The Twenty-third New Mexico First Town Hall presents access to basic health care as a right, that New Mexico citizens value optimal health and wellness for all New Mexicans and value a system that provides choice and a plan that empowers individuals to take responsibility for their own personal health. Any rational system must take into account New Mexico’s unique cultural diversity and be sensitive to traditions of all people; respect and dignity for all.

**GOALS FOR A RATIONAL HEALTH PLAN**

- Promote optimal physical, dental and behavioral health
- Improve the quality of life, including economic development to reduce poverty
- Improve the overall health indicators by prioritizing and deploying efforts in healthcare delivery, based on major health issues in New Mexico
- Prevent personal financial catastrophe related to disability or terminal illnesses or injury
- Promote and provide compassionate end of life care for individuals, their families, and caregivers
- Increase and/or support community partnerships to develop systems that improve health status
- Improve the understanding of the healthcare system and related economics
- Promote the exercise of individual responsibility
- Provide and promote prevention programs
- Make healthcare affordable and fairly reimbursed
- Reduce uninsured rates to less than 10% by 2005
- Reduce the number of uninsured working poor by 100,000 by 2004
- Enroll 90% of the children eligible for Medicaid and provide them with Early, Periodic, Screening, Diagnosis and Treatment (EPSDT), also known in New Mexico as “Tot-to-Teen Health Check”, by a target date
- Support and encourage centers of research within the state to pursue research and creative endeavors, in collaboration with other state stakeholders, communities and affected peoples, in order to improve health indicators relative to New Mexico

**SHORT AND LONG TERM SOLUTIONS**

- The Health Policy Commission should re-emphasize its policy responsibilities in identifying and removing statutory and regulatory barriers to care and evaluating and recommending options for healthcare finance reform
- Study the feasibility of and implement the changes required to uncouple employment and health insurance including neutralization of tax consequences and transition issues
- Provide Medicaid fee increases for health providers to the greater of Medicare Rate Based Relative Value System (RBRVS) or the current Medicaid fee schedule, up to the Medicaid level, unless the Medicaid level is at a higher amount
- Determine what tax incentives/credits or structures should be implemented to assist doctors/providers in serving the uninsured and underinsured
- Investigate and implement strategies to reduce legal costs within the healthcare system, while protecting patient rights
- Expand and assure immunity for individuals participating in any peer review of health care professionals
- Support development and implementation of telemedicine/telehealth, Internet communications, and interactive databases to support rural practitioners and other under-served areas, with privacy rights ensured
- Determine whether the Oregon Model will work for New Mexico; involve all stakeholders in making the determination
- Study should begin at the grass roots level and be comprehensive including definition of medical necessity, barriers and plans of action at the local level for access to services, the system of reimbursement, goals and objectives for the state
- Perform research and implement creative endeavors, which address health issues of New Mexico with the intent of ultimately improving the health of all New Mexicans
- Use tobacco settlement funds to recover healthcare costs by preventing tobacco use
- Simplify and standardize the referral process and billing forms
- As it applies to health care, encourage government and private industry to contract with New Mexico-based corporations and providers in order to positively impact the state economy
- Provide programs to address teen issues of substance abuse, pregnancy, broken families, suicide, behavioral health and family violence
- Enforce existing federal legislation in order to eliminate pre-existing conditions discrimination
- The Town Hall declares that the Governor sign a behavioral health parity bill such as enacted by the legislature in 1999
- Develop and support a system which helps individuals, families, and communities identify and access services appropriate and available to meet their needs; an example is the “211” system
- Develop a simplified process to access public services so that when consumers access one portion of the system they are then provided access to other applicable programs and services
- Work to eliminate tax incentives for pharmaceutical company provision of “perks” to providers and payors, (except drugs and valid continuing education) with the goal of lowering drug costs

**PARTNERS IN THIS RATIONAL HEALTHCARE PLAN**

Grassroots level partners, including credible non-partisan leaders, will lead in setting the priorities for culturally appropriate basic healthcare services. Other partners identified were: individuals, family, community, employers, government (federal, state, sovereign tribes and county), health care community, elected officials, insurers, nonprofit agencies, associations, practitioners, schools, faith based communities, Indian Health Service/Tribal/Urban system, the justice system. The Town Hall declares that responsibilities should be borne as follows:

**Individual’s Responsibilities**

- Develop self-awareness and strategies for maintaining and improving one’s own health; practice a healthy lifestyle; seek to maintain a sense of self worth and self-efficacy
- Plan for current and long term needs
- Educate one’s self and practice a way of dealing with healthcare systems in a manner which achieves the receipt of the care desired
- Embrace the duty of having the primary responsibility for payment of basic healthcare services

**Families’ Responsibilities**

- Develop an awareness of family needs and provide emotional support
- Plan for current and long-term needs
- Serve as a role model for the young and elderly through setting an example of good health practices
- Actively teach children morals, values and expectations
- Take the role of caregiver for family members to the extent they are qualified and able
- Share financial burdens within the family based on ability

