



HEALTH CARE
A U T H O R I T Y



HEALTH CARE AUTHORITY FY26 BUDGET REQUEST

DECEMBER 10, 2024
CABINET SECRETARY KARI ARMIJO

INVESTING FOR TOMORROW, DELIVERING TODAY.

TOPICS

- Health Care Authority Overview
- FY26 Budget Request Priorities
 - Ensure access to health care
 - Provide greater protection and reduce risk for vulnerable New Mexicans
 - Fix structural underfunding of agency to assure performance and meet state and federal requirements

HCA Customer:

" I am lucky to have anywhere from \$25-100 left to last 2 weeks.."

“

As a single mother of 2 kids and cost of living going sky high along with the cost of groceries going through the roof (almost a car payment) and growing kids. I work a 40hr a week at a job trying my best to provide for them on a one-person income. Trying to learn as much as I can at work so I can hopefully promote and earn a little more money for them....

I have a house payment, car and insurance payment along with all utilities. By the time all those are paid on top of making sure I have gas to get to work. I am lucky to have anywhere from \$25-100 left to last 2 weeks. When we got the SUN BUCKS card, we were able to get so much food for the \$240.00. Seems like the only thing I qualify for is Medicaid for them (for right now) and free lunches at school because of my income.

.... Sorry don't mean to be "that" person complaining. Just overwhelmed with all the cost of stuff and not being able to get any help....Thank you

”





HEALTH CARE
AUTHORITY

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS



LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



BUILD the best team in state government by supporting employees' continuous growth and wellness.



ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.

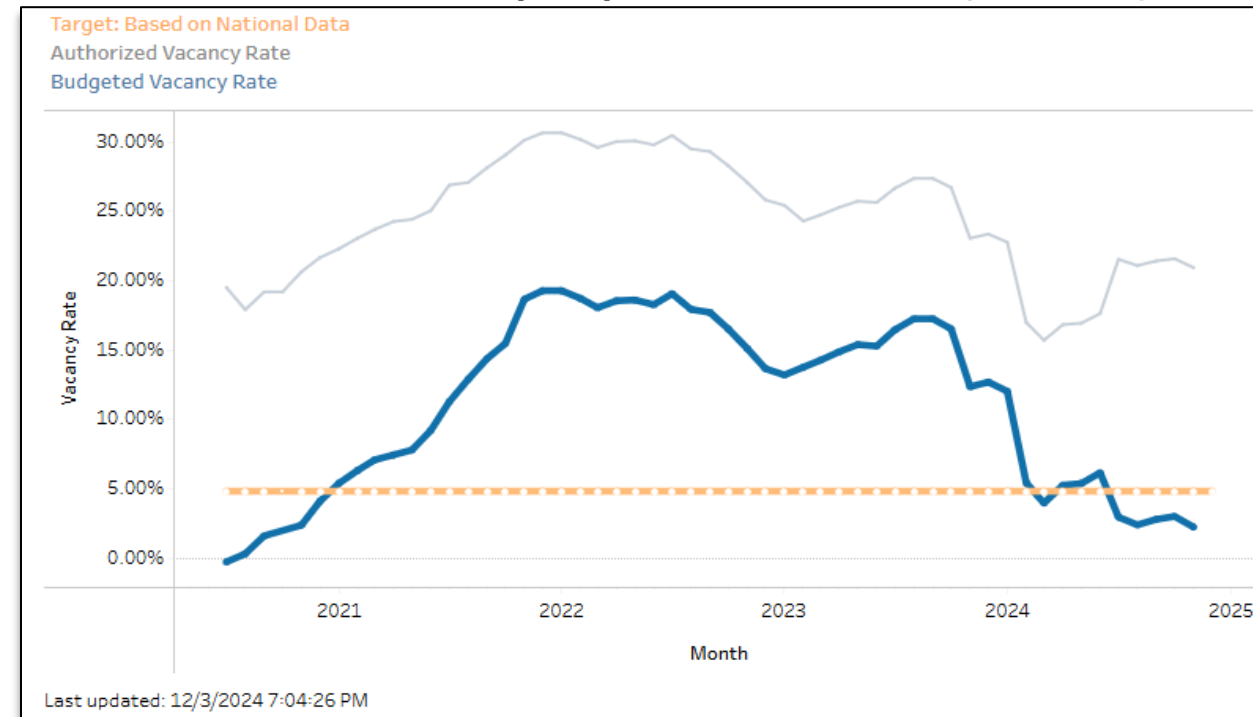


IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

LOWERING VACANCY RATES IS AN HCA PRIORITY

- HCA is focused on maintaining a low vacancy rate.
- HCA's funded (budgeted) vacancy rate for FY25 currently 2.2%, below the target based on national data.
 - ISD funded vacancy rate: -13.5%
 - DDSD funded vacancy rate: -3.9%
 - Medicaid funded vacancy rate: 5.3%.
- HCA implementing new recruitment processes and tracking to assist divisions with hiring and onboarding new staff.

What is the rate of open positions at HCA? (Good ↓)



Source: <https://sites.google.com/view/nmhdscorecard/goal-4>




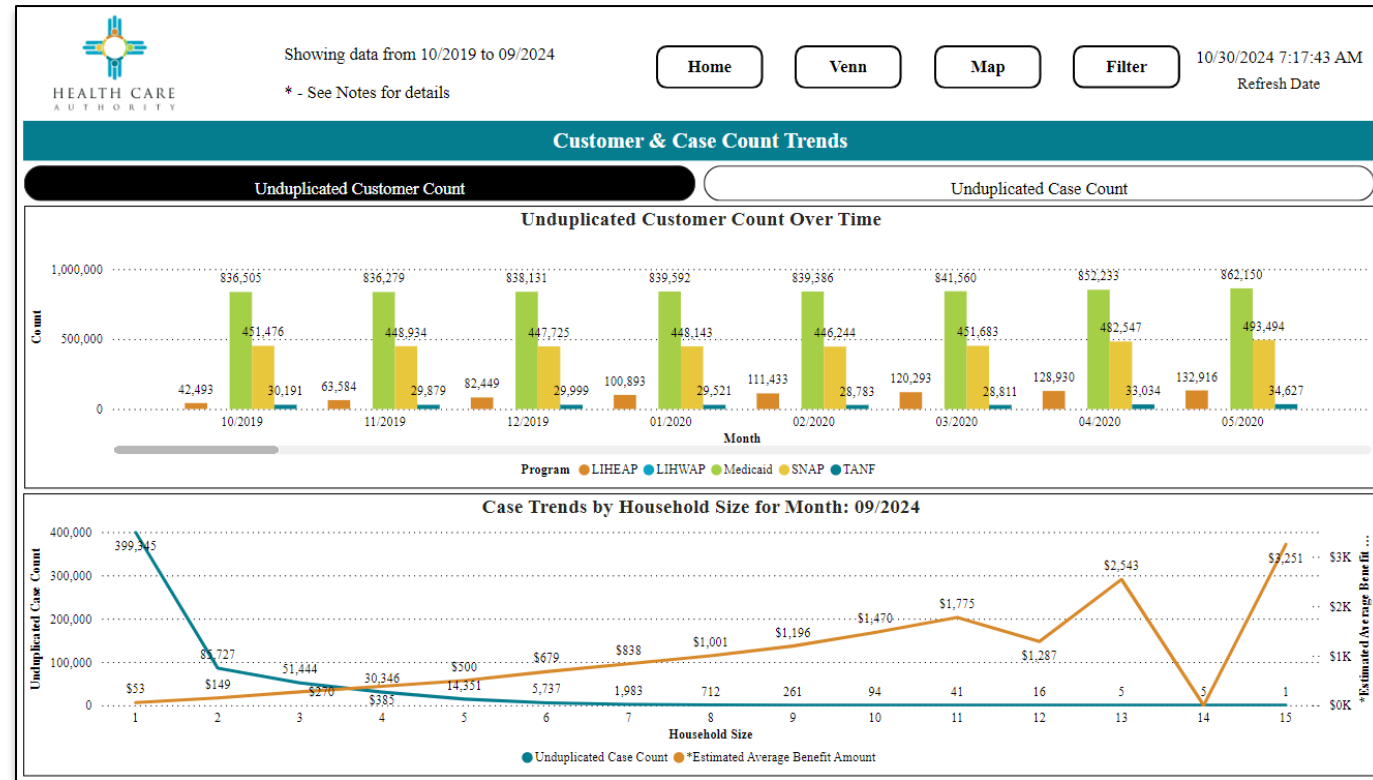
HCA SUCCESSES

- Successfully completed Medicaid & SNAP unwinding and worked through backlog to achieve current timeliness of 2.4 days for expedited SNAP, 15 days for regular SNAP, and 24 days for Medicaid applications.
- Launched Turquoise Care managed care program 7/1/24.
- Medicaid reimbursement rates at 150% of Medicare for primary care, behavioral health and maternal/child health to begin 1/1/25.
- New Medicaid 1115 Waiver approved by CMS to address health-related social needs in 2025. Native American Traditional Health Care Practices also approved.
- Created hospital payment program with \$1.2B new federal funding – first payments to be issued in March 2025.
- Launched Ambulance Supplemental Payment Program.
- Implemented 3 Medicaid Management Information System Replacement modules: Unified Portal, Data Services, and Benefit Management Services.
- Linking Division of Health Improvement data to nursing facility data for quality performance payments.
- Launching 5 Certified Community Behavioral Health Clinics 1/1/25.
- Using HCA's health care expertise to improve State Health Benefits (e.g. sound fiscal projections, cost-containment and purchasing strategy).
- SNAP eligibility expansion to 200% of the federal poverty level, providing food benefits to up to 67,697 households.
- SNAP supplemental food benefits for seniors and people with disabilities were raised from \$32 to \$100 per month.
- SUN Bucks provided summer grocery benefits of \$120 per school-aged child, benefiting 275,000 students across NM.
- Launched new DDSD Bureau of Individual Safety and Advocacy, providing support to individuals receiving waiver services, conducting abuse, neglect and exploitation prevention activities, and completing home visits.
- Child Support program received national award for a multilingual campaign helping parents establish parentage, child and medical support orders, enforcing court orders, and finding employment.



