

TOBACCO SETTLEMENT REVENUE OVERSIGHT COMMITTEE

TOBACCO SETTLEMENT REVENUE (TSR) FUNDING REQUEST

Name of entity requesting TSR funds: NM HSD

Name(s) of each program for which TSR funds will be used: Medicaid Expansion & Breast and Cervical Cancer Treatment Program

Description of each program, including its purpose: _____

To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance to improve the quality of health care New Mexicans receive while managing health care costs.

Have you requested TSR funds prior to this request? Yes No

Have you received TSR funds prior to this request? Yes No

If yes, in what fiscal years? FY2010-FY21

What will you use the requested funds for? Please include goals and objectives.

To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance to improve the quality of health care New Mexicans receive while managing health care costs.

Is this a change from previous years' use? Yes No

If yes, please describe the change and reason(s): _____

Amount requested (Total amount, and amount for each program):

Total Amount = \$8,846,272 Breast and cervical cancer treatment program = \$1,255,400 Medicaid Expansion = \$7,590,872

What other sources of funding are applied to this purpose?

State general fund and federal matching funds.

Name, title, telephone, email and mailing address of contact person:

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Date: 10/28/21