NOTES & DISCLAIMER

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Survey Methodology and Primary Research Questions

BSP Research, a firm with deep experience collecting survey data in New Mexico and experience partnering with our team at UNM, fielded a state-wide survey of 1,900 adults in New Mexico. The poll, commissioned by the Office of the Superintendent of Insurance, gathered insights to gauge public sentiment regarding health insurance and healthcare in the state. The poll was fielded from May 2 to May 30, 2023 and conducted in both English and Spanish with surveys completed over the telephone (both landline and cell phones) and online. The survey data was weighted to ensure that the demographics of the sample closely mirrors the population of New Mexico residents as defined by the U.S. Census. To ensure that the data reflects adults whose primary residence is New Mexico, respondents were screened based on this information. To provide a more complete picture of how income levels at the household level impacts experiences with the healthcare system, a measure of whether respondents live in households at either 128% of the federal poverty level or 400% of the federal poverty level based on the self-reported income and number of people living in the household was added.¹

In regard to content, the Office of the Superintendent of Insurance sought to gain a comprehensive understanding of opinions and attitudes towards health insurance and healthcare among the state’s taxable residents. Taking a collaborative approach, the survey was designed incorporating content feedback from the New Mexico Human Services Department (HSD) and BeWellNM, while also receiving support from the State Health Access Data Assistance Center (SHADAC).

1. Health Insurance Coverage

In this section, we take a deeper dive into health insurance coverage in the state. We break this down by first looking at health insurance coverage where dually insured people are counted within each respective category of insurance they hold. After discussing demographic variation and dependent coverage within each type of health insurance coverage, we follow up with an overview and analysis where we treat dually covered folks as a separate category.

First, as mentioned above, we analyze types of health insurance coverage where we do not treat dual coverage as a separate category. This means that, for example, New Mexicans who are covered by Medicaid and Medicare are counted twice and are counted as a person who has Medicare and a person who has Medicaid. While we use this approach for the remainder of the analysis (for access, use, and cost of health care, the uninsured, regional disparities, and other timely issues), we do have a brief overview below where we treat “dual coverage” as a separate category. The reason we in general do not treat dual coverage as a separate category for analytical purposes is because the percentages without a separate dual insurance category reflect existing data on health insurance coverage better. Furthermore, to gain a deeper understanding of existing issues with health insurance coverage or non-coverage, it is useful to analyze everyone who holds a certain type of insurance.

¹ Based on this measurement approach 37% of respondents live at 128% of the federal poverty level and 79% of respondents live in households at 400% of the federal poverty level (FPL). Given that nearly 80% of all New Mexicans in the sample are at 400% of FPL there are not many significant differences between those respondents and the rest of the population. We therefore focus on the 128% measure when making inferences to this measure throughout the report.
Figure 1.1 below gives an overview of our respondents’ health insurance coverage rates, with Medicaid, private insurance, Medicare, uninsured, and other as categories. The percentages provided below are based on allowing dual-coverage responses to be counted more than once, which means that the total percentage comes out to 126%.

As the figure shows, the percentages of coverage are 39% for Medicaid, 38% for private insurance, 26% for Medicare, 10% for uninsured, and 13% for other. When we look further into different demographic groups within each category, the data shows that there are crucial differences across race and ethnicity, gender, age, foreign-born, language, and region of residence.

**Medicaid**
When dual coverage respondents are not treated as a separate group, 39% of all New Mexican adults are covered by Medicaid with varying coverage rates as follows: Latinos
(43%), Native Americans (63%), Women (45%) and young adults aged 18 to 29 (50%). In regard to region, New Mexicans who live in rural counties of the state are more likely to be covered through Medicaid than those who live in urban counties. Furthermore, residents in Dona Ana county are more likely (+6%) to be covered by Medicaid relative to the state population overall. Conversely, residents of Santa Fe county are much less likely (-19%) to be covered through Medicaid than the rest of the state’s population. Not surprisingly given that eligibility for Medicaid is determined by household income, 63% of respondents who live in households at 138% of the poverty level reported being covered through Medicaid.

Privately insured
35% of all New Mexicans are covered through employer provided/privately purchased insurance with varying coverage rates as follows: Black respondents (46%), men (45%), and adults age 30-59 were the most likely to be privately insured through a job, union, or buying directly. There are no large differences across counties in regard to private insurance coverage. However, residents of Bernalillo county are the most likely to be insured through private coverage. Only 7% of respondents who live in households at 138% of the poverty level are covered through their employer, another 4% through their spouse or parent’s employer.

Medicare
26% of New Mexican adults are insured through Medicare with another 7% covered through the Medicare supplement. There are regional differences with Medicare coverage, with a higher share of Santa Fe residents (34%) having Medicare coverage compared to Bernalillo (26%), Dona Ana (26%), and rural New Mexico (25%). There are some variations with income, with 20% of households at 138% of the poverty level and 24% of households at the 400% poverty level having Medicare insurance.

