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HRSA White Paper on Uninsurance in New Mexico and Options to Provide Coverage: A Synopsis

I. Introduction

New Mexico's rate of health care uninusurance runs high, with more than one in five of the state's population, or 21.1 percent, lacking any type of health insurance coverage. This figure, which represents nearly 400,000 New Mexicans, is substantially above the national average of 14 percent and ranks New Mexico second in the nation for the rate of uninsurance.

Uninsurance as a National Issue

Nationally, health insurance coverage has become a complex, costly and demanding concern. Budgetary constraints are being felt on both state and federal levels, particularly with increasing competition for funding among important programs such as education and health care, rising inflation trends, and a growing national population. Most states have come to realize that, as important financiers of health care for their citizens, they must adjust their entitlement programs to contain costs and uncontrolled growth wherever possible. Serious discussions about how to amend existing public programs and about the roles and responsibilities of the states and the federal government have increased apprehension and program oversight. As states consider the implications of these changes, they must weigh the financial burden of health care against the need for long-term savings.

Adding to these budgetary concerns, emerging research indicates that the nation's uninsured population has a significant economic impact on the overall economy. Evidence shows that uninsured individuals generally lead a poorer quality of life than those who have coverage, that employers are affected by reduced productivity levels, and that the burden on the health care system due to unpaid emergency and urgent care is financially overwhelming. Taxpayers pay some of these costs through federal, state and local government programs that support public health clinics and programs such as Medicaid; however, there is increasing momentum among taxpayers to curb the growth in health care expenses with coverage options that are largely cost-neutral.

New Mexico's Response

New Mexico has a history of efforts geared toward increasing health care coverage and access for its residents, but has yet to integrate these endeavors with more inclusive, affordable and attainable options aimed at reaching all of the state's residents. The health insurance gap has been narrowed incrementally by initiatives that include the New Mexico Medical Insurance Pool and the New Mexico Health Insurance Alliance. In addition, the state applied for and received planning and implementation funding through the Robert Wood Johnson Foundation's State Coverage Initiatives Program, which enabled government agencies, the Legislature, and a number of public and private health care stakeholders to work together to develop and submit a Health Insurance Flexibility and Accountability Waiver to cover uninsured New Mexico adults via an employer buy-in mechanism.

While innovative, the structures for these programs are also limited in scope. The state has needed funding to generate accurate data about its medically uninsured population and subpopulations, and to obtain the requisite cost analyses of inclusive reform options. The shortcoming of prior efforts to bring about comprehensive change has been the impetus for multiple recent legislative and policy changes, and the primary driver behind new proposed initiatives.

HRSA State Planning Grant: An Opportunity

In October 2003, New Mexico received a $905,000 grant from the federal Health Resources and Services Administration (HRSA) to focus on the state's uninsured population in two primary ways: first, through an extensive survey, or set of surveys, that will help to formulate true and comprehensive data about New Mexico's uninsured, their barriers to health care coverage, and the types of coverage that would meet their needs; and second, through extensive financial and actuarial impact analyses of multiple health coverage options upon not only the uninsured, but also on the state's economic, business, and health care networks.

The HRSA project highlights critical requisites for data collection that will prove key to determining the feasibility, compatibility and affordability of a number of proposed reform options. It will also necessitate extensive financial data and cost analyses of the reform options under consideration that will empower the legislature to make informed decisions concerning benefits, eligibility levels, effective care delivery, available resources, potential funding streams, and overall compatibility. Given the state's current economic climate, the proposed level of actuarial analysis will prove critical for achieving effective health care change in New Mexico. Together, the survey data and cost analyses will inform the structure and type of actions that will be taken to reduce the number of uninsured in the state.

The HRSA State Planning Grant Program is designed to provide funding for states to research and develop effective strategies that aim to increase the availability of health care coverage for all citizens, with a specific focus on the uninsured. Through the HRSA program, New Mexico will have the resources available to analyze and further describe the uninsured population and health coverage options in a way that will support the involvement of community and stakeholder groups. The HRSA project will facilitate the collection and evaluation of these appropriate data, and will enable New Mexico to move forward toward creating policy and legislative opportunities for meaningful health care change. It is important to note that the conditions of the HRSA project stipulate that funding cannot be used to finance studies of long-term care services, access concerns, or issues relating specifically to major specialty care.