HCA DATA DASHBOARD NOW AVAILABLE

- New Data Dashboards are visual tools designed to provide actionable insights.
- First Dashboard (HCA Customer Count Dashboard) launched in November and includes rolling 60 months of data that refreshes the 5th of every month. 
- HCA homepage now has interactive customer map, where the public can access and filter customer data.
- Additional Dashboards in development:
 - Inpatient, Outpatient and Long-term Care: Spring 2025
 - Provider Access: Summer 2025
- HCA’s LFC analyst currently has access to Dashboard.



HCA FY26 BUDGET REQUEST STRENGTHENS ESSENTIAL SERVICES AND COMPLETES KEY INVESTMENTS

- FY26 budget request (base and expansions) \$15.5 B, 85.7% FF.
 - 13.8% (\$306.4 M) of HCA’s FY25 OpBud funds used to be part of the DOH budget for DDSD and DHI.
- FY26 GF base request is \$2.2 B, a \$232 M increase from FY25 – 11.7% GF increase.
 - Major Base request cost drivers: Medicaid program (\$166 M); Developmental Disabilities Waiver services (\$41 M); Income Support (\$16 M).
- \$23.3 M in FY26 expansions (1.2% GF increase over FY25 OpBud).
- FY 24 HSD Reversion rate: 0.23%.
- 11/2024 funded vacancy rate: 2.2%.

Agency Briefing Sheet (in the thousands)

AGENCY	BU									
Health Care Authority	63000	FY25 OPBUD	FY26 REQUEST	Base Inc.	% Base Inc.	Expansion Inc.	% Exp. Inc.	TOTAL FY26 REQUEST	TOTAL \$ Diff. FY25-26	TOTAL % Diff. FY25-26
General Fund		\$1,992,879.7	\$2,225,347.2	\$232,467.6	11.7%	\$23,342.3	1.2%	\$2,248,689.5	\$255,809.8	12.8%
Federal/Other Funds		\$10,193,413.9	\$13,214,653.9	\$2,898,425.1	28.4%	\$51,197.6	0.5%	\$13,265,851.5	\$3,072,437.6	30.1%
GRAND TOTAL		\$12,186,293.6	\$15,440,001.1	\$3,130,892.7	25.7%	\$74,539.9	0.6%	\$15,514,541.0	\$ 3,328,247.4	27.3%
200-PS & EB		\$195,784.8	\$232,705.4	\$36,806.9	18.8%	\$16,275.8	8.3%	\$248,981.2	\$53,196.4	27.2%
300 - Contracts		\$368,709.3	\$482,716.1	\$113,106.8	30.7%	\$0.0	0.0%	\$482,716.1	\$114,006.8	30.9%
400 - Other		\$11,387,669.7	\$14,456,365.3	\$2,946,894.4	25.9%	\$58,264.1	0.5%	\$14,514,629.4	\$3,126,959.7	27.5%
500 - Other Financing Uses		\$234,129.8	\$268,214.3	\$34,084.5	14.6%	\$0.0	0.0%	\$268,214.3	\$34,084.5	14.6%
GRAND TOTAL		\$12,186,293.6	\$15,440,001.2	\$3,130,892.7	25.7%	\$74,539.9	0.6%	\$15,514,541.0	\$ 3,328,247.4	27.3%



FY26 HCA GF BASE BUDGET REQUEST BY DIVISION

Division	FY26 GF Request (\$000s)	FY26 FF Request (\$000s)	FY26 Total Request (\$000s)	% GF Increase FY25-26	Primary FY26 Request Cost Drivers
Income Support Admin (P525)	\$60,180.8	\$113,657.3	\$173,838.1	37.5%	Continue 8% salary retention incentive for caseworkers beyond SNAP settlement; customer contact center supports; sustain funding for 158 existing FTE.
Developmental Disabilities Supports Division (P519)	\$294,029.2	\$19,008.3	\$313,037.5	16.4%	Increased number of individuals receiving waiver services, reduction in FMAP, maintain no waitlist
Medical Assistance Division Admin(P052)	\$34,172.1	\$141,498.9	\$175,671.0	12.0%	Increase in contract costs, primarily related to MMISR go-live. Funding for existing FTE to support new programs and MCO oversight.
Medical Assistance Division Program (P976)	\$1,678,375.8	\$10,773,476.6	\$12,451,285.6	11.0%	Increase in provider rates for a full year. Reduction in federal match. 1% enrollment growth. 2.6% projected medical cost growth. Lower revenues (Drug Rebates, CSMF, Tobacco Settlement, Opioid).
Behavioral Health Services Program (P767)	\$49,042.0	\$26,411.6	\$75,453.6	5.4%	Replace nonrecurring opioid settlement revenue with GF.
Information Technology Division (P522)	\$28,504.6	\$56,703.8	\$85,208.4	3.0%	Increased costs related to licenses and contracts.
Child Support Services (P523)	\$13,355.4	\$27,067.2	\$40,623.6	3.0%	Replace nonrecurring federal revenue with GF.
Program Support (excluding IT) (P522)	\$7,967.0	\$19,777.7	\$27,744.6	3.0%	Increased costs related to contracts and office space.
Division of Health Improvement (P520)	\$11,714.0	\$10,579.0	\$22,293.0	1.7%	Request to replace 20-year-old database supporting intake and investigations of abuse, neglect, and exploitation cases. Upgrade will provide stability of client and investigation data documents along with analytics to facilitate prevention.

UPDATED FY26 MEDICAID PROGRAM GF MAJOR BUDGET COST DRIVERS ⁹

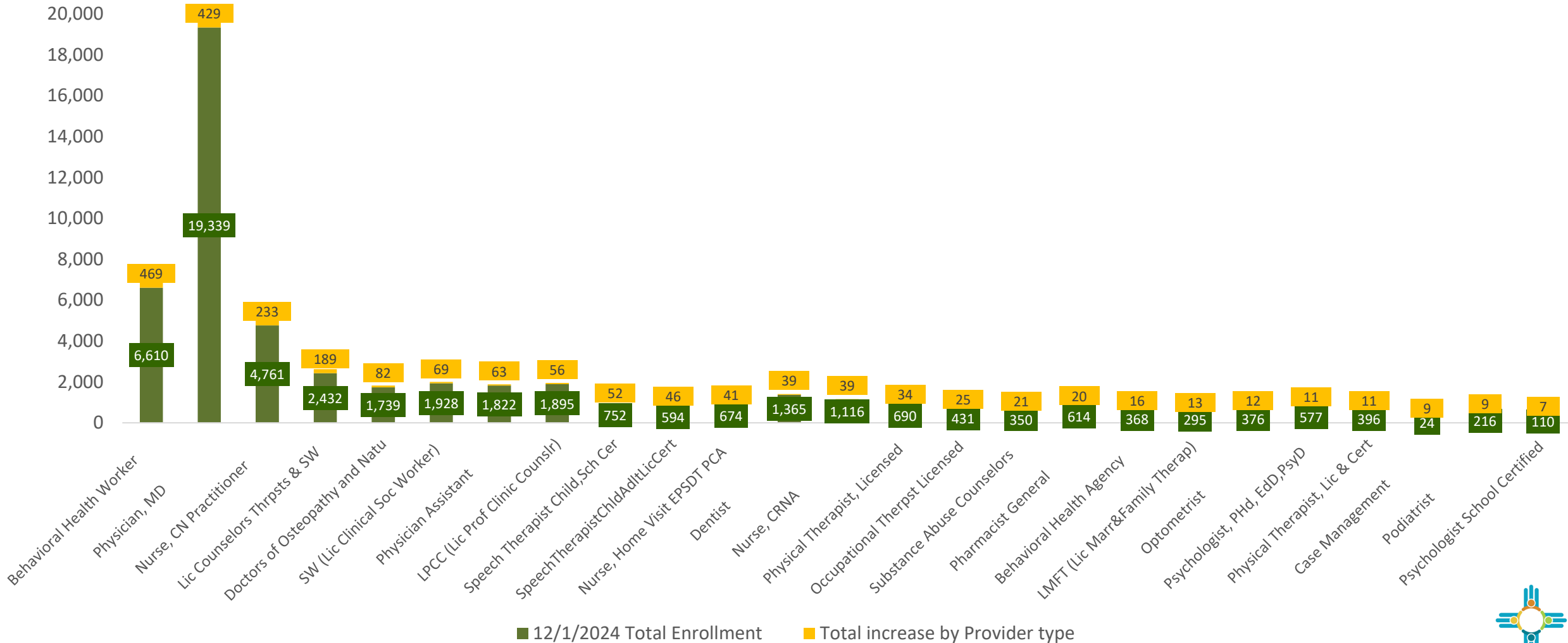
- After 9/1/24 budget request submission, HCA updated its Medicaid projection with more current data.
- Updated FY26 Medicaid need is less than what is included in 9/1 submission:
 - \$12,297,513.0 updated total computable budget need with expansions
 - \$124,915.0 GF updated growth in base (without expansions)
 - \$141,013.0 GF updated growth (with expansions)

