I ask is that there are already tiered systems where active state employees pay either 60, 70 or 80 percent, the three-tiered system, for their healthcare as active employees. Also, in a deferred comp system, you pay more or less in terms of fees based on your balance in that account. So that equitable approach is already there in certain elements of state benefits. Were different income levels considered when looking at solvency extension?

A: When we look at that, we give the same service credit and the same benefit to someone who earns $25,000 over the average course of their career as we do for someone who earns $80,000. And even though the folks who earned $80,000 paid more, they get the same service credit as someone earning $25,000. Any decision that we make is independent of income levels. We don't get your retirement information such as income from other sources or what your financial levels are.

Q: Would it be possible to do that? To have different tiers?

A: We could, but this agency was not set up to account for that level of detail, and that wouldn't help us in terms of our solvency model. Right now, anything that we're doing is simply focused on trying to stay alive.

Q: Essentially, you guys are moving the goalposts. My wife and I haven't gotten any benefits yet. Is there a way to get a refund?

A: There is not. We don't account for contributions down to that level, and contributions are a condition of employment.

Q: There have been a lot of changes since 2014. For instance, the Affordable Care Act. And things are very uncertain politically, with a substantial weakening of the ACA with efforts to try to get rid of it altogether. Has the board discussed how those changes over four years may require looking at that decision someone differently?

A: The ACA hasn't really had any bearing on the benefits provided to the members who have coverage through us. They did give us some early retiree insurance money one year to offset the premium cost, which was a one-time fix of $3 million. In terms of providing access through the exchange, everyone still has that, and we encourage everyone to pursue whatever they feel is in their best financial interest. The premiums on the exchange are regionalized and age-banded. If you compare what's available on the exchange, our benefits still stand out in terms of the value that we provide.

Q: In 2014, there was a thought that people who retired before age 55 might have more options when things seemed more secure in terms of a health insurance exchange for people on the low end of income for access to expanded Medicaid, and that those are not as sure now – that that part of the landscape has in fact changed.

A: Sure, but that does not change our fundamental challenge of being underfunded to the extent that we are. There is coming a point in the near future when, once we hit that deficit spending period, when we start to draw off the fund, the program goes south really fast and will be more difficult to overcome.

Q: I want to make sure that I am understanding correctly. If someone is 60 years old and has 20 years of service, according to this table, it looks like if he or she retires, let's say in December of 2019, their premium would be $241.44, which would be the same as 25 years, but if that person retires one month later, in January 2020, their premium goes up to $343.63. That is a 42 percent increase on the basis of one month's difference. Even for health insurance premiums, which are notoriously quick rising, that's huge. Was there discussion by the board or any concern about the level of that increase?

A: Yes, and it's actually more. Someone with 25 years of service after that date that's under the age of 55 is going to pay the $429, which is what we're paying today, and the $241. So you're going to pay $670. So we're not going to give you the 64 percent any longer until you turn 55. And yes, there has absolutely been a discussion of this annually about what impact that's going to have on retirees. So when we present changes that the board adopts in any given year, there's always a reminder of what's going to be affecting folks in the future.

[This concluded the Q&A portion of the hearing.]

<u>PUBLIC TESTIMONY</u>

<u>Susan Baum</u>

Dr. Baum said she has served as a Medical Director with the New Mexico Department of Health (DOH) since 2001, and represented active state employees on the NMRHCA Board of Directors from November 2009 through January 2011. She said she was present to voice the collective concerns of six DOH positions, herself included, over the rule change proposal. While recognizing that long-term solvency is crucial, the board's 2014 approval of these rule changes to bolster solvency was based on assumptions that are less defendable than they were at that time. Only several hundred current retirees covered under non-enhanced NMRHCA plans are younger than 55, which implies that new retirees entering this group on January 1, 2020 will be shouldering a disproportionately high burden for improving solvency that benefits tens of thousands. She said it is especially inequitable to place this burden on persons who entered public service at a very young age and who may not have had the benefit of a post-secondary education and its higher earning potential, so will retire with pensions on the low end of the income scale. Many teachers also entered the workforce just after college, and after 25 or 30 years of service in a notoriously underpaid profession, they may be eligible for a pension years before turning 55. She said no public employee should be placed in a vulnerable position of retiring without a prospect for affordable healthcare coverage or being forced to work longer than they were led to believe when hired. Furthermore, under the rule change, a 60 year old employee with 20 years of service who retires in January of 2020 will pay 42 percent more in healthcare premiums than an employee of the same age and service who retires in December 2019. Importantly, neither the changes to the age or years of service requirements in the rule change proposal make any accommodations for the unequal impact on retirees across a wide range of incomes. She urged that a tiered option be explored that includes incomes in the model. This would be consistent with the tiered system for determining active state employees' contributions toward health plan premiums based on three income categories. A similar model should be investigated as a potential alternative to strengthen solvency. Dr. Baum said DOH colleagues who join her in these comments include Drs. Meg Davidson, Eugene Marciniak, Thomas Massaro, Christopher Novak and Winona Stoltzfus.