Uninsured
10% of all New Mexicans reported that they were not insured at the time of interview with varying rates as follows: Foreign-born residents, Spanish speakers, and young adults stood out as the highest uninsured groups (17%, 16%, and 14%, respectively). Furthermore, 13% of Latinos reported that they are currently uninsured. This is very close to the latest estimates provided by the U.S. Census, with approximately 9.5% of the population in New Mexico being uninsured, with Native Americans and Latinos having the highest uninsured rates at 19.5% and 11.3%, respectively. In regard to region, residents of Santa Fe have higher rates of not being insured compared to the rest of the state. 13% of Santa Fe residents are not insured, followed by 11% of residents of more rural counties. In Dona Ana and Bernalillo county, 10% and 9% of residents, respectively, are not insured.

In addition to asking respondents about their personal health insurance coverage, they were also asked about the insurance coverage status for any dependents that live in their household. Despite the higher insurance coverage for adults, nearly one in five (19%) insured respondents reported that they do not have all of their dependents covered by health insurance. Figure 1.2 shows a breakdown of rates of insured dependents by different insurance coverage types. Most pronounced, we see that uninsured people are much less likely to have some or all of their dependents

2 US Census ACS 2021 5-Year Estimates
not covered by health insurance (64%). Medicaid recipients were more likely to have all their dependents covered by insurance (90%) than those who are privately insured (86%). Respondents who live in households at 138% of the federal poverty level are slightly more likely than the full sample (+2%) to have none of their dependents covered by insurance.

Figure 1.2: Dependent Health Insurance Coverage Rates by Different Insurance Types

To gain an understanding of what dual insurance coverage looks like, we also disaggregated insurance coverage by creating a separate category for those with multiple insurances. To use the example mentioned at the beginning of this section, if someone is covered by both Medicaid and Medicare, in the figure below this person would only be counted as someone with “dual coverage” and will not be counted in either the Medicaid or Medicare categories.

Figure 1.3 gives an overview of percentages of New Mexicans with different types of health insurance coverage, treating dual coverage as a separate category. The percentages when treating dual coverage as a separate category are 30% of people with Medicaid only, 23% private insurance only, 17% Medicare only, 10% uninsured, 3% of other form of coverage only, and 17% of dual coverage. With dual coverage holders at 17%, our data show that this is an important sub-group of the larger population to analyze given that they are estimated to have higher health care costs given their unique health needs. The most common scenario across the state for residents with more than one source of coverage is to have both Medicare and Medicaid, as 27% of all respondents reporting more than one source of coverage had this combination. Dual coverage with this specific scenario is fairly common nationally, with approximately 12.5 million Americans leveraging both insurance programs for their healthcare needs.³

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With nearly one-in-five respondents having more than one source of healthcare coverage, the percentages of New Mexicans within each major source of health insurance coverage is sensitive to how dual coverage residents are coded. One approach isolates single-coverage responses across each major source of coverage and treats multiple source residents as a separate category. The alternative approach counts both forms of insurance for respondents with dual-coverage which results in totals that exceed 100%. When coded in this manner the percentage of Medicaid enrollees drops from 39% with dual-coverage respondents being able to exceed 100% total to 30%, with a similar 12% impact on the reported percentage of privately insured New Mexicans.

While we choose to use the percentages based on the integration of dual-coverage respondents across the major categories of health coverage to be consistent with how most estimates of health coverage are calculated, we make note of differences across the surveys’ content between dual-coverage residents and the rest of the population. We have also taken a deeper look at this group of New Mexican residents in a separate policy brief.

**Major Takeaways about Health Insurance Coverage:**

- Medicaid continues to be an important source of insurance coverage especially for Latinos, Native Americans, young adults, and rural New Mexicans.
- Members of more marginalized communities have higher rates of being uninsured, with foreign born, Spanish speakers, and young adults being more likely to be uninsured. Santa Fe residents also have higher rates of being uninsured than the rest of the state.
• Insurance rates for dependents vary across different types of health insurance coverage, with uninsured being the least likely to have insurance for their dependents.

• How health insurance coverage is measured (either counting people with dual insurance coverage in each respective category of insurance they hold or treating them as a separate category) leads to largely differing percentages in health insurance coverage.

2. Access, Use, and Cost of Health Care

Another major theme in this study is the ability of state residents to access health care, their utilization or use of health care services, and the impact of cost of health care on their health behavior. The survey therefore has several measures across each of these topics to provide a full picture of how New Mexicans are interfacing with the health care system in New Mexico. The following section discusses our findings in regard to access, use, and cost of health care.

Access

Access to a primary care physician is an important resource that has been linked with positive health care outcomes. However, approximately one-third of the sample (32%) reported that they currently do not have a primary care physician. This includes 11% of New Mexicans who have never had a primary care physician. Furthermore, among those who do have a primary care physician, 46% have been with their current physician for less than three years.

