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PATIENT'S COMPENSATION FUND

ADVISORY BOARD

Moderated by Chairman William Ritchie, M.D.

Friday, January 13, 2023

3:02 p.m. MDT

Meeting held via Zoom platform

Meeting adjourned at 4:12 p.m. MDT

REPORTED BY: KRISTINE KACZOR, RPR
NM CCR #545

JOB NO: 5644960

PROCEEDINGS

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MS. LUERA: William Richie?

DR. RICHIE: Here.

MS. LUERA: Vice Chair, Love?

MS. LOVE: Here.

MS. LUERA: Dr. Carson?

DR. CARSON: Here.

MS. LUERA: Mr. Clark?

MR. CLARK: Here.

MS. LUERA: Mr. Dekleva?

MR. DEKLEVA: Here.

MS. LUERA: Mr. Martinez? Mr. Spitzer?

MR. SPITZER: Present.

MS. LUERA: Ms. Stevens? And Mr. Vargas?

MR. VARGAS: Here.

DR. RITCHIE: And Mr. Martinez said he might be in and out. He had clinical duties, but I did speak with him. Okay. Well, can you project up the agenda please, Debbie?

MS. LOVE: Did anyone here from Ms. Stevens? The other patient representative?

DR. RITCHIE: I did not hear anything.

MS. LUERA: We did. She said that she would try to attend, but at a minimum she would be 30 minutes late. And that she delegated her proxy

1 to Mr. Spitzer if needed.

2 MS. LOVE: Thanks, Debbie.

3 DR. RITCHIE: This meeting really is just
4 to finalize the report that we are tasked to present
5 or send to the Legislator when it opens. Mr. Ward
6 and Ms. Love have worked on it. I did very little,
7 but we managed to pull together something modelled
8 somewhat after last years'. And really want to just
9 discuss this as the board. And then hopefully vote
10 to send this on to the Legislator. Last year we
11 sent a report about the operations of this Board
12 over the years and our recommendation. And then
13 attach to that the final order of the -- insurance
14 as well and that is what we sent on. So and is
15 there anyone that has anything to add to that agenda
16 that I just stated or any alterations to that
17 agenda?

18 MR. CLARK: I think a motion to accept the
19 agenda and approvement as presented.

20 MR. VARGAS: Second.

21 DR. RITCHIE: Any exceptions? Then we'll
22 take that approved. And so what I'd like to do --
23 I'm afraid I didn't have time to really set this up
24 ahead of time, but is anyone able to edit on the fly
25 the proposed report?

1 MS. LUERA: I can certainly pull it up, and
2 I have it in word so I could start tracking the
3 changes. I'm having to do that unless the member of
4 the Board would prefer to do it themselves.

5 MS. LOVE: It's up to you guys. And I just
6 added Ellen Stevens phone number and the email and
7 the date that we provided the last report to
8 Mr. Tolle, so I've got it moving if you don't mind
9 me doing it.

10 DR. RITCHIE: I don't have a problem,
11 Kathy, if you can type that fast. I certainly
12 cannot.

13 MS. LOVE: I'm not saying it's going to be
14 fast. I'll do my best.

15 DR. RITCHIE: I think that would be nice,
16 so that we can hopefully get this all done in one
17 sitting, and not have to have any more meeting; have
18 it ready to send at the end of this hopefully fairly
19 short meeting.

20 MS. LOVE: Agreed.

21 DR. RITCHIE: So Ms. Love can edit now.
22 Can we have your screen shared with us so that we
23 can look at the changes?

24 MS. LOVE: Yeah, absolutely.

25 DR. RITCHIE: Hopefully it will be today's

1 date.

2 MS. LOVE: Yup. Let me see if I can make
3 it bigger. How about that?

4 DR. RITCHIE: I'm impressed with your
5 expertise.

6 MS. LOVE: All it took was a few
7 depositions.

8 DR. RITCHIE: I can understand that part.
9 I'm always on the other end, though. Okay. So then
10 I want everyone to have an opportunity to voice any
11 questions, additions, et cetera to the report. I
12 think that -- let's go through it just in order of
13 the report or as we go through the report. That may
14 be the simplest way. And then when we get to the
15 end of it, we can then go through any further
16 additions or comments on what we've done or what we
17 want to send off. And so this first section on the
18 actions that have been asked of the Board is very
19 straightforward out of statute. Does anyone have
20 any questions about that or statements to change
21 there?

22 MR. CLARK: None here.

23 DR. RITCHIE: I'm hearing none. The second
24 section. Going through historically what we were
25 dealing with. Went through this in several of our

1 meetings. I think it was fairly straightforward
2 with minor differences on where people think things
3 came from. But all in all, fairly straightforward.
4 But does anyone have any changes to make possibly to
5 the wording? Mr. Clark.

6 MR. CLARK: Yeah, thank you Mr. Chair. I
7 have a different recollection of what is called out
8 in point number one. To my recollection, the
9 actuary claim that they did have the information
10 that they need to apportion between independent
11 providers and hospitals. What they didn't have the
12 information for was between the employed providers
13 and the hospitals. But they came back and said
14 those two are bundled together in the same bucket.
15 So they felt like they did have certainty on the
16 deficit on how to be apportioned. That affects both
17 bullet point number one and the result that then
18 changes whether there's two problems or not, it
19 affects a few things here, but we'll also then go
20 down in the next paragraph, it's just not on the
21 screen right now. It ties in the same way. And we
22 make a statement. It says, "The Board, OSI, and
23 Integrion exhaustively examined whether there was a
24 way to recreate data for past years to ensure that
25 the deficit was accurately apportion between

1 independent providers and other participates in the
2 Fund." Since we Integrion on -- I don't know if we
3 need to go back to the records and read the
4 testimony, but it's pretty clear in my mind and all
5 caveat that I forget things over time and mix them
6 up, that the lack of data was to separate hospitals
7 from employed providers. They felt very comfortable
8 in the allocation between hospitals and independent
9 providers. Since hospitals and employed providers
10 would be commingled together.

11 MR. DEKLAVA: And I had a similar
12 recollection, I think in that. And I had just made
13 a note to myself on this that with regard to point
14 number one, I just recall -- I thought the actuarial
15 process did an adequate sufficient job of accounting
16 for the ambiguities. I seem to recall, again, I
17 didn't go back and look at the report or anything in
18 preparation for today's meeting, but they had to use
19 some industry data to fill in some blanks and felt
20 confident in their ability to apportion the passed
21 deficit between independent providers and hospitals
22 would be my comment.

