

The New Mexico Health Security Act

- This legislation has evolved over many years – becoming stronger with **input** from organizations and various interests around the state.

- It is a **New Mexico solution to our health care crisis.**

The Health Security Act:

- **Does not require new taxes.**

- The Health Security Plan is paid for by combining **existing public dollars** spent on health care (Medicaid, Medicare) **with premiums based on income and employer contributions (with caps).**

- Counties decide how their indigent funds could be used under this system.

- **Maintains the private delivery system.**

- **Creates an independent non-governmental commission** to administer the Health Security Plan. This Commission is **geographically representative** and **publicly accountable.**

- **Sets up our own New Mexico health insurance plan** that is based on the old-fashioned concept of insurance, where approximately **1.6 million** young, old, healthy and the not-so-healthy New Mexicans **share the risk***.

- **Exclusions:** military personnel, and federal retirees maintain their own plans. Tribes and plans covered under ERISA have the option to join.

- **Requires a go-slow approach** to develop and implement the Health Security Plan.

- Year 1: **analysis of the cost-with public input.** If the financial costs are too much and not approved by the Legislature, the Health Security Plan **will not go into effect.**

- Years 2 & 3: If the numbers look good, it is estimated that working out the details of the Health Security Plan **with public input** from around the state will take **two more years** with the ability to extend the time to proceed or to put on the brakes should this phase prove to be not workable.

The Plan Guarantees:

- Health care coverage for all New Mexicans, **regardless of age, income, employment, or health status.**
- Freedom of **choice of doctor** and hospital within the state and across state lines.
- Comprehensive benefits, **no less than those offered to state employees.**
- **Protection for retirees** so they will not lose what they already have.

* According to numerous state studies, including one completed for New Mexico, pooling state residents will result in a reduction of health expenditures of billions of dollars. This includes the Mathematica Study just released in June of 2007.

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Why not change to The Health Security Act?

We Now Have:

Little personal control of our health care options
Health care rationing
Doctor shortages
Nursing shortages
Hospital bed shortages
Effective high taxation through insurance premium payments
Etc.

We Fear We Will Have:

Loss of control of our health care options
Health care rationing
Doctor shortages
Nursing shortages
Hospital bed shortages
Higher taxes
Etc.

But We Can Have:

Choice of Doctor, Hospital or Clinic
Benefits equal to current state employee benefits
Everybody in the state with health care coverage
Reduction in individual coverage costs
Premium paid by payroll deduction, which is how most large employers handle premiums now
And much more...

In this climate of financial failures we need to move from private industry control of our health care dollars and decisions to a co-operative plan that maximizes cost benefits and reduces our risk.

www.nmhealthsecurity.org

www.whatifyouknew-nm.com

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