



Health Security for New Mexicans Campaign

PO Box 2606, Corrales, NM 87048
www.nmhealthsecurity.org

Health Security Plan Design Process – Update

Mary Feldblum, Ph.D., Executive Director
Health Security for New Mexicans Campaign
September 15, 2022

The growing problems of health care access and rising costs

- Access is not the only challenge we face.
- Health care costs are expected to continue to rise dramatically, impacting consumers, employers and government budgets – in essence, the health of our state.
- By all accounts, the system we have created over the years is more administratively complex and costly when compared to other nations, even those with small populations, that guarantee health care coverage for their residents.

Dr. Rick Madden, a practicing family physician, will describe some of the administrative challenges that impact physicians and interfere with patient care. His perspective adds to the list of the many compelling reasons why the Health Security Plan design process is so important.



“How many times have I told
you not to play doctor?”

Source: T.R. Reid, *The Healing of America: A Global Quest for Better, Cheaper and Fairer Health Care*, Penguin Books, 2010, p. 43. (as cited in book, originally published in the *Wall Street Journal*.)

The Health Security Plan design process

- It provides our state with the opportunity to explore a different path, to come up with New Mexico solutions that will simplify this complex system and address access issues and rising costs.

The Health Security Act - an alternative model, a homegrown approach

- The Act is the result of years of input from New Mexicans from all over the state.
- The Act would enable our state to create a Plan that would guarantee comprehensive coverage for most state residents, along with freedom of choice of health care provider. It would be administered by a geographically representative citizens' board (like a co-op). Private insurance may play a supplemental role, as it does in many European countries (and as is the case with traditional Medicare).

The cost advantages of creating our own New Mexico health coverage plan

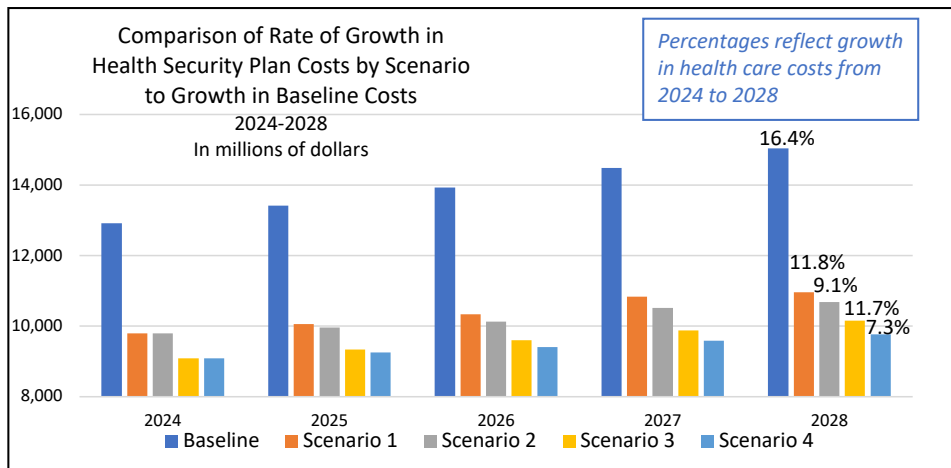
- Three independent New Mexico studies, the most recent in 2020, have demonstrated that such a plan will dramatically reduce the rate of increase of rising health care costs, saving hundreds of millions of dollars in the first five years alone. It will also simplify what has become an administratively complex and costly process that frustrates both providers and patients. And virtually all New Mexicans have coverage.

2020 KNG Cost Analysis

Comparing the Projected Rate of Growth in Health Care Costs 2024–2028 Between Baseline* (Current System) and Health Security** (4 Scenarios)

No Matter the Scenario, the Difference Is Significant

“Over the long-term, we projected that the HSP would decrease total health spending in New Mexico if administrative costs are kept at levels proposed by the HSA.” Final Report, p. xi



Source: “Fiscal Analysis of New Mexico’s Health Security Plan: Final Report,” June 30, 2020. KNG Health Consulting. Figure 5.3, p. 49; Table A1.6, p. 72; Table A2.6, p. 78; Table A3.6, p. 84; and Table A4.6, p. 90. Percentages calculated by the Health Security for New Mexicans Campaign, based on data provided in the above-cited figure and tables.

* **Baseline** = Includes all New Mexicans except the non-civilian and over-65 populations.