23 MR. VARGAS: And see my recollection -- and
24 we're talking about historically, not just the last
25 year, because obviously in the last year we've been

1 collecting better data, but my recollection is that
2 prior to that, they couldn't really tell if they
3 were apportioning between the hospital and an
4 independent provider or just putting it all on an
5 independent provider when both were sued in the same
6 lawsuit. And I think that was the problem and why
7 they couldn't quite suss that out.

8 DR. RITCHIE: It seems like it would be
9 more difficult between the hospital and an employed
10 provider than between the hospital and an
11 independent provider.

12 MR. VARGAS: Well, there's no necessity
13 that a portion between a hospital and an employed
14 provider because it's the same bucket, but I think
15 the problem that was happening before -- and when I
16 say before, I mean before the last year. Was that
17 when an independent provider was sued and the
18 hospital was sued, they did not keep good records
19 about how much they were attributing to the two
20 entities as separate entities.

21 MS. LOVE: Here's a suggestion. I put it
22 in all caps so it's easy to see. Does that solve it
23 Troy and Mike?

24 MR. DEKLEVA: Hey, Kathy, I'm thinking that
25 -- and please correct me if I'm missing something

1 here, but in looking at it, it seems to me that the
2 issue was figuring out the apportionment between
3 hospital employed providers and the hospital itself
4 in cases more than it was the hospitals and the
5 independent providers. That was --

6 MS. LOVE: Here's my recollection of it.
7 Tell me if this sort of rings a bells and gets us
8 closer to an understanding. What we kept looking at
9 it as buckets, and we were -- the point of this was
10 for purposes of determining who has to repay what
11 deficit. And the idea was that there's an
12 independent provider -- the deficit money goes into
13 an independent provider bucket or into a hospital
14 bucket. But when they were independent providers
15 who went into hospitals, and then had settlement
16 payouts, the fund wasn't keeping track of whether it
17 was an employed doctor and attributable to something
18 that happened in the hospital, or if it was an
19 independent provider. So there was some uncertainty
20 as to who should shoulder the burden of that
21 settlement payout, thus the deficit. So that's why
22 I'm trying to capture it by saying how someone's
23 involving hospital employed providers are
24 apportioned.

25 MR. CLARK: I guess I remember it a little

1 differently, Kathy, because I was very concerned
2 about making certain that any amount that was
3 assessed to the hospital and employed provider
4 bucket was an amount that we were comfortable with.
5 And I remember specifically asking the actuary. And
6 his response was, I am very comfortable on what the
7 hospital and employed portion versus the independent
8 portion is. What I can't break out is the hospital
9 portion in between the hospital and the provider.
10 At which point, I didn't care any more because it's
11 in the same bucket as Mr. Vargas said. So I think
12 that's the knowing the issue that we were trying to
13 make sure that we were comfortable with. And I say
14 we, I mean me and my representation. Is why this
15 stuck out. I don't think -- I think we keep mixing
16 the wrong buckets together in this discussion. So,
17 again, if others think differently, it sounds like
18 Mr. Dekleva has a similar recollection to me. It
19 sounds like Mr. Vargas has a different recollection,
20 so . . .

21 MR. DEKLEVA: And I guess my caveat would
22 just be that -- and I was kind of tuned in on this
23 too as far as what the actuary was testifying to,
24 and I felt like -- and maybe we can account for this
25 by adding some language to bullet point number one.

1 I'm not necessarily disagreeing with what the PCF
2 historically maintained data on or didn't maintain
3 data on. But in my thinking, the actuarial process
4 that our actuary went through, and I think this goes
5 to what Troy was saying. Accounted for or arrived
6 at some degree of actuarial accuracy with regard to
7 how they felt the deficit should be important. A
8 portion. If that makes sense. I felt like the
9 process if they employed gave them a certain degree
10 of confidence in how it should be apportioned is how
11 I recall it.

12 MS. LOVE: Our findings of fact to the
13 superintendent in 2022, the end of 2021 for 2022.
14 It says -- oh shoot, I just lost it. I'm sorry. It
15 says, "In the future, the PCF should attribute loss
16 payments for employed physicians directly to the
17 hospitals. Further, if a non-employed physician in
18 a hospital are both the subject of a claim, the PCF
19 should endeavor to allocate loss payments made on
20 behalf of the hospital and the non-employed provider
21 based upon a reasonable estimate of comparative
22 false." I feel like that was something we went
23 around and around and around on and still asked for
24 more clarification. And it was when Debbie
25 implemented a system within Integrion for keeping

1 track of the allocation of those settlements. And
2 then presented to us in a power point presentation
3 in the middle of the year that they had started
4 tracking those apportionments that we finally felt
5 like we had a solution.

6 And so the point of the reason for putting
7 in there that those were the challenges is just to
8 sort of let the legislature know those are two --
9 that's one of the things that we had to deal with.
10 And now we hope we have resolved.

11 MR. VARGAS: Do you think we can add
12 something to that paragraph one that says that's
13 more accurate data tracking has been occurring.
14 And, therefore, the actuarial report for 2022 had a
15 higher degree of confidence or something like that.
16 Mike, Troy, does that cover for it you think?

17 MR. CLARK: I'd say yes, or somewhat other
18 than when we get down into the next section, it ties
19 back to -- I'm sorry. I'm holding up some
20 transcript. I'm trying to read the transcripts of
21 the actuarial presentation while we're talking, so
22 I'll see if I can find what I'm looking for.

23 MS. LOVE: Let me do this in track changes.
24 So this is just the two challenges. And then I'll
25 go down to --

1 DR. RITCHIE: Yeah, where's the next
2 section? Mr. Clark, what are you concerned about?

3 MR. CLARK: I'm trying to see where her --

4 MS. LOVE: The Board, OSI and Integrion
5 Exhaustively examined include accurate that the
6 deficit.

7 MR. CLARK: It's the last phrase. But
8 conclude there's no way to do. So that's really
9 where it highlighted out to me.

10 MS. LOVE: For past years.

11 MR. CLARK: Yeah, because I feel like he
12 said very specifically, I got comfortable on what he
13 allocated to the hospitals even though it increased
14 from what Milliman said based upon his statement
15 that he had the data he needed to be accurate
16 between hospitals and independents. He had not
17 ability between hospitals and employed physicians.