There are some important differences in access to a primary care physician across the state’s population that are worth noting and are graphed in figure 2.1. In regard to racial inequalities, lacking access to a primary care physician is far more common among Native Americans, with just over half of this sub-group of New Mexicans reporting they do not have a PCP (52%). In regard to region, our data show there are differences between urban and rural residents, with New Mexicans in rural counties being less likely to have access to a PCP - 13% of rural residents have never had a primary care physician, compared to 7% of Santa Fe residents and 11% of Bernalillo county residents. Respondents who live in households at 138% of the poverty level are slightly more likely to report that they have never had a primary care doctor compared to not having a primary care provider now.

The poll results indicate that privately insured people are the most likely to have a PCP (73%). However, Medicaid recipients are also highly likely to have a PCP (68%). This highlights the importance of increasing the number of insured people in the state to ensure that they receive adequate and regular healthcare. Conversely, as we discuss in more detail in a later section, uninsured New Mexicans are much less likely (-32%) to have a primary care doctor or provider.

The survey followed up with residents who do not have a regular place to go for their health care to identify what is leading to a lack of a primary care provider. There is a wide range of reasons respondents provided for why they do not have a primary care physician, with a robust 41% of respondents indicating that they were not sure why they do not have a PCP. Another 11% reported that they have had challenges getting an appointment to establish a PCP, and 8% reported that the doctor’s office is too far away from their home or work.

Challenges with doctor’s offices not “taking their form of health insurance coverage” are an obstacle for 6% of those who lack a PCP. A small (1%) percentage of New Mexicans reported that they could not find a provider who speaks their language which was why they lack a regular place to receive health care.

While issues with access to health care was not an issue for 27% of respondents who voluntarily delayed getting care that they thought they needed, our data shows that there are multiple barriers that lead to unequal access to necessary health care services. 26% of respondents noted they avoided care because they “couldn't get an appointment that worked with their schedule,” which may be especially an issue for hourly and minimum wage paid employees. Alarmingly, 12% of respondents reported that their “health plan wouldn't pay for the treatment they needed,” which shows that even with access to insurance, insufficient coverage for necessary medical expenses may lead to not seeing a doctor when needed.

Finally, the survey asked respondents about potential obstacles or challenges to accessing health care in the state. Positively, half of the statewide sample indicated that they have not experienced any major obstacles or challenges to obtaining health care in the last year. Among the largest issues with access, however, was getting a timely appointment, with nearly a third (31%) of respondents indicating they had to “wait more than 1 month for an appointment with the doctor’s office or clinic.” This was more common among African American New Mexicans than those from other racial and ethnic groups (37%). Another 10% of respondents were not able to “get an appointment because the doctor’s office/clinic was not accepting patients with my health insurance.” Finding an appointment with convenient hours/locations was a challenge for 15% of New Mexicans. This is a more common experience for Native American respondents (20%) than New Mexicans from other racial and ethnic groups.

Another potential obstacle to access to health care is wait time to receive an appointment. In this survey, we asked New Mexicans who have received health care over the past year about...
the length of time they had to wait to be able to secure an appointment that worked for their schedule. Positively, 43% of respondents reported that they were able to see a provider in less than a month. However, 1 in 4 respondents reported that it took them one or two months to get an appointment that worked for their schedule, and another 15% said that it took between three to five months. A smaller percentage of respondents reported that it took them more than six months to get an appointment, including 2% who had to wait a year or longer to get an appointment that worked for their schedule. This is consistent with other analysis focused on wait times for medical appointments in New Mexico, all of which suggest that a shortage of providers has led New Mexicans to have to wait for long periods of time to get an appointment, especially to see a specialist.

**Use**

The survey includes measures for the use of health care among New Mexicans and factors that might be limiting the ability of New Mexicans to receive care. 72% of New Mexicans reported that they utilized health care in the past year with a broad definition of health care that includes both telemedicine and in-person care. Utilization of health care is higher among women, New Mexicans over the age of 60, white respondents, and members of households earning $150,000 or more. There is a stark contrast between insured and uninsured New Mexicans in using health care services, with three-quarters (73%) of insured people stating that they had used health services in the past year compared to less than half of uninsured people (49%). There is a more modest (4%) gap in utilization of health care based on household income, with respondents who live in households at 138% of the poverty level being less likely to have visited a healthcare professional over the past year.

One promising remedy to narrowing the gap of health care use is telemedicine. The survey includes content on utilization of telemedicine, a topic we expand on in more depth in a separate brief. Overall, the majority of respondents (59%) reported having used some form of telehealth to receive medical care - 35% used telephone consultations, 26% had video meetings via apps such as Zoom or FaceTime, 22% used video consultations through their doctor or healthcare provider’s website or app, and 13% engaged in online chats. Figure 2.2 shows the type of care New Mexicans who have used telemedicine recently received. Most New Mexicans (53%) used telemedicine to connect with their primary care practitioner for a regular visit. 22% have used it to connect with a specialist.

53% of New Mexicans have used **telemedicine** to connect with their primary care practitioner for a regular visit.

