1	SENATE MEMORIAL 125
2	54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019
3	INTRODUCED BY
4	Jeff Steinborn
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10	A MEMORIAL
11	REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A GROUP OF
12	DIVERSE STAKEHOLDERS WITH EXPERTISE IN HEALTH CARE DELIVERY,
13	HEALTH COVERAGE AND HEALTH CARE FINANCE TO DETERMINE THE VALUE
14	AND FEASIBILITY OF A HEALTH CARE COST, QUALITY AND COORDINATION
15	COMMISSION IN NEW MEXICO.
16	
17	WHEREAS, according to the United States department of
18	health and human services, federal health care reforms have
19	resulted in a drastic reduction in the number of uninsured
20	residents of New Mexico, with the rate in the state dropping
21	from twenty percent in 2011 to ten and two-tenths percent in
22	2016; and
23	WHEREAS, according to a 2015 legislative finance committee
24	report, the drop in New Mexico's rate of uninsured residents
25	has resulted in a reduction in hospitals' and other health care

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providers' statewide unreimbursed care burden; and

WHEREAS, the congressional budget office predicts that further changes to cost-sharing subsidies on health insurance exchanges nationwide will result in increases in the federal budget, which will likely decrease allocations in federal health care appropriations to states; and

WHEREAS, the federal government is signaling states to take responsibility for managing health care costs, including ceding greater control over state medicaid programs; and

WHEREAS, a 2017 report by the Milbank memorial fund on state models for health care cost measurement indicates that no one payer source can influence care or outcomes across the system; and

WHEREAS, the need for a review of many sectors of health care payers has led six states whose leadership is concerned with health care costs in their states to create health care cost commissions or related agencies charged with reviewing health care costs across state agencies and among private payer sources; and

WHEREAS, in 2015, the department of health and the human services department received a federal state innovation model grant; and

WHEREAS, after extensive meetings and input from stakeholder groups throughout New Mexico, the state innovation model study concluded that the lack of coordination of health

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WHEREAS, the study also concluded that the lack of health care data was a serious problem, but the funds for the implementation phase of the state innovation model project were removed from the federal budget; and

WHEREAS, health care costs are consuming an increasing percentage of the New Mexico state budget, which necessitates that the state seek ways to manage health care costs without causing widespread disruption; and

WHEREAS, in New Mexico, there is currently no government agency, commission or other entity charged with reviewing health care costs across state agencies and among private payer sources and making recommendations for containing these costs while maintaining access to high-quality health care for all New Mexico residents;

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE OF NEW MEXICO that the department of health be requested to convene a group of diverse stakeholders with expertise in health care delivery, health coverage and health care finance to develop an assessment of the value to the state in creating an entity charged with reviewing health care costs across state agencies and among private payer sources and making recommendations for containing these costs while maintaining access to high-quality health care for all New Mexico residents; and

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BE IT FURTHER RESOLVED that the department of health be requested to report the results of the health care quality and cost study to the legislative health and human services committee by October 1, 2019; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the governor, the chair and vice chair of the legislative health and human services committee, the secretary of human services, the secretary of health, the superintendent of insurance and the executive director of the New Mexico health insurance exchange.

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