18 MS. LOVE: Let me highlight this section
19 for now and see if -- because this section is just
20 talking about whether there was a way to recreate
21 the data, which we found that there was not. They
22 did find a way to feel like they got the best
23 alternative is my understanding from the actuary
24 that they were able to extrapolate based on data
25 they had from the doctor's company. And so I wonder

1 if maybe we highlight this and see if we can deal --
2 since this is talking about recreating past data.
3 And then see if we can address your concern that it
4 be known that the actuary felt as if it's a portion
5 with a reasonable apportionment. Okay, Troy?

6 MR. CLARK: Yeah.

7 MR. DEKLEVA: Yeah, that sounds good to me
8 too actually. That's of what I was trying to say.

9 MS. LOVE: Okay. I think we'll get to a
10 point where we can address that. So make sure you
11 make a note to make sure that you're satisfied on
12 that. And then I'd say let's keep going through the
13 report. Is that okay? Rather than jumping around.

14 MR. DEKLEVA: Yup.

15 DR. RITCHIE: I think you're point about it
16 being used or willing to recreate data, but that's
17 not what we needed to recreate data. What we needed
18 to do is be able to have an estimate that we're
19 comfortable with.

20 MS. LOVE: Okay. So next paragraph, this
21 is where we are.

22 MR. CLARK: Can we go back? I've got one
23 more on the previous one. And that is the last
24 sentence that starts, (as read) As a result of the
25 uncertainty regarding the apportionment, the Board

1 agree that the Legislature's 2022 30 million
2 infusion into the Fund should be applied to the
3 Independent Provider deficit. I do not recall the
4 Board making that decision at all. I recall the
5 superintendent making that decision. And that the
6 hospitals did not dispute having the 30 million go
7 to the Independent Provider.

8 MS. LOVE: How about the Board did not
9 agree.

10 MR. CLARK: That will be fine.

11 DR. RITCHIE: I don't think the Board, we,
12 the Board did not know about the \$30 million
13 infusion. We heard it was a possibility and that we
14 thought it was going to go to the Independent
15 Providers, but we did not have --

16 MR. CLARK: You could say Board has not
17 disagreed. We got together and disagreed that that
18 is there. But that one I feel very comfortable that
19 we did not take a Board vote or a Board discussion,
20 even -- because as Dr. Ritchie says, it was unknown
21 to us at the time whether or not the 30 million was
22 going to both be passed and signed by the governor.

23 DR. RITCHIE: Right.

24 MS. LOVE: I recall having conversations
25 about, we all hoped, and we asked in our report the

1 Legislature that they, in fact, do give \$30 million
2 infusion. And I recall that we all speculated the
3 best way to go about it would be to put on the
4 Independent Providers, but it doesn't -- it's not an
5 important part of this to me. So if somebody wants
6 to suggest a way to fix it.

7 MR. CLARK: I would just change -- for me,
8 I'd be comfortable if you said, the Board has not
9 disagreed.

10 MS. LOVE: Okay.

11 MR. CLARK: And it doesn't infer that we
12 proactively did something because I don't think
13 that's physically possible. If others are
14 comfortable with that.

15 MS. LOVE: Does that feel good to you Dr.
16 Ritchie and Mike?

17 DR. RITCHIE: I believe so.

18 MR. DEKLEVA: Yeah, it's good by me.

19 DR. RITCHIE: No one disagrees.

20 MS. LOVE: I'm fine with that. That's no
21 problem. Are we ready for this one?

22 DR. RITCHIE: And I think everyone has
23 agreed that this sort of splitting hairs, but that
24 the language that the hospitals are to cure their
25 portion of deficit by 2026, but that the independent

1 providers are not solely tasked within the exact
2 deadline, which is the intention to repair their
3 portion. I think this is a point that the
4 superintendent made himself.

5 MR. CLARK: I have no problems with this
6 paragraph.

7 MR. DEKLAVA: Yeah, I don't either. That's
8 how I remember it too, Dr. Ritchie.

9 MS. LOVE: And everyone else, please jump
10 in if you have points if I go along too fast. I'm
11 just going to respond to those who raise issues, but
12 everyone is welcome to weigh in on this. Here's the
13 next paragraph.

14 MR. CLARK: This is another one that I
15 don't believe that we encouraged on the Board's
16 side. In fact, I questioned the superintendent in
17 one of our meetings as to why we would
18 purchase reinsurance when the rules of the PCF state
19 that a physician can only be -- or if there's only
20 reimbursement for up to three, why would we purchase
21 reinsurance. I would challenge that is something
22 that the superintendent is done on their own. I
23 don't recall us, as a Board, encouraging this. And,
24 in fact, if anything, I recall questioning why we
25 would do it. Continue to do so.

1 DR. RITCHIE: That is my recollection of
2 the conversation as well, but does anyone have a
3 different one?

4 MR. WHITMORE: This is Bruce Whitmore. I
5 can put a little bit of background on the whole
6 batch reinsurance that was arising out of concern
7 that with the hospitals joining the PCF, it would be
8 possible that you could end up with issues like
9 infected scopes -- or I'm sorry. If you will, dirty
10 scopes, that sort of thing that could possibly
11 result in batch claims to the PCF.

12 MS. LOVE: How's this change look?

13 MR. WHITMORE: And I'll also go on for a
14 moment. And then also keep in mind that, you know,
15 so in the case of where there were the multiple
16 pacemaker cases against an individual physician, you
17 know, those were -- those were claims that spanned
18 multiple years. And so, therefore, the PCF was
19 challenged in those particular cases to pay a claims
20 to multiple plaintiffs. And I think the same thing
21 ultimate ended up happening in the case of the
22 spinal fusion.

23 MR. CLARK: I think your changes are
24 acceptable to me, Kathy.

25 DR. RITCHIE: I think what Mr. Whitmore is

1 saying as far as dirty scopes, something like that,
2 it's the hospital part. It's not against one
3 physician. So physicians cover really isn't --

4 MR. CLARK: I didn't mean to totally
5 disregard Bruce. I think Bruce, I think you're
6 giving us the answer of the justification for why.
7 And I'm responding to what we are putting in a
8 report that we already did before. I think I
9 understand the arguments from behind. And I think
10 Kathy has made some changes to make it more
11 reflective of what has occurred that we're reporting
12 on.