22% have used it to connect with a specialist.
While telemedicine shows great potential, skeptics may question the quality of care received during such visits. To assess the validity of this, the survey asked respondents to evaluate their experiences with telemedicine relative to meeting with a medical provider in-person. As figure 2.3 shows, when asked to compare their experience of meeting in-person versus virtually with a healthcare professional, 15% of respondents felt that their tele-health visit was “much better” than in-person care, followed by 23% of respondents who evaluated it as “somewhat better.” About a third (32%) of respondents felt that the visits were about the same, 22% felt that the telehealth visit was “somewhat worse,” followed by 8% of respondents who felt it was “much worse.” Although our findings indicate mixed feelings toward preference for either telehealth or in-person visits, when we combine categories, we find that 38% of respondents viewed telehealth visits more positively compared to 30% who preferred in-person visits. The high utilization of telemedicine among New Mexicans as well as relatively strong satisfaction levels among patients who have had experience with telemedicine suggest that there may be a continued demand for virtual health care in the state in the future.
The survey also asked respondents where they most commonly receive health care. Across the entire sample, the most common locations for seeking health care were doctor’s offices or clinics (67%). Urgent care services was the next most common source of health care (32%), including using urgent care through phone or video consultations. Just over one-in-five (22%) of New Mexicans reported that they rely on the emergency services for health care. Utilization of the emergency room is particularly high among Native Americans (30%), those covered by Medicaid (30%), and New Mexicans who live in households at 138% of the federal poverty level (29%). In regard to region, we find that proportionally, a higher share of rural residents use emergency rooms when they are sick or need medical advice, compared to more urban residents - 26% of rural residents use the emergency room, compared to 18% of Bernalillo county residents, 19% and 20% of Santa Fe and Dona Ana county residents, respectively, use the emergency room.

Cost

A primary obstacle to access and use of necessary health care services is cost. Among reasons provided by respondents who chose to delay or skip getting medical care, cost sticks out as a driver for delayed care, with 37% noting that they “were worried about the cost” of getting medical care which led them to forgo getting care they felt that they needed. Similarly, cost of care is an obstacle for 9% of New Mexicans who were “unable to afford the out-of-pocket costs for an appointment.”

While some did not access health care services due to cost, a number of New Mexicans accessed services and had issues with the cost after the fact. 1 in 10 New Mexicans were unable to pay medical bills for medications over the past year. A small but meaningful segment of the population (5%) has had a dispute with their insurance provider. To cover the cost of their medical expenses, 18% rely on someone else to help pay for some or all of their out-of-pocket medical costs.
when they go to a medical provider. This is higher among New Mexicans who lack health insurance, and is also higher among men (11% higher than women), and New Mexicans under the age of 30, 29% of whom reported that someone else has helped cover their out-of-pocket medical costs. While 20% of respondents who have had to turn to help with the costs of medical care were able to access employer supported medical spending accounts, a much higher percentage had to turn to family (60%) or friends (12%) to off-set their out-of-pocket costs for health care.

Surprise billing has also been an issue over the past year for 1 in 10 New Mexicans who “were surprised by a medical bill they thought their insurance would cover.”

Given the salience of medical care costs the survey asked respondents if their health seeking behavior has shifted due to the cost of medical care over the past year. The most common response New Mexicans have taken to manage high medical costs is to skip dental care or dental checkups (19%). Another sizable percentage (16% in both cases) of respondents indicated that they have “skipped a recommended medical test or treatment” or “relied on home remedies or over the counter drugs instead of a needed medical appointment in an effort to save money”. The high cost of prescription drugs has led 14% of New Mexicans to “decide not to fill a prescription” and another 8% to “cut pills in half or skip doses to save money.” The cost of medical care has also led 9% of New Mexicans to have “problems getting mental health care.”

In closing, the survey asked respondents to report on their satisfaction levels with the quality and cost of medical care available to themselves and their family which is graphed in figure 2.4. New Mexicans are generally satisfied with the quality of care in the state, a very positive outcome from the survey that reflects well on the state’s health care system. Overall, 76% of respondents are satisfied with the quality of medical care available to them, including 42% who are very satisfied. There are some important differences in satisfaction levels across the population however. Given the challenges many New Mexicans have reported specifically due to the costs of healthcare, it is not surprising that most respondents reported lower levels of satisfaction with the cost of medical care for themselves and their families than quality of care. More specifically, while 76% of respondents reported being satisfied with the quality of care available in the state, only 64% are satisfied with the cost of medical care. Satisfaction with the cost of care in the state is lower among women, with 61% of women expressing satisfaction with the cost of medical care compared to 68% of men. Conversely, 21% of women were dissatisfied with the cost of medical care, compared to 17% of men.
Major Takeaways about Access, Use, and Cost of Health Insurance:

- There are differences in access to PCP among different demographic groups.
- There are some obstacles to access to medical care, including wait times and scheduling accommodations.
- Some gaps in equitable use of access to health care services may be remedied by telehealth services. Many respondents have used this tool to meet with their PCP and specialized doctors that they may otherwise not be able to meet with.
- Cost is a major obstacle to access and use of health care services and affects marginalized and more vulnerable populations the most.