**Healthcare Delivery System’s Responsibilities**

- Develop adapted systems that deal with gaps and overlaps in the provision of healthcare services
Confront waste and inefficiency head-on with the goal of providing a better, more affordable healthcare product to consumers
Develop tools and strategies that succinctly and understandably provide an effective method of evaluating healthcare delivery
Eliminate ineffective, inferior and harmful care
Address increasing costs associated with advances in technology
Empower consumers by making them more knowledgeable about the system, their choices, and their responsibilities
Take an active role in developing methods and programs to support families and caregivers that provide care for those who cannot provide care for themselves

Business Community’s Responsibilities
The primary responsibility of business is to provide increased job opportunities and safe, healthy workplaces
As long as health insurance is coupled to employment, businesses should participate in discussions and actions to increase health insurance coverage

Government’s Responsibilities
Ensure a good public health infrastructure is in place
Set and enforce standards of baseline protections
Keep and enforce the importance of competition in the system alive
Advocate and develop tax breaks and incentives to get business to support and embrace healthcare services

Create an infrastructure for telecommunications and an accessible statewide network which will support use of the internet, sharing of
healthcare services and/or facilities should be available within a half of an hour or forty miles where feasible
Facilitate risk sharing across the healthcare system
Investment in mobile healthcare delivery, telemedicine, and Internet communications should be increased where feasible, necessary, and appropriate

The Governor and the Legislature will change existing tax policy to provide tax incentives in the form of tax credits and deductions for
Rigorously re-examine the mission and capacity of institutions to reduce duplication of programs to better match current requirements and
consistent with quality care

Maintain and enhance the rural hospital infrastructure and emergency transportation system
Create collaboration between the public and private sector
A long-term goal is to consolidate the administration and financing of the delivery of state health care programs under one agency to avoid
duplication, assure consistent policy, increase cost savings and improve service; as a first step, incorporate Medicaid and children’s
behavioral health and substance abuse into the Department of Health
Support and enhance local collaboration and coordination happening as a result of the formation of local and state endorsed community
health councils
Maintain and enhance the rural hospital infrastructure and emergency transportation system
Redistribute healthcare providers to deliver the needed healthcare in rural areas.
Create an infrastructure for telecommunications and an accessible statewide network which will support use of the internet, sharing of
health information, secured patient data, and telemedicine/telehealth
Expand home-based and community-based services, especially in rural and underserved areas
Encourage and facilitate the spread of consumer oriented electronic information systems such as information “211” exchanges and study
its effectiveness for rural application

For a complete Town Hall Report or a Town Hall Implementation Team presentation, contact
NEW MEXICO FIRST Phone: (505)-855-6056 or in-state toll free 888-663-0001. E-mail - townhall@nmfirst.org

RECOMMENDED FINANCIAL CHANGES

The Town Hall recommends: Healthcare is a substantial part of the New Mexico economy; therefore, it is recommended that the concept of “buy New Mexico” must be encouraged and incentivized regarding healthcare delivery
Attract and retain healthcare providers (doctors, dentists, nurses and behavioral healthcare professionals) to rural and underserved areas through obligatory commitments in the form of loan repayments and tax abatement incentives
Recruitment and retention efforts must be tailored to satisfy local needs
Seek alternatives to gross receipts tax on medical services
Create New Mexico specific standards of healthcare shortages that consider financial barriers and health indicators significant to the
population in the state
Improve the conditions of the impoverished including the coverage for indigent, uninsured and other Medicaid clients
Improve conditions of the impoverished by partnering with the U.S. Department of Agriculture to feed the 18% of New Mexicans identified as hungry
Transportation modes appropriate to community and its geographical location must be expanded or newly developed
Healthcare services and/or facilities should be available within a half of an hour or forty miles where feasible
Investment in mobile healthcare delivery, telemedicine, and Internet communications should be increased where feasible, necessary, and appropriate
Reduce unnecessary variation in the population’s use of high-cost institutional and specialist services to lowest appropriate levels consistent with quality care
Rigorously re-examine the mission and capacity of institutions to reduce duplication of programs to better match current requirements and available resources
The Governor and the Legislature will change existing tax policy to provide tax incentives in the form of tax credits and deductions for individuals and small businesses to provide health insurance coverage to their employees as well as coverage to the self-employed
Facilitate risk sharing across the healthcare system
The State of New Mexico will initiate applications seeking cost neutral federal funding from the Federal Healthcare Financing Administration to expand health insurance coverage for uninsured adults through the purchase of family coverage, by adding the parents of children currently enrolled in Medicaid

RECOMMENDED PHYSICAL CHANGES
Create collaboration between the public and private sector
A long-term goal is to consolidate the administration and financing of the delivery of state health care programs under one agency to avoid duplication, assure consistent policy, increase cost savings and improve service; as a first step, incorporate Medicaid and children’s
behavioral health and substance abuse into the Department of Health
Support and enhance local collaboration and coordination happening as a result of the formation of local and state endorsed community
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Maintain and enhance the rural hospital infrastructure and emergency transportation system
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Create an infrastructure for telecommunications and an accessible statewide network which will support use of the internet, sharing of
health information, secured patient data, and telemedicine/telehealth
Expand home-based and community-based services, especially in rural and underserved areas
Encourage and facilitate the spread of consumer oriented electronic information systems such as information “211” exchanges and study
its effectiveness for rural application
Establishment of student mentoring efforts by using existing teachers, parents, other students and community resources.