

# New Mexico

## State and Local Health Equity Policy Checklist

APRIL 2021

### KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

### Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		Of note, in January 2021, legislation was introduced ( <a href="#">SB 55</a> ) that would require the state's Cultural Affairs Department to provide social, racial and cultural impact statements to the legislature for all pending legislation. <sup>1</sup>
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		

### State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	 <i>The state has declared racism a public health crisis but has not yet implemented steps to address it.</i>	In July 2020, the Governor of New Mexico declared racism a “ <a href="#">public health emergency</a> ” and created a voluntary advisory group called the <a href="#">Council for Racial Justice</a> . <sup>2,3</sup> The group is tasked with counseling the administration and, in coordination with community leaders, holding state institutions accountable for taking action to end systemic racism. There are multiple subcommittees (including a health subcommittee) and the group started convening virtually in late 2020.
Develop a ‘Health in All Policies’ strategy at the state or local level.		In 2011, Bernalillo County informed the state’s International District Sector Development Plan by <a href="#">using a health in all policies approach</a> to study the impact of proposed policies and zoning changes on health. <sup>4</sup> The Bernalillo County Community Health Council <a href="#">website</a> says one of its primary activities is to convene diverse stakeholders to “identify and prioritize issues related to improving individual and community health through primary prevention and promotion of health in all policies.” <sup>5</sup>

Summary and scoring methodology reports are available at [www.HealthValueHub.org/Health-Equity-Checklist](http://www.HealthValueHub.org/Health-Equity-Checklist).

If you know of a policy we overlooked, please contact [hubinfo@altarum.org](mailto:hubinfo@altarum.org).

State Health Planning & Programs <i>(continued)</i>		
POLICY	SCORE	NOTES
Develop a 'Health in All Policies' strategy at the state or local level. <i>(continued)</i>		<p>In 2015, New Mexico <b>participated in the Aspen Institute's yearlong Leadership for Healthy States program</b> and used a health in all policies approach to address food deserts in tribal communities.<sup>6</sup> Specifically, leaders from the Department of Health, Indian Affairs Department, Governor's office, and other representatives worked together to identify root causes of the issue and develop a solution. The project resulted in the creation of a <b>New Mexico tribal farming toolkit</b> that provides resources for tribes, nations and pueblos on how to successfully navigate the farming industry in New Mexico.<sup>7</sup></p> <p>In June 2014, the <b>New Mexico Public Health Association</b> convened a workgroup to educate local and state policymakers about health in all policies. They also developed a toolkit for individuals interested in implementing health in all policies at the local or state level.<sup>8</sup></p>
Establish Health Equity Zones to better address social determinants of health.		
Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.		<p>In January 2019, the New Mexico Department of Health produced a <b>Health Equity in New Mexico report</b> that provides information on the health status of various demographic groups in the state and key health programs in the state. The report also provides actions and recommendations for the state, as well as organizations operating within the state, to reduce health disparities.<sup>9</sup></p>
Fund community-driven health equity action plans.		
Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.		<p>Albuquerque used participatory budgeting in 2019 to <b>prioritize pedestrian improvements</b>. Residents, businesses, and property owners provided input on pedestrian improvements in the Santa Barbara Martineztown neighborhood and voted on the final project.<sup>10</sup></p>
Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans		<p>The <b>New Mexico 2020-2022 State Health Improvement Plan</b> has health equity and social determinants of health listed as a guiding framework for developing statewide goals and interventions. Stakeholders identified access to primary care, substance use and mental health, and obesity and diabetes as top priorities.<sup>11</sup></p>

## State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p><b>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</b></p>	 <i>The state utilizes funding from the Community Services Block Grant to reduce disparities and/or provide culturally competent health-related supports within the state.</i>	<p>The U.S. Department of Health and Human Services (HHS) to <b>provide funding for six community action agencies</b> that together serve every county in the state. These agencies directly support low-income individuals and families with employment, education, income management, and housing support services, as well as partner with local public, nonprofit, and private organizations to provide additional resources and supports.<sup>12</sup></p>
<p><b>Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.</b></p>		<p>The Office of Health Equity regularly produces a <b>Health Equity in New Mexico report</b>, which summarizes health outcomes related to chronic diseases, infectious diseases, and maternal and child health; highlights programs in New Mexico that are implementing strategies to improve health outcomes; and summarizes actions and recommendations to decrease disparities.<sup>13</sup></p>
<p><b>Participate in the Government Alliance on Race &amp; Equity (GARE), a national network of local and regional governments to address racial equity.</b></p>		<p>The City of Albuquerque <b>participates in GARE</b>.<sup>14</sup></p>

