

TWENTY-THIRD NEW MEXICO FIRST TOWN HALL

**Twenty-First Century Healthcare in New Mexico:
Constructing a Rational Plan
*October 21-24, 1999***

The Twenty-third New Mexico First Town Hall convened in Las Cruces on October 21-24, 1999. The New Mexico First Town Hall deplores New Mexico's last place ranking in many critical health indicators. During the Town Hall we discussed the basic level of healthcare that should be available to all New Mexicans; the levels of responsibility of the key partners in providing and paying for this basic care; what needs to happen in order for all New Mexicans to access this care both financially and physically; and underlying values, goals and solutions of a Rational Plan for Health that will carry us into the next century. The Town Hall is concerned about the alarmingly high number of poor children needing care, the increasing poverty in the state, the unacceptable layers of bureaucracy that slow the efficiency and delivery of healthcare, the departure from the state of healthcare providers, the need to identify the elements of a community-based process that will define the basic services in a rational health plan, and the lack of infrastructure in the rural areas. Without a stronger commitment than currently exists by all the partners of the delivery system, the distance between those who can afford health coverage and those that can't will become unacceptably greater. Poverty is still considered a key determinant of Health Status, and must be addressed by all elements of the state.

WHAT ARE THE DEMOGRAPHIC, ECONOMIC, SOCIAL AND TECHNOLOGICAL TRENDS THAT AFFECT AND GUIDE HEALTHCARE PLANNING?

The Town Hall understands and believes that most New Mexicans can agree that demographic, economic, social and technological trends should be considered in formulating any guide to constructing a rational plan for the Twenty-First Century. It is essential that these trends be recognized and addressed in determining what is the basic level of healthcare, including dental and behavioral healthcare, that should be available to all New Mexicans. New Mexico's geographically dispersed population, diverse culture, low wage base and lack of economic development in many communities across the state present critical challenges to the efficient delivery of healthcare to all segments of New Mexico's population. In addition, the sovereign status of New Mexico's 22 tribes must be recognized. The Town Hall participants identified the following demographic, economic, social and technological trends that affect healthcare delivery and should guide New Mexico and its leaders in formulating a rational healthcare delivery plan for the Twenty-First Century.

Demographic Trends

- Aging population, and the expected impact of the “Baby Boomer” generation
- Rural nature of our state as it affects access to the indigent population and the need for a different delivery approach that recognizes the unique challenges our rural communities face
- Managed care is not yet working optimally in New Mexico, with special challenges in rural areas of the state
- Maldistribution of healthcare professionals, including native traditional healthcare providers
- Alarming number of poor children needing care
- Increase in the number of uninsured and underinsured, including uninsured and underinsured children
- Cultural, ethnic and linguistic diversity
- Increase in the border population including the increase in both legal and illegal immigration

Economic Trends

- Increasing poverty; those with the greatest need are least capable financially; the working poor face a lack of insurance
- Structure of health planning and delivery fails to adequately address poorer rural communities
- Link of insurance to employment
- Increasing numbers of self-employed and part-time workers
- Rising cost of health insurance
- Problems near the border affecting access
- Capitation, or the threat of capitation, is driving care decisions
- Providers and consumers are burdened by layers of bureaucracy making healthcare delivery slow and inefficient; there needs to be a streamlining of Medicaid and Medicare payment schemes
- Out-of-state ownership and hospital conversion taking money and decision making out of state
- Difficulties in managing both high technology and alternative medicine in care decisions
- Lack of economic development, lack of jobs with benefits, and high-wage jobs, and lack of access to care
- Medicaid and Medicare reimbursement levels for all services do not accurately reflect the burden of providing those services

Social Trends

- Failure to adequately involve consumers and consumer communities in healthcare planning
- Medical problems caused by violence and abusive behaviors continue to consume a large amount of healthcare resources
- Increase in teen pregnancy
- Increase in chemical dependencies and other addictions
- Neglect of special needs populations such as the mentally ill
- Availability and procedures for obtaining dental and behavioral healthcare limit accessibility
- Departure/flight of healthcare providers
- Lack of education in the general public is limiting the ability to make change
- A trend toward individuals being unable or unwilling to take personal responsibility for their own lifestyle choices and healthcare
- Communities are not taking sufficient responsibility in planning for and implementing programs to address their healthcare needs and do not have sufficient authority and resources in that effort
- Rural hospital closures adversely impacting the most needy communities
- Conflicting expectation between providers and consumers leading to a non-healing environment
- Inadequate medical, dental, behavioral health and substance abuse treatment for the correctional population
- Increasing number of local and state endorsed community health councils