Major Medicaid Growth Component Drivers (in GF) *Based on September 2024 Budget Projection	GF Request
Maintain Medicaid reimbursement rate increases for primary care, maternal/child health, and behavioral health services to 150%/100% of Medicare.	\$49M
2.6% projected medical cost growth	\$47M
1.0% projected enrollment growth for PH, OAG, 2% growth for LTSS (estimated July 2026 enrollment of 956,000 members) <ul style="list-style-type: none"> • Continuous eligibility for children under age 6, reinstatement of 19,525 children, and re-enrollment of adults <100% FPL, resulting in July 2024 enrollment of 911,514 members • 45% of those procedurally disenrolled during the PHE unwinding have re-enrolled 	\$15M
Projected Reduction in County-Supported Medicaid Funds, Tobacco Settlement Fund, Opioid Funds	\$12M
Other changes (FMAP, FFS, Medicare)	\$2M
TOTAL BASE GROWTH	\$125M
Expansions (BH, ALF, PACE)	\$16M
TOTAL GROWTH (BASE + EXPANSIONS)	\$141M
FY26 Special Appropriation: Government Results and Opportunity fund (GRO) (1115 initiatives)	\$32M



EXPANDING MEDICAID PROVIDER NETWORK

Medicaid Provider Enrollment Increases Since Turquoise Care Start, July 2-Dec. 1, 2024



HCA OPTIMIZES FEDERAL FUNDS FOR NM'S HEALTH & HUMAN SERVICES AGENCIES

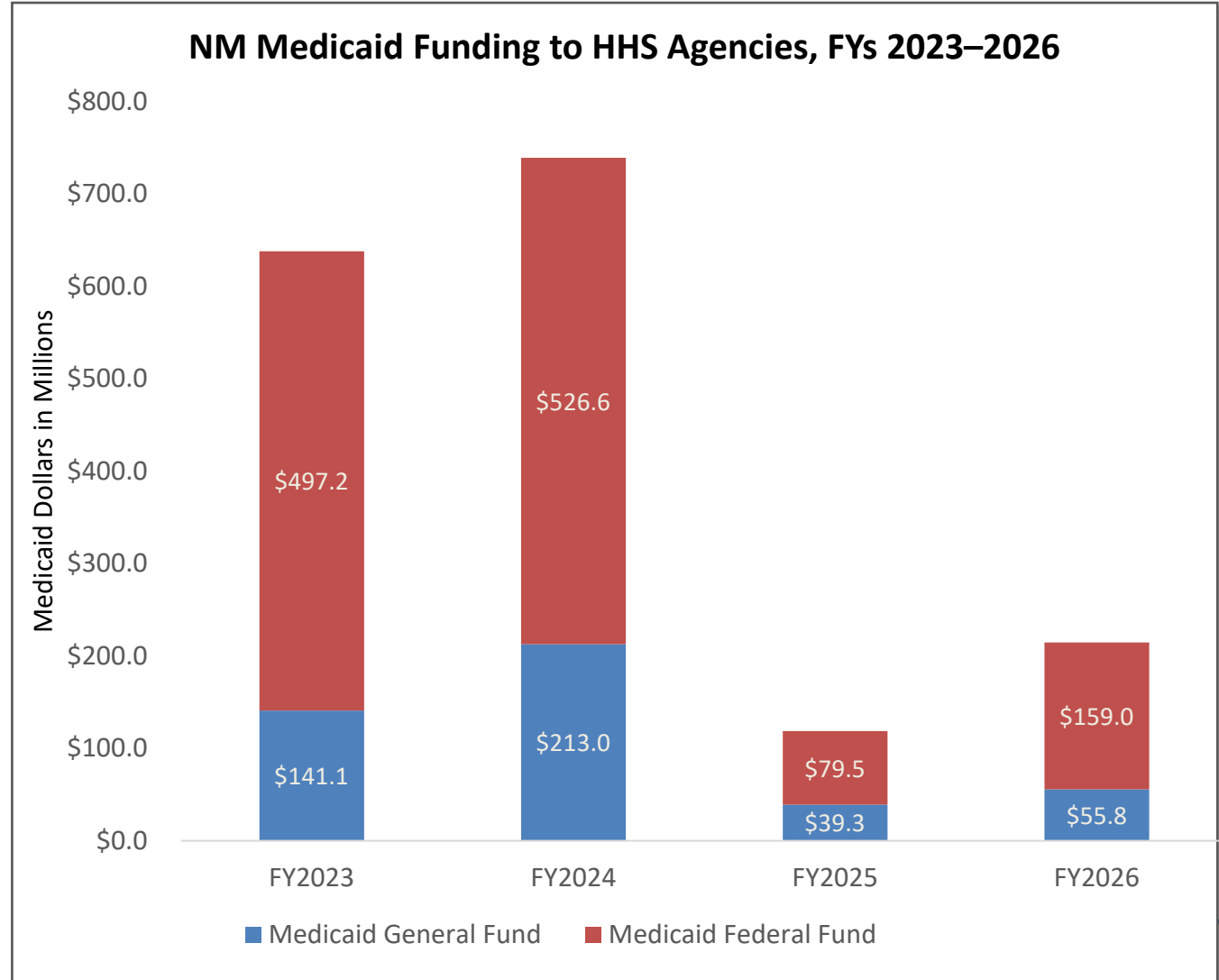
- Since FY23, 6 agencies on track to receive total \$1.7 B Medicaid funding.

- Blended Federal share: 73.76%



FY26 HCA budget request supports:

- ALTSD: Elder Rights, Adult Protective Services
- CYFD: Juvenile Justice, Child Protective Services, Behavioral Health
- DDC: Guardianship Services
- DOH: Public Health Services and Admin. (note that DDSD moved to HCA in FY25)
- ECECD: Provider Rates, Home Visiting, Family Infant Toddler Program
- PED: School-based Health Centers and Special Education Services