13 MR. WHITMORE: That's fine. I was just
14 giving background.

15 MR. CLARK: Yup.

16 MS. LOVE: Thank you.

17 DR. RITCHIE: So I guess we can leave it as
18 you've changed it here, but it's really -- the batch
19 claims are more not to ensure that funds against one
20 physician, but really to ensure the fund against
21 large multiple claims that are more likely to come
22 out of the hospital, not from --

23 MS. LOVE: I don't think that's right. I
24 think the batch claim insurance is for individual
25 physicians, is it not?

1 MR. CLARK: Superintendent Tole and I had a
2 discussion. I believe it was after the meeting when
3 I asked for help me understand why we're doing this.
4 Are we setting a precedence that we're going to be
5 paying out batch claims now in the future. And his
6 answer was, We need the protection in case it
7 happened again.

8 MS. LOVE: And in case the two cases, like,
9 the clonus and --

10 MR. CLARK: I think it's those -- I think
11 those also include the potential of what Bruce is
12 saying. If there's multiple cases against the
13 hospital, but . . .

14 MS. LOVE: So don't me to just take this
15 out, or . . .

16 MR. CLARK: Does that help it?

17 MS. LOVE: Or I could do against one
18 physician and/or arising out of the similar scheme
19 or type of procedure?

20 DR. RITCHIE: I think that would be
21 acceptable.

22 MR. CLARK: I'm okay with that as well.

23 DR. RITCHIE: And I don't know about the
24 example. We might just strike that example.

25 MS. LOVE: The reason why I think the

1 example is important, although, I'm not wedded to
2 it, is I don't think that legislatures understand
3 exactly what batch claims are. And, by the way,
4 this is exactly the definition that we put in our
5 first report to the legislature.

6 DR. RITCHIE: Okay.

7 MS. LOVE: Oh, I see what you mean. You're
8 talking about like the claims against two doctors
9 that cost the Fund. Well, isn't that -- just
10 asking, is that helpful so that they understand why
11 we're going to the expense of having this
12 reinsurance. It's a significant expense. And it's
13 because the Fund had to pay out \$20 million
14 previously, but we can take it out. Somebody just
15 tell me what you want me to do. I like it in, but
16 I'm happy to take it out.

17 DR. RITCHIE: Any thoughts from members of
18 the Board?

19 MR. DEKLEVA: I think it adds some helpful
20 context to have it in, but if the decision was to
21 take it out, you know, that's fine too. I just
22 think that the context is helpful.

23 MR. CLARK: I would concur the comment Mike
24 just made. I'm fine with it in or fine if you
25 remove it.

1 MR. VARGAS: I agree with Mike. I think
2 the context is useful.

3 DR. CARSON: This is Karen. I agree. I
4 like it in.

5 MR. MARTINEZ: I agree as well.

6 DR. RITCHIE: Okay. Then let's just leave
7 that in. Okay. Go on to the next paragraph.

8 MS. LOVE: That's kind of indisputable.

9 MR. CLARK: I have nothing, other than we
10 need to fill in the exhibit number when we get
11 there.

12 MS. LOVE: Okay. That's the one we're on.

13 MR. CLARK: On this one I've got a
14 question. I do not recall Milliman making an
15 estimate for December 30th of 2021. That Milliman's
16 last estimate was as of December 30th, 2020. Am I
17 wrong in my recollection?

18 MS. LOVE: This one says Milliman's
19 estimate as of 2020. Pinnacle had a different
20 result as of 2020.

21 MR. CLARK: All of that I agree.

22 MS. LOVE: 2021 were greater than the prior
23 actuary from the Milliman's, so . . .

24 MR. CLARK: That's greater than what the
25 prior actuary from Milliman estimated. That doesn't

1 say 4/20/21, but it infers that it is, since it's
2 the supplemental clause after discussing December
3 2021. It's higher than what they estimated for 2020
4 yeah, and maybe I don't know, maybe but would you
5 say from Milliman's estimated 4/2020? Because it's
6 the next therefore statement that I think it's to
7 where it's from. (As read) Pinnacle's estimate of
8 the deficit and of the future claims as of December
9 31st 2022 was greater than -- actually, I think I'm
10 okay with that. If we change it they way we're
11 saying it. If we just say from -- and 4/2020, then
12 I think it's okay.

13 MS. LOVE: What I'm trying to get is that
14 it's a little bit of apples and oranges. I don't
15 think that that's the right analogy, but Milliman we
16 had up through 2020. Pinnacle -- had underestimated
17 it. And so their estimate going through, went all
18 the way through 2021, but it's higher because of the
19 lower estimate by Milliman through 2020.

20 MR. CLARK: Correct. So when -- I think
21 we're saying the same thing, that Pinnacle had to
22 get a starting point, which was Milliman's ending
23 point. So they both opined on December 31st of
24 2020. Pinnacle is the only one who opined on
25 December 31st of 2021. Milliman did not. Milliman

1 was not engaged for a 2021 actuarial value, so
2 there's not a December 31st, 2021 value to compare
3 between the two. There's just the one cross-over
4 point of December 30th, 2020.

5 MS. LOVE: See what you think of this.

6 MR. CLARK: I can be comfortable with that.

7 DR. RITCHIE: I think that is clear enough.

8 MR. MARTINEZ: I agree.

9 DR. RITCHIE: Okay. Anyone else? Any
10 objection?

11 MS. LOVE: Troy and Mike, this is your
12 opportunity here to make sure that you're capturing
13 the thing that we put a pin in from earlier.

14 MR. DEKLEVA: Hey, Kathy, I actually have
15 one more small suggestion with the previous
16 paragraph, if we can go back there. And it's a
17 little one, but it might clarify something. Where
18 it says, "Based on the higher estimates, Pinnacle
19 concluded that the estimated deficit of the Fund as
20 of December 31st 2021 is 78.7 million, after
21 accounting for the 30 million infusion of funds by
22 the Legislature."

23 I think I would want to have it say, the
24 past \$30 million fusion or give a year, so they
25 don't think or get confused about the 30 million

1 we're asking for now. I know it's a small point,
2 but just so that it's, yeah, something like that
3 would be fine.

4 MS. LOVE: Also that is maybe it will give
5 them a subliminal message that they're going to get
6 us a second.

7 MR. DEKLAVA: Yeah, that works. I like it.

8 DR. RITCHIE: I was going to say, it might
9 be more accurate to say 30 million infusion in 2022,
10 but that would not accomplish the subliminal
11 suggestion.