****Scenarios 1–4** = Includes the 1.3 million to 1.4 million New Mexicans estimated to be covered by the Health Security Plan (77% to 81% of the civilian and under-65 population), depending on the scenario. (KNG Final Report. “Effects on Health Coverage,” p. 45)

2024–2028 Rate of Growth in Health Care Costs

In millions of dollars

	2024	2025	2026	2027	2028	Cost Increase from 2024 to 2028	Health Care Cost Growth Rate from 2024 to 2028
Baseline	12,919	13,416	13,932	14,484	15,043	2,124	16.4%
Scenario 1	9,796	10,062	10,340	10,832	10,955	1,159	11.8%
Scenario 2	9,796	9,961	10,135	10,511	10,688	892	9.1%
Scenario 3	9,094	9,341	9,601	9,884	10,161	1,067	11.7%
Scenario 4	9,094	9,250	9,411	9,591	9,761	667	7.3%

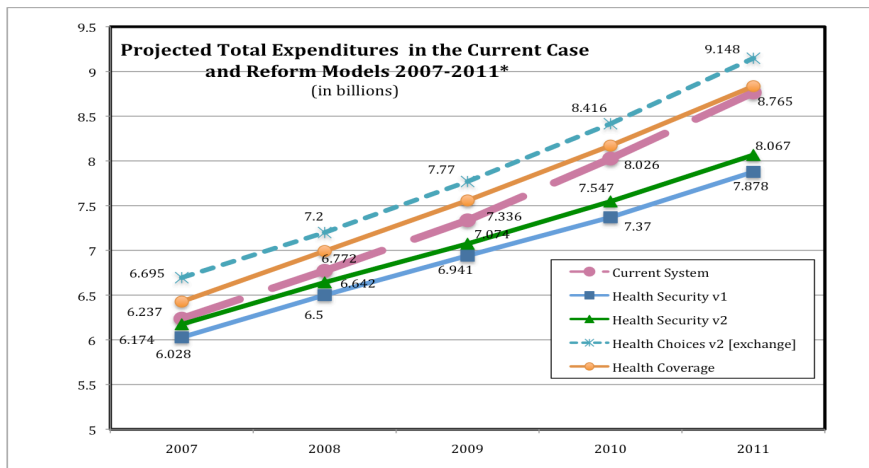
Source: “Fiscal Analysis of New Mexico’s Health Security Plan: Final Report,” June 30, 2020. KNG Health Consulting. Figure 5.3 and Tables A1.6, A2.6, A3.6, and A4.6. Figures in shaded columns calculated by the Health Security for New Mexicans Campaign, based on data provided in the above-cited figure and tables.

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9/4/20

2007 Mathematica Cost Analysis



*Study excludes over-65 and institutional populations. Also assumes everyone insured.

Source: Mathematica Policy Research, Inc., "Quantitative and Comparative Analysis of Reform Options for Extending Health Care Coverage in New Mexico," Final Report, July 31, 2007, p.65

Brief Descriptions of the Five Models as assumed and analyzed by Mathematica Policy Research, Inc. for the Governor's Health Coverage for New Mexicans Committee

Model 1. Health Security Act, Version 1: Sets up a cooperative to provide health insurance to almost all New Mexicans. This version assumes provider overhead savings only in urban areas.

Model 2. Health Security Act, Version 2: Sets up a cooperative to provide health insurance to almost all New Mexicans. This version assumes no provider overhead savings.

Model 3. Health Choices, Version 1: A health insurance marketing alliance that provides vouchers to almost all New Mexicans, paid for with taxpayer dollars, and requires that all New Mexicans, including all employers, participate. **Please note that Version 1 is not included in the chart. Version one was even more expensive than Version 2.**

Model 4. Health Choices, Version 2: A version of the health insurance marketing alliance that allows employers who provide insurance to opt-out of the alliance. Everyone else must participate. **(This model is somewhat similar to the Affordable Care Act that requires an exchange.)**

Model 5. Health Coverage Plan: Expansion of the current system, assuming all those eligible for enrollment in Medicaid and other public programs do so. Requires everyone to either purchase private insurance or enroll in a public program. (This model does not include an exchange.)

Mathematica assumed that everyone would be insured regardless of the approach. The models did not include the over-65 population and the institutional populations.

Why the Health Security model results in lower costs

- The Health Security Act contains key provisions that, based on the experiences of other countries, lead to lower health care costs and provide guaranteed, secure access to care.
- All countries that have guaranteed universal coverage – even those with small populations –have developed policies that not only result in lower per capita spending but also result in better health outcomes than the United States.
- Moreover, private independent medical practices are alive and well, and there is a strong private insurance supplemental market.

Key policies that lead to lower costs

- ✓ the ability to ensure a stable guaranteed revenue source for hospitals
- ✓ the ability to standardize (simplify) health professional payment systems
- ✓ the ability to negotiate drug prices
- ✓ workable IT systems that provide providers – including health facilities – with the medical information they need
- ✓ a much simpler administrative system
- ✓ shared risk based on the old-fashioned principle that we are all in it together

And, of course, residents of these countries have secure coverage and do not worry about paying unaffordable health care bills or going bankrupt due to medical debt.