II. Data on New Mexico's Uninsured

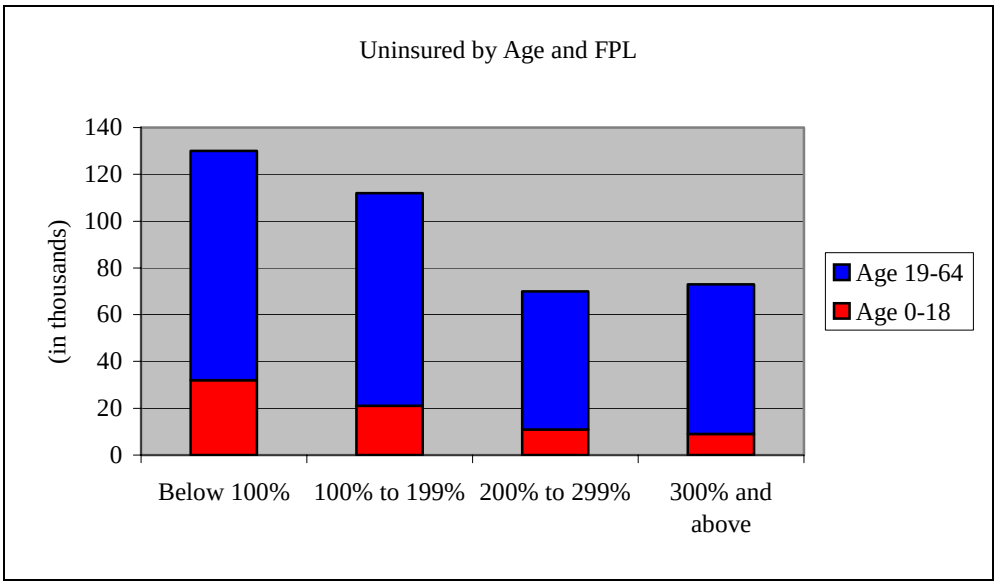
The most recent data collected on New Mexico's uninsured indicate that more than one in five New Mexicans, or 21.1 percent, did not have health insurance of any kind during 2002. That percentage is up slightly from 2001, when the rate of uninsured New Mexicans was estimated at 20.7 percent. The U.S. Census Bureau estimates that the state's total population exceeded 1.87 million in 2003. If the percentage of uninsured holds at 21.1 percent for 2003, then New Mexico's uninsured population will exceed 396,000. (This percentage is based on individuals who did not have any type of health care coverage during the entire year of 2003.)

Who Are the Uninsured?

Currently, there are no conclusive data that describe the specific demographics of New Mexico's uninsured population and subpopulations. Varying studies have been conducted on both national and state levels, but questions remain for a number of reasons. The definitions of who is and who is not insured, of what comprises health "insurance," and of how long an individual can be without health insurance before being counted as uninsured, can vary considerably from survey to survey. The HRSA project, which will endeavor to address some of the decisive weaknesses in prior data, characterizes the uninsured as individuals without health care coverage for a full calendar year.

What We Can Agree On

Anecdotally, it is agreed that individuals comprising "the uninsured" do not reflect a homogeneous group. Although nearly all of those without health insurance are younger than 65 years old, the uninsured population is made up of children and adults across the income spectrum:



As this graph shows, the largest number of uninsured (approximately 130,000), have incomes below 100 percent of the federal poverty level (FPL); however, a substantial number (approximately 73,000) have incomes at 300 percent FPL and above. It is also clear that children comprise a smaller proportion of the uninsured in each of the income categories.

What We Don't Know About the Uninsured

Although a large body of data exits regarding the uninsured, questions that are key to crafting appropriate policy responses remain unanswered. The HRSA funding will allow the State to answer a variety of questions about the uninsured, such as:

- What is the demographic breakdown of the uninsured within FPLs?
- What is their relative attachment to the labor force?
- How many could afford (by their own definition) some type of health insurance but don't take it up and why don't they purchase it?