12 MS. LOVE: I like the subliminal message.

13 MR. VARGAS: You just need to think there's
14 at least going to be a second, if not a third.

15 MS. LOVE: Right. So Troy and Mike, here's
16 your -- I think.

17 MR. CLARK: So as we talked about before, I
18 don't think the Board made a recommendation on the
19 30, so I think we can change that to OSI or just
20 change it and to the 30 million infusion from the
21 Legislature take the Board's recommendation that
22 the, out.

23 DR. RITCHIE: Right, just take those words
24 out just like that.

25 MR. CLARK: And then this next part, 42,

1 32.9, I didn't tie it out. I didn't go back to the
2 report, but they sound right. The only thing piece
3 that I wasn't sure, did we go back in, "He included
4 that an additional collection of 8.659 million from
5 the independent providers, an additional 12.6
6 million for each of the next four years from the
7 hospital like from hospitals would be sufficient to
8 pay off that deficit."

9 Did we go back and tie that out to his
10 report because it face-valued 12.6 million for the
11 hospitals times four. 12.6 times four is much more
12 than 42 million, the 8.659 --

13 MS. LOVE: You and your math.

14 MR. CLARK: Not quite right.

15 MS. LOVE: You and your math, Troy.

16 MR. CLARK: I know. Sorry.

17 MS. LOVE: So this is directly from his
18 testimony. So can you find a better citation?

19 MR. CLARK: Yeah, I don't know. If it's
20 directly quoted from him, let's just leave it.
21 Because the 8.659 times four is 34 -- I forget. I
22 did the math. 34.6 and you're at 50.4 on
23 independent providers, so . . .

24 MS. LOVE: I could quote it differently.
25 He concluded -- well, I don't think he said the

1 word, approximately. I don't want to change that.

2 MR. CLARK: We can't change what he said.
3 That's what he said. And if the math doesn't work,
4 we can always come back, if a legislator asks, we
5 can say, let's call him back up and ask him how his
6 math works. Bring his calculator because ours
7 doesn't work that way.

8 MS. LOVE: It's certainly approximately.

9 MR. CLARK: It's close. It's just isn't --

10 MS. LOVE: It's not Troy exact.

11 DR. RITCHIE: Always subject to change. I
12 do think just one quick edit going back up to where
13 you took in that sentence the Board's recommendation
14 that the 30 million. You also need to take out
15 after PCF the word, be. Just put credited.

16 MS. LOVE: Based on the best data available
17 and the 30 million infusion from the Legislature to
18 the PCF -- yeah.

19 DR. RITCHIE: Just take it out.

20 MS. LOVE: Uh-huh. Good catch.

21 DR. RITCHIE: Okay. So yeah. I mean,
22 these numbers obviously they're going to change
23 every year. And in the superintendent, you know,
24 changed things any way. So -- but still, we've got
25 that.

1 MR. CLARK: It's his quote. And I believe
2 the 42 million and 32.9 million are present-valued.
3 And the others were not. I think that's the net
4 present value of the series of flows that those are
5 the hard dollars, so he's kind of -- we're mixing
6 apples and oranges with our net present value number
7 compared to his actual payment number, but I don't
8 want to say that for him since he didn't put that in
9 the quotes, but I believe that's what the answer is.

10 MS. LOVE: That makes sense.

11 DR. RITCHINE: Yup. And I believe that
12 last line is the correct quote.

13 MR. CLARK: I believe it is.

14 DR. RITCHIE: And was it a 30 or 32
15 million?

16 MR. CLARK: Superintendent has moved the
17 request of 32 million, but when he opined on it, it
18 was still a discussion of 30 million.

19 DR. RITCHIE: Okay. I thought that was the
20 case, but . . .

21 MS. LOVE: Does at that solve your problem,
22 Troy?

23 MR. CLARK: The changes we've made?

24 MS. LOVE: No. Where it says, "Based on
25 the best dated available for apportionment of the

1 settlements."

2 MR. CLARK: Yeah, I think I'm very
3 comfortable with the 42 and the 32. In my head, I
4 think I know where the hard dollars of 12.6 and
5 8.659 come from. Since that's his quote, we can't
6 change his quote.

7 MS. LOVE: I'm trying to address this issue
8 about the recreating data for the past years. On
9 apportionment between independent providers and
10 hospital, and I think that this satisfies your
11 concern. I'm sorry. I was moving on to a different
12 thing. I apologize. I may have jumped ahead too
13 quickly, but that was what I was thinking with this
14 one.

15 MR. CLARK: I think I'm comfortable.
16 Unfortunately, there's not one phrase in his
17 testimony. I found about six different sections
18 over ten pages, that he's saying that I've got to
19 where I need to get to and I feel very comfortable
20 and confident in numbers. But I think your phrased
21 based on the best date available it reiterates
22 that's why we're comfortable with the number. So,
23 yes, I'm good.

24 MS. LOVE: Okay. Here's the last one.

25 DR. RITCHIE: Go back up. And I think this

1 just in the side, Troy. Realize that the numbers
2 for the pay-offs for the hospitals is four years,
3 but physicians the providers didn't necessary need
4 him for four years. He may have been using a
5 different time period to pay it off. I wonder if
6 that's --

7 MR. CLARK: But my recollection is he did
8 it over four years even though that wasn't a
9 requirement that we said. There's not a requirement
10 that it has to be made and accept that's correct,
11 but he had estimated over four years.

12 DR. RITCHIE: Okay. Well, I don't know how
13 it adds up, but if you made a different time period
14 than four years then it might work out that day.

15 MR. CLARK: Like I said, the difference is
16 the 10th time buy you a money difference between
17 32.9 and 34.6. It's interest over four years.

18 DR. RITCHIE: Right. Okay.

19 MS. LOVE: We're on the home stretch you
20 guys. Here we go.

21 MR. VARGAS: I believe that's the quote
22 from his testimony.

23 MR. CLARK: I don't have a problem with his
24 testimony.

25 MR. VARGAS: We don't get to change what he

1 said, right?

2 MR. CLARK: I guess I had one question.
3 The very last of the sentence/paragraph. We say,
4 see the final order. Are we goes to include the
5 final order in as an exhibit? I assume that we were
6 and that's why we didn't have an exhibit number in
7 the paragraph we're seeing is that we are waiting.

8 DR. RITCHIE: And certainly that's what we
9 did in the past.

10 MS. LOVE: If we attached it, that's fine.

11 DR. RITCHIE: We can just make that Exhibit
12 B or 2 or whatever.

13 MR. CLARK: I think it needs to be because
14 I think the paragraph before we're saying, here's
15 what you need to do. And what we know is that
16 Superintendent Tole did deviate from our
17 recommendation. So we're submitting one exhibit
18 that here's what our recommendation is. And the
19 second exhibit of what he did do.