3. The Uninsured

One of the goals of this study is to identify the percentage of the population across the state of New Mexico who lack insurance coverage, the demographic groups who are most likely to be uninsured across the state, and how the experiences with the health care system in the state may vary for residents who are not insured. This is an important analysis given that the state has higher rates of uninsured residents than the national average and recent evidence shows that the economic downturn associated with the COVID-19 pandemic may have led to drops in insurance coverage among state residents who experienced job loss and decreased hours.

As shown in figure 3.1 to the left below, New Mexico has been among the states with the highest uninsurance rates at around 10%.\(^5\) However, the state’s insurance coverage has improved dramatically following the implementation of the American Rescue Plan, which found that there was a 6% increase in the number of people using coverage from the Health Insurance Marketplace.\(^6\) Furthermore, according to the Kaiser Foundation and the US Census’ American Community Survey, Obamacare and Medicaid expansions aided in dropping New

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Mexico’s uninsured rate from 19% in 2013 to 10% in 2019. As of 2019 and 2021, and as shown on figure 3.2 on the right, the state also had the lowest private coverage rate in the nation at 53%. This places a lot of strain on the state to provide access to health insurance through Medicare and Medicaid.

Figure 3.1 and Figure 3.2: The figure on the left shows the percentage of uninsured for 2019 and 2021. Note that New Mexico is 4th from the bottom of states with Medicaid Expansion Status. Figure 3.2 on the right shows people with private insurance in 2019 and 2021. New Mexico has the lowest coverage rates and is at the very top of the Medicaid Expansion states.

The survey included an oversample of uninsured residents to ensure that the data could help inform the state on the experiences and attitudes of this segment of the population. As detailed earlier in the report, 10% of the state’s population are uninsured according to the survey, and 17% of the population reported that they have gone without insurance at some point over the past year. When asked when they became uninsured, 1 in 5 New Mexicans lost access to health insurance very recently, over the last 6-12 months. Another 21% of uninsured respondents became uninsured over the past 1-5 years.

When we isolate the uninsured respondents in the survey, as shown on figure 3.3, several demographic sub-groups emerge. Immigrants and Spanish dominant New Mexicans are the communities most likely to lack access to health coverage in the state, with 17% of immigrants and 16% of Spanish speakers reporting that they did not have health insurance. This implies that language barriers may be an obstacle to acquiring health insurance in the state.

https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22new-mexico%22:%7D%7D%7D&sortModel=%7B%22collId%22:%7D&sortModel%22:%7D&sortModel%22:%7D
In addition to nativity and language use, the following demographic sub-groups were also less likely to have health insurance coverage:

- Men were 50% more likely to lack health insurance coverage (12%) compared to women (8%).
- Young adults aged 18-29 are more likely to be uninsured (14%) than New Mexicans from older age groups.
- Income also played a significant role in insurance coverage. Respondents who make between $20,000 and $69,000 per year were twice as likely to be uninsured than individuals earning under $20,000 per year. Interestingly, there is not a meaningful relationship between living in households at either 138% or 400% of the poverty level and being insured.
- In regard to racial disparities, Latinos are the racial group most likely to be uninsured in the sample (13%). This is driven largely by the high correlation between being Latino and Spanish language use and nativity.
- Geographically, Santa Fe county residents are more likely to be uninsured than other regions of the state (including Bernalillo and Dona Ana County).

**Foreign-born, Spanish Speakers, and Young Adults are the Highest Uninsured Groups**

![Figure 3.3: Demographic breakout of the uninsured population](image)

Insured respondents were asked what the main factor was that led them to get their current form of health insurance. This is helpful information, as it may provide some insights to help connect the remaining 10% of the population to health coverage. The largest percentage (31%) and roughly a third of the overall sample indicated that their ability to get coverage was due to discovering that they were eligible for public insurance, which once again highlights the importance of Medicaid availability in the state. Not surprisingly, a much higher percentage (51%) of respondents who live in households at 138% of the federal poverty level gained insurance due to learning they were eligible for insurance. This was followed by 30% who “got a new job that offered them health insurance”, and another 11% who “had a family member get a new job with coverage.” A smaller percentage (9%) either received a tax credit

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8 It should be noted that according to Census data, Native Americans are the most uninsured racial group.
or were able to afford to purchase their health insurance. Finally, 3% indicated that “their pre-existing condition was no longer a barrier to coverage.”

In addition to demographic discrepancies between uninsured and insured New Mexicans, our data, as graphed in figure 3.4, illuminates racial differences in the 27% of uninsured respondents who have never had any form of health insurance coverage. As shown in the graph on the right, of those who never have never been covered, 30% are Latino, 35% are Black, and 40% are Native American, compared to only 15% that are white which highlights the importance of considering existing racial and ethnic inequalities when trying to understand issues with uninsured New Mexicans.

The oversample of New Mexicans without insurance coverage allows for analysis of whether their experiences with the healthcare system in the state varies in any important ways from their counterparts who have health insurance. In general, the data suggests that health insurance is a valuable resource that helps New Mexicans gain greater access to healthcare.