- How many uninsured individuals (by FPL) do not take up their employer-sponsored health insurance and why don't they sign up?
- How many are eligible for Medicaid but are not enrolled and why don't they apply?
- How many receive health care from a number of service providers, such as IHS, the Veterans Administration, primary care community clinics and university clinics (i.e., what is the level of overlap among these providers and their service populations)?
- How many veterans, accessing care through the Veterans Administration, are satisfied with their health care?
- How many Native Americans, accessing care through the Indian Health Service, are satisfied with their health care?

III. Why are People Uninsured?

Gaps in private and public insurance leave many New Mexicans without access to health care coverage. There are multiple reasons why 21.1% of New Mexicans lack health insurance and those reasons are likely to be the most effective drivers for any potential solutions to this problem. The closer we come to identifying the demographics of this population and what prevents them from having coverage, the better we will be able to inform the public-private partnerships on how to encapsulate them into a more secure health care system. One thing we can assume is, it is unlikely that any single initiative will provide the magic bullet, but instead multiple steps must be undertaken in conjunction with both the private and public sectors.

According to a telephone survey of New Mexico households that was conducted by the Health Policy Commission (HPC), in conjunction with the University of New Mexico (UNM) Institute of Public Policy in 2002, there are multiple reasons that uninsured adults lack health insurance, which include:

- An inability to afford coverage (42.3 percent);
- A loss or change in employment status (15.3 percent);
- Not offered insurance through an employer (13.6 percent); and
- An inability to obtain coverage (8 percent).

The largest factor affecting the decision of uninsured respondents to obtain health care coverage was cost, with 64 percent of those surveyed saying that they would obtain coverage if they could afford it and another 16 percent indicating that they would obtain it if it were available. In addition, the HPC/UNM survey indicates that of New Mexico children without health insurance in 2001, over one-third did not receive any type of health care service during that year.

Thus, there seem to be three principal reasons that can be easily identified, as to why people are uninsured:

1) They feel they cannot afford health insurance, either as an individual or within their workplace.
2) Employers do not offer it; and
3) People do not feel they need or want it.

The Center for Studying Health System Change reports health care spending rose 9.6 percent in 2002. The Kaiser/HRET Employer Health Benefit Survey found that premiums for employer-sponsored coverage increased 13.9 percent between 2002 and 2003. In 2003, premiums increased over six times the overall rate of inflation and over four times the average wage increases for non-supervisory workers. It is not surprising, therefore that the most commonly cited reason for why individuals do not take up or buy coverage or why employers do not offer coverage, is cost.

Many workers do not have access to employment-based insurance because their employer does not offer it. Employers face potentially steep insurance costs in the small group markets and costs vary notably, depending on employees' medical histories and the state of residence. Small employers are much less likely to offer coverage and when they do offer it, premiums tend to be higher, with fewer benefits and higher deductibles. The Robert Wood Johnson Foundation reported in 2003, that among small employers who do not offer coverage, three out of four say premiums are too expensive while a third say they believe their employees can find insurance elsewhere. Many small employers feel that the administrative time is too great and time consuming to get involved in or they are not informed about their options. For example, in the HPC Employer Survey of 2000, 27 percent of the eligible employers not offering insurance were not aware of the existence of the New Mexico Health Insurance Alliance as an option.

Finally, There are some New Mexicans who do not perceive uninsurance as a problem – as indicated by the HPC/UNM Household Survey, as many as half of respondents who lack a usual health care source believe that they are healthy enough not to require a regular doctor.

IV. Where Do New Mexicans get their Health Care?

In 2002, New Mexico's total population was approximately 1.85 million. Just over half of the population, or 56.9 percent, was covered by private health insurance and one-third, or approximately 33.2 percent, reported having coverage through a government program. These categories are not mutually exclusive, as an individual may be covered both by private health insurance and Medicare or Medicaid at the same time or during different parts of a year.