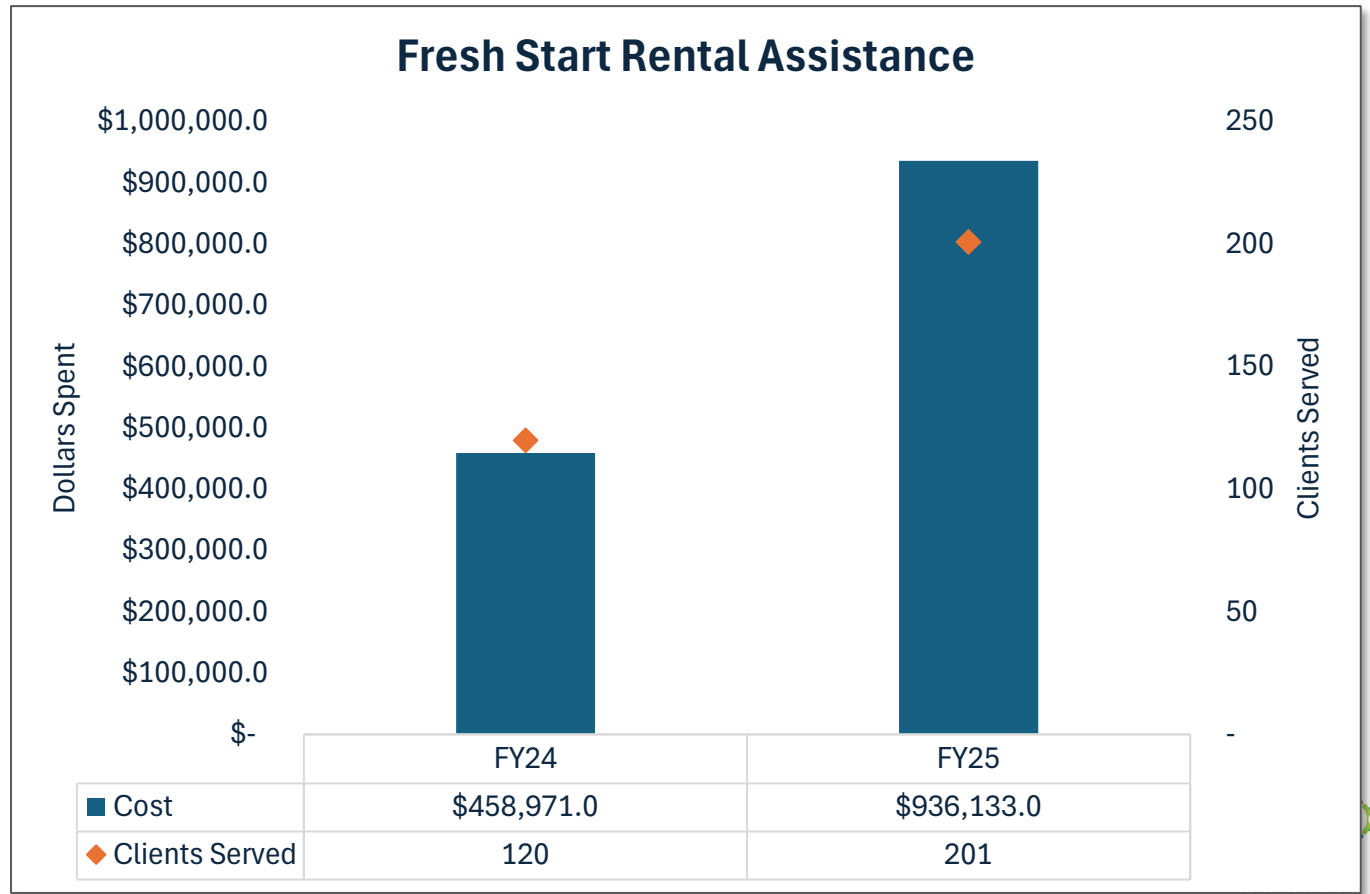


FY26 BEHAVIORAL HEALTH SERVICES DIVISION PROGRAM¹²

BASE BUDGET COST DRIVER

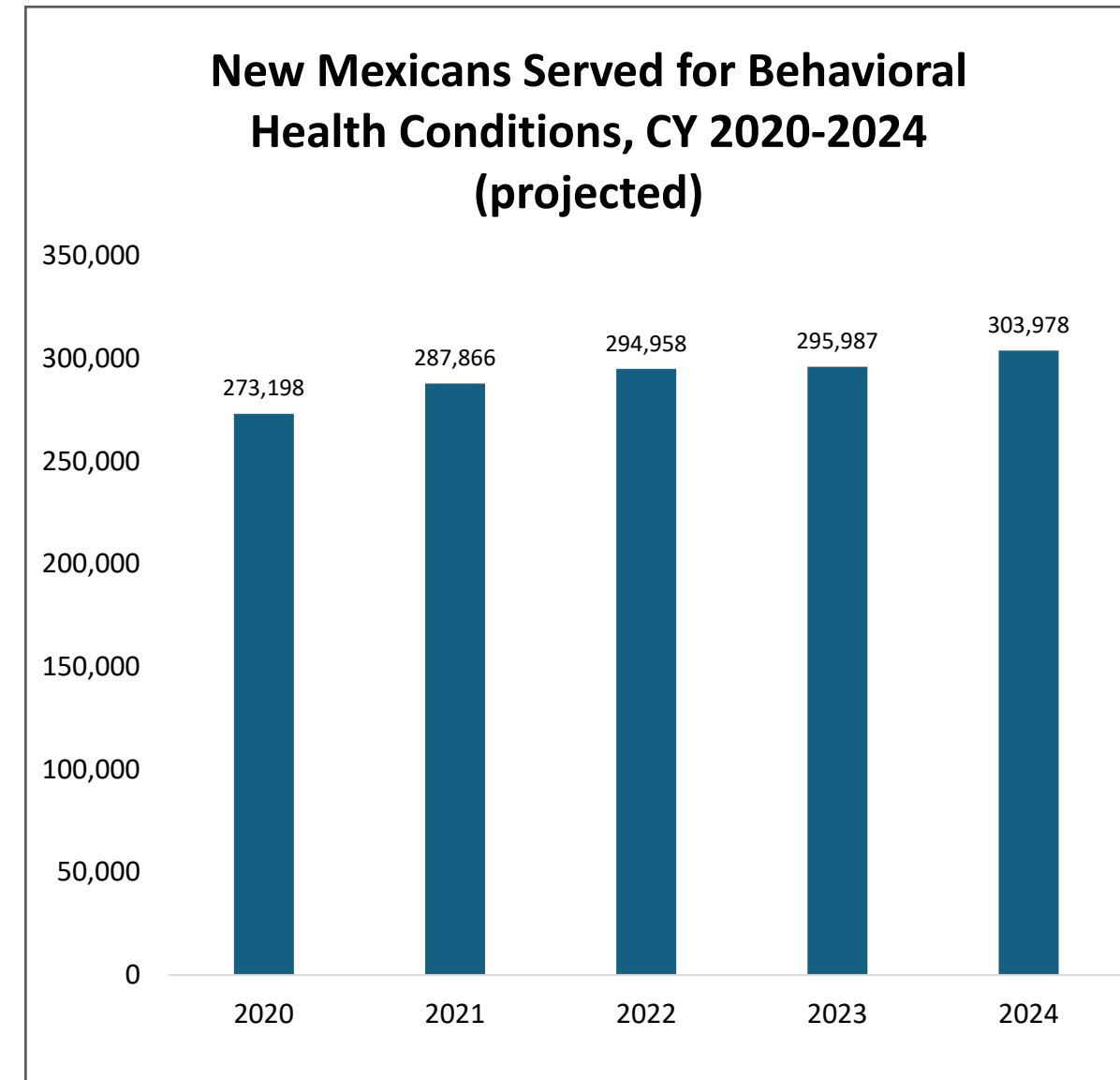
- Behavioral Health Services Division is requesting a FY26 base budget GF increase of \$2,520.0 to replace a reduction of Opioid Settlement Funds in the same amount.
- This request will continue to fund the Fresh Start Rental Assistance program, a state-funded housing assistance program that provides rental assistance up to \$10,000 or 9 months of rent, whichever comes first, for individuals with Opioid Use Disorder who are also homeless or at risk of becoming homeless.
- Nine Fresh Start providers across NM are serving 13 counties (201 New Mexicans served in FY25).

Behavioral Health Growth Component Drivers (in GF)	FY26 GF Request
Replace reduction of Opioid Settlement Funds	\$2.5M
TOTAL BASE GROWTH	\$2.5M



IMPROVING BEHAVIORAL HEALTH UTILIZATION

- Number of persons served for behavioral health conditions increased from 273,198 in CY20 to a projected 303,978 in CY24.
- HCA holds MCOs accountable for network adequacy designed to improve patient access.
- BHSD and MAD implemented changes (e.g. Policy and Billing manual revisions, NMAC BH Specialty Services revision) to decrease provider administrative burden.
- FY25 GRO funding allows for trainings for primary care physicians in Screening, Brief Intervention and Referral to Treatment (SBIRT) for early identification of substance use disorders.
- 988 Crisis Now Continuum also providing a network of care:
 - 988: 33,059 connections (call, chat, & text) made in FY24.
 - 2 Mobile Crisis Teams in NM.
 - 3 Crisis Triage Centers in NM provide medium-acuity crisis stabilization services.



