

Health Care and New Mexico: A Brief History (2010-2012)

2010: **19,957** New Mexicans who hit the Medicare prescription drug “donut hole” received one-time, tax-free \$250 rebates. In 2011, **18,755 New Mexicans** received a 50% discount on name-brand drugs in the donut-hole and will pay less for generic drugs. [The gap will close completely by 2020.](#)

March 23, 2010: [Affordable Care Act](#) signed into law.

April 1, 2010: States became eligible to cover some additional low-income Americans under Medicaid, making it easier to cover more residents. **New Mexico received \$4.97 million** for exceeding enrollment targets in [CHIP](#).

July 1, 2010: [Pre-existing condition insurance plan](#) (PCIP) established to provide a coverage option for individuals who have been uninsured because of a pre-existing condition. [New Mexico Human Services Department is operating a PCIP](#), which has received **\$37.5 million**. By 2014 any discrimination based upon pre-existing condition will be prohibited.

September 23, 2010: **21,000 young adults** in New Mexico [can remain on their parents’ insurance until their 26th birthday](#); nearly all of **New Mexico’s 320,000 Medicare beneficiaries** [gained free preventative care under Medicare](#), and **122,000 New Mexican children** gained coverage because insurers [can no longer deny coverage of children because of a pre-existing condition](#). Insurance companies are prohibited from rescinding coverage when a customer gets sick and placing lifetime limits on insurance coverage.

January 1, 2011: The *Affordable Care Act* requires that at least 85% of all premium dollars collected by insurance for large employer plans must be spent on health care services and quality improvements, and companies must provide rebates if they don’t meet these standards. **New Mexico received \$4 million** to scrutinize unreasonable premium rate increases.

October 1, 2011: [Community First Choice Option](#) strengthens community living by allowing states to offer home or community-based services through Medicaid rather than institutionalizing them. [New Mexico’s Money Follows the Person community first choice option received \\$23.7 million.](#)

January 1, 2012: Accountable Care Organizations are created to coordinate patient care and improve quality, help prevent disease, and reduce unnecessary hospital admissions. [Presbyterian Health Services in Albuquerque was selected to participate in the Pioneer ACO model](#). If Presbyterian provides high-quality care and reduces costs, they can keep some of the money they saved.