20 MS. LOVE: Okay. I'm going to scan up and
21 make this January. We probably can't get this out
22 today, right? So January 16.

23 MR. VARGAS: I think the 16th is a holiday.

24 MS. LOVE: Oh, yeah, 17th. And then we
25 take the highlights out. Exhibit 1. We'll just

1 say, see Exhibit 1. Or how about we just say
2 Exhibit 1 and Exhibit 2.

3 (Deposition Exhibit Number 1 and 2 were
4 marked for identification.)

5 MR. WARD: Can I just be a hyper obnoxious
6 lawyer about the timing of the report?

7 MS. LOVE: Yes, 28? Yes.

8 MR. WARD: I'm feeling really left out here
9 so I want to make a contribution. So the
10 Legislature I believe begins on Tuesday at noon.

11 MS. LOVE: We'll send it today.

12 MR. WARD: No. We can do it in the morning
13 on Tuesday. I just want to make it clear that -- I
14 don't think they're going to send to you jail, by
15 the way, if you don't send it right before the
16 Legislature starts, because I think all those
17 legislators have other things going on the morning
18 of the 17th, but just so you know, that's what the
19 statute says is to get it to him before it starts.

20 MS. LOVE: Before it starts. And it starts
21 at what you time on Tuesday?

22 MR. WARD: At noon.

23 MS. LOVE: Oh, yeah, okay. Debbie, are you
24 able to send it out to the Legislature on Tuesday
25 morning?

1 MS. LUERA: I don't believe I'm the one
2 that sends it.

3 MS. LOVE: Okay. I thought that we
4 submitted it through the OSI last year.

5 MR. CLARK: While they're looking at that,
6 I had a question on the statute just for the timing
7 of our meeting more than anything. So the statute
8 does say that we need to submit it before the start
9 of the session, not just to the Legislature before
10 the end of the session?

11 MR. WARD: Yeah, no, I had looked at that
12 when we were trying to figure out the meeting. I
13 think that the concept is that they get it
14 beforehand.

15 MR. CLARK: Okay. I just couldn't
16 remember. I was wondering if that would change the
17 necessity of the timing of this meeting in future
18 years.

19 MR. WARD: Last year we did it like a week
20 earlier than this time, so I think we're all trying
21 to get our bearing. I think in the future it would
22 make sense to do just a little bit earlier.

23 MR. VARGAS: It says no later than the
24 first day. So the latest is technically as long as
25 you get it in on the first day, we comply with the

1 statute.

2 MR. WARD: Okay. Fair enough, Ray. Sure.

3 MS. LOVE: Melissa is the one who
4 circulated it to the Legislature for us last year.
5 So who would the comparable person to Melissa
6 Gutierrez.

7 MS. LUERA: I believe it's Fraya at OSI.
8 Oh, sorry Louella, go ahead.

9 MS. PACHECO: Well, I took Melissa's
10 position. So I'm assuming it would be me. I just
11 have to find out how that's done.

12 MS. LOVE: I'm going to accept all changes
13 unless anybody wants to see them again.

14 MR. VARGAS: I move that we adopt the
15 report as revised today.

16 DR. RITCHIE: I have one more comment
17 because of the attachment or attaching the
18 superintendent's report, he has an exhibit to his
19 report as well. The recommended changes to the
20 Medical Malpractice Act that are presumably part of
21 his report. I want to make sure that those are
22 included and want to know if we want to, perhaps,
23 quote him since he is not going to be around after
24 the first few days of the Legislature that he also
25 included this as part of his report.

1 MS. LOVE: I am not willing to add that to
2 the report, but I think it's -- part of his final
3 order and should be appropriately attached as part
4 of his final order. I'm not inclined to edit his
5 final order at all.

6 MR. VARGAS: I agree. First of all, we
7 didn't have any hearings or make any findings, but
8 we are, as a matter of fact, attaching his report
9 and its attachments. I think that's the most we are
10 empowered to do under the statute.

11 DR. RITCHIE: Oh, I definitely wasn't
12 implying we would change his report at all.

13 MR. VARGAS: Or make it somehow part of our
14 findings.

15 DR. RITCHIE: No. No it's not. We just
16 were quoting the actuary.

17 MR. VARGAS: That was evidence we took,
18 though.

19 DR. RITCHIE: Right. And that's the point.
20 That was evidence we took as part of our meetings,
21 but just so -- it came up as I was thinking about
22 the exhibits when we were talking about our
23 exhibits. And so he could as Exhibit A under his
24 report, but will that just be part of whatever
25 Exhibit B or whatever we have, it would just be

1 included.

2 MS. LOVE: Yeah, that's how it typically
3 works is whatever is the full document if you're
4 citing to the full document as an exhibit, then the
5 full document goes in, it will be just marked as
6 Exhibit 2.

7 MR. CLARK: Kathy, could you scroll down
8 the statement at the end where we make that
9 reference to it, I think. So we're saying, "The
10 superintendent accepted some of the Board's
11 recommendation, but did not raise surcharges as
12 recommended." Instead of putting it, we got rid of
13 the parenthesis, we would just say, Please see the
14 superintendent's final order at Exhibit 2. I'm not
15 sure if Exhibit 2 final order is a complete sentence
16 actually.

17 MS. LOVE: That's not how you cite. This
18 is how you cite. You just say Exhibit 2, final
19 order.

20 MR. CLARK: You're leaving parenthesis in?

21 MS. LOVE: Nope.

22 DR. RITCHIE: You don't have to say
23 separate because his Exhibit A is included as part
24 of that.

25 MS. LOVE: Yup. Good to go?

1 MR. VARGAS: I move to adopt the report as
2 revised today.

3 DR. RITCHIE: Is there a second to that?

4 MS. LOVE: I'm avoiding seconding it, since
5 I drafted it. So someone else can second.

6 DR. CARSON: This is Karen. I'll second.

7 DR. RITCHIE: Okay. Let's go ahead and
8 have a role call vote for that please. Will that
9 come from Louela?

10 MS. PACHECO: Apologies. I'm pulling up
11 the list right now.

12 Okay. Chairman Ritchie?

13 CHAIRMAN RITCHIE: Yes.

14 MS. PACHECO: Vice Chair Love, .

15 MS. LOVE: Yes.

16 MS. PACHECO: Dr. Carson?

17 DR. CARSON: Yes.

18 MS. PACHECO: Mr. Clark?

19 MR. CLARK: I think so. Can I ask Kathy to
20 hit save. Let me just read this one more time now
21 without the changes there.

