

TESTIMONY
OF
LIZA AKLEY
INDIGENT HEALTH CARE COORDINATOR
SAN JUAN COUNTY, NEW MEXICO
BEFORE THE
NATIONAL ASSOCIATION OF COUNTIES
WORKING GROUP ON HEALTH SYSTEM REFORM
DECEMBER 3, 2008

Brief Bio – Liza Akley

- Since 1998 has administered the Indigent Health Care Program, a medical assistance program, for San Juan County, NM.
- New Mexico Association of Counties Health Care Affiliate Chair-elect 2009-2011
- Member of the National Association of Counties Health Steering Committee 2008-2009
- Past Chair and current member of the Community Health Improvement Council, San Juan County, NM
- Born, raised, and educated in NM

Introduction

Health Care reform has taken center stage in NM and across the nation. Increasing cuts in federal funding for Medicaid coupled with one of the highest levels of uninsured citizens in the country has created an impending health care crisis in New Mexico. With 22.1% of NM population uninsured and an additional 29% considered “underinsured”, there is significant economic impact, fueled by the cost of uncompensated care and increased emergency room visits. Federal, state, and local governments struggle to manage the rising costs of health care in this economic environment, while providing for quality service and care to its citizens.

Indigent Health Care in NM

Indigent Health Care Programs in NM is mandated by state law under the Indigent Hospital and County Health Care Act (Section 27-5-1 NMSA 1978). The purpose set forth in the “Indigent Act” is to:

- Provide for the provision of health care to indigent patients domiciled in the county.
- Provide local revenues to match federal funds to support the State Medicaid Program
- Provide local revenues to match federal funds to support local hospitals through the Sole Community Provider Fund
- Provide local revenues for countywide or multi-county health planning

NM counties play a significant role in the funding of health care in New Mexico, particularly with regard to the uninsured. Sources of funding for the Indigent Health Care programs vary by county, but the majority use Gross Receipts Taxes and County General funds. In 2007, NM

counties provided \$82.4 million for indigent medical services, some of which are matched by federal Medicaid dollars.

Comments and Recommendations to the Draft White Paper – “Restoring the Partnership for American Health: Counties in a 21st Century Health System”

- The NMAC Health Care Affiliate fully supports the policy statements in the draft White Paper. As advocates for the health and welfare for the citizens of NM, our first priority is protecting the local health care safety net infrastructure and maximizing funding sources available at the county level through partnerships with federal, state, and local government programs and initiatives.
- NMAC Health Care Affiliate members have taken a strong position in support of a solution and advocate for reasonable and meaningful health care reform.

Affiliate members felt that the draft white paper did not state strongly enough the burden of caring for the mentally ill in the jail system. Because of cuts in Behavioral Health, our jails have become holding facilities for the mentally ill. Our jails are devolving into asylums.

Suggestion: Incremental hybrid universal coverage beginning with health reform – fixing the current system, maximizing programs and leverage funding already in place. Focus on primary care, wellness programs, and prevention.

In a universal coverage environment, the Affiliate would want to ensure that it is culturally sensitive, culturally responsive and explore an inclusive solution to address quality health care for the undocumented population.

Health Care Reform in NM

So Close and Yet So Far.....

NM Governor, the Honorable Bill Richardson, has attempted health care reform as one of top priorities from the beginning of his first term in 2002.

In the past several years there have been several task forces organized by the Governor and the legislature to address the problem of the uninsured: Coverage and Access Task Force in 2003, Insure New Mexico Task Force which came up with some significant incremental approaches to getting more New Mexicans covered, and in 2007 the Health Coverage for New Mexicans Committee – this committee was created in the wake of the Massachusetts health care reform by both the Governor and the legislature to cost out a plan for universal coverage in NM composed of employers, insurers, consumers, doctors, hospital administrators, and legislators. The centerpiece of this last task force was a study by Mathematica, an independent health policy consulting group, hired to price out three different models of universal coverage for everyone less than 65 years of age in NM. The result of the study and cost estimates illustrated that to implement a universal health care system would be only slightly more than the cost to do absolutely nothing.

Focus of the 2008 NM Legislature was on health care with the Governor's proposal of universal health coverage. It failed to gain support in the state senate due in part to some members who remain unconvinced that universal health coverage is affordable for New Mexico in the long run. The Governor called a special Legislative session in August 2008 devoted to health care. While there was no progress with universal health coverage during the special session, the Legislature did approve the expansion of three critical areas: SCHIP, services to the developmentally disabled, and mental health services for children.

During all of the health reform discussion in NM, the counties do not immediately assume that the Indigent Health Care Funds will be needed in a universal coverage environment. Existing funds should be protected until we see the outcome of any reform efforts.

Challenges to Access to Health Care in NM

Recruiting and Retaining Physicians: Access to quality health care has long been an issue for New Mexico as well as for the rest of the nation. As with other communities, NM is feeling the impact of a nationwide shortage of physicians. In addition, where the majority of the population lives in rural areas, attracting physicians to NM is difficult when there is fewer resources and smaller paychecks than those in urban areas.

Health Care Challenges for the Native American Population in NM

The Native American population faces a separate set of challenges with its unique health care system through the Indian Health Services, a federal government program administered through the Department of Health and Human Services. Built around regions of the country, these clinics offer limited services, are open limited hours, and face huge funding challenges.

Health Care Challenges in the NM/Mexico Border Region

- 35% of the border population in NM lives below the poverty line
- 75% of adults in the border population in NM are uninsured
- 65% of children in the border population in NM are enrolled in Medicaid
- Deficient health care infrastructure and personnel with erratic or deferral of preventive/primary care in the border region in NM, resulting in criticality requiring emergency room visits and extended hospital stays.
- Poor funding of emergency care under Section 1011

Conclusion

Ethical issues that surround the topic of health care reform are not easily answered. And too often health care reform advocates go home when their exact plan or their top choice is not adopted by the task force, committee, or the law making body. But that leaves the status quo in place as the second choice. We need to make a virtue out of our second choices – choices that can transcend partisanship and ideology and move us forward.