FY26 DDSD PROGRAM GF BUDGET COST DRIVERS

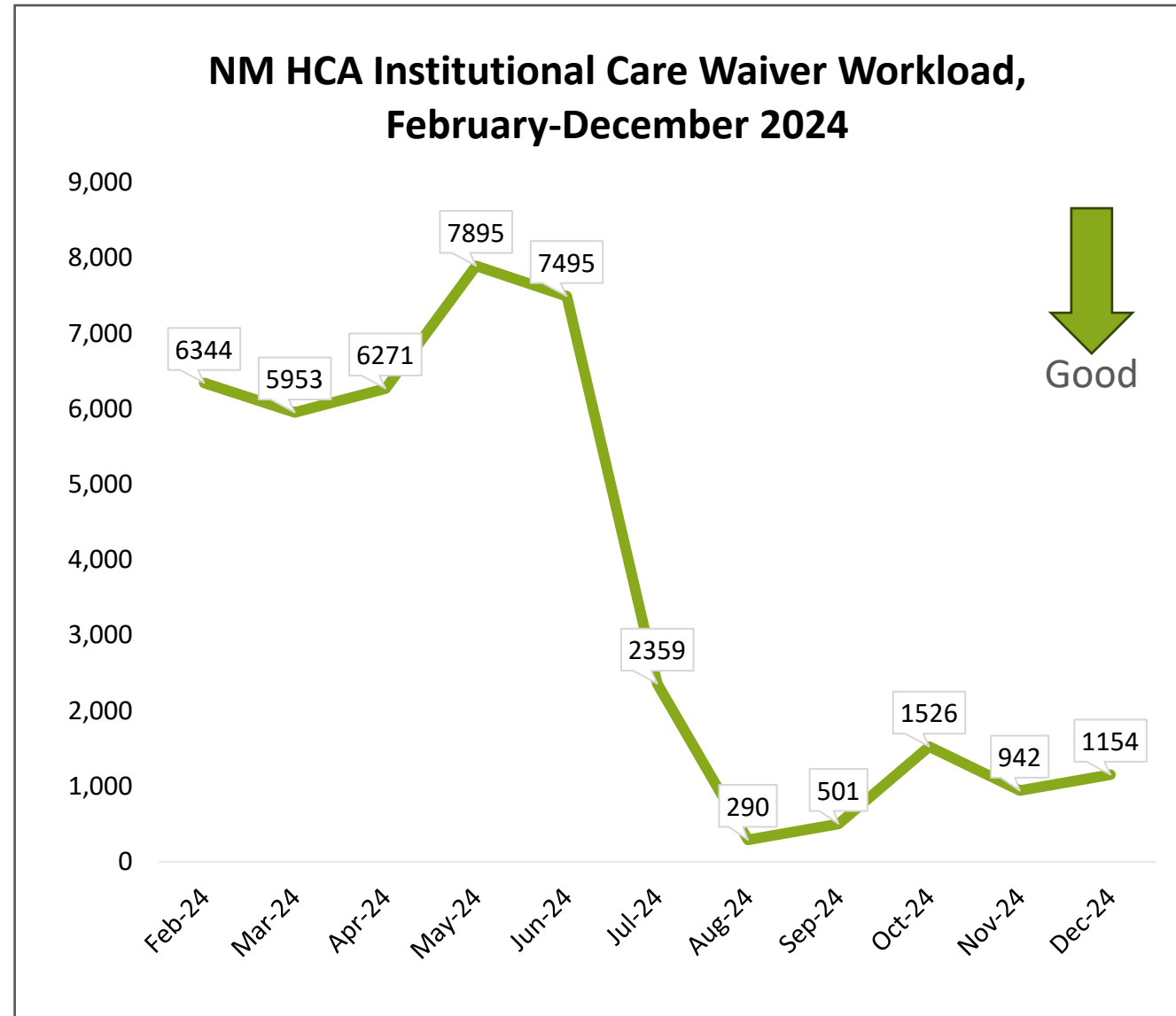
- DDSD ended a 13 year wait-list and currently provides waiver services to over 7,900 individuals.
- DDSD requesting \$41,960.4 in FY26 GF to support individuals receiving services through 4 waiver programs.
 - DDSD requests an additional \$35,401.8 in GF in FY26 to support increased utilization.
 - \$2,722.6 additional GF is needed in FY26 for a reduction in federal FMAP funding.
 - \$3,836.0 GF request support continuous allocation process.
 - DDSD is requesting \$3,406.6 GF to reduce funded vacancy rate by 10 FTE.
- A FY26 non-reoccurring request of \$46,000.0 supports provider rate increases.
- DDSD strives to increase provider network and its support of the workforce through these rate increases, adding new provider agencies, and expanding capacity of existing agencies.

Major DDSD Growth Component Drivers (in GF)	FY26 GF Request
Support Increased Utilization	\$35.4M
Reduction in federal FMAP funding	\$2.7M
Continuous allocation process	\$3.8M
Reduce funded vacancy rate	\$3.8M
TOTAL BASE GROWTH	\$42M
FY26 Special Appropriation: provider rate increases as recommended by 2023 rate study.	\$46M



FY26 DDSD REQUEST WILL PROVIDE GREATER PROTECTION AND REDUCE RISK FOR VULNERABLE NEW MEXICANS

- By 1/1/2025, estimated 3,100 new people will receive DD waiver services.
- \$3,836.0 FY26 GF request supports continuous allocation process.
 - On average, 500 people apply for services annually
 - 386 people on DD waiting list as of 11/25/24.
- DDSD is partnering with other HCA Divisions to simplify eligibility and improve customer service:
 - Collaboration between DDSD and Medicaid to streamline DD waiver rate increases and improve DD provider engagement.
 - Partnering with Behavioral Health to share resources for waiver recipients.
 - Collaboration between DDSD and Income Support Division to improve customer service, so waiver families can access information and supports more quickly.
- DDSD continues health and wellness visits and implemented a new bureau dedicated to individual safety and advocacy.



FY26 ISD ADMIN GF MAJOR BUDGET COST DRIVERS

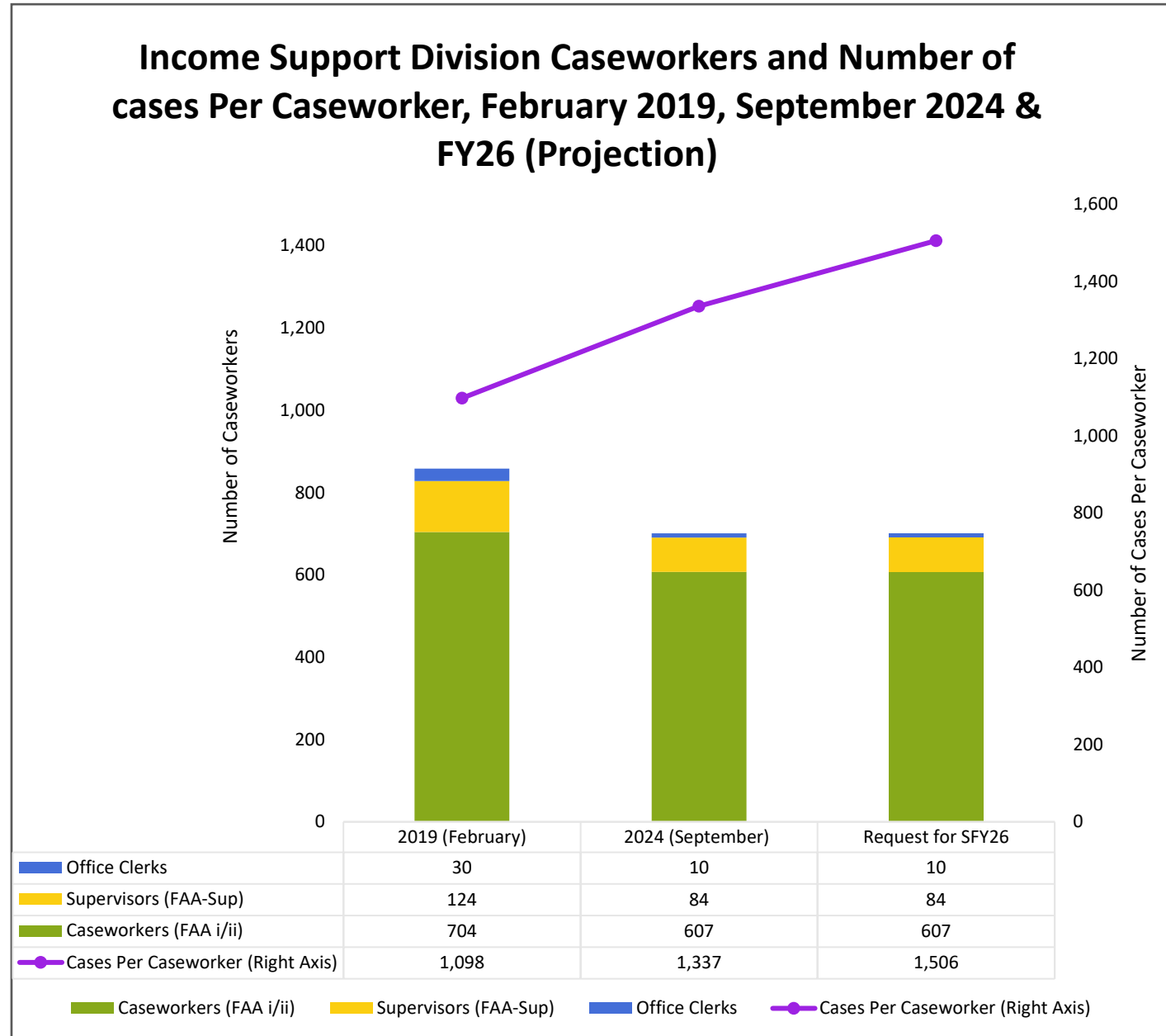
- FY26 ISD Admin requests totals \$16,408.8.
- Current timeliness of 2.4 days for expedited SNAP, 15 days for regular SNAP, and 24 days for Medicaid applications.
- Additional funding in ISD FY26 requests continues 8% salary retention incentive for caseworkers beyond Federal SNAP settlement (\$865.0 GF) and supports customer contact center (\$2,714.6 GF).
- **HCA FY26 budget request includes \$7,147.9 GF to keep 158 ISD merit staff.**
- If HCA unable to meet federal SNAP timeliness and accuracy standards, U.S. Department of Agriculture could withdraw 100% of federal funds supporting ISD admin (\$82M in FY25).
- Nonrecurring request (\$1,451.3 GF) supports caseworker training to improve accuracy and retention.