Barbara Cooney

Ms. Cooney stated that she works with the New Mexico Environment Department. She said she opposes the proposed rule changes. Under the current system, she will eligible to retire at age 60 with 20 years of service in 2021. She began working with the state in 2001 at age 40, and chose to work in public service in her current position as an environmental scientist because of the healthcare and retirement benefits, and has a great deal of experience from other agencies, and educational institutions, both state and federal. Under this rule change, she would not be able to retire as she had planned because it will be cost prohibitive, and she will have to work an additional eight years instead. She and other state employees trusted and relied on the state to provide these benefits, and it has an obligation to fully fund the pensions and healthcare system. She said she suspects a large part of the insolvency is due to the number of vacancies. In her department, the rate is at least 30 percent.

Vicki Bowser

Ms. Bowser stated that she represents the Department of Public Safety, which employs the New Mexico State Police. She said the PERA tier two plan provides different retirement eligibility criteria for public safety plan members than it does for members under the general plan, and the tier two plan members are eligible to retire under the Rule of 85 or at age 65 with eight or more years of service. Tier two public safety plan members are eligible to retire with 25 years of service credit at any age, or at age 60 with six or more years of service. Given these different retirement eligibility criteria, the proposed rule change would result in tier two public safety members not being eligible for the subsidy for several years more than a general plan member.

Mr. Archuleta clarified that public safety members are not subject to the proposed rule change, regardless of what they are with PERA.

Ms. Bowser asked the NMRHCA to relook at the definitions, because what is defined as an enhanced retirement plan in PERA is under tier one only.

Stephanie Herrera

Ms. Herrera said she is representing the hundreds of teachers who could not be present today, and the hundreds of public servants who could not take time off from work. She stated that the proposed rules will be devastating; many who have health issues, or dependents with health issues, are relying on retiree healthcare benefits in the future. Ms. Herrera said her concerns about the proposed rules changes are documented in a 9/14/18 email she sent to the NMRHCA. Also, the exhibits presented to the board on July 26 as part of the rationale for the changes include a statement that "the changes would fall in line with subsidy guidelines in current pension requirements." She said this is not legitimate. She said the minimum age requirements were made effective for new hires that started July 1, 2013, because it would have been completely unethical for the requirements of vested members' benefits to have been changed. For changes to fall in line with the pension requirements, the requirements should be for new hires starting on or after July 1, 2013. She said being forced to retire in 2019 just to be grandfathered in will cost her family $1,300 a month, which is "pathetic." The proposed changes would take away the option of working a few more years to increase her pension percentage to help offset the high premiums. She said that, while she understands the importance of achieving solvency in the fund, the NMRHCA should put themselves in the shoes of individuals "who are pleading for the changes to not be passed." She asked that other options be explored. Ms. Herrera also noted that the 2017 audit contained a finding that the plan did not have formal policies and procedures to monitor and ensure the completeness and accuracy of the employee information received from employers, which meant that census data was provided to actuary without any verification of its accuracy. In effect, the exhibits supporting the proposed age requirement might not present an accurate picture of the cost and/or benefit.

Heather Kent

Ms. Kent said the fact that only one board member was present meant the board had already decided to adopt the rule changes no matter what people had to say about it. She said she went into public service because of the retirement plan and healthcare benefits, and after 25 years would be able to retire. She said she has worked two jobs for most of her career, and also went to school during that time. She has always worked very hard, and there were some nights when she slept on the floor in her office in order to get work done. She is seven years out from getting her retirement, and will now have to pay a lot more. She stated that she is torn given that the NMRHCA is in a bad spot, but the goalposts have been moved, and her benefits have slowly been taken away. She commented that she finds this disheartening, and would advise young people to work in the private sector.

Ms. Loehr said she wished to point out that, under the rulemaking procedures, the board is required to familiarize itself with the record, which includes all of this testimony and all of the written comments. She said they are to be given a sufficient amount of time to familiarize themselves with the record, and make their decision based on the record. She said they have not made up their minds, and will be convening on November 13 to consider and discuss the record.

Augustine Samanego

Ms. Samanego said the previous speakers had largely covered everything he had to say.

Jeff Pompeo

Mr. Pompeo commented that Ms. Kent has "said it well. That's a big part of the reason I started working for the state." He said he has a child who is medically fragile. He said now he is being told that he is going to have to pay more money, which makes this almost impossible for him, a single father. He said an employee he supervises is eligible to retire three months after that who is in the same situation. He said he notices that the NMRHCA takes state employees with disabilities into consideration, but not their families.

Janel Shisler

Ms. Shisler said she represents the City of Albuquerque tier 1 young employees. She has been paying into the system since 1995. This proposal will affect her and other tier 1 employees who began public service work at 18 years of age. She said her plan had been to work for 30 years to get an additional percentage of pay at retirement; however, this proposal takes that off the table, and she will be forced to work an additional 12 years or retire a month early and buy some air time. She suggested the board look at all options, including a tiered approach and grandfathering in, as this is age discrimination against older and younger employees.