In his posthumously published book *Priced Out: The Economic and Ethical Costs of American Health Care* (2019), renown health economist Uwe Reinhardt observed the following:

No other country among the developed economies spends nearly as much on administrative overhead as does the United States. (p. 25)

There is no one way to develop these universal health care policies

- All these countries have come up with different ways to implement these policies that lead to lower costs

One great resource on other systems is the Commonwealth Fund's 2020 International Health Care System Profiles.

<https://www.commonwealthfund.org/international-health-policy-center/system-profiles>

Why the Health Security Plan design process is so critical

- The Health Security Act contains provisions that include these critical cost containment policies. However, it does not spell out how they will be implemented.
- The focus of the design process is to learn about other experiences and figure out what will work for our state.

Three critical issues to keep in mind:

1. The design process is not "another study."

Conducting a predictive cost analysis of the Health Security Plan is very different from working out the policy details.

2. The consultants hired by the Superintendent of Insurance last year were very encouraging about next steps.

They DID NOT conclude that setting up our own health plan is unworkable. In fact, all the reports made recommendations for next steps in the design process.

“An Analysis of New Mexico’s Health Security Act: Moving Forward within the Current Federal Legal Landscape” - Sara

Rosenbaum, Morgan Handley (George Washington University), Thomas Barker, Ross Margulies, Haider Andazola, Alexander Somodevilla, Regina DeSantis (Foley, Hoag & Eliot), Report Submitted to the Superintendent of Insurance, January 27, 2022, pp 20-21

ii. Section 402 – Potential Applicability to the Health Security Act

Like § 1115, § 402 does not offer New Mexico a legal basis for seeking a complete replacement to Medicare and Medicaid. **But, in combination with § 1115, § 402 might offer the state flexibility to implement the Health Security Act as a “Health Security Plan” that effectuates coverage under both programs, much as the Plan would be the means by which coverage is effectuated for individuals receiving ACA subsidies.** Each market – Medicare, Medicaid, and the ACA subsidy market – would continue as the legal authority for coverage rather than being merged into a single Health Security Plan. At the same time, the Plan would take the place of the Medicaid managed care and the Medicare Advantage markets and would also be the means by which the traditional Medicare program operates. Put another way, rather than acting as the prime source of coverage, the Health Security Plan would operate as the administrator of coverage across the Medicare, Medicaid, ACA premium subsidy, and (possibly) the employer markets. Separate sources of insurance coverage would continue to exist, but all sources of insurance coverage would be implemented through a single public administrator. This approach might be feasible. Indeed, Vermont appears to be doing something similar with its Medicaid program under a recently- submitted § 1115 proposal, and Connecticut has historically operated its Medicaid program by means of a public organizational structure that effectively functions as a state-wide managed care plan (Connecticut does appear to use a private third party administrator, much as a self-insuring employer might do).

As with § 1115 demonstrations, § 402 poses a threshold issue that would determine whether New Mexico could utilize this special authority to implement the Health Security Act as a publicly-sponsored managed care arrangement, if not as a primary insurer. This threshold question is whether the Health Security Act can properly be characterized as a demonstration that is consistent with at least one of the enumerated purposes under § 402(a)(1). New Mexico arguably satisfies the following purpose under paragraph (C):

“(C) to determine whether the rates of payment or reimbursement for health care services, approved by a State for purposes of the administration of one or more of its laws, when utilized to determine the amount to be paid for services furnished in such State under the health programs established by the Social Security Act, would have the effect of reducing the costs of such programs without adversely affecting the quality of such services;”

Health Security Act Roundtable with Consultants
Hosted by Office of Superintendent of Insurance
3/14/2022

Sara Rosenbaum, J.D.

Harold and Jane Hirsh Professor of Health Law and Policy, Milken Institute School of Public Health, George Washington University

Thomas Barker, J.D., former general counsel to the Centers for Medicare & Medicaid Services (CMS), Foley Hoag law firm: Firm has seven decades of legal experience dealing with federal health care laws and regulatory policy.

The GW report assumption was that Health Security is a law that is designed to essentially *merge* other health care markets into one (with some exceptions). (This approach was not, in fact, assumed in the Act, but it is an important point to understand.)

Sara Rosenbaum:

“We are extremely pleased to do this work for New Mexico because your law is so important and such a precedential law, and we’ve been really excited about trying to figure out with you and for you how to move down this complicated pathway of making the law a reality, given the complicated thicket of federal laws you need to deal with.” (6:27)

What Sarah Rosenbaum calls their “punch line.”

“We think that it is not possible under existing federal law to essentially replace these disparate markets, but we do think that there are things that could be done to bring some of these markets into greater alignment with the principles of the Health Security Act and to align the markets with some of the requirements and the principles by which the Health Security Act would function. And so, we think there is a really rich agenda ahead of you short of what would really be a consolidation into a single-stream health insurance system.” (9:20)

In response to questions from legislators: Do we go to CMS with some proposals, with support from providers and others in the state? Or go to CMS and ask them what can we do?