Where Do the Uninsured Receive Care?

Based on the figures collected by the 2002 HPC/UNM Household Survey, 16.5 percent of the survey respondents did not have a usual place, or relied on an emergency room, to obtain health care in 2001. The services that respondents identified as most needed were prescription medicines, routine preventive care, dental care, and counseling. In addition, a proportionately small percentage of the survey respondents indicated that they receive care through the Indian Health Service (IHS), the Military or Veteran's Health Service, or other health care programs.

Of New Mexico's 33 counties, 30 collect and expend gross receipt tax funds for indigent health care. New Mexicans without resources who require medically necessary care often rely on charity care from hospitals, clinics and private providers. Residents unable to pay the costs of some or all of their medical care without undue hardship may qualify as medically indigent.

Twenty-six New Mexico counties are considered to be full medically underserved counties (MUAs) – a federal designation based on population and health status factors – and six are determined to be partial MUAs. Primary care services are available at 132 delivery sites across the state, which are comprised of 90 medical sites, 29 dental sites, and 13 school-based sites. These primary care facilities are located in 95 communities, 80 percent of which are in rural or frontier areas. It is estimated that, of the approximately 260,000 patients seen at these sites each year, 44 percent – or about 115,000 – are uninsured; approximately 78 percent are below 200 percent FPL; and an estimated one-third are pediatric or adolescent patients.

The U.S. Department of Health and Human Services ranks New Mexico's primary care clinics eleventh in the nation for the rate of penetration in caring for the underserved. Roughly one-quarter of New Mexico's uninsured residents are able to access not only comprehensive primary care through these clinics, but also referrals to specialists, discounted pharmaceuticals, and some dental and mental health care. Additionally, the clinics spend a large proportion of their limited human and fiscal resources in outreach, education, case management, and disease prevention.

New Mexico Voices for Children (NM Voices) analyzed the HPC/UNM survey data and found that 38 percent of uninsured adults in New Mexico believe that they have adequate access to healthcare. For their purposes, the term "adequate" refers to individuals who:

- Have a usual source of medical care that is not an emergency room; or
- Report having no unmet needs for preventive, specialty or dental care; prescription drugs; emergency room care; hospitalization; and medical procedures.

NM Voices also lists where the uninsured obtain care according to the study. Based on the chart below, primary care clinics and community health centers play a central role in providing care to the uninsured in New Mexico

Usual Source of Care for Uninsured New Mexicans With No Unmet Healthcare Needs*	
Doctor's office	47
Primary care clinic or community health center	28
HMO-run clinic	3
Urgent care center	5
Hospital outpatient clinic	3
IHS hospital or clinic	6
School clinic	5
Some other place	3
Total	**100**

*Individuals who report having no need for health care are excluded from this analysis.

The Problems of Uninsurance

A study prepared by Families USA and released by the Robert Wood Johnson Foundation in March 2003, titled "Going Without Health Insurance," outlines some of the most alarming health

indicators that are evident as a result of uninsurance. According to the study, uninsured adults are:

- Four times more likely to use the emergency room as a regular place of care than insured adults;
- A third less likely than those with insurance to have had a check-up in the past year;
- Likely to be diagnosed with a disease at a later stage and tend to receive a smaller amount of therapeutic care; and
- More likely to put off or delay seeking medical care due to cost than individuals with insurance.

In addition to the negative impact on the health of an individual, these factors drive up the cost of health care overall. Emergency room visits are more expensive than a doctor's office appointment and belated treatment generally costs more than early intervention or preventive care.

V. Policy Directions

Under the HRSA project, New Mexico hopes to design a system that will provide increased access to quality health care coverage for all New Mexicans in a way that is both manageable and affordable. The project will work to identify and cultivate the optimal partnering structure between the federal government, the State of New Mexico's legislative and executive branches, local governments, and stakeholder groups, so that each entity will be empowered to make decisions addressing the health insurance needs of New Mexicans while ensuring the viability of the private insurance market and public safety-net programs. The fundamental project goal is to address the multiple health care needs of all New Mexicans through a combination of public and private cooperation, with the state and federal government providing strong leadership and oversight roles.