## Data & Reporting

POLICY	SCORE	NOTES
<p><b>Create equity reporting requirements for state and local government agencies.</b></p>		<p>The <b>Health Information Systems Act</b> authorizes the New Mexico Department of Health to operate the health information system. The Department must collect information on health factors (including demographic factors and social, cultural and economic factors that affect health), as well as create and standardize data collection requirements for databases maintained by state and local agencies. The Department must use this data to determine where additional programs, personnel and facilities are needed, as well as identify disparities in healthcare access and quality.<sup>15</sup></p>

## Data & Reporting *(continued)*

POLICY	SCORE	NOTES
<p><b>Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.</b></p>		<p>The Office of Health Equity regularly produces a <a href="#">Health Equity in New Mexico report</a> that summarizes disparities in racial/ethnic groups and geographic regions using data from the New Mexico Department of Health’s Indicator Based Information System (NM-IBIS). Disparities are reported for the following indicators: maternal and child health, diabetes, obesity, heart disease and stroke, influenza and pneumonia deaths, sexually transmitted infections, HIV infections, injury and violence, smoking among adults, alcohol-related deaths, drug overdose deaths, adult dental visits, youth feelings of sadness and hopelessness, and adult mental distress. In addition to reporting data, the document also includes actions and recommendations to reduce disparities in the state.<sup>16</sup></p>
<p><b>Require nonprofit hospitals to incorporate an equity component into their Community Health Needs Assessments and Community Health Improvement Plans and/ or establish a minimum percentage of nonprofit hospitals’ Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.</b></p>		
<p><b>Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.</b></p>		<p>The New Mexico Department of Health has a <a href="#">standard definition</a> for the collection and presentation of race/ethnicity information (as of 7/1/2013).<sup>17</sup> All licensed inpatient and outpatient, general and specialty healthcare facilities in New Mexico must <a href="#">submit data on race, ethnicity, and tribal affiliation</a> quarterly and in a standardized manner.<sup>18</sup></p>
<p><b>Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database (APCD) data.</b></p>		<p>According to the APCD Council, New Mexico is <a href="#">in the process of creating</a> an APCD (the state allocated money for it in its 2019-2020 budget). A timeline of when the APCD will be implemented and available to the public is not available.<sup>19</sup></p>

## Health Reform – Coverage

POLICY	SCORE	NOTES
<p><b>Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.</b></p>		<p>New Mexico adopted and implemented <a href="#">Medicaid expansion</a> on Jan. 1, 2014.<sup>20</sup></p>

## Health Reform – Coverage *(continued)*

POLICY	SCORE	NOTES
<p><b>Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.</b></p>		<p>Of note, in 2021, legislation was introduced (<b>HB 203</b>) that would create a health security planning and design board to address topics like global budgets for healthcare facilities, bulk purchasing of drugs and supplemental health coverage.<sup>21</sup></p> <p>In 2019 the legislature provided funding for the state to explore the policy and fiscal implications of offering a Medicaid buy-in plan (<b>HM 9</b>).<sup>22</sup> The state funded a <b>study</b> that explored four different options: Basic Health Program; Qualified Health Plan Public Option; Medicaid Buy-In For All; and a Targeted Medicaid Buy-In (which would offer buy-in coverage outside of the Marketplace). The study found that a Targeted Medicaid Buy-In would reduce premiums by 15% - 28% compared to the marketplace and expand coverage to 7,000–16,000 individuals.<sup>23</sup></p> <p>In the 2019 legislative session, the House (<b>HB 548</b>) and Senate (<b>SB 536</b>) voted to appropriate funds to the Human Services Department in fiscal year 2020 to study and begin administrative development of a Medicaid Buy-In plan, as well as pursue federal funding through a waiver.<sup>24,25</sup></p>

