



BLUEPRINT for HEALTH NEW MEXICO

Designing Better Health for Children & Families



BLUEPRINT for HEALTH NEW MEXICO Guiding Principles

The BluePrint for Health NM Advisory Network will guide the development of a work plan to implement health care reform in New Mexico. In order to ensure that the goals and strategies we develop align with the needs of vulnerable children and families, the following proposed guiding principles are designed to capture the values and priorities of the Network. Goals, strategies, and activities that align with our accepted guiding principles will be included in the plan. Those that conflict with the guiding principles will not be included.

1. Implementation of the Affordable Care Act in New Mexico should maximize health care coverage and access (including language, culture, disability, transportation, workforce development and other factors) to comprehensive health care services for all New Mexicans in a manner that promotes inclusion, equity, fairness, and builds upon community strengths and self-determination. There should be a particular focus on the most vulnerable and hard-to-reach New Mexicans in a manner that encompasses the diverse needs of our population, i.e. racial, ethnic, rural, persons with disabilities, etc. This should be done with a concentrated focus on increasing quality care, improving the effectiveness and efficiency of healthcare programs and systems, and a recognition of the long-term need to control skyrocketing health care costs while increasing health care coverage, access and quality.
2. New Mexico should take full advantage of the opportunities offered under the ACA to improve health outcomes and decrease health disparities with a focus on primary care (including oral and behavioral health), early intervention, prevention health promotion and wellness. Implementation must support effective-programs to improve health outcomes, and provide culturally competent, cost-effective services by utilizing evidence-based practices, practice-based evidence and integrating clinical preventive services into the preventive and primary care system.
3. Implementation of the Affordable Care Act by public entities in New Mexico should be conducted with maximum transparency, accountability, evaluation, and ensure meaningful input by local community representatives, particularly from low-income vulnerable communities while recognizing the difference in power between individuals and institutions. Implementation should incentivize the creation of new, diverse partnerships and connections between local governments and employers. Implementation should create increased opportunities for people of color to lead health systems.

4. The Medicaid Program in New Mexico should work effectively and efficiently, provide for easy eligibility determinations and enrollment, access to comprehensive health care services and a strong provider network so that coverage means access to quality health care and so that all “newly eligible” individuals are enrolled when Medicaid expansion goes into effect in 2014.
5. Health insurance exchanges should provide affordable and high quality plans with strong provider networks that meet the needs of New Mexico’s diverse populations and the small business/nonprofit community and their employees. Particular attention must be paid to high-risk individuals and others who will transition between public programs and the private market to ensure gaps in affordability, access, and comprehensive care are minimized.
6. New Mexico should develop plans to ensure that an adequate safety net and strong provider network exists for those who remain uninsured or undocumented following the implementation of Medicaid expansion and health insurance exchanges in 2014.
7. Widespread community outreach, education, effective navigation programs and health literacy campaigns for diverse and hard-to-reach populations throughout implementation is essential to ensure that New Mexico families are able to maximize access to health care coverage and services, and that communities are able to maximize the benefits of public health, workforce development and other significant initiatives in the ACA designed to improve the health of children, families and communities and reduce healthcare disparities.
8. The unique needs and challenges (including legal, structural, geographic, economic and cultural) of sovereign nations and tribal members both on and off tribal lands should be addressed in every aspect of implementation in New Mexico¹. No decisions should be made without meaningful consultation with tribes and Native communities. Native Americans should have increased access to quality health care services in a manner that promotes and supports Native American culture and core values.
9. Health care reform implementation should encourage a business-friendly environment in which employers can position themselves competitively to provide benefits that enable New Mexico to maintain a healthy and productive workforce. Businesses should be a conduit for outreach and education to ensure employees and their families are informed regarding their health care and coverage options. Implementation should foster collaboration between employers, government, providers and the health insurance exchange to facilitate health insurance coverage available to employers and their employees.

¹ Native Americans have a unique legal relationship with the federal government due to the millions of acres of tribal lands that were ceded to the United States in exchange for an array of health and other social services. While the federal government has failed to fulfill this legal obligation, Native Americans continue to hold a unique political status and are treated differently under the Affordable Care Act necessitating the assurance that implementation initiatives comply with the Indian-specific provisions of the law.