Technological Trends

- New technologies are available, but infrastructure to support it into and out of rural areas is lacking and many times unaffordable
- Providers do not have the time to give adequate information to consumers which has increased the use of the internet by consumers in an attempt to become more informed in making healthcare decisions
- New information technologies affect healthcare decision making of consumers
- Ineffective regulation and barriers to investment inhibit the delivery of beneficial technology such as telemedicine and telehealth
- Capital improvements are expensive
- Increased direct advertising to the consumer of costly new therapies

WHAT IS THE BASIC LEVEL OF HEALTHCARE INCLUDING MENTAL HEALTH THAT SHOULD BE AVAILABLE TO ALL NEW MEXICANS?

The Town Hall declares that all New Mexicans should have access to basic healthcare services without regard to ability to pay, and that physical, dental, and behavioral health must be considered equitably in a basic plan for healthcare. It is unconscionable that basic health indicators place New Mexico below the national average on many fronts. At minimum, New Mexico should be at or above the national average on all major indicators.

Basic healthcare services must emphasize education and prevention. Recognizing that the definition of what constitutes basic healthcare services is very complex, the Town Hall declares that there should be a participatory process that starts at the grassroots level to establish the essential components of what basic healthcare services constitute. Basic healthcare services should include efficacious clinical and community preventative services as well as acute, chronic and catastrophic treatments, as agreed upon in the process. This process should be responsive to and respect New Mexico's unique cultural, ethnic and geographic diversity, indigenous, traditional, and alternative practices.

The goal of this process is the improvement of health and well-being of all New Mexicans. Financing strategies shall also be considered and developed for achieving the agreed upon basic level of healthcare services that will be available to all New Mexicans.

WHAT RESPONSIBILITY IS BORNE BY THE INDIVIDUAL, THEIR FAMILIES, THE HEALTHCARE DELIVERY SYSTEM, THE BUSINESS COMMUNITY, THE GOVERNMENT IN PROVIDING AND PAYING FOR THIS BASIC CARE?

The Town Hall recognizes that our healthcare delivery system begins with the operating assumption that the individual and the family are primarily responsible to pay for their own healthcare needs according to their ability to pay. Nevertheless, the Town Hall also recognizes that in most cases the payment for healthcare services is shared between various sectors including individuals, families, business, the healthcare delivery system at large and county, sovereign tribal, state and federal governments.

When an employer provides health insurance, there may be a co-payment and the responsibility for paying this co-payment is the employee's. The employee's salary is affected by the employer payment of health insurance premiums. Similarly, when individuals do not have the ability to pay for their own healthcare, the government has much of the responsibility to pick up the costs, or the costs may fall on the shoulders of businesses, including small businesses, which may in turn be affected by personal

bankruptcies of individuals unable to pay catastrophic health costs. The business community also bears the responsibility of absorbing the costs prescribed under the workers' compensation system.

Government also bears the responsibility of paying the cost of insurance for its employees. Health Maintenance Organizations (HMOs) and Managed Care Organizations (MCOs) bear the responsibility of being payors, not providers. The healthcare delivery system at large, including hospitals, currently bears the responsibility of paying the costs of the uninsured as well, and this is causing fiscal hardship and contributing to the closing of hospitals and other healthcare facilities and the exodus of physicians from the state.

Essentially, healthcare is provided by a fragmented conglomeration of hospitals and clinics both private and public, healthcare professionals, and indigenous providers in the delivery system, families and individuals. Government and the healthcare delivery system are the primary providers. However, families and individuals provide substantial care. Particularly in traditional communities, family and community members provide traditional healing and healthcare services and often pay the costs of these services themselves.

Nonprofit organizations and associations play essential roles such as advocacy, direct services, education on issues, and professional education. These organizations and associations have the responsibility to spend the public money they receive wisely and be open to scrutiny.