<p><b>Provide one-year continuous eligibility for Medicaid and CHIP.</b></p>		<p>New Mexico provides <b>one-year continuous eligibility</b> for Medicaid and CHIP.<sup>26</sup></p>
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<p><b>Provide coverage options to undocumented and recent immigrants.</b></p>	 <p style="text-align: center; font-size: small;"><i>The state provides coverage options for undocumented children, undocumented pregnant women, or undocumented adults.</i></p>	<p>New Mexico provides <b>coverage options to some undocumented and recent immigrants</b>. Low-income refugees are eligible for Medicaid coverage for a maximum of eight months from when they enter the U.S. Medicaid also covers emergency services for individuals who meet all eligibility criteria for Medicaid except they are undocumented or do not meet qualifying immigration criteria.<sup>27</sup></p> <p>Of note, in 2021 legislation was introduced (<b>HB 112</b>) that would provide state or local health benefits (such as primary care, preventative care, and behavioral healthcare) to non-citizens regardless of immigration status if they meet all other qualifying criteria.<sup>28</sup></p>
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## Health Reform – Delivery

POLICY	SCORE	NOTES
<p><b>Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.</b></p>		<p>The New Mexico Human Services Department <b>requires all Medicaid MCOs in the state</b> (BlueCross BlueShield of New Mexico, Presbyterian Health Plan and Western Sky Community Care) to develop and implement a cultural competence/sensitivity plan to ensure that the MCO provides culturally competent services to all its members, regardless of gender, sexual orientation, gender identity, cultural and ethnic backgrounds, etc. The plan must include provisions for monitoring and evaluating disparities in membership, training staff in culturally and linguistically appropriate service delivery, and providing interpretative services and written materials for members and their decisionmakers whose primary language is not English.<sup>29</sup></p>

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.</p>		<p>New Mexico does not have ACOs or CCOs in the Medicaid program. Of note, in the original contracts the New Mexico Human Services Department <b>required MCOs to incorporate several payment reform projects</b> (including an ACO type project), but requirements have been reduced in subsequent contract amendments.<sup>30</sup></p>
<p>Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.</p>		<p>New Mexico has <b>employed multiple 1915 waivers</b> to address social determinants of health for individuals who are medically fragile or have autism, developmental disabilities, or intellectual disabilities. These waivers provide services such as case management, customized community supports, crisis support, employment support and transportation.<sup>31</sup></p>
<p>Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.</p>		<p>In 2013, New Mexico received approval for a 1115 waiver for Centennial Care (state Medicaid program) that requires MCOs to implement value-based payment pilot programs. The <b>New Mexico Medicaid Managed Care Program Quality Strategy</b> did not have any measures related to health equity/disparities.<sup>32</sup></p>
<p>Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.</p>		<p>In 2013, New Mexico received approval for a 1115 waiver for Centennial Care (state Medicaid program) that requires MCOs to implement value-based payment pilot programs. The <b>New Mexico Medicaid Managed Care Program Quality Strategy</b> did not have any measures related to health equity/disparities.<sup>33</sup></p>
<p>Create or expand Accountable Communities for Health with a focus on increasing health equity.</p>		<p>Santa Fe County has an Accountable Health Community called <b>CONNECT</b>.<sup>34</sup> In July 2017, the Santa Fe County Board of County Commissioners <b>authorized \$3.3 million</b> to implement the initiative over a 3-year period. CONNECT is a network that connects Santa Fe city and county residents to resources such as housing, food assistance, employment, reliable transportation and utilities. The program is supported by navigators (community health workers, social workers and volunteers) and participating agencies (clinics, community organizations, and city and county programs).<sup>35</sup></p> <p>Presbyterian Healthcare Services in Albuquerque is participating in CMS' <b>Accountable Health Communities Model</b>. Over a 5-year period (2017-2022), the model provides federal funding to link high-risk beneficiaries with community-based resources.<sup>36</sup></p>