VI. Options and Initiatives for Increasing Coverage

Previous Efforts in New Mexico to Cover the Uninsured

While it is true that the problem of uninsurance has proven to be a sizeable stumbling block in New Mexico, there have been multiple initiatives launched by both public and private organizations over the past number of years aimed at narrowing the gaps and disparities in health care coverage in the state and at gathering momentum and support for resolving this complex problem. These initiatives include:

- **SCHIP Program Medicaid Section 1115 Waiver**
  New Mexico has placed a heavy emphasis on expanding coverage to children through the State Children's Health Insurance Program (SCHIP). SCHIP was established by the federal government in 1997, and specifies that children living in families with incomes at or below 200 percent FPL are eligible for coverage. To expand this coverage level further, New Mexico applied for and received a Section 1115 Waiver that allowed the state's SCHIP program to extend to children in families with incomes up to 235 percent

of the federal poverty level (FPL), making New Mexico's program one of the nation's most expansive.

- **HIFA Section 1115 Waiver**
  The Centers for Medicare and Medicaid Services (CMS) have enhanced the flexibility of states to increase coverage in Medicaid and SCHIP through the Health Insurance Flexibility and Accountability (HIFA) waiver initiative. HIFA allows states to finance coverage expansions by reducing the cost of public coverage in ways not otherwise permitted, such as changing benefits and increasing cost-sharing for certain groups. The primary goal of the HIFA initiative is to encourage new state-level approaches to Medicaid that will increase the number of individuals with health insurance coverage, using available resources, to populations with incomes below 200 percent FPL.

  New Mexico's State Coverage Initiative (SCI) program, made possible through an HIFA waiver, introduces coverage to childless adults and parents of Medicaid and SCHIP children up to 200 percent FPL. The project estimates that up to 40,000 currently uninsured individuals may be covered under SCI. The state expects to use unspent SCHIP funds to pay for the coverage expansion.

  SCI is unique and has gained national attention because it differs from traditional models that coordinate public and private resources in the form of premium assistance for existing employer-sponsored insurance plans so that low-income uninsured individuals may purchase insurance. By contrast, SCI allows the State of New Mexico to contract with managed care organizations to provide an entirely new insurance product that employers will be able to offer to their low-income workers.

- **Section 1931 Waiver**
  Section 1931 waivers require states to cover at least those parents with incomes below the 1996 Aid to Families with Dependent Children (AFDC) income thresholds, regardless of whether they receive cash assistance. Section 1931 waivers also allow states to cover individuals with higher incomes. Federal law requires states to disregard at least $90 per month in earned income when assessing Medicaid eligibility; however, Section 1931 waivers allow states to increase this income disregards, effectively raising the income limits for Medicaid eligibility. New Mexico's Section 1931 waiver has allowed the state to raise the income disregards to $120 and one-third of remaining earnings.

- **State-Only High Risk Pool**
  The New Mexico Medical Insurance Pool (NMMIP) is a state-run program designed for individuals with high-risk health conditions who cannot otherwise obtain coverage or whose medical costs preclude them from obtaining coverage at affordable prices in the private market. One feature unique to NMMIP is the provision that qualifying individuals with incomes up to 200 percent FPL may receive a subsidy of up to 25 percent of the premium. Nonetheless, the NMMIP remains a limited means of attaining affordable health care because its current administrative structures and funding streams are insufficient for substantial growth of the program.

- **State-Only Tax Incentives**
  A tax incentive is a credit or deduction that reduces the cost of purchasing health insurance through a reduction in an individual or employer's tax burden. New Mexico's current tax structure specifically targets individuals with deductions that include:

  - For surviving spouses and married individuals, 25 percent of medical care expenses, including their premium if their income is less than $30,000; 15 percent for those with incomes between $30,000 and $70,000; and 10 percent for those with incomes greater than $70,000;
  - For individuals or married persons who file separately, 25 percent of medical care expenses, including their premium if their income is less than $15,000; 15 percent for those with incomes between $15,000 and $35,000; and 10 percent for those with incomes greater than $35,000; and
  - For heads of household, 25 percent of medical care expenses, including their premium if their income is less than $20,000; 15 percent if their income is between $20,000 and $50,000; and 10 percent for those with incomes greater than $50,000.