The Town Hall believes that the current healthcare system is disjointed, uncoordinated and that financial responsibility for healthcare costs is spread in an inefficient manner. The current system incurs costs to protect itself from liability. The Town Hall believes that individuals must accept appropriate responsibility to pay for healthcare services and to maintain their own health. There is an increasing burden on government to provide care to indigents and the uninsured. Cost shifting because of inability to pay is impacting the business sector (especially the small business sector), individuals and families, as well as the delivery system at large. One way the cost burden is shifted is to employers, causing many employers to reduce or drop coverage for their employees. This reduction or elimination of coverage increases the number of uninsured, and the cycle continues.

The government is not adapting to this the issue of cost shifting. Some businesses, families and individuals are being forced to take health plans that are not optimal for themselves or their employees. There should be greater accountability and monitoring for health service contract compliance by government, business, and other healthcare delivery systems.

ACCESSIBILITY OF HEALTHCARE IS AN ISSUE IN SUCH A RURAL AND POOR STATE. IF WE HAVE DETERMINED THE BASIC LEVEL OF HEALTHCARE INCLUDING MENTAL HEALTH, WHAT NEEDS TO HAPPEN IN ORDER FOR ALL NEW MEXICANS TO ACCESS THIS CARE BOTH FINANCIALLY AND PHYSICALLY?

The Town Hall recognizes that there are systemic problems that result from the financial and physical barriers to improved healthcare. Rural communities face unique problems that require tailored solutions. These include unacceptable distances from the receipt of services, delay in providing needed services and referrals, increased time and cost of transportation, and limited returns to healthcare professionals and native traditional providers that lead to a shortage and maldistribution of providers in these areas. The appropriate state agency should assist local decision-makers to identify healthcare needs and the resources to improve health services.

All people in New Mexico must have timely access to a healthcare professional that they need to see. Individuals' access to healthcare must be based on the evaluation of healthcare professionals, their patients, the payors, what level and type of care is appropriate for each patient's conditions, the outcomes expected, and the costs of the care.

A patient's access to his or her healthcare professional should meet or exceed the Medicaid standards of access with revisions determined by a community based process. Access must be tailored to each community's specific conditions and needs. This requires taking into account the demographics and health risk factors of the community as well as the geographic location of the community. Shortages of providers and resources particularly affect access to healthcare practitioners including dental and behavioral health and other specialized services. These shortages affect providers for adults, children and adolescents, and a disproportionately large population of poorer residents.

The Town Hall believes that creative financing and changes to the administrative systems that carry necessary health services are needed. Both the public and private sectors need to be able to adopt new strategies and tactics to ensure access to basic healthcare services for all New Mexicans. Collaboration, and new paradigms that recognize how public and private sectors operate, will enhance access to these needed services.

An important source of financing for universal access to basic healthcare services must also include efforts to create resource savings by altering both the use and excess capacity in the current system. The Town Hall therefore declares the following financial and physical changes need to happen in order for all New Mexicans to access a basic level of healthcare:

Financial Changes

- 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 obligational 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, tele-medicine, 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

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 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

WHAT RESPONSIBILITY SHOULD BE BORNE BY THE INDIVIDUAL, THEIR FAMILIES, THE HEALTHCARE DELIVERY SYSTEM, THE BUSINESS COMMUNITY AND THE GOVERNMENT IN AIDING ACCESS?

Individuals and families should primarily be responsible for their own healthcare, including responsibility for maintaining healthy lifestyles. Individuals must take responsibility for obtaining healthcare coverage and pay their fair share of their healthcare costs where they are able. The Town Hall believes that while all New Mexicans must be able to access basic healthcare services easily, there should also be a corresponding increase in the obligation of the individual to shoulder some portion of the cost burden. In addition there should also be an increased obligation on the individual to shoulder the responsibility of incorporating and maintaining good health practices into their everyday life.

Families, guardians and caretakers should take responsibility when the patients can not do so for themselves.

Communities have the responsibility to establish community norms that promote prevention and positive health outcomes and to develop planning processes and policies to address their health issues.