**Health Reform – Delivery** *(continued)*

POLICY	SCORE	NOTES
<p><b>Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.</b></p>		<p>The New Mexico Department of Informational Technology has many <b>ongoing initiatives</b> to increase broadband access in the state.<sup>37</sup> In October 2020, the Department of Information Technology received a <b>\$1.5 million grant</b> in to develop broadband capacity in the state, especially in rural and tribal areas.<sup>38</sup> In addition, in June 2020, the state awarded <b>\$2.9 million to Cochiti Pueblo</b> to bring high-speed internet to residents.<sup>39</sup></p>
<p><b>Subsidize internet access to expand opportunities for telehealth.</b></p>		<p>New Mexico passed <b>legislation</b> that transferred some CARES Act funding to the Department of Information Technology to provide funding for telemedicine services in underserved areas.<sup>40</sup></p>
<p><b>Expand coverage for telehealth services.</b></p>		<p>New Mexico has a <b>coverage parity</b> requirement, which requires group health plans to cover services provided via telemedicine to the same extent that the services are covered in-person.<sup>41</sup></p>
<p><b>Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.</b></p>		<p>New Mexico has a <b>reimbursement parity</b> requirement, which requires insurers to reimburse for healthcare services delivered via telemedicine at least at the same rate as the insurer reimburses comparable services delivered in-person.<sup>42</sup></p>
<p><b>Establish cost-sharing parity for telehealth services.</b></p>		<p>New Mexico has a <b>cost-sharing parity</b> requirement, which prohibits insurers from charging a deductible, copayment or coinsurance for healthcare services delivered via telemedicine that exceeds the deductible, copayment or coinsurance for the same service delivered in-person.<sup>43</sup></p>
<p><b>Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.</b></p>		<p>Of note, in 2020, legislation was introduced (<b>SM 9</b>) to create a task force to study possible implementation of all-payer global budgets for rural and urban hospitals. The bill died (action postponed indefinitely).<sup>44</sup></p>
<p><b>Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.</b></p>		<p>New Mexico <b>requires cultural competency training</b> for providers, but not implicit bias training.<sup>45</sup></p>

COVID-Specific Reforms

POLICY	SCORE	NOTES
<p>Collect racial equity data to better understand the disparate impact of COVID-19.</p>		<p>New Mexico collects and reports <b>COVID-19 case data</b> and <b>vaccine distribution data</b> by age, gender, race and ethnicity.<sup>46,47</sup> In addition, New Mexico allocated additional <b>COVID-19 vaccine doses to vulnerable areas</b> based on infection rate, household income, racial demographics, availability of housing and transportation, and other factors.<sup>48</sup></p>
<p>Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.</p>	 <p>(presumptive eligibility)</p>	<p>In response to COVID-19, New Mexico <b>expanded the list of qualified entities</b> that can determine presumptive eligibility to include Medicaid providers, schools, tribes, and correctional facilities, as well as organizations/agencies that already determine eligibility for Head Start, WIC, and emergency and public housing.<sup>49</sup> New Mexico also <b>covers COVID-19 testing for uninsured individuals and expand presumptive eligibility</b> to this group.<sup>50</sup></p>
<p>Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.</p>		<p>The Emergency Medical Services for Aliens (EMSA) <b>program covers</b> COVID-19 diagnostic testing procedure codes, testing-related services, and medically necessary inpatient treatment. However, it does not cover ongoing medical care or treatment for COVID-19, with the exception of emergency medical treatment.<sup>51</sup></p>
<p>Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.</p>		<p>In March 2020, New Mexico’s Superintendent of Insurance <b>issued an emergency rule</b> prohibiting health insurers from imposing cost-sharing (including copays, coinsurance and deductibles) for testing and healthcare services related to COVID-19 through the end of the public health emergency. The rule also requires coverage of pneumonia and influenza.<sup>52</sup></p>
<p>Provide COVID-19 testing to residents free of charge.</p>		<p>In December 2020, the Governor announced that New Mexicans may order <b>free at-home, self-administered COVID-19 saliva tests</b>, with laboratory confirmed results returned within 24-48 hours of receipt of the sample. The tests are free irrespective of exposure risk, presence of symptoms and insurance status. To request a test, individuals need photo identification, internet connection and an email address.<sup>53</sup></p>

## NOTES

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### ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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