Lack of access to health insurance has a negative impact on access and utilization of healthcare in New Mexico. One of the primary challenges faced by uninsured respondents is the lack of a regular healthcare provider and a regular location to receive care. Approximately 18% of uninsured respondents reported not having anywhere they normally receive healthcare services; but, for the few who do, doctors' offices and health centers are the most used resource. Most uninsured respondents (64%) do not currently have a primary care physician (PCP). Nearly one fourth (24%) have never had a PCP, which is double that of the insured respondent groups.

The gap in receiving health care for uninsured respondents is illustrated in figure 3.5 below, which shows that uninsured respondents were significantly less likely to have visited a healthcare professional or facility within the past year relative to those who are insured. Half of uninsured respondents stated that they did not visit a healthcare facility in the past year, compared to only about a quarter of Medicaid and privately insured respondents.
Similarly, when we asked respondents about their wait time for the first available appointment that worked with their schedule (shown in figure 3.6), 1 in 5 uninsured respondents stated that they did not try to get medical care in the past year.

Financial concerns are an important factor in deterring uninsured individuals from accessing healthcare services, as shown in figure 3.6 where we asked respondents why they avoided or delayed getting care. Of uninsured people, a staggering 65% reported that the primary reason for doing so is the cost, which as shown below, is much higher than it is for insured respondents.
The issue of cost and avoiding care is further emphasized by the lower rates of receiving specialized health care services for uninsured New Mexicans. Figure 3.7 shows that most (84%) of uninsured people did not receive mental healthcare.

As further shown in figure 3.8, which breaks down the reason for not receiving mental health care, it becomes clear that cost (being unable to afford treatment because of cost, lack of insurance or coverage) is a major barrier. This highlights the importance of offering free or low-cost mental health services that are accessible to all.
Uninsured respondents were more likely to have someone else pay for medical costs (35%, compared to 18% for Medicaid insured respondents and 19% for privately insured), with family or friends being disproportionately the source of financial assistance for the uninsured. Looking towards the future, approximately one-third (31%) of uninsured respondents reported considering Medicaid/Centennial Care or NewMexiKids/CHIP, and 67% already have one or more dependents covered by Medicaid.

In closing, we examine the knowledge levels of the shift in Medicaid eligibility among uninsured New Mexicans. Uninsured respondents are 10% less likely to have heard about the end of the pandemic period funding for New Mexico Medicaid, indicating the need to prioritize the uninsured population when facilitating Medicaid communications. However, resources are needed to aid in filling out Medicaid applications. 41% reported that it would help them enroll for Medicaid if there were an option to enroll online using a computer/laptop, smartphone or tablet, and 33% said it would help if there were an option to enroll in person with someone who can help directly. Communication efforts should also target family units as figure 3.9, shows that the uninsured population is the most likely to get insurance information from family than through more official outlets.
Major Takeaways about The Uninsured:

- New Mexicans have high rates of not being insured (10% of the population), with large differences between demographic groups.
- Uninsured New Mexicans are significantly less likely to receive the necessary medical care they need, primarily due to cost.

4. Regional Disparities

Our data shows there are stark contrasts in healthcare depending on the region one resides in. When we further contrast between people living in urban areas (Bernalillo, Santa Fe, and Dona Ana) compared to rural counties in the state, we find that there are differences that warrant further inspection and being addressed.

As discussed previously, there are regional disparities in insurance coverage with Santa Fe residents being more likely to be uninsured (13%) compared to people residing in Bernalillo county (9%). Only about 10% of Dona Ana county residents and 11% of rural New Mexicans have health insurance, which hints to a possible connection between issues in cost of living and ability to afford insurance. This is supported by the percentage of people avoiding getting medical care due to cost, where 50% of Santa Fe residents who answered they decided against getting medical care attributed this to cost. This is in stark contrast to New Mexicans in other counties, where 39%, 35%, and 33% of Bernalillo, Dona Ana, and rural residents attributed deferring healthcare services to cost.

Further challenges that Santa Fe residents face are demonstrated in the figure below (figure 4.1), where we asked respondents who are on Medicaid when their health coverage started.
While the majority – regardless of region – stated that they were covered by Medicaid before the pandemic, Santa Fe residents again stand out with having higher rates of post-pandemic coverage. Specifically, our data shows that over a third of Santa Fe residents covered by Medicaid had received this coverage after March 2020. This again highlights some challenges that may have been exacerbated for Santa Fe residents due to pandemic related job loss and rise of cost of living that has made private insurance coverage more challenging.

![Figure 4.1: Beginning of health care coverage by region](image)

**Major Takeaways about Regional Differences:**

- Insurance coverage rates differ by region, with residents of Santa Fe being more likely to suffer some challenges.

5. **Other Timely Issues**

In regard to other timely issues, our survey data shows that changes in Medicaid coverage eligibility has important consequences. This brief will take a deeper dive into this issue.