Scott Affentrenger

Mr. Affentrenger said he is principal at Sue Cleveland High School and Executive Director of the New Mexico Public Schools Secondary Principals Association, with 28 years of service in public education. Today, he is representing teachers, coaches, principals, and a number of his colleagues who couldn't be here today. He said he wanted to make two points. First, he asked the board to take a look at the employees across the state who are eligible to retire before age 55, and consider grandfathering them in. Second, he asked that the NMRHCA move forward with caution, as there are a number of unfilled teacher and principal positions across the state, and the situation is only going to get worse with this proposal. He expressed concern about driving young people out of the state to work elsewhere rather than giving them a reason to stay in New Mexico.

Deirdre Firth

Ms. Firth said the City of Albuquerque did not inform its employees about this hearing, which she learned about from a coworker. She asked if the NMRHCA could schedule another hearing to allow input from employees, since many of them would be affected.

Mr. Archuleta responded that the NMRHCA has accepted public comment throughout the process, and this is the second hearing. The public comment period was 44 days, and the agency notified all employers, including the City of Albuquerque, about this hearing the first time and again the second time. He said the NMRHCA is trying to be as accommodating as possible, but the need to make a decision is fast approaching. While the agency does not have another hearing scheduled, it is up to the board to decide whether or not it should do so.

Pam Palermo

Ms. Palermo said she began working with the state before 1990, and has had to take time off to take care of family members who were seriously, but always knew she could come back and finish putting her time in. She stated that she would now have to work longer. She commented that this appears to be a bait-and-switch tactic and she finds it disheartening that she has worked for all these years only to have the rug pulled out from under her. She said she thought the tiered approach would make more sense and would impact fewer people.

[This concluded comments from people who had signed up to speak.]

ADDITIONAL PUBLIC COMMENT

Q: You mentioned that the public comment period was 44 days, but my wife works for the state and she only got an email from the state two or three weeks ago about it. This looks to me like a back door action – that the board has already made a decision. I'm retired and I didn't get any notification about this hearing at all.

Executive Director Archuleta: I'm in the same boat as probably a lot of you are. I started work for the state at age 18. My parents were long-time state employees. While I considered going to work for Presbyterian or Blue Cross Blue Shield when I started off, my parents said, no, state government is the way to go, get your pension, get your healthcare. I know that it's difficult to think about, but even with this change the program is projected to go under. We're trying to convince the legislature to help us out here. I would encourage folks participating in this room to also help us out; it's important that they hear from you.

Q: If the board decides to make a change to this proposal, will something be sent out to notify employees, retired and current? Also, what is the bid process for the insurance? These are expensive rates. You would think we'd have a bigger bargaining chip with so many people.

A: If there is a change, we will notify the employers. There are 302 employer groups, and we will notify them, the same way we did for this rules change process, and they will be encouraged to contact the people who will be impacted. On your procurement question, we are self-insured on the pre-Medicare side, which means we pay directly for the claims people incur. So when we bid with Presbyterian or Blue Cross Blue Shield, we're bigger than the City just by itself, we just pay for those claims on a per-member basis. We pay admin fees. So what's driving the cost is members incurring expenses when they get care. While people from ages 20 to 50 bring down the risk pool, the risk factor begins to rise as people grow older. The pre-Medicare side is for people up to 64 years of age, and there are certain health conditions not present in younger people that become more common with people in their fifties and sixties, and that brings up the cost. So it's not necessarily a procurement issue. We purchase insurance with other entities, including the public schools and the state. While that drives down the admin fees, that's not where our expenses are going up.

Q: Does the NMRHCA offer preventative care, since that would help keep costs down?

A: Yes, we offer comprehensive preventative care and wellness programs to our folks.

Legal counsel Loehr: It's important to note that if the board makes some changes to what's proposed, they can only do so within the scope of this proceeding. If they come up with something completely new, the whole public comment process would start all over.

Q: Well, like I said, I didn't get notice about this, although I know it's not affecting me.

A: If this program isn't affecting you, we wouldn't know how to communicate with you if you aren't participating in the program. But if you were participating in the program, you would have been sent a copy of our newsletter, which included information about the proposed rule changes. Your wife, however, should have received notification on September 11 if she was a state employee. It should have been sent directly to her email.

Presiding Officer Archuleta asked if there were any additional written comments that anyone wished to enter into the record. [None.]

Mr. Archuleta entered the attendance sheet into the record as Exhibit #10 after confirming that those present had all signed in.

The hearing record was closed at this time. The board at its next meeting, scheduled at 9:30 a.m. on Tuesday, November 13, in the NMRHCA boardroom, would consider oral and written comments in the record. Members of the public were invited to attend.

Presiding Officer Archuleta said the rule amendments adopted by the board would be filed with the State Records & Archives Center within 15 days of adoption. Adopted rules would become effective immediately upon their publication in the New Mexico Register.

ADJOURNMENT: 11:33 a.m.