Major ISD Growth Component Drivers (in GF)	FY26 GF Request
Supports for customer contact center	\$2,714.6
Post-FNS Settlement 8% Retention Incentive for Caseworkers	\$865.0
Sustain 158 existing caseworker FTE	\$7,147.9
Staff Augmentation	\$2,368.3
TOTAL BASE GROWTH	\$16,408.8
FY26 Special Appropriation: Funding for NM food banks.	\$10,000.0
FY26 Special Appropriation: Training and support for frontline staff and supervisors that will contribute to accuracy, timeliness, job satisfaction and retention.	\$1,451.3



INCOME SUPPORT DIVISION CHALLENGES

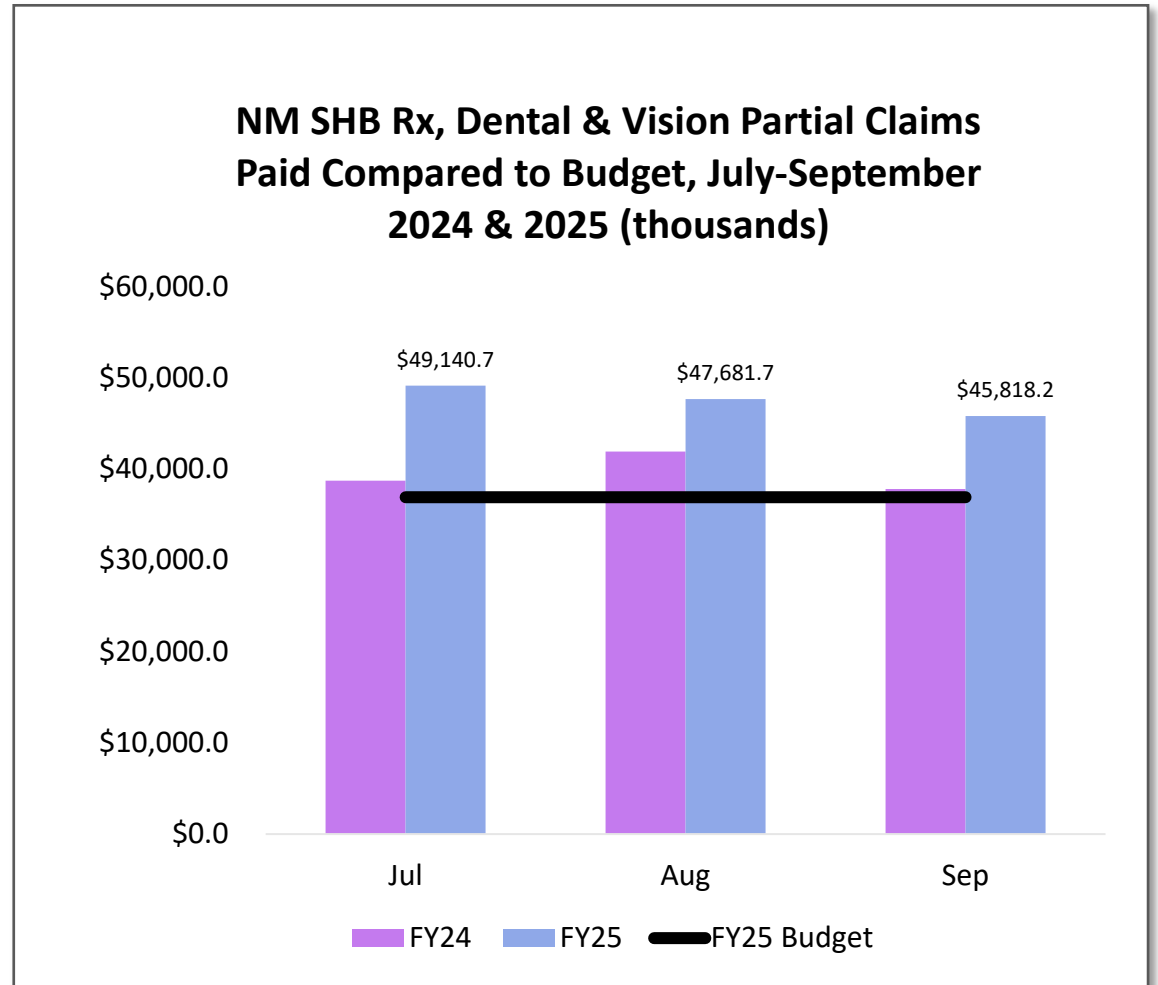
- In FY24, Income Support Division onboarded 348 FTE.
- To ensure SNAP timeliness standards, ISD used Division reserves to hire additional merit staff needed to process SNAP and Medicaid/SNAP combo cases.
 - November 2024 ISD funded vacancy rate: -13.5%
- As of September 2024, each caseworker is responsible for 1,337 cases, a 22% increase since 2019.
- In FY26, caseloads are expected to increase to 1,506 per caseworker, an additional 13% increase.



STATE HEALTH BENEFITS

- As of November 2024, 58,363 New Mexicans are receiving State Health Benefits.
- FY25 expenses (\$571,650.5) projecting higher than current FY25 OpBud (\$447,496.9), resulting in projected shortfall of \$124,153.6.
 - Revenues include FY25 10% premium increase.
- Major Cost drivers:
 - Initial FY25 OpBud projected \$31,506.2 in revenue (premiums) that will not be realized.
 - Over 12-month period ending in October 2024:
 - Medical claims cost increased by 12.2%.
 - Rx claims cost increased by 28.9%.
- Estimated LPB share of FY25 deficit: \$36.996.5
- Making up the shortfall with premium increases alone would require a 35% increase

State Health Benefits Fund Drivers (in GF)	Supplemental Request
Estimated FY25 shortfall in total Fund revenues	\$124M GF