One of the most important themes of this study is the extent to which changes in eligibility for Medicaid and the renewal process driven by the expiration of COVID-19 emergency protocols will impact New Mexico. Medicaid and the Children’s Health Insurance Program (CHIP) across the country ceased automatic renewals on March 31, 2023 as a step in the unwinding process. In New Mexico, evaluations of Medicaid eligibility have begun. These reviews involve an examination of individuals’ qualifications to determine their continued eligibility for Medicaid benefits. These reviews involve evaluations that subject individuals to the potential loss of essential healthcare benefits.

Medicaid plays a vital role in New Mexico, as the state has consistently had a significantly higher percentage of their population covered through this program due to higher levels of poverty and economic challenges. The poll emphasizes this point, with a large proportion (39%) of respondents indicating that they are Medicaid recipients. Given this, Medicaid serves as a lifeline for many residents, providing access to healthcare services they might otherwise go without.
Given that 25% of Medicaid recipients reportedly began receiving their benefits during the pandemic, shifts in eligibility and enrollment may impact a large number of New Mexicans. The survey therefore included several measures to track the knowledge of New Mexicans regarding this shift in Medicaid policy and information to help the state provide communication to state residents who may be impacted.

The survey reveals a lack of general awareness among respondents regarding the end of pandemic funding for Medicaid (see Figure 5.1). Nearly half of respondents with Medicaid coverage (49%) were unaware that the federal government ended the pandemic period funding for New Mexico Medicaid. It is important to note that the survey was conducted before the state fully implemented a state-wide outreach campaign. General awareness will undoubtedly increase when more targeted outreach is conducted that will hopefully be aided by the findings in this report.

The federal government recently ended the pandemic period funding for New Mexico to subsidize Medicaid health care for lower-income New Mexicans on Medicaid

![Figure 5.1. Percentage of respondents who had heard about the end of pandemic period funding for Medicaid](image)

Being able to identify particular subgroups who may require focused information can help the state in effectively communicating important updates to Medicaid recipients. We highlight this in Figure 5.2, which shows discrepancies in having heard about the end of pandemic period funding for Medicaid among different demographic groups. For instance, focused outreach to Latino and Native American New Mexicans may be required, as both groups have lower awareness of the termination of pandemic period funding for Medicaid (-5% and -7% respectively) than New Mexicans from other racial groups. Language barriers may be an obstacle to basic knowledge about the shift in Medicaid eligibility, as Spanish speakers are less likely to have heard any information about the shift (-8%). These findings highlight the need for targeted communication strategies to ensure that important updates reach these communities. This could start with a notice to re-enroll in both English and Spanish.
respondents are 10% less likely to hear about the end of the pandemic period funding for New Mexico Medicaid, indicating the need to prioritize the uninsured population when facilitating Medicaid communications. Finally, respondents who live in households at 138% of the federal poverty level are slightly less likely to have heard about this shift (-3%) in Medicaid policy.

The federal government recently ended the pandemic period funding for New Mexico to subsidize Medicaid health care for lower-income New Mexicans on Medicaid. Have you heard about these changes to Medicaid?

Spanish speakers, Native Americans, and Latinos were among the least likely to have heard about the end of the pandemic funding.

Furthermore, one-third (33%) have not taken the necessary steps to ensure that their contact information is up to date with the state of Medicaid department. As reflected in figure 5.3 below, state residents currently on Medicaid who live in Santa Fe and Dona Ana counties are the least likely to have already updated their contact information with the state. Conversely, Bernalillo county is the area with the highest rate of contact information updates across the state. These two measures (contact update and basic knowledge) provide a helpful vantage point of where the state currently stands in awareness and proactive engagement.

Figure 5.2: Having heard about the end of pandemic period funding for Medicaid by demographic group

49% of Medicaid recipients are not aware of the changes in Medicaid eligibility.

ONLY 1/3 have taken the steps needed to re-enroll, including updating their contact information.
Contact Information Update by Region of State

Have you checked with the state of New Mexico’s Medicaid department to make sure your contact information is current?

![Figure 5.3: Percentage of contact information update by region](image)

The survey asked respondents where they prefer to get information about health insurance to help the state and their partners identify paths to reach residents with information about enrollment. The most commonly utilized sources of information are insurance websites (particularly among Spanish speakers), internet searches, and insurance information sent to the home. Recognizing these preferences becomes crucial to leverage these platforms effectively and ensure that people are informed about changes to Medicaid. Communication efforts should also target family units, as the uninsured population in particular is more likely to get insurance information from family than through more official outlets (as shown in figure 3.9).

The survey reveals that resources will be needed to provide residents aid in filling out Medicaid applications. When asked what would help with the application process for Medicaid, 49% reported that it would help them enroll if there was an option to enroll online using a computer/laptop, smartphone or tablet. 25% said it would help if there was an option to enroll in person with someone who can help directly. Another 22% would prefer filling it out over the phone with a live person who could provide assistance, and 16% would prefer to fill out a hard copy application that they could mail in. Partnering with nonprofit organizations who have established relationships and trust among communities would be useful, as 9% would like assistance from a community organization for their renewal application.