Sara Rosenbaum: “I think you want to be very clear with CMS with what you are hoping to do and the fact that it absolutely has a lot of support in the state and essentially use them as technical advisors.” (1 hr:11)

Thomas Barker: “It is better off going in with an outline of what you want to accomplish...Here is what we want to do with the Medicaid population, here is what we want to do with the exchange population, here is what we want to do with the Medicare population, etc., etc.” (1 hr:11)

Miriam Laugesen, Ph.D., Department of Health Policy and Management in the Mailman School of Public Health, Columbia University. Consultant on payment models.

“You have the opportunity to unify programs under a multi-payer framework and you have the possibility of extending it to federally funded programs. So, there is a lot of possibility. The most important thing is that payments be standardized.” (54:30)

Three critical issues to keep in mind (continued):

3. *Interim measures can be implemented while we continue to develop policies that will address cost and administrative simplicity.*

The design process is like putting together the pieces of a jigsaw puzzle

- To solve the puzzle, we don't just pick each piece individually. What is required is to organize the key ones first – the ones more important to helping solve the puzzle: the edges or, say, those that have the color blue.
- The goal of the Health Security design process is to enable us to roll up our sleeves, learn from other experiences, figure out how we can simplify our overly complicated system, and create New Mexico–appropriate policies that will slow the ever-increasing rate of health care costs.

Legislative approval to fund the design process

- In 2021, the design process received \$575,000 in funding, thanks to legislators dedicating some of their junior allocations to this effort.
- In 2022, legislative funding increased from \$575,000 to \$790,000. This amount took into consideration the need for the Superintendent of Insurance to hire provisional staff to oversee the project.

The current situation: On July 1, our sponsors, Rep. Dayan Hochman-Vigil and Sen. Jerry Ortiz y Pino, met with Superintendent Russell Toal to discuss possible topics for this second year of the design process. The following six areas were jointly agreed upon.

Six Health Security Plan Design Topics – Year Two

The first two topics build on last year's research:

1. Global Budgets—Both consultant reports concluded that global budgets could be a very positive approach to address the financial issues faced by all too many NM hospitals and the communities that depend on them. Global budgets provide guaranteed revenue for hospitals. Clearly a task force is needed to figure out how such a program would work in our state. And, federal funding is available to help states set up such a system.

2. All-Payer Rate System—Such a system would set uniform reimbursement rates that apply to all health care professionals within a specialty and may apply to both private insurance companies and public programs like Medicaid. It would greatly reduce billing complexity. The final consultant report includes a variety of suggestions on creating an all-payer health care professional payment system.

The remaining four topics address other key problems that impact health care costs:

3. Prescription Drug Affordability—Before creating a program to address how to lower prescription drug prices for patients, various options need to be explored. Should the state join an existing drug purchasing network or establish its own public entity that would be responsible for negotiating prices? Could federal beneficiaries of programs like Medicaid or Medicare be included? Would this program be advantageous to independent pharmaceutical practices so important to rural communities?

4. Inter-Operational IT system—For years, our state has been trying to create an all-payer claims database and a health information system. What clearly is required is an inter-operational IT system that applies to all New Mexico payers (private insurance and public programs) and providers of health care services, so that no matter where you go to receive care, those responsible for treating you will have access to your complete medical history. This integrated database would include hospital, clinic, health professional and pharmaceutical drug information. It would have to address privacy and security concerns. Such a system does not exist anywhere in the United States, but it does in many other countries.

5. Medicaid—Medicaid covers more than 900,000 New Mexicans. Rather than focus immediately on how Medicaid could work under Health Security, it was agreed that it is important to know the cost of the Medicaid managed care program. As the expert consultants on federal waivers mentioned in their report, Connecticut decided years ago to drop its Medicaid managed care program and have the state administer it instead due to the cost of that program.

6. State Health Expenditure Data—Jim Peach, Ph.D., (NMSU retired professor of economics) suggested how important it is for New Mexico to collect annual health care expenditure data so we know what we are actually spending on health care in our state. This expenditure data will also be required when the puzzle is finally put together – to determine the cost of the Health Security Plan *as designed*. In fact, all efforts to increase the effectiveness of any specific health care programs that are implemented will benefit from having this data available.

The current status of the design process.

We are unaware of any further developments, and, of course, we are very eager for this process to move forward.

Suggested legislation for committee endorsement

A bill is needed to enable the legislature to create a board of experts who can take over the design process. This board would then be responsible for hiring consultants and ensuring public input, with the goal of exploring various experiences and options and ultimately making recommendations to the legislature about what legislation is needed to address these key puzzle pieces.