22 MS. LOVE: You want to go to the beginning?

23 MR. CLARK: No, no. I just wanted to read
24 that last paragraph.

25 I'm good. I vote yes.

1 MS. PACHECO: Okay. Mr. Dekleva.

2 MR. DEKLEVA: Yes.

3 MS. PACHECO: Ms. Martinez?

4 MR. MARTINEZ: Yes.

5 MS. PACHECO: Ms. Stevens?

6 And Mr. Vargas?

7 MR. VARGAS: Yes.

8 DR. RITCHIE: Okay. So that will go out
9 then before the end of that first day of business of
10 the Legislature so that that we are in compliance.
11 I want to thank everyone for the work on this and
12 all the work originally put all this together last
13 fall. We need to -- or I want to estimate when we
14 want to set a next meeting. Still wanted to get
15 even further ahead or faster along, I think on the
16 actuarial studies and having more time to examine
17 them and have hearings or, perhaps, even be able to
18 recall the actuaries if necessary. Because I know
19 people brought that up this last year. So what the
20 timing for just aware of the timing again for the
21 studies proposed for 2023. Do you have that yet?

22 MS. LUERA: No. I have a note here. And I
23 apologize, I maybe should have submitted this as an
24 agenda item. Although, it's the superintendent's
25 final decision on extending the contract with

1 Pinnacle that we were going to discuss at the
2 January meeting if any of the advisory board members
3 had an objection to moving forward with extending
4 the contract and securing Pinnacle to provide the
5 study this year. If we can do that, last year we
6 gave them a deadline, I believe the end of -- or
7 August 1st, so if we can have that tied up now, I
8 believe they can start the studies sooner.

9 MR. CLARK: Mr. Chairman, I've got a
10 question for Mr. Ward. Given that it was not on our
11 agenda with the public meetings act, are we allowed
12 to modify at this point?

13 MR. WARD: Just to help me understand, and
14 I'm not suggesting that anybody take any action
15 here, but are there any members who actually want to
16 address the question that was asked?

17 DR. RITCHIE: I think that the Board can be
18 tasked to do give a recommendation to the
19 superintendent whether to continue with Pinnacle or
20 not. But I don't know if we're obligated to do
21 that.

22 MR. WARD: Well, I think if the Board
23 probably wanted to take up that issue because I'm
24 sure that Pinnacle would want to be aware if that
25 was going to be a topic. But I think if the Board

1 doesn't have -- if there isn't an interest in doing
2 so, then I don't see why it would need to come up.
3 I don't think that it would need to be a topic. So
4 all I'm trying to do is to just get a sense right
5 now if people want to answer the question and give
6 the feedback that was asked.

7 DR. RITCHIE: I think that's well put. So
8 does anyone on the Board feel like we need to give
9 feedback for -- to continue with Pinnacle or not
10 continue with Pinnacle or leave that up to the
11 superintendent?

12 MR. WARD: And the way I would answer that
13 is to just say to just to in responding just respond
14 by saying, is this an issue that you want to take up
15 at future board meeting?

16 DR. RITCHIE: Okay. So that's a question
17 posed.

18 MR. WARD: And I'm asking in the context to
19 be able to give you advice on how to proceed.

20 DR. RITCHIE: Okay. So that's the question
21 we ask of you?

22 MR. WARD: Yes. So I posed question and
23 I'm trying to see if anybody wants to answer, give
24 me some feedback about that, so I can complete my
25 legal advice.

1 MR. CLARK: I would add to the discussion,
2 Mr. Chair, then that as we answer that question, we
3 need to think in the context of not just Pinnacle
4 for this year, but is this something we want to give
5 feedback on in future years. Because I would
6 venture to guess if the answer was all of a sudden
7 absolutely a year ago, and now we might say, Oh, I'm
8 not too worried about it.

9 MR. WARD: I'll remind everybody actually
10 that at the end of our last session, there was an
11 opportunity to provide feedback to Pinnacle directly
12 at that time. I don't know if you all recall that.
13 And it was at the very end of the meeting. But just
14 running to this issue, does anybody have -- just for
15 purposes of trying to figure out what to do right
16 now.

17 MR. VARGAS: It doesn't look like anybody
18 has any strong feelings.

19 MR. WARD: Then my recommendation is that
20 OSI should move forward with its obligation to make
21 sure that that part is completed. And that in the
22 future, I think that what my recommendation is, as a
23 new board, we're still trying to figure out this out
24 is that we make very clear for the future agenda to
25 put that as a topic so it can be addressed. But I

1 don't see any need to have to slow down the process
2 of OSI at this point.

3 DR. RITCHIE: I concur with that.

4 MR. CLARK: I like that answer.

5 DR. RITCHIE: I do, as I was saying, I do
6 feel like we ought to try to keep things moving
7 along a little faster again this coming year. We
8 did better this year. I don't know if we could move
9 up that deadline to July 15 or something like that
10 to get the actuarial report in, or if we can make
11 that recommendation. Is there any comments
12 Ms. Luera, as the third party.

13 MS. LUERA: First, thank you Mr. Ward for
14 handling that for me. I apologize for trying to
15 bringing up something new. But, yes, I will work
16 with OSI to secure the actuary for this year and
17 move up the deadline for the actuarial study to be
18 completed. That shouldn't be an issue since it's
19 January 13th. We're getting a much faster start
20 this year.

21 DR. RITCHIE: Okay. Does anyone think of a
22 reason for us to meet prior to the receipt of that
23 actuarial study? Does anyone have issues that they
24 think we should address before then?

25 MS. LOVE: It seems like it would --

1 Mr. Chairman, may I speak? Sorry.

2 DR. RITCHIE: Yes.

3 MS. LOVE: It seems like it would be
4 valuable to have a short meeting just to have a
5 presentation from Debbie and Integrion with regard
6 to just the status of the Fund. Since our
7 obligation is to sort of oversee, you know, the
8 financial status and get updates, it might be worth
9 while.

10 DR. RITCHIE: I think that's valid.
11 Debbie, what would be the timing on that, though?
12 When would you have a good idea of the financial
13 status of the Fund? What would be the most
14 appropriate timing for that?