The survey asked all respondents currently covered by Medicaid if they plan to get another form of insurance to replace Medicaid following a brief prompt that made them aware of the shift in eligibility. Just over half (53%) of Medicaid recipients do not plan on getting another form of health insurance to replace their current coverage when the pandemic funding ends. The remaining respondents were split between not being quite sure what they plan to do (23%) and planning to pursue acquiring insurance through another channel (23%). It is crucial to prioritize outreach initiatives to ensure that individuals are aware of the available options and receive the necessary support to navigate the enrollment process successfully.
The segment of Medicaid recipients who indicated that they do plan to look for alternative insurance options were asked which insurance plan they plan to get (figure 5.4). The largest percentage (58%) reported that if their current coverage ends, they plan to reapply for Medicaid coverage. This was followed by 33% who indicated that they plan to get insurance through their employer/spouse’s employer. Other programs, such as beWellnm, have recognized the importance of assisting individuals in enrolling in alternative coverage options in the wake of the changes to Medicaid auto renewals in New Mexico. This will be vital for the 11% who report that they plan to look for coverage through the state’s insurance marketplace.

![Figure 5.4: Percentages of which insurance respondents will choose if their Medicaid coverage is terminated](image)

New Mexicans currently covered by Medicaid were asked directly if they would be able to gain access to employer provided health insurance either through their employer or a family member’s employer. Nearly half of the respondents (49%) expressed that if Medicaid or CHIP were no longer accessible, they would be unable to obtain private health insurance coverage through their employers. Another 19% were not sure if they would be able to acquire employer provided health insurance. This means only about 1 in 3 New Mexicans currently covered by Medicaid will actually be able to move to an employer provided insurance if they are no longer eligible in this shift.

The poll also found that of those respondents that did not have continuous coverage over the past year, 1 in 6 (16%) attributed their lapse to being ineligible for public insurance. Among the uninsured, approximately one-third (31%) expressed interest in applying for Medicaid/CHIP. These statistics, together, show the comprehensive role that Medicaid continues to play in helping residents gain access to health insurance.

The survey also allows for analysis of whether Medicaid recipients have more unique experiences with the health care system than other New Mexicans more broadly. Individuals enrolled in Medicaid (including those who have Medicaid and another form of insurance) demonstrated some advantages in healthcare access and utilization. For instance, as shown in figure 2.4, respondents with Medicaid/CHIP were more likely than those with private insurance to be satisfied with both the quality and the cost of the healthcare they’ve received. Medicaid recipients are also less likely to have struggled with getting an appointment that worked with their schedule, and as shown in figure 5.5, less than half as likely to pay for mental health services.
Finally, we see that there is regional variation with the impact of losing Medicaid coverage, which also needs to be considered in communications. As figure 5.6 below shows, residents of Dona Ana county are less likely to get private insurance, with 58% of respondents stating that they would not be able to get it.

**Figure 5.6: Ability to get insurance through employer if Medicaid/CHIP lapses by region**

**Major Takeaways about Other Timely Issues:**

- The end of pandemic era funding for Medicaid may present a large issue for the many New Mexicans that rely on it. Our survey identified gaps in knowledge and access to other insurance, which needs to be considered.
6. Summary of Suggested Action Items Derived from the Research

- Despite significant obstacles to access to health insurance generated by the economic challenges associated with the pandemic, 90% of the state’s population is currently insured. With only 10% of New Mexico residents uninsured, the state has a much healthier coverage rate than in recent years. Health insurance coverage is balanced between the 39% who are covered by Medicaid and the 38% who are covered through private insurance.

- Language and immigration status are two of the dominant factors impacting access to health insurance in New Mexico, as immigrants overall, and particularly undocumented immigrants are much more likely to be uninsured. New Mexicans who predominantly speak Spanish are also less likely to be insured, as are Latinos overall and New Mexicans under the age of 30.

- Lack of access to health insurance has a negative impact on access and utilization of healthcare in New Mexico. Approximately 18% of uninsured respondents reported not having anywhere they normally receive healthcare services, and most uninsured respondents (64%) do not currently have a primary care physician (PCP). Nearly one fourth (24%) have never had a PCP, which is double that of the insured respondent groups.

- Uninsured respondents were significantly less likely to have visited a healthcare professional or facility within the past year, relative to those who are insured. Furthermore, one-in-five (20%) uninsured respondents did not try to schedule appointments for general medical care or specialists.

- Approximately one-third of New Mexicans (32%) reported that they currently do not have a primary care physician, with just over half of Native American New Mexicans reporting they do not have a PCP (52%).

- Given that 25% of Medicaid recipients reportedly began receiving their benefits during the pandemic, shifts to eligibility and enrollment may impact a large number of New Mexicans. Nearly half of respondents with Medicaid coverage (49%) were unaware that the federal government ended the pandemic period funding for New Mexico Medicaid.

- These findings highlight the need for targeted communication strategies to ensure that important updates reach all New Mexicans, with effective outreach required in more languages than just English. Uninsured respondents are 10% less likely to hear about the end of the pandemic period funding for New Mexico Medicaid, indicating the need to prioritize the uninsured population when facilitating Medicaid communications.