Important observations from two well-known health policy experts:

“The U.S. health insurance system is highly complex, with myriad insurance schemes that vary by the socioeconomic and demographic status of the insured and by employer for families covered by employer-sponsored insurance... A health insurance system this complex makes incremental health reform challenging. Changing the rules in one cell of the system can easily have an effect on other cells in the system.” – Uwe Reinhardt, *Priced Out: The Economic and Ethical Costs of American Health Care* (2019), pp. 24-25

“Imagine if you paid for an airplane ticket and then got separate and inscrutable bills from the airline, the pilot, the copilot, and the flight attendants. That’s how the healthcare market works. In no other industry do prices for a product vary by a factor of ten depending on where it is purchased.” – Elizabeth Rosenthal, M.D., *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back* (2017), p. 2

Final thoughts: *New Mexico cannot afford to continue on the path of patching up a flawed system. Interim solutions are important, but costs will continue to rise unless we establish policies that enable us to take control of what has become an out-of-control system.*

The design process provides an incredible opportunity for our state to ultimately come up with a coordinated solution that will work for our state and our residents.

Given our positive budget situation, surely now is the time to continue to invest in solutions that could become a model for other states.

Additional Information

- Letter from 56 physicians and other providers urging funding support to continue the design of the Health Security Plan (1/28/22)
- Letter from 14 Gallup medical professionals urging support for the Health Security Plan design process. (1/28/22)
- List of Health Security for New Mexicans Campaign member organizations

Lara Goitein, MD
Mountain Air Pulmonary LLC
761 Calle Picacho
Santa Fe, NM 87505
lgoitein@gmail.com
(505) 660-3881

January 28, 2022

Letter to:

Senator Mimi Stewart, President Pro Tempore
Senator Peter Wirth, Majority Floor Leader
Senator George Munoz, Chair, Senate Finance
Senator Nancy Rodriguez, Vice Chair, Senate Finance

Representative Brian Ego, Speaker of the House
Representative Javier Martinez, Majority Floor Leader
Representative Patricia Lundstrom, Chair, House Appropriations & Finance
Representative Nathan Small, Vice Chair, House Appropriations & Finance

Dear New Mexico Legislator:

We, the undersigned New Mexico physicians and ordering providers, urge you and other representatives and senators to support the Legislative Health and Human Services Committee's request for an appropriation of \$1.5 million as a supplement to the Office of the Superintendent of Insurance in HB2. The funding will enable the continuation of research needed for the design of the Health Security Plan for New Mexico.

As you know, the Health Security Plan would provide health care coverage to almost all New Mexico residents. The haphazard patchwork of private market and public options that currently define healthcare has failed our patients, and let many slip entirely between the cracks. As physicians, we believe that health care should be considered a human right, and its guarantee the obligation of responsible societies. We see firsthand the devastating effects of underinsurance and lack of insurance on our patients. Inadequate insurance is a major cause of poor health outcomes for the people of New Mexico, and also leads to expensive and unnecessary overuse of emergency and hospital services to compensate for lack of access, and to treat health crises that might have been averted.

Moreover, the current health care system has failed us as providers. It creates inefficiency and bureaucratic chaos, leading to an untenable administrative burden for our practices, and daily hurdles and challenges to our decisions on behalf of our patients. The administrative costs of our complicated coding and billing are untenable for many small practices, and physicians spend hours of their day on extensive documentation for purposes of reimbursement, justifying orders for routine services and equipment, and insurance-related activities like obtaining preauthorization for tests and treatments.

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The siphoning of precious healthcare dollars for costly administrative expenditures to support a complicated, multiple payer system makes no sense for patients, doctors, and hospitals.

New Mexico, like much of the country, is experiencing a progressive failure of its healthcare system, and the pandemic has served only to widen the fault lines. Patients are not getting the care they need, and physicians and nurses are increasingly demoralized and leaving the workforce. In New Mexico, we cannot afford to lose more of our physicians. We believe that New Mexico could once again be at the leading edge, and set an example for other states by creating a simple, streamlined insurance plan that ensures access to care for all its residents, and allows our healthcare workers to focus on the substance of their work – namely, taking the best possible care of our patients.

But it's important that we get it right. There are many complicated issues to consider, including benefits covered, integration with federal programs, bulk purchasing of drugs, payment models for providers and health care facilities, and the needs and concerns of multiple stakeholders. These must be solved in a way that does not add costly administrative layers, but simplifies our system for patients and providers. The Superintendent of Insurance has conducted important initial research, and we ask that the New Mexico legislature grant the funds to continue it. Our fervent hope is that it will allow development of a plan that is intelligent, compassionate, and realistic, and that greatly improves medical care for New Mexicans.

Thank you for your consideration.

