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FISCAL IMPACT REPORT

SPONSOR Pratt/Stapleton ORIGINAL DATE 3/12/19
 LAST UPDATED 3/13/19 HM 86

SHORT TITLE Study Extending Harm Reduction Act SB _____

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		No Fiscal Impact	No Fiscal Impact	No Fiscal Impact		

(Parenthesis () Indicate Expenditure Decreases)

Duplicate of SM 123

SOURCES OF INFORMATION

LFC Files

Response Received From
 Department of Health (DOH)

SUMMARY

Synopsis of Memorial

Making note of a high incidence of sexually-transmitted diseases in New Mexico, House Memorial 86 requests that the Division of Infectious Diseases of the Department of Internal Medicine at the University of New Mexico (UNM) School of Medicine convene a task force to study the extension of the Harm Reduction Act to include testing for and treatment of sexually transmitted infections (STIs) not currently covered under that act, especially for medically underserved and marginalized groups. It would ask the task force to consider availability of contraception for the same groups.

The task force is to consider how to extend public health measures to marginalized or unserved at-risk populations and how best to deliver education and community outreach regarding the Harm Reduction Act. The task force is directed to make recommendations on making STI testing and treatment and contraception delivery throughout the state, and to develop recommendations to the Department of Health’s Harm Reduction program on implementation of these recommendations.

The memorial requests that the task force include members representing the following:

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- Division of Infectious Diseases at the UNM School of Medicine
- Department of Family and Community Medicine, UNM Health Sciences Center
- Department of Health (DOH)
- Street Safe New Mexico
- Harm reduction staff at Albuquerque Healthcare for the Homeless
- First Nations Community Healthsource
- Transgender Resource Center of New Mexico

The task force is asked to present its findings and recommendations to an interim committee by October 1, 2019.

FISCAL IMPLICATIONS

To meet the requirements of the Memorial, DOH and other State agencies would contribute staff time and resources.

SIGNIFICANT ISSUES

The Harm Reduction Act was enacted in 1997, and lists its purpose (Section 24-2C-2. NMSA 1978):

- A. prevent the transmission of the human immunodeficiency virus, hepatitis B and C viruses and other blood-borne diseases; and
- B. encourage intravenous drug users to seek substance abuse treatment and ensure that participants receive individual counseling and education to decrease the risk of transmission of blood-borne diseases.

Some sexually-transmitted diseases are also blood-borne diseases (e.g., hepatitis B, HIV). Sexually-transmitted diseases are both on the increase throughout the United States, but also are showing increasing resistance to antibiotic treatment in some cases (especially gonorrhea). Barrier methods of contraception (for example, condoms) reduce the transmission of the organisms that cause these diseases.

According to the Centers for Disease Control (CDC), in the United States “during 2017, there were 101,567 reported new diagnoses of syphilis (all stages), compared to 39,782 estimated new diagnoses of HIV infection in 2016 and 555,608 cases of gonorrhea.” New Mexico’s rate of primary and secondary syphilis, 9.3 cases per 100,000 population in 2017, is similar to the national rate of 9/5 per 100,000. New Mexico’s rate of gonorrhea infection, 215.7/100,000 in 2017, was 27 percent higher than the national rate (170.3 per 100,000). (https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf)

The most common of all sexually transmitted infection is that caused by the human papillomavirus (HPV). While this infection is often asymptomatic, it causes cancer in some of those infected (about 25,000 cases in the United States per year), and is preventable by means of a vaccine recommended by the CDC for all pre-adolescents, adolescents and young adults. HPV, syphilis, chlamydia, and gonorrhea are all sexually-transmitted infections that can cause severe disease in the newborn infants of infected mothers.

DOH notes that harm reduction strategies are not generally applied to STD prevention and treatment:

The federal Centers for Disease Control and Prevention (CDC) notes a number of strategies to reduce or prevent STD infections, such as mutual monogamy and using condoms. While harm reduction training can contribute, it's not at the core of these educational messages (<https://www.cdc.gov/std/prevention/default.htm>).

There is some limited research on applying harm reduction philosophy and strategies to reducing sexual risk among adolescents. However, this is focused more on reducing sexual risk behaviors via changes in substance use behaviors, rather than as a stand-alone strategy (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/>).

The DOH STD Program implements a variety of best practices for STD prevention, testing, and treatment to reduce the spread of infection among at-risk populations. At the core is timely testing and diagnosis, as well as disease investigation and partner services (PS) to break the chain of infection. While harm reduction philosophy is used in individual communications with clients to encourage risk reduction, it's not a core element of this work. DOH already has legal authority under current law to conduct all of these best practices in STD prevention, including mandated reporting of cases by laboratories and medical providers. None of this work or legal authority relates to the Harm Reduction Act.

Many persons at risk of STDs are medically marginalized and unserved, and the DOH Harm Reduction Program and its contract providers currently serve this population. At some program sites, HIV and STD testing and other services are offered to facilitate access and reduce barriers to care. Given that the Harm Reduction Program has a large number of unduplicated clients, many of whom are low income, persons from ethnic/racial minority groups, younger, and otherwise in demographic groups often underserved in health care, such services are important to overcome gaps in STD prevention and intervention services.

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