New Mexico Legislative Finance Committee Fiscal Analysis of the Health Security Act Plan Public Meeting Notes December 31, 2019

	Speaker	Comment
1	Anne Sperling – Vanguard Resources, Inc	Hope insurance brokers are involved. They talk to the people.
2	Arthur F. – CWA 7076	Making the effort towards working with insurance companies takes a lot of time.
		Make sure the report is credible and local. Keep in premium-based program (not tax).
3	Jessica Velasquez - Candidate for State	Concerned with rural care and access to care
4	Gerald Ortiz y Pino – State Senate	This is the third time studying this issue. We need a "feasibility study" and need to act on recommendations.
5	Max Bartlett - Health Security for New	Advantage of this study is to learn precisely what the cost of HSAP would be. There
	Mexicans Campaign	was a lot of work with stakeholders, so the legislation reflects their input.
6	Mary Feldblum – Health Security for	A. Need New Mexico-specific data and address New Mexico requirements. Data
	New Mexicans Campaign	needs: Need admission cost savings to providers; (2) admission cost to insurers and states.
		 B. No duplications of tasks. Examine study on pharmaceutical drugs savings. Look at consulting report. Government: Urban doing something on uninsured. C. Make sure you can justify the assumptions and explain why you made that assumption.
		 D. Fixed assumption – Automatic enrollment Insurance can't offer service, offer HSAP
		State insurance
		Global budget hospitals
		 Bulk purchasing CON Program
		E. Not tax-based system – Only those in the plan are required to pay
		 Clear exemptions but 2 voluntary groups: ERISA companies and tribal nations. Assume Medicare is in/out.
		F. Provider Payments – Allow for new payment systems, don't assume Medicaid. Bill higher rates for rural [VBIP juries out].
8	Donna Dowell – Nurse Practitioner	A. Byzantine system in New Mexico. Undervalue time spent with patient.

		Access to electronic medical records
		 Prior authorization
		B. Providers are leaving state, problems of access to care. Undervalue time spent
		with patient.
		C. Goal of study – Can savings from plan cover the cost of the plan. Is it financially
		viable?
9	Gloria Lehmer – Citizen	Supporter of HSAP. Guaranteed coverage allows freedom of provider choice. Not
		government run – community representative. Not single payer. Money stays in state.
10	Esther Griego – St. Andrew Presbyterian Church	Supportive. Does outreach to support bill.
11	Mark Epstein – True Health New Mexico	A. "Evils" – Cost shifting, monopolistic behavior
		B. Surprising billing legislation – offers hope something can be done.
		C. Old/aging population of providers.
12	William Orr – Citizen and Geriatrician	A. Covered - SNF benefit, acute home health
		B. Behavioral health spending – may be low/inadequate
		C. Explain demand is on the supply side. Do we have providers to delay care? Work force.
		D. Transportation is key – can you incorporate?
		E. Is this analysis going to answer questions if the previous analysis doesn't work?
13	Unknown	Will there be other opportunities for public input?
14	Bill Chafer	Who is making choices? Are those in ERISA employers.
15	Colin Baillio - Health Action New Mexico	A. Looking at automatic enrollment model (e.g., taxes)
		B. How do you collect premiums?
		C. How do you maximize federal money?
		 Section 1332 waiver. Money is cap based on current enrollment.
		D. Max exemptions - capture these dollars.
		E. Administrative savings from similar pricing
		F. Medicaid low but efforts to raise to Medicare (may be way to max federal dollar)
16	Dave – Retired tech staff	Industries will be affected. Are there alternate employment opportunities?
17	William Pratt – New Mexico House of	Mr. Pratt emphasized the importance of the Health Security Plan and the fiscal
	Representatives	analysis.