Sincerely yours,

1. Lara Goitein, MD, Pulmonary & Critical Care Medicine, Santa Fe
2. Louise Abel, MD, Internal Medicine, Santa Fe
3. Mona Abousleman, MD, Family Medicine, Albuquerque
4. Jennifer Achilles, MD, Pediatrics, Santa Fe
5. Stewart Anderson, MD, Emergency Medicine, Santa Fe
6. Marcia Angell, MD, Pathology, Santa Fe
7. Neal Apple, MD, Ophthalmology, Silver City
8. Boudinot Atterbury, MD, Internal Medicine, Santa Fe
9. Avelina Bardwell, MD, Internal Medicine, Santa Fe
10. Hamilton B. Brown, MD, MPH, Family Medicine, Arroyo Seco
11. Thomas Burdick, MD, Interventional Radiology, Santa Fe
12. James J. Campbell, MD, Pediatrics, Gallup
13. Christine K. Cassel, MD, Geriatric Medicine, Santa Fe
14. Mary Ray Cate, MD, Family Medicine, Santa Fe
15. Margaret M. Charsley, MD, Anesthesiology, Albuquerque
16. Caline Cone, MD, Family Medicine, Albuquerque
17. Ernest Flores, MD, Psychiatrist, Las Cruces
18. Diane E. Friedman, MD, Family Medicine, Santa Fe
19. Nona Girardi, MD, Family Medicine, Los Alamos

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20. Susan Griggs, CNP, CNM Santa Fe
21. Julia Hecht, MD, Pediatrics, Albuquerque
22. Patrick Hudson, MD, Surgery, Physician Coach, Cedar Grove
23. Wendy Johnson, MD, Family Medicine, Santa Fe
24. Philip Lee Kamps, MD, Obstetrics and Gynecology, Gallup
25. Sue Katz, MD, Family Medicine, Santa Fe
26. Anne Kessler, MD, Pediatrics, Santa Fe
27. Robert Khanlian, MD, Emergency Medicine, Corrales
28. Paul Kovnat, MD, Nephrology, Santa Fe
29. Elizabeth Lawrence, MD, Internal Medicine, Albuquerque
30. Kevin Lee, MD, Radiology, Santa Fe
31. William Leeson, MD, Family Medicine, Santa Fe
32. Kimberly Lopez, MD, CNP, Santa Fe
33. Alston C. Lundgren, MD, MD, Santa Fe
34. Richard F. Madden, MD, Family Medicine, Belen
35. John Mezoff, MD, Ophthalmology, Gallup
36. Kathleen Mezoff, MD, Pediatrics, Gallup
37. Doris Page, MD, Family Medicine, Santa Fe
38. Margaret Roberts, MD, Family Medicine, Albuquerque
39. Alan Rogers, MD, Family Medicine, Santa Fe
40. Joel Rosen, MD, Family Medicine, Santa Fe
41. Patricia M. Rosen, CNM, CFNP, Santa Fe
42. Fen Sartorius, MD, Family Medicine, Santa Fe
43. Brian Shelly, MD, Family Medicine, Albuquerque
44. Jane Simon, DPM, Podiatric Surgery, Albuquerque
45. Twana Sparks, MD, Otolaryngology, Silver City
46. Ben Stricks, MD, Hospitalist Medicine, Santa Fe
47. Tyler Taylor, MD, Family Medicine, Los Alamos
48. William Ulwelling, MD, Psychiatry, Albuquerque
49. Timothy Vellinga, MD, Cardiology, Santa Fe
50. Gentiana Voinescu, MD, Nephrology, Santa Fe
51. Lauren Waltersdorf, MD, Family Medicine, Santa Fe
52. Fred Fox, MD, Family Medicine, Silver City
53. Lynn Bickley, MD, Internal Medicine, Santa Fe
54. Garimella Madhavi, MD, Endocrinology, Los Alamos
55. Viveca Meyer, MD, Pediatric Psychiatry, Albuquerque
56. Mary Poel, MD, Pediatrics, Gallup

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A Letter from Gallup Medical Professionals

January 28, 2022

Sen. George Munoz, Chair, Senate Finance Committee
Rep. Patricia Lundstrom, Chair, House Appropriations and Finance Committee

Dear Rep. Lundstrom and Sen. Munoz,

You are certainly acutely aware of the financial, staffing, and management crisis that is facing RMCH right now. Important measures are being taken to deal with these complex issues as quickly as possible, since the people and businesses in our area cannot thrive without a healthy hospital. In addition to addressing these acute issues, long-term systemic solutions for our fragile and costly health care system are critical.

The Office of Superintendent of Insurance is currently supervising initial research on issues relevant to developing the details of the NM Health Security Plan. Full information on these topics is necessary to address the serious problems we face with hospital budgets and a decreasing supply of health professionals. The Superintendent has contracted with a group of excellent consultants to explore these issues, with the goal of repairing and simplifying our patchwork, administratively complex, and costly medical system, which is frustrating for both patients and providers.

Too many McKinley County residents are uninsured or under-insured, which results in people neglecting medical care until their health deteriorates further. Costs of many medications are becoming prohibitive for too many people.

In addition, our physicians and other providers are being daily burdened with constantly changing formularies, time-consuming prior authorizations, and complex billing codes. These increasing administrative burdens interfere with providers' ability to focus on their most important role of relating to and caring for their patients.

