



The New Mexico Health Security Act Summary

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| <p>Universal Coverage</p> | <p>All New Mexican residents will have guaranteed health care coverage. Most residents will be covered under the New Mexico Health Security Plan</p> <p>Federal agreements will be sought so that Medicaid and Medicare may be included in the Plan and recipients will not lose any federal rights.</p> <p>Federal retirees, active and retired military, and TRICARE recipients will continue to be covered under federal plans.</p> <p>Employers and unions whose health plans are covered under ERISA are allowed to join the Plan.</p> <p>The tribes, as sovereign nations, may choose to participate in the Plan.</p> |
| <p>Health Coverage</p> | <p>Everyone covered by the NM Health Security Plan will receive the same comprehensive benefits regardless of age, income, employment or health status. Coverage must be at least as comprehensive as the state employees' health plan, and will include doctor visits, hospital stays, prescriptions, preventive care, lab work, and specialist services.</p> <p>Current Medicaid long-term care coverage will continue, as well as private long-term care insurance. There is a parity requirement for mental health care benefits. Recipients of Medicaid mental health coverage will not lose any entitled benefits. The Commission must develop a plan to coordinate mental health services and to integrate and expand long-term care services into the NM Health Security Plan.</p> <p>NM Health Security Plan members and employers may buy supplemental health insurance, should they wish to do so.</p> |
| <p>Rural Access</p> | <p>For rural and underserved areas, the Commission may authorize higher fees for physicians and other licensed health care providers, and may expand budgets for hospitals and clinics. The Health Resource Certification Program assures that major capital investments (equipment, buildings, etc.) will be made where they are needed.</p> <p>Cost containment measures will result in savings that can be invested in needed health care services.</p> |
| <p>Public Accountability</p> | <p>An independent Commission is responsible for the New Mexico Health Security Plan. The Commission will have the flexibility of the private sector and be publicly accountable. The fifteen voting commissioners will be geographically representative of the state. A special nominating committee will provide the Governor with a list of potential qualified nominees. Ten of the fifteen commissioners must reflect consumer and business interests; the other five will represent provider and health facility interests.</p> <p>Regional Councils will be created with local input. These councils make recommendations to the Commission about specific local health care needs. They work with the Commission to develop and update provider fees and health facility operating budgets.</p> <p>The Commission cannot raise or lower premiums without legislative approval.</p> <p>Providers and health facilities negotiate fees and budgets with the Commission. If agreements cannot be reached the Plan provides for mediation. They make their own decisions about budget allocations for services and the health needs of the patient.</p> <p>The Commission must establish grievance procedures and consumer, provider, and health facility assistance programs. All Commission meetings will be subject to the Open Meetings Act. Its books and decisions are subject to public input and scrutiny.</p> |

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| Freedom To Choose Providers | New Mexicans covered by the Plan have complete freedom to choose their licensed health care provider, hospital, pharmacist, clinic, or HMO. The NM Health Security Plan can contract with providers and health facilities across state lines. |
| Portability | <p>If a New Mexican moves out of state: Those New Mexicans can sign up for insurance in the state to which they moved, either through their employer or through a state program such as Medicaid, or through associations or pools. Federal health benefit recipients, including Medicare beneficiaries, will continue to receive coverage as required by federal law. Retirees with employer supplemental health benefit packages will still receive them.</p> <p>If a New Mexican is injured or becomes ill while out of state: The out-of-state hospital or physician will bill the Plan. The Plan will pay the negotiated rate.</p> <p>If a New Mexican needs medical treatment out of state: The Commission negotiates with out-of-state physicians and hospitals. New Mexicans who live near the state line, and normally utilize services offered in an adjacent state, can continue to do so. There will be no extra hidden charges.</p> <p>Within the state: New Mexicans covered by the Plan can change jobs, move, become unemployed, and still receive the same benefits and remain with the provider of their choice.</p> |
| Cost Containment and Quality of Care | <p>Costs are controlled primarily through budgetary planning that takes into account technology, an aging population, and other factors. A Quality Improvement Program must be established to ensure best medical practices and patient safety.</p> <p>Hospitals, clinics, HMOs, private practice physicians, pharmacists, and other providers negotiate budgets and fees with the Commission. The NM Health Security Plan pays the bills. It may contract with a private company to process claims in New Mexico.</p> <p>Bulk purchasing of drugs and other medical equipment and supplies.</p> <p>Review of major capital spending for buildings and equipment will ensure that resource allocation is based on the health care needs of different communities.</p> <p>Administration is streamlined because almost everyone is covered by the same health care plan with one claims form. Savings will result from the elimination of duplicative administrative costs built into the present system of multiple insurance plans and policies. Insurance company monies, formerly used for marketing, commissions, out-of-state investments, and profits, are made available for health care services.</p> |
| Fair Financing | <p>The NM Health Security Plan is an insurance plan. The Plan will be funded by pooling existing public monies, such as Medicaid and Medicare, as well as employer contributions and individual premiums (with caps). Employers may cover all or part of an employee's premium. Premiums will be determined by income, not by age, gender, occupation, region, or health status. Premiums and employer contributions may be increased only with legislative approval, which provides additional public oversight.</p> <p>The Plan prohibits additional billing ("balance billing") by doctors and hospitals that treat Plan members. There are no co-pays for preventive care. Co-pays may be established only after public hearings are held.</p> <p>The NM Health Security Plan requires that the NM Superintendent of Insurance lower automobile and workers' compensation premiums, which have large health components.</p> <p>During the first year, the Legislative Finance Committee will be responsible for developing the premium and employer contribution schedules. The Plan will not begin its two-year development phase unless the legislature and the Governor, with public input, have approved a financing package. Even during the two-year development phase there is opportunity to change minds. Thus, it will take three years before the Plan is ready to commence operations.</p> |

For more information, call or write:

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