**Claims adjustments are ongoing, therefore information is subject to change.*

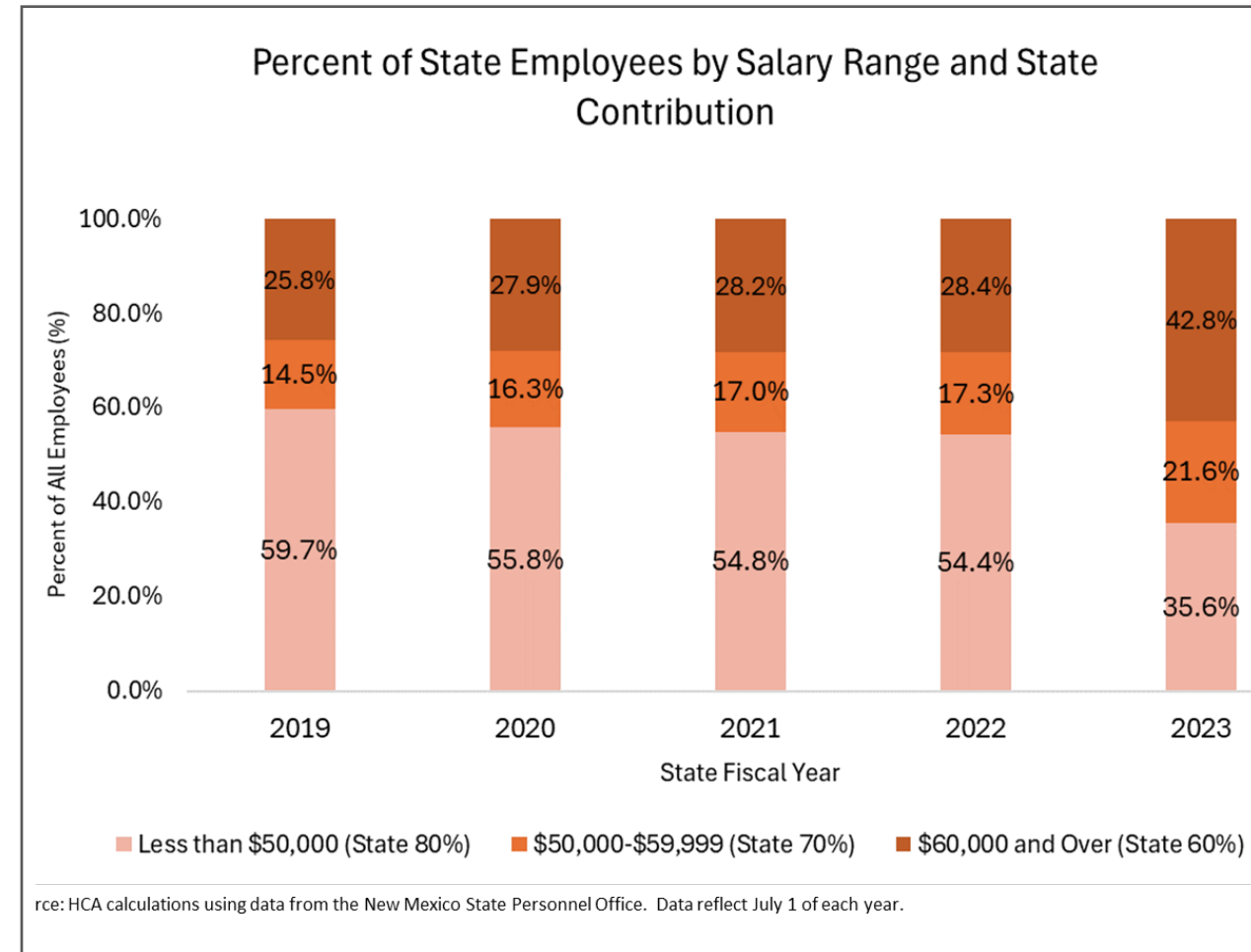
STATE HEALTH BENEFITS

Potential Strategies to Contain SHB Costs

- Implement Medicare reference-based prices for hospital and professional services (~\$45.28M savings)
- Negotiate or procure better pharmaceutical savings (~\$15M savings)
- Medicaid outreach to covered employees; possible opportunities to leverage federal funds for some children through CHIP (savings TBD)
- Create preferred and non-preferred generic, brand, and specialty drug tiers
- Change GLP-1 coverage and/or cost-sharing policies (~\$3-5M savings)

Potential Strategies to Increase SHB Revenue

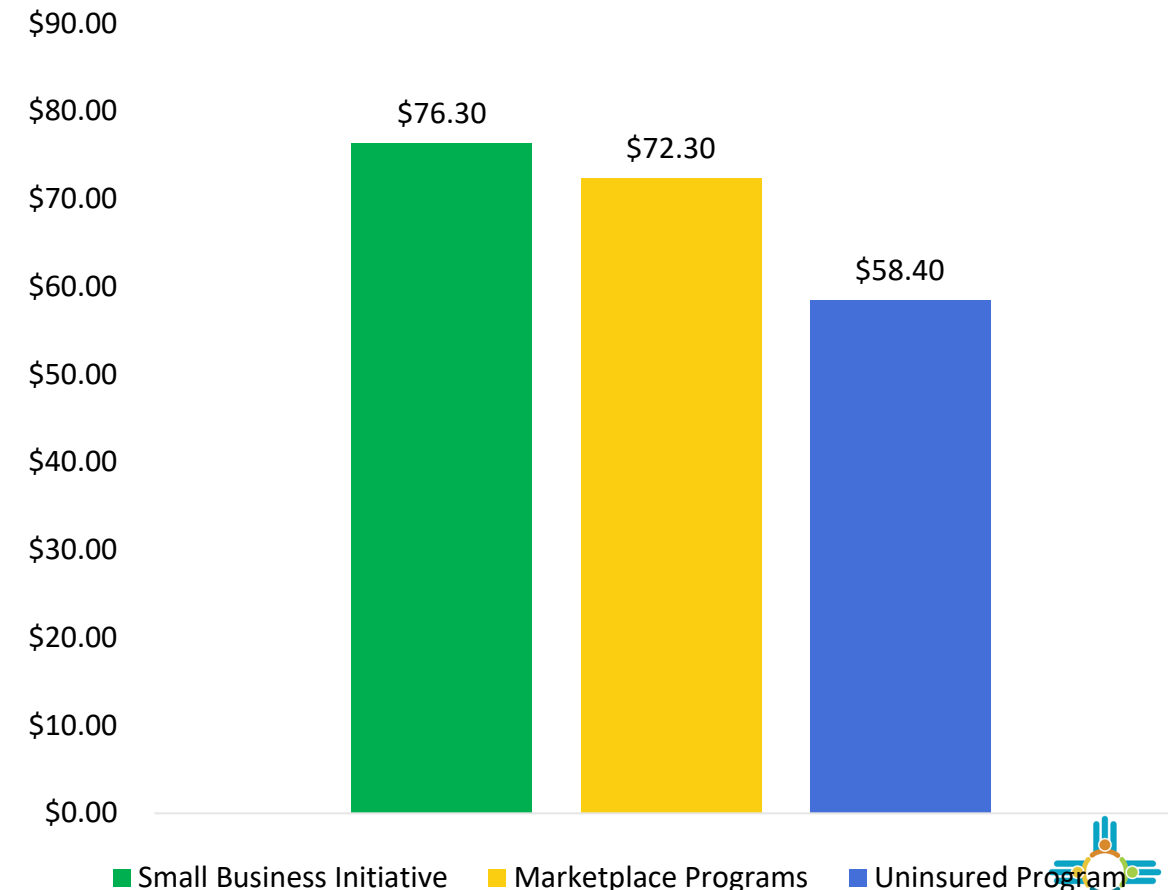
- Increase premium rates (includes both employer and employee contribution changes)
- Change/update salary bands
- Apply a deficit surcharge for Local Public Bodies (LPBs) for the LPB share of the shortfall
- State agencies contribute to administrative and personnel costs



ENSURE ACCESS TO HEALTH CARE: HEALTH CARE AFFORDABILITY FUND (HCAF)

- FY26 HCAF request includes expenditure increase of \$121,801.1, for total request of \$206,900.0 to:
 - Continue Marketplace Affordability Program and protect most BeWell enrollees from premium increases for expiring federal Inflation Reduction Act subsidies in 2025 (program updates 1/1/26)
 - KFF: If federal subsidies expire, enrollee premium payments are expected to increase by over 75% on average
 - Strengthen small business health coverage affordability, assisting with lower deductibles
 - Fund Full FY of uninsured program implementation (7/1/25)
 - HCA is considering several vehicles for implementation (e.g. leveraging Medicaid MCOs, partnering with New Mexico Medical Insurance Pool)

FY26 HCAF Appropriation Request by Program



HCA FY26 EXPANSION REQUESTS

Division	FY26 GF Request	FY26 FF Request	FY26 Total Request	Details
Health Care Authority (HCA)	\$7,243.9	\$8,412.7	\$15,656.5	To help address correct salary placement across the Department. (A majority of HCA’s workforce is currently compensated at or below the midpoint of their respective salary schedules, and 20% of HCA employees receive at least one HCA benefit such as SNAP or Medicaid).
Medical Assistance Division (P976)	\$5,799.5	\$15,190.3	\$20,989.8	Raise rates for non-Medicare and non-Medicaid BH codes by 3.4%.
Medical Assistance Division (P976)	\$5,299.3	\$13,880.3	\$19,179.6	Raise rates for the PACE program by 12.18%.
Medical Assistance Division (P976)	\$4,999.6	\$13,095.1	\$18,094.7	Increased provider reimbursement rate for Assisted Living Facilities by 3.4%.
Health Care Affordability Fund (P762)	\$0.0	\$619.2*	\$0.0	Expansion of 6 FTE for Health Care Affordability Division to manage IT improvements, improve program coordination and analysis, and provide administrative support. *Funds requested from the Health Care Affordability Fund.



FY26 HCA NONRECURRING BUDGET REQUESTS

Division	FY26 GF Request	FY26 FF Request	FY26 Total Request	Description
Income Support Program (P525)	\$10,000.0	\$0.0	\$10,000.0	Funding for NM food banks. (Special)
Division of Health Improvement (P520)	\$5,000.0	\$0.0	\$5,000.0	Collaborate with interested, unlicensed boarding homes to promote licensure and improved safety standards for residents. (Special)
Behavioral Health Services Program (P767)	\$3,350.0	\$0.0	\$3,350.0	Additional funding to support implementation of 7 Certified Community Behavioral Health Clinics, launching in January 2025. (Special)
Income Support Admin (P525)	\$1,493.4	\$2,822.8	\$4,316.2	ASPEN enhancements to improve the delivery of benefits and services (e.g. SNAP Employment Verification systems, Disaster SNAP automation). (Special)
Income Support Admin (P525)	\$1,451.3	\$2,743.2	\$4,194.5	Training and support for frontline staff and supervisors that will contribute to accuracy, timeliness, job satisfaction and retention. (Special)
Income Support Admin (P525)	\$936.9	\$936.9	\$1,873.8	Issuance of new EBT cards to families eligible for Summer EBT (families with eligible school-aged children to receive \$120 per child to buy groceries during the summer). (Special)
Behavioral Health Services Program (P767)	\$607.4	\$0.0	\$607.4	Evaluation tool to improve protective services and behavioral health services programming serving children in state custody. (Special)