- **Purchasing Alliances**
  Purchasing alliances seek to achieve cost savings by combining the purchasing power of included entities to negotiate rates lower than each could otherwise negotiate from an insurance company or MCO. The New Mexico Health Insurance Alliance (NMHIA) was created in 1994 by the State Legislature and is an alliance of independent health insurers who have agreed to offer similar health plans to companies with 50 or fewer eligible employees, including the self-employed and individuals who have lost group health coverage. The NMHIA is subsidized with a premium tax on all health insurance carriers in the state. Approximately 5,000 persons are currently covered statewide.

Coverage Initiatives of Other States

As New Mexico works to develop the proposals that will be analyzed under the work of the HRSA grant, it will continue to examine actions taken by other states to address their uninsured populations. Some of the initiatives that will be considered are:

- **Tax Credits**
  Many policymakers favor expanding coverage by creating tax benefits that provide financial incentives for individuals or employers to purchase health insurance. Some of these options include creating a refundable tax credit for all workers, creating tax credits for small employers, and expanding tax benefits for the self-employed. Proponents of tax benefit approaches argue that they offer consumers greater choice and control over their health insurance arrangements, and that they address equity and efficiency problems in current law regarding tax benefits.

  A primary concern with the tax credit approach is that, depending on the size of the credit, it might not help lower-income families who cannot afford to purchase insurance before the subsidy commences; therefore, credits are unlikely to make a significant difference for those who do not now purchase insurance. The Academy for Health

Services Research and Health Policy reports that "voluntary enrollment and financial incentives to purchase individual insurance plans, while likely to decrease the number of uninsured, will nonetheless increase the disparity in purchasing practices between disadvantaged minorities and others." New Mexico will consider these potential disadvantages to determine whether tax credits might be tailored to work for employers since a New Mexico tax credit exists for all individuals in the state.

- **Premium Assistance**
  Some states have proposed to expand coverage by using public funds to subsidize the purchase of employer-sponsored insurance. Such an approach could assist low-income individuals who are already offered coverage by their employer, but who cannot afford to pay their share of the premium. Proponents of premium assistance, or "buy-in," programs argue that the combination of public funds with employer contributions lessens the strain on both public and private payers and potentially allows funds to cover more people. Building on employer coverage could also help increase coverage by avoiding the stigma associated with enrollment in public programs.

  Under current law, states can create premium assistance programs through the Medicaid Health Insurance Premium Payment (HIPP) program or through SCHIP. The cost of the buy-in must not be higher than what the state would have paid to enroll the individual in the public program. Establishment of premium assistance programs to date has been limited because states have found this cost-effectiveness test difficult to demonstrate and have had difficulty identifying eligible participants.

- **Employer/Employee Incentives**
  Employers are facing increasing health care costs nationwide, with most experiencing an increase in insurance premiums. In response, many have shifted a greater proportion of costs to their employees in the form of higher premium contributions and deductibles, co-payments, and benefit limitations. This raises concern that employees will forgo needed medical care rather than pay higher out-of-pocket costs. In addition, unaffordable cost sharing might prompt a greater number of workers to drop coverage altogether, adding to the uninsured population.

  Public policy initiatives propose ways to expand coverage to working families through employer and employee incentives. Differing approaches for employer incentives include tax credits, employer requirements to offer or contribute health insurance, public insurance expansion, collaboratives, and premium assistance. Employee incentives include tax credits, public insurance expansion and collaboratives. Most options would require an administrative role for employers and a financial commitment that would, for example, require employers to provide health care insurance for their employees.