With the health and well-being of all New Mexicans and their businesses at stake, the continued funding of the current Health Security Plan design process is crucial. This careful initial research is focusing on:

- 1) required federal waivers and agreements;
- 2) provider payment methodologies;
- 3) global budgets for hospitals – instead of our complex fee-for-service model.

Much more research has to be conducted if our state is going to address the serious systemic flaws of our current system.

The Legislative Health and Human Services Committee endorsed a request to add \$1.5 million to the Office of Superintendent of Insurance's budget so this critical process can continue. Researching the details of long-term systemic reform for our state is also helping to identify and explore coordinated solutions (such as global budgets) that will address immediate problems.

As Gallup physicians, nurses, and other medical personnel, we urge you to support the LHHS request (SB 80) and ensure that sufficient funding to continue this process is included in the state budget.

Sincerely,

Eileen Biunno, MD

Constance Liu, MD, PhD

James J. Campbell, MD

John Mezoff, MD

Evelyn Charles, RN

Kathleen Mezoff, MD

Frederic W. Held, MD

Sara Pikaart, RN

Christopher Hoover, MD

Mary Poel, MD

Philip L. Kamps, MD

Ruth Rhoad, RN

Rick Kruis, MD

Gwen Wilson, BSN, PA



Health Security for New Mexicans Campaign
PO Box 2606, Corrales, NM 87048
www.nmhealthsecurity.org
(505) 897-1803

Campaign Member Organizations

- AAUW (American Association of University Women) – NM
- African American Greater Albuquerque Chamber of Commerce
- Albuquerque Center for Peace and Justice
- Albuquerque Democratic Socialists of America
- Albuquerque Health Care for the Homeless
- Albuquerque Interfaith
- Albuquerque Teachers Federation
- American Federation of State, County and Municipal Employees, NM District Council 18
- American Federation of Teachers – New Mexico
- Amigos Bravos (Taos)
- Animal Protection of New Mexico, Inc.
- Association of Developmental Disabilities Community Provider
- Available Media, Inc.
- BCTGM Local 351 (Bakers Union)
- Border Ecology Project (Santa Fe)
- Businesses for the New Mexico Health Security Plan
- CARD, Citizens for Alternatives to Radioactive Dumping
- Carlsbad Ministerial Alliance
- Carpenters Local 1319 (Albuquerque)
- Casa de Salud (Albuquerque)
- Central Albuquerque UAW Retiree Council
- Central New Mexico Labor Council (Albuquerque)
- Centro Savila (Albuquerque)
- Chaparral Community Health Council
- Church Women United in New Mexico
- Cibola County Health Council
- Cibola County Interagency Alliance
- Collaborative Visions (Mora)
- Colonias Development Council (Las Cruces)
- Committee of Interns and Residents – SEIU Health Care
- Community Action Agency of Southern New Mexico
- Concerned Citizens for Nuclear Safety
- Congregation Nahalat Shalom (Albuquerque)
- Conservation Voters New Mexico
- CWA Legislative Council
- Deming Ministerial Fellowship
- Democratic Socialists of America (Santa Fe)
- Doña Ana County Democratic Socialists of America
- Equality New Mexico
- Extension Association of Valencia County
- First Christian Church of Las Cruces
- First United Presbyterian Church (Las Vegas)
- Grant County Medical Society
- Heat & Frost Insulators & Asbestos Workers LU 76
- Hidalgo County Health Council
- Hispanic Farmers and Ranchers of America, Inc. (Las Cruces)
- Hispano Chamber of Commerce de Las Cruces
- Hispano Round Table of New Mexico
- Homeless Advocacy Coalition
- Human Systems Research, Inc. (Las Cruces)
- IATSE Local 480
- Indivisible Nob Hill (Albuquerque)
- Institute for Regional Education (Santa Fe)
- Interfaith Leadership Alliance of Santa Fe
- International Brotherhood of Electrical Workers Local Union 611
- Ironworkers Local 495
- La Casa, Inc. (Las Cruces)
- La Mesa Presbyterian Church (Albuquerque)
- La Union Soil and Water Conservation District (Las Cruces)
- La Vida Felicidad (Los Lunas)
- Las Cruces Green Chamber of Commerce
- Las Vegas Peace and Justice Center
- Las Vegas/San Miguel Chamber of Commerce
- League of Women Voters of New Mexico
- Leasburg Mutual Water Association (Las Cruces)
- Los Alamos Chamber of Commerce
- Los de Mora Local Growers Cooperative
- LULAC Council 33 (Santa Fe)
- LULAC Council 206 (Carlsbad)
- LULAC Council 8035 (Albuquerque)
- LULAC Council 8003 (Silver City)
- Lutheran Advocacy Ministry (ELCA) – New Mexico
- Madrid Volunteer Fire Department Association
- MANA de Albuquerque
- Medical Care Advocates of Valencia County
- Mental Health Association of New Mexico
- Mexicano Land Education and Conservation Trust
- NAACP – Doña Ana County Branch
- NAACP – New Mexico Chapter
- NAACP – Santa Fe County Branch
- National Alliance on Mental Illness Doña Ana County
- National Association of Social Workers, New Mexico Chapter
- National Education Association of New Mexico
- National Organization for Women, Albuquerque Chapter
- National Organization for Women, New Mexico Chapter