People with disabilities should be afforded special help in accessing the healthcare system. The families of people with disabilities should be afforded respite services as part of the healthcare system.

Healthcare delivery systems should be more accountable in the delivery of services. They should also make pricing apparent to the public and individuals.

Government should be the safety net to pay for healthcare for indigent people. Responsibility for indigent and uninsured care should be borne by all New Mexicans. Businesses however should continue to provide workers' compensation, a healthy work environment and work place, and the creation of new job opportunities. Government should use the private sector to deliver services whenever feasible, but should continue to provide services when appropriate.

Government must continue the regulation of healthcare delivery and be accountable for setting, monitoring and measuring health goals, objectives and outcomes, in consultation with the private sector and the communities with due consideration for its impact on the local and rural areas.

Government should monitor the health status of the population and create standards that individuals, families, businesses, and healthcare delivery systems will use to work together to improve health status. Government should provide adequate Medicaid/Medicare reimbursement to healthcare providers. County and State should provide adequate reimbursement to healthcare providers.

We recommend the County Indigent Fund Act be amended to broaden the scope and funding of permissible services and provide consistency across the state. The County Indigent Fund should provide adequate reimbursement to healthcare providers.

The Town Hall therefore declares that the following responsibilities should be borne by individuals, families, healthcare delivery systems, the business community and the government respectively:

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
- Develop appropriate regulation of business and the healthcare industry by aggressively reducing, eliminating, and/or modifying all unnecessary regulation, legislation, and bureaucratic red tape
- State government agencies such as Human Services Department (HSD), Department of Health (DOH), and Children Youth and Families Department (CYFD) should work together to define and unify their service contracts, monitoring, and accountability functions to avoid redundancy and extra costs

WHAT ARE THE UNDERLYING GOALS AND VALUES OF A RATIONAL HEALTHCARE PLAN?

The Town Hall declares that access to basic healthcare is the right of every New Mexican. Any rational healthcare plan must begin with this baseline commitment. We value all New Mexican's right to the best, affordable health care, and the need for consumers to be informed and responsible in their choices of healthcare

The relative sophistication of healthcare technology (i.e., computerized information systems) within our urban centers needs to be shared with our rural communities in order to attract and retain health care professionals and organizations. In New Mexico, wide differences in the availability of capital, socioeconomic status, and educational levels contribute to the difficulty in obtaining parity in basic healthcare access. Therefore, it is important to provide incentives to private and public sectors to better allocate resources to support the statewide goal of providing a baseline level of healthcare for all New Mexicans.

The Town Hall recognizes the impact of economic constraints, but we do not tolerate governmental actions that do not take full advantage of funding sources, and that do not spend the needed resources once obtained.

The values and goals for obtaining better health and healthcare in New Mexico must include new methods of educating consumers and communities in affordable and culturally appropriate prevention programs. Because the Town Hall believes that basic health care is a right of all children and every New Mexican, education about healthy lifestyles is therefore our investment in the future of our state.

The major health issues must guide how we prioritize efforts in healthcare delivery. The private and public sectors must be empowered to, and actively participate in this prioritization process on a continuing basis.

From birth through the golden years, beginning with 100% prenatal care, providing for long-term care, and eliminating the financial devastation of catastrophic illness, we believe that the healthcare delivery system can only succeed with the individual's commitment to be informed about choices and have choices available to them, while recognizing that choice may be very difficult to provide in rural New Mexico. In addition, business and government must be committed to working together in the administration and funding of healthcare if we are to succeed.

One of the major, and obvious, underlying goals is the general improvement of the health and well being of all New Mexicans. A rational plan can be achieved only by an ongoing process which involves all parties working together – individuals, families, communities, businesses, healthcare providers (prevention and treatment), non-governmental organizations associations and government, including the Indian Health Service/Tribal/Urban health system for American Indian/American Native health care.

Furthermore, the on-going process will also promote and respect government-to-government relationship with tribes on health policies and health care services. The Town Hall therefore declares that the following values and goals must underlie the formation of any rational healthcare plan.:

Underlying Values

- Access to basic healthcare is a right
- New Mexicans value a system that provides choice
- New Mexicans value 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
- New Mexicans value optimal health and wellness for all New Mexicans

Underlying Goals

- 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

WHAT ARE THE SHORT TERM AND LONG TERM SOLUTIONS TO THE CHALLENGES FACED BY SUCH A PLAN?

