

1 SENATE MEMORIAL 129

2 **53RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2017**

3 INTRODUCED BY

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10 A MEMORIAL

11 REQUESTING THE SUPERINTENDENT OF INSURANCE TO CONVENE A TASK  
12 FORCE TO STUDY THE IMPACT ON NEW MEXICO OF A REPEAL OF ANY OF  
13 THE PROVISIONS OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE  
14 CARE ACT AND TO MAKE RECOMMENDATIONS FOR STATE HEALTH POLICIES  
15 TO MAINTAIN OR EXPAND THE GAINS MADE UNDER THE FEDERAL PATIENT  
16 PROTECTION AND AFFORDABLE CARE ACT AND EXPRESSING THE SUPPORT  
17 OF THE LEGISLATURE FOR EXPANDED HEALTH CARE COVERAGE,  
18 PREVENTION PROGRAMS, CONSUMER PROTECTIONS AND MEASURES TO  
19 IMPROVE THE QUALITY AND COST OF CARE DELIVERED IN NEW MEXICO.

20  
21 WHEREAS, according to the human services department, due  
22 in part to health care coverage expansions pursuant to the  
23 federal Patient Protection and Affordable Care Act, as of  
24 fiscal year 2016, the number of New Mexicans without health  
25 insurance coverage has dropped by approximately one-half since

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1 2011, with the rate of uninsured individuals currently at ten  
2 and two-tenths percent; and

3 WHEREAS, according to the human services department,  
4 nearly two hundred sixty thousand New Mexicans have obtained  
5 health coverage through the Patient Protection and Affordable  
6 Care Act's expansion of medicaid eligibility; and

7 WHEREAS, the Patient Protection and Affordable Care Act's  
8 medicaid expansion provisions establish an enhanced federal  
9 matching rate for state medicaid programs, making medicaid  
10 eligibility expansion a boon for the state budget; and

11 WHEREAS, in 2015, fifty-two thousand three hundred fifty-  
12 eight New Mexico consumers selected, or were automatically  
13 re-enrolled in, affordable, high-quality health insurance  
14 coverage through the New Mexico health insurance exchange, with  
15 fifty-one percent of those consumers enrolling for the first  
16 time in 2015; and

17 WHEREAS, in 2015, forty-nine percent of New Mexico  
18 enrollees in the New Mexico health insurance exchange gained  
19 coverage for one hundred dollars (\$100) per month or less after  
20 any applicable tax credits; and

21 WHEREAS, according to the Kaiser family foundation, by  
22 March 31, 2016, total health insurance marketplace enrollment  
23 in New Mexico was forty-seven thousand four hundred ninety-  
24 seven people, of whom sixty-nine percent or thirty-two thousand  
25 seven hundred three enrollees received advance premium tax

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1 credits in accordance with provisions of the Patient Protection  
2 and Affordable Care Act to lower their share of monthly premium  
3 costs; and

4 WHEREAS, according to the Robert Wood Johnson foundation,  
5 medicaid expansion in New Mexico under the Patient Protection  
6 and Affordable Care Act has strengthened and stabilized New  
7 Mexico's struggling rural hospitals by significantly reducing  
8 uncompensated care reimbursements by thirty percent and by  
9 helping increase hospitals' net revenue by more than forty  
10 percent from 2013 to 2014; and

11 WHEREAS, the Patient Protection and Affordable Care Act  
12 guarantees the issuing of health insurance to those with  
13 preexisting conditions, and that provision is only economically  
14 viable when paired with the individual mandate to purchase  
15 insurance; and

16 WHEREAS, according to a December 2016 study by the Kaiser  
17 family foundation, three hundred thirty-two thousand New  
18 Mexicans have conditions that would cause them to be denied  
19 health insurance coverage. Although many of that number get  
20 coverage through their employer or medicaid, if the Patient  
21 Protection and Affordable Care Act were repealed, many of those  
22 New Mexicans would either fall back into the high-risk pool or  
23 go without coverage; and

24 WHEREAS, under the Patient Protection and Affordable Care  
25 Act, the human services department centennial care program is

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1 currently testing and evaluating health care payment and  
2 improved service delivery reform pilots, which, if they prove  
3 successful in improving health care quality while lowering  
4 costs, can be scaled up to enable New Mexico to sustain an  
5 improved health system over a longer time horizon; and

6 WHEREAS, under the Patient Protection and Affordable Care  
7 Act and funded by the federal centers for medicare and medicaid  
8 services' innovation center, New Mexico implemented in 2015 and  
9 2016 a statewide stakeholder engagement process and produced a  
10 health system innovation design to guide the transformation and  
11 improvement of the state's health care and population health  
12 system to ensure quality of care and improve delivery while  
13 making health care more cost-effective; and

14 WHEREAS, because of the Patient Protection and Affordable  
15 Care Act, four hundred one thousand New Mexicans with private  
16 health insurance have gained preventive service coverage with  
17 no cost-sharing; and