FY26 HCA NONRECURRING BUDGET REQUESTS

Division	FY26 GF Request	FY26 FF Request	FY26 Total Request	Description
State Health Benefits (P521)	\$124,153.6	\$0.0	\$124,153.6	Address FY25 shortfall in the state health benefits revenue. (Supplemental)
Medical Assistance Division (P524)	\$54,300.0	\$0.0	\$54,300.0	Insufficient appropriation received in FY25 to support program expenditures. (Special)
Developmental Disabilities Supports Division (P519)	\$46,000.0	\$0.0	\$46,000.0	To support rate increases for home and community-based services waiver providers. (Special)
Medical Assistance Division (P524)	\$32,000.0	\$0.0	\$32,000.0	Government Results and Opportunity fund (GRO) to fund 1115 initiatives in the Medicaid program. In FY 2026 HCA-MAD proposes several notable increases in Base Program expenditures, recognizing social determinants of health and wellbeing, including housing/medical respite; maternal health; housing/food capacity-building infrastructure; and Justice Re-entry health care services for youth and adults up to 90 days pre-release back to the community. (Special)

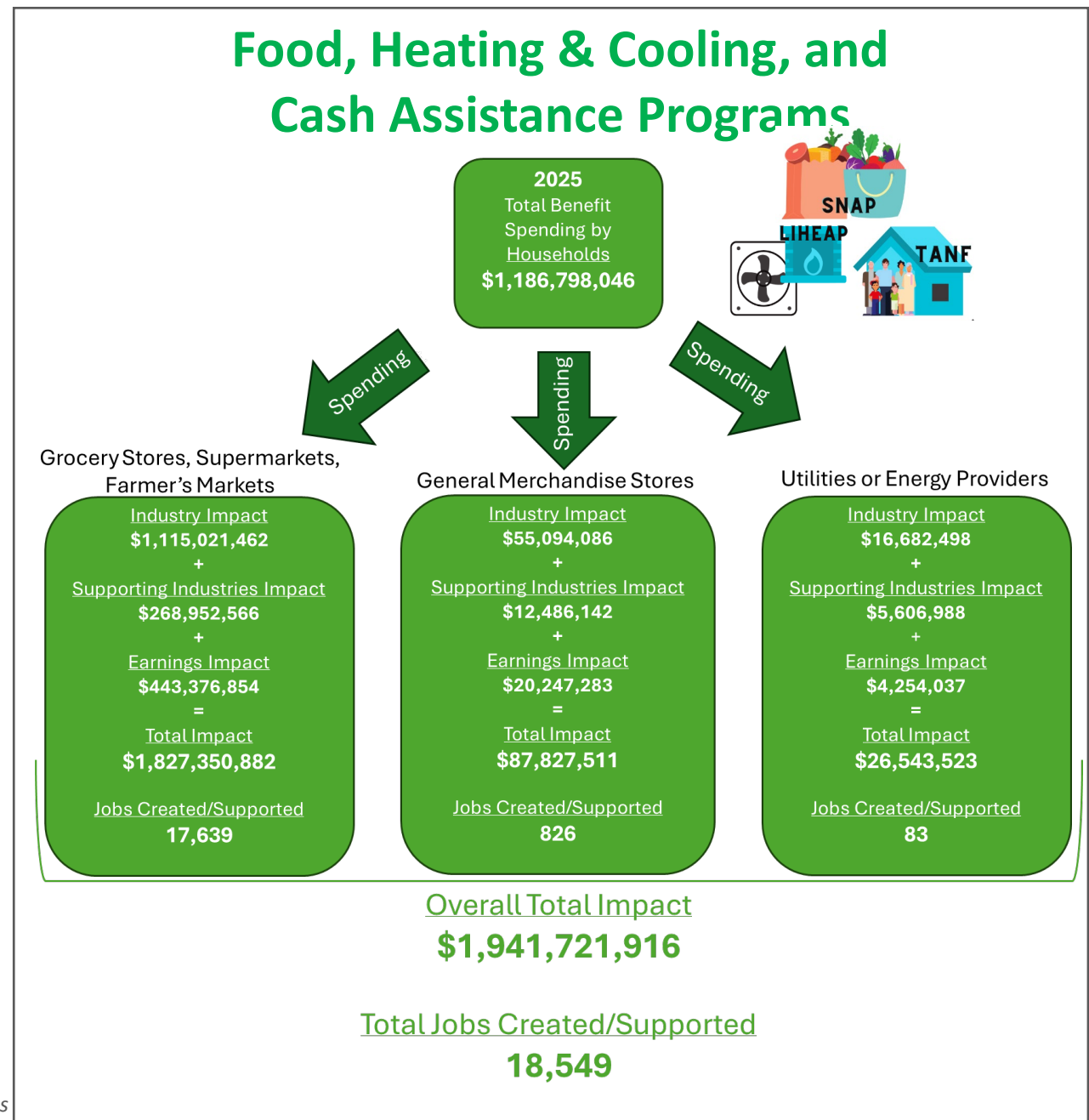


HCA'S ECONOMIC IMPACT

HCA's economists conducted an economic impact analysis* and have found many HCA programs are:

- Promoting job creation in key industries
- Resulting in earnings for NM workers
- Generating revenues to businesses
- Generating tax revenues to the state and local governments
- Sustaining economic development and reducing poverty

For example, the economic impact of HCA's food, heating, cooling and cash assistance programs is estimated to be \$1.94 billion and creating and supporting 18,549 jobs in NM.



*RIMS II: Regional Input-output Modeling System II is a regional economic model that objectively assesses the potential economic impacts of various projects. US BEA: United State Bureau of Economic Analysis

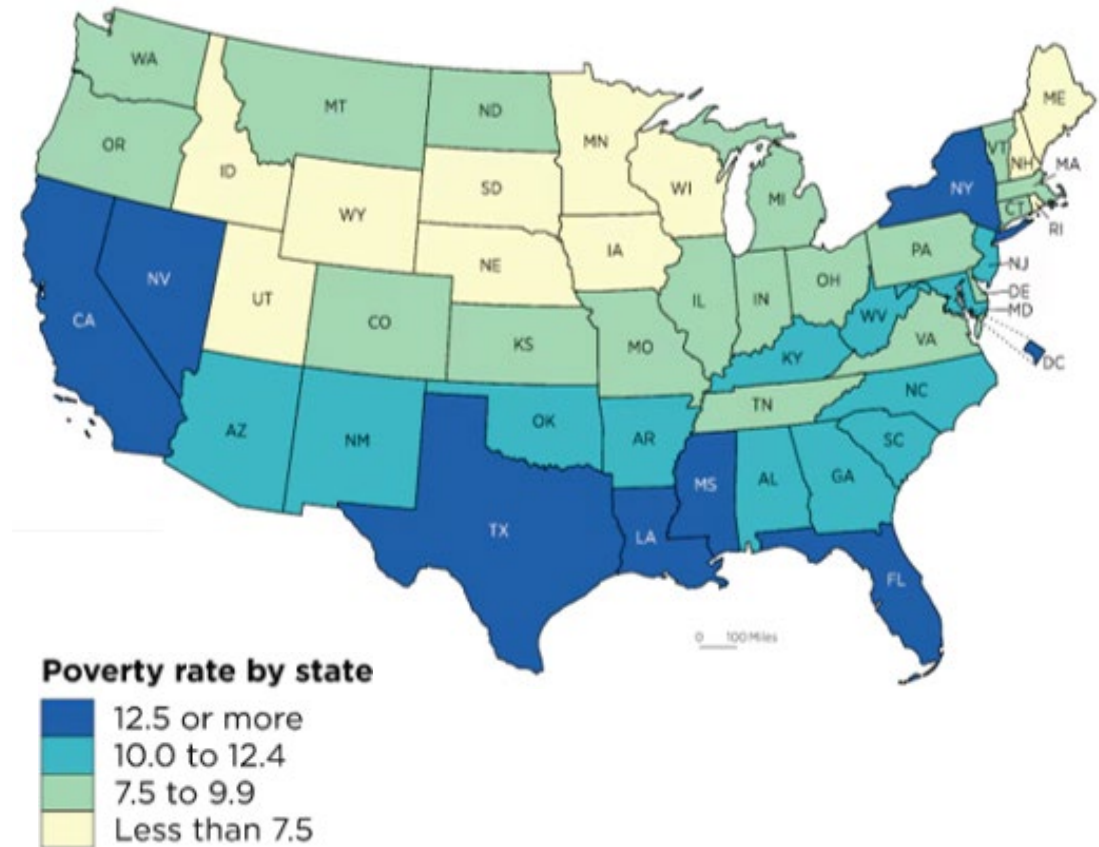
KEY TAKEAWAYS: HCA FY26 BUDGET REQUEST

FY26 request optimizes General Funds & Federal Funds to boost essential services:

- **Ensure access to health care** (\$98.1 M GF, \$42.2 M FF, \$140.2 M TC);
- **Provide greater protection and reduce risk for vulnerable New Mexicans** (\$24.6 M GF, \$12.1 M FF, \$36.7 M TC); and,
- **Fix structural underfunding of agency to assure performance and meet state and federal requirements** (\$179.9 M GF, \$2.8 M FF, \$182.8 M TC).

Supplemental Poverty Rate by State, 2024

Safety net programs reduce NM child poverty to 8.9%, ranking NM 22nd (better than national average of 10.4%)





HEALTH CARE
AUTHORITY



QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.