The Town Hall believes the following short and long term solutions will address the challenges faced by our rational plan:

- 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 Medicare 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 previously mentioned “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

WHO ARE THE PARTNERS IN THIS RATIONAL HEALTHCARE PLAN AND HOW CAN THEIR PARTICIPATION BE ENCOURAGED?

The most important partners are found at the grassroots level (consumers), as they are the ones who will be listened to first. Grassroots level partners, including credible non-partisan leaders, will lead in setting the priorities for culturally appropriate basic healthcare services. These services shall be available to all New Mexicans.

With full awareness of the limited resources available and of existing structures and regulations to be affirmed, a plan can be developed which has realistic expectations, yet contains creative, cost-effective, caring solutions. This process, which shall begin at the grassroots level, will be used to create the basic services package, and to create and modify existing policies, regulations, structures and processes at the state level and for all partners.

Making the system user friendly will encourage participation. Consumer choice and the opportunity to participate in decision making must be respected.

The Town Hall identified the following additional partners:

- Individuals, family, community, employers, government (federal, state, sovereign tribal 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

HOW IS THIS PLAN FINANCED?

The Town Hall believes that financing for this rational plan can come from the following sources:

For New Mexico a critical consideration should be economic development, with emphasis in the outlying part of the state. The Town Hall believes that a community that is more developed economically is better able to fund more healthcare. A stronger economy produces a stronger tax base and wage base. A bigger tax base means a larger source for publicly funding healthcare. A higher wage base increases the numbers of insured individuals and reduces the demand for public funding of healthcare.

The Town Hall declares that the tobacco litigation settlement funds should be dedicated in their entirety to funding healthcare needs including funds directed towards the prevention of tobacco use in an amount sufficient to be effective. Further, the Town Hall declares that a portion of the drug forfeiture revenues be re-directed to the New Mexico healthcare system. Additionally, a significant percentage of “Sin Tax” revenue should be diverted to the healthcare system.

New Mexico and the federal government should provide tax incentives for the financing of healthcare. Additional funding can be realized by eliminating inefficient, ineffective and/or duplicative services.

The Town Hall recommends there be a top to bottom reallocation of healthcare dollars including encouraging the use of county indigent funds to access federal matching funds. The Town Hall further declares that there must be an elimination of the gross receipts tax on all healthcare services, providers, and goods and that this funding stream for city, county and state government be held harmless by replacing it in a revenue neutral manner.

Additionally, for the purpose of providing basic health insurance for all New Mexicans, New Mexico should adopt a sliding fee scale to reduce the gap in the financial ability to acquire insurance for the uninsured working poor, with the difference between the employee contribution and total cost being paid by a combination of employee payments, government, insurance providers, and charitable contributions.

Financing healthcare in New Mexico will be critically improved by creating geographic parity of Medicare funding and bringing New Mexico to an equal national payment level under Medicare+ choice funding formulas. State government and our Congressional delegation should coordinate with other organizations to aggressively pursue achieving parity levels of Medicare reimbursement.

CONCLUSION

The Twenty-third New Mexico First Town Hall charges the Implementation Team with:

- Coordinating with existing community health councils where possible to initiate a community-based process to define basic healthcare services for all New Mexicans
- Ensuring measures are defined to deliver basic services to rural and urban communities
- Working with the necessary partners to establish access to basic services for all New Mexicans, including presently uninsured and underinsured populations
- Working with the necessary partners to increase the numbers of insured New Mexicans
- Energizing the Government and all participants to adjust policies, regulations, and structure to enable changes to a basic healthcare plan
- Working with the necessary partners to implement those aspects of financing contained in the plan
- Initiating a partnership with the United States Department of Agriculture to feed the 18% of New Mexicans identified as hungry
- Identifying credible non-partisan leaders to champion the ideals and recommendations of the Town Hall

These steps will channel our strengths to improve the health of all New Mexicans, and their Quality of Life, thereby bringing New Mexico's Health, from Worst to First in the Twenty-First Century.