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- National Organization for Women, Santa Fe Chapter
- National Union of Hospital and Health Care Employees, District 1199 New Mexico
- New Mexicans for a National Health Program
- New Mexico Acequia Association
- New Mexico Alliance for Retired Americans
- New Mexico Association of Community Partners
- New Mexico Black Leadership Council
- New Mexico Building and Construction Trades Council
- New Mexico Center for Social Justice
- New Mexico Center on Law and Poverty
- New Mexico Civic Engagement Initiative
- New Mexico Coalition to End Homelessness
- New Mexico Community Development Loan Fund
- New Mexico Counseling Association
- New Mexico Environmental Law Center
- New Mexico Farmers' Marketing Association
- New Mexico Federation of Labor
- New Mexico LULAC
- New Mexico Nurse Practitioner Council
- New Mexico Nurses Association
- New Mexico Pharmacists Association
- New Mexico Psychiatric Medical Association
- New Mexico Psychological Association
- New Mexico Public Health Association
- New Mexico Resistance / Española Indivisible
- New Mexico Scholars Strategy Network
- New Mexico Society for Acupuncture and Asian Medicine
- New Mexico Society of Biofeedback and Behavioral Medicine Association
- New Mexico State Council of Machinists
- New Mexico Voices for Children
- NM Comunidades en Acción y de Fé - CAFé (Las Cruces)
- Northern New Mexico Central Labor Council
- Mora County Economic Development Corporation
- North Valley Coalition for Health Reform (Albuquerque)
- Office of Catholic Social Ministry, Catholic Diocese of Las Cruces
- Office of Life, Peace, Justice and Creation Stewardship, Diocese of Gallup
- Office of Social Justice and Respect Life of the Archdiocese of Santa Fe
- Olé (Albuquerque)
- Oriental Medicine Association
- People of African-American Descent Health Network
- Physicians for the NM Health Security Plan
- PIRG, New Mexico Public Interest Research Group
- Placitas Democrats and Friends
- Placitas Poised for Action
- Project Share, Inc. (Albuquerque)
- Psychologists for the NM Health Security Plan
- Raging Grannies of Albuquerque
- Religious of the Assumption (Chaparral)
- Retake Our Democracy (Santa Fe)
- Rio Arriba County Community Health Council
- Rio Grande Farmers' Coalition
- Roswell Hispano Chamber of Commerce
- Saint Andrew Presbyterian Church (Albuquerque)
- Saint Therese Parish and Catholic School (Albuquerque)
- San Miguel County Medical Society
- San Miguel Family and Community Health Council
- Sandoval County Economic Opportunity Corporation
- Sandoval County Health Council
- Sangre de Cristo Valley Livestock Growers (Guadalupita)
- Santa Barbara/Martinez Town Neighborhood Association (Albuquerque)
- SEA-CWA Local 7076 (State Employee Alliance, Communications Workers of America)
- Sheet Metal Workers Local No. 49 (Albuquerque)
- Sierra Community Council
- Silver City Food Coop
- Social Action Committee of the First Unitarian Church of Albuquerque
- Social Concerns Committee of Albuquerque, Unitarian Universalist Fellowship
- Social Workers of Southern New Mexico
- Somos Un Pueblo Unido (Santa Fe)
- South Broadway Neighborhood Association (Albuquerque)
- South Valley Coalition of Neighborhood Associations (Albuquerque)
- Southwest Environmental Center (Las Cruces)
- Southwest New Mexico Green Chamber of Commerce
- Southwest New Mexico Home Builders Association
- SouthWest Organizing Project (Albuquerque)
- Southwestern Hispanic Round Table
- State Psychologist Association of New Mexico
- Street Safe New Mexico
- Tierra del Sol Housing Corporation, Inc. (Las Cruces)
- Tierra Madre (Sunland Park)
- Tri-County Farmers Market (Las Vegas)
- Unitarian Universalist Fellowship of Silver City
- Unitarian Universalist Los Alamos Social Justice Committee
- United Auto Workers Local 1981-National Writers Union (New Mexico)
- United Food and Commercial Workers Union Local 1564
- United South Broadway Corporation (Albuquerque)
- University of New Mexico Progressive Action Coalition
- University Professional and Technical Employees, Los Alamos Local 1663
- Valencia Community Partnership
- Vecinos United (Albuquerque)
- Veterans for Peace, Albuquerque Chapter

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