18 WHEREAS, New Mexicans with medicare have saved  
19 approximately seventy million seven hundred fifty-eight  
20 thousand dollars (\$70,758,000) on prescription drugs due to  
21 related provisions of the Patient Protection and Affordable  
22 Care Act; and

23 WHEREAS, as health insurers must now spend at least eighty  
24 cents (\$.80) of each premium dollar on health care or care  
25 improvement rather than on administrative expenses or provide a

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1 refund to those whom they insure, in New Mexico, this has  
2 resulted in an average refund of one hundred fifty-eight  
3 dollars (\$158) per family; and

4 WHEREAS, under the Patient Protection and Affordable Care  
5 Act, New Mexico has received over seven million dollars  
6 (\$7,000,000) to help fight unreasonable premium increases by  
7 health insurance companies; and

8 WHEREAS, the Patient Protection and Affordable Care Act  
9 has provided financial backing for the creation of consumer  
10 operated and oriented plans that enabled the creation of New  
11 Mexico health connections, which now provides health insurance  
12 coverage to many New Mexicans, particularly in rural areas; and

13 WHEREAS, approximately eight hundred sixty-two thousand  
14 New Mexicans, including one hundred twenty-two thousand  
15 children, are assured of health care coverage since, under the  
16 Patient Protection and Affordable Care Act, health insurers  
17 cannot deny coverage to anyone with a preexisting condition  
18 such as diabetes; and

19 WHEREAS, the Patient Protection and Affordable Care Act  
20 has expanded mental health and substance use disorder benefits  
21 for up to four hundred two thousand five hundred New Mexicans;  
22 and

23 WHEREAS, the Patient Protection and Affordable Care Act  
24 has increased funding for community health centers, providing  
25 up to one hundred forty-four million five hundred ninety-four

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1 thousand seven hundred nineteen dollars (\$144,594,719) to those  
2 sites in New Mexico to offer a greater range of primary care  
3 and preventive services, more providers and expanded hours of  
4 operation for up to two hundred ninety thousand two hundred two  
5 New Mexicans; and

6 WHEREAS, due to federal funding augmentation pursuant to  
7 the Patient Protection and Affordable Care Act, New Mexico  
8 currently has one hundred ninety-six national health service  
9 corps clinicians, an increase from ninety-seven clinicians in  
10 2008, who provide primary care services in underserved areas of  
11 the state; and

12 WHEREAS, according to a study by the university of New  
13 Mexico's bureau of business and economic research, the Patient  
14 Protection and Affordable Care Act has helped New Mexico add  
15 more than four thousand eight hundred jobs in 2014 alone; and

16 WHEREAS, according to a 2016 study by the urban institute,  
17 it is estimated that repeal of the Patient Protection and  
18 Affordable Care Act would result in New Mexico losing ninety-  
19 three million dollars (\$93,000,000) of federal marketplace  
20 spending in 2019 and one billion dollars (\$1,000,000,000)  
21 between 2019 and 2028 and that New Mexico would lose two  
22 billion two hundred million dollars (\$2,200,000,000) in federal  
23 medicaid spending in 2019 and twenty-six billion nine hundred  
24 million dollars (\$26,900,000,000) between 2019 and 2028;

25 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE

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1 OF NEW MEXICO that, in the event that any provisions of the  
2 Patient Protection and Affordable Care Act are repealed, the  
3 superintendent of insurance be requested to convene a task  
4 force to study the major economic and health impacts that  
5 restructuring or repealing of the Patient Protection and  
6 Affordable Care Act will have for New Mexico; and

7 BE IT FURTHER RESOLVED that the Patient Protection and  
8 Affordable Care Act task force convened by the superintendent  
9 of insurance be requested to identify and recommend ways in  
10 which the state of New Mexico can take action to assure that  
11 the gains made by the Patient Protection and Affordable Care  
12 Act can be maintained or expanded; and

13 BE IT FURTHER RESOLVED that the superintendent of  
14 insurance be requested to invite to join the Patient Protection  
15 and Affordable Care Act task force state officials,  
16 legislators, health care providers, health consumer advocates,  
17 health insurance carriers, representatives from the New Mexico  
18 health insurance exchange board of directors and others as the  
19 superintendent deems appropriate to accomplishing the goals of  
20 the task force; and

21 BE IT FURTHER RESOLVED that the task force be requested to  
22 report its findings and recommendations to the governor, the  
23 secretary of human services, the secretary of health and the  
24 legislative health and human services committee by October 1,  
25 2017; and

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1 BE IT FURTHER RESOLVED that the senate express its support  
2 for expanded health care coverage, prevention programs,  
3 consumer protections and measures to improve the quality and  
4 cost of care delivered in New Mexico; and

5 BE IT FURTHER RESOLVED that copies of this memorial be  
6 transmitted to the governor, the superintendent of insurance,  
7 the secretary of human services, the secretary of health and  
8 the legislative health and human services committee.

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