  A survey done by the Commonwealth Fund in March 2004 found that most employers believe they have not only a responsibility to assume a financial role in expanding coverage, but also a responsibility to provide coverage to their employees. According to the survey, most employers also believe that their ability to provide health insurance enhances their compensation package, employee recruitment levels, morale, and

productivity; however, among employers with larger proportions of low-wage workers, the trend is to offer less health insurance and fewer other benefits such as paid sick leave.

- **Purchasing Collaboratives**
  Group purchasing arrangements (GPAs) are designed to combine the resources of businesses and, sometimes, self-employed individuals, to secure health benefits for their employees and/or themselves. GPAs can be privately managed or run by a state agency. Some can be established only through state legislation, while associations of employers and individuals form others without legislative action. GPAs may elect to offer health coverage to small businesses, large employers, self-employed individuals, or any combination of these entities. They may be fully insured and purchase health insurance from insurers; self-insured and pay medical claims directly; for-profit; or not-for-profit. Any GPA can perform a variety of functions, including negotiating rates and benefits with insurers, marketing their products, enrolling new members, performing billing functions, paying premiums, and assisting with claims disputes.

  One strategy that has been used by a number of other states is to establish quasi-governmental purchasing pools, in which a state agency is responsible for managing a public-private arrangement. The state agency can go as far as to make decisions about covered benefits, exclusions, limitations, co-pays, and coinsurance; and can negotiate premiums with insurers, carry out product marketing, and perform enrollment functions.

  Most purchasing collaboratives are private entities that operate independently from insurance companies. Self-insured collaboratives operate like insurers in that they set rates, design benefit options, perform underwriting, market products, enroll new employees and dependents, collect premiums, and process claims. Some self-insured groups experience added pressure because they must remain solvent by collecting adequate premiums and maintaining sufficient reserves to cover any revenue shortfall.

  Public-private partnerships can limit an insurer's financial exposure in cases of enrollees with serious medical conditions, and these arrangements encourage voluntary participation by insurers more successfully. In general, public-private partnerships do not experience problems such as administrative insolvency or fraud, which sometimes plague private collaboratives; however, they may experience fiscal loss and run the risk of necessitating state funding in addition to premiums.

Options for Addressing Different Uninsured Populations

In summary, previous initiatives established in New Mexico targeted individuals and the public sector. Future policy options and the direction of other states now focus on building bridges between the public and private sectors with system designs that provide increased access through partnering between the federal, state, local and stakeholder resources. The current economic and political climate necessitates cost sharing, strong leadership, and creativity, but also collective responsibility and motivation to see that New Mexico as a whole prioritizes quality health care coverage for everyone.

Assuming that multiple initiatives are necessary for the complex make-up of the New Mexico uninsured and that numerous approaches can help support differing subgroups of this population. The HRSA Project is framing the possible policy initiatives within Federal Poverty Level (FPL) Guidelines, it is believed that previous initiatives sponsor and are specific to certain FPL levels, while new initiatives can begin to fill in some of the gaps where FPL levels are either not sustained or assisted properly. The outline below demonstrates the monetary amounts reflected in the FPL levels and starts to place programs within their respective FPL categories with the intention of using this as a guideline for discussion and future course of action.

Less than 100% of the Federal Poverty Level (FPL) – up to $15,670 for a family of three

- SCHIP – for children.
- HIFA 1115 waiver for childless adults and parents of children in public programs.
- Individual tax credit – 25% of medical care expenses and premium.
- NMMIP – for high-risk individuals with a subsidy of up to 25% of the premium.

100% - 199% FPL – from $15,670 up to $31,340 for a family of three

- SCHIP – for children.
- HIFA 1115 waiver for childless adults and parents of children in public programs.
- Individual tax credit – 15% to 25% of medical care expenses and premium.
- NMMIP – for high-risk individuals with a subsidy of up to 25% of the premium.

200% - 299% FPL - from $31,340 up to $47,010 for a family of three

- SCHIP – up to 235% FPL for children.
- Individual tax credit – 10 to 15% of medical care expenses and premium.
- NMMIP – for high-risk individuals.

300% FPL and above- $47,010 and above for a family of three

- Individual tax credit – 10% of medical care expenses and premium.
- NMMIP – for high-risk individuals.