15 MS. LUERA: I actually received the data
16 from our analytics team today regarding the batches
17 submitted. So that would be the revenue component
18 of it. We can have that -- I can have a
19 presentation finalized probably in the next 30 days.
20 And then we'll have to work with OSI finance to make
21 sure that all of the numbers tie-out. So if I
22 recall we had a meeting mid-March last year. That
23 would be more than enough time for us to get that
24 together.

25 MR. CLARK: Mr. Chair, can I make a

1 suggestion that we make it some time after the
2 conclusion of the session just in case the
3 Legislature comes back with something we're not
4 expecting or is not dependant like the 30 million?
5 And we do want to make a recommendation on such a
6 thing to the Board -- or to the OSI.

7 DR. RITCHIE: That was going to be my
8 comment.

9 MR. CLARK: Early April would be good.

10 DR. RITCHIE: Certainly after the session
11 was what I was going to say. I concur with that.
12 But does anyone else have an input into that?
13 Because I believe a short meeting would be very much
14 in line. I would like to have it in-person. So
15 what we can set up way ahead of time so people can
16 put it on their schedule. Is there a feeling? If
17 it's going to be in person, would a Friday afternoon
18 be good like this? Make it easier to be in person,
19 or is there another day week that people have a
20 strong feeling of other time to do it, since in
21 person a little more difficult logistically to do.
22 Any input on that? Boy, quiet group.

23 MR. CLARK: Mr. Chair, I happen to have
24 facilities that would house a group this size in one
25 of two training rooms that I would offer it up if

1 you would like, depending if you wanted to do in
2 Santa Fe or in Albuquerque. If you wanted to do it
3 in Albuquerque, I've got facilities that I would be
4 willing to offer up.

5 MS. LOVE: I know that the Legislature --
6 once the Legislature is out, they have capacity to
7 do hybrid, so that the public can participate by
8 Zoom. Would that be something that we might be able
9 to do?

10 MR. CLARK: I think it would be wise.
11 Because you have some people -- I'm not sure if Dr.
12 Carson can make it all the way from -- aren't you
13 over in Roswell, Dr. Carson?

14 DR. CARSON: Yeah, but if I have enough
15 time, I can make it up. Thursday or Friday would be
16 great.

17 DR. RITCHIE: I was envisioning a hybrid
18 meeting for exactly those meetings, and I think
19 maybe a Friday afternoon to clear calendars for
20 Friday afternoon logistically might work the best
21 unless someone had an objection. So we will look at
22 a Friday afternoon in April to meet with a hybrid
23 meeting, but hopefully the Board in person to
24 finally get to meet in person for the very first
25 time. Perhaps the first half, last half of April.

1 So any comments? And anyone have any comments or
2 statements to make?

3 MR. VARGAS: I would just say if IT could
4 be in the early part of April. I think I'm going to
5 be in trial towards the end of April.

6 DR. RITCHIE: It can't be the first week,
7 but after the second week, I can do it like the 7th.
8 I could do it on the 7th.

9 MR. CLARK: Seven or the 14th works for me.
10 Although, the 7th is the first week. I'm not sure
11 if you're referring to that.

12 DR. RITCHIE: I'm sorry. You're right.
13 Yeah. Sort of first. But yeah the 7th.

14 MR. VARGAS: I could do the 14th.

15 MS. LOVE: 14th is fine.

16 MR. CLARK: I think by the 14th, the
17 governor would have to have signed anything that
18 comes out of the Legislature. The 7th may not meet
19 that criteria.

20 DR. RITCHIE: I can't really do the 14th.
21 Not for Friday.

22 MR. VARGAS: What about the 13th?

23 DR. RITCHIE: The 13th I could do. Well,
24 we have -- if we did it earlier in the afternoon, we
25 have a side counsel meeting to follow, which we

1 could do. It shouldn't be a long meeting.

2 MS. LOVE: 13th is great.

3 MR. DEKLEVA: Works for too.

4 MR. CLARK: That works for me.

5 DR. RITCHIE: Okay. And we'll get that put
6 on the agenda way before the two weeks ahead of
7 time. We're learning this business of government
8 stuff. We'll come out with an agenda though. If
9 anyone has anything they would like to put on the
10 agenda, please let me know and let Debbie know ahead
11 of time so that we can get that on the agenda. Any
12 other old business comments, any comments from
13 anyone?

14 MS. LOVE: Thanks, everyone. I'm always
15 amazed at how well we can work together.

16 MR. CLARK: Vince has got his hand up,
17 Mr. Chair.

18 MR. WARD: That was an accident.

19 MR. CLARK: And I might say thank you to
20 Kathy and Bill for your efforts to work behind the
21 draft. As always great job.

22 MS. LOVE: I see we now have our interim
23 superintendent present. It's nice to meet you.

24 MS. CATECIS: I have been listening three
25 minutes in. I will be honest and let you know the

1 way you say it is Catecis. I know everyone's going
2 to hit on it, and I don't care. My husband gives a
3 great joke about it, it sounds like the MC Hammer
4 song. I'm here. I'm listening in. There's a lot
5 of activity regarding the PCF already across the
6 street, and I did send an email to Debbie that our
7 hearing room will be able to do public hybrid usage as
8 well. And the Board's more than welcome to utilize
9 it.

10 MS. LOVE: Thank you. That's great.

11 DR. RITCHIE: Thank you. I'm sorry I
12 didn't see you come on. So welcome and thank you
13 very much.

14 Thank you again to the Board, to everyone
15 who's willing to meet on Friday afternoon. I think
16 it is important work. This session is to go to be
17 very interesting and I am glad we're meeting after
18 the session because I have a feeling that things may
19 be all changed, who knows. So we will see. So
20 barring anyone else having a comment we will stand
21 adjourned.

22 MS. LOVE: I'll just add that I don't have
23 in a same feeling.

24 (End of proceedings at 4:12 p.m.)

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REPORTER'S CERTIFICATE

I, Kristine Kaczor, Certified Reporter and Registered Professional Reporter in for the the State of New Mexico, do hereby certify:

That said proceeding was taken down by me in stenotype on January 13, 2023, at the place therein named, and was thereafter transcribed, and that a true and correct transcription of said testimony is set forth from preceding pages, according to my ability to hear and understand the proceedings.

I further certify that I am not kin or otherwise associated with any of the parties to said cause of action and that I am not interested in the outcome thereof.

WITNESS MY HAND this 31 day of January, 2023.

Kristine Kaczor, RPR, CCR
Certified Court Reporter #545
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