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FISCAL IMPACT REPORT

SPONSOR Aragon DATE TYPED 2/9/04 HB _____

SHORT TITLE Hepatitis C Outreach & Treatment Program SB 387

ANALYST Dunbar

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY04	FY05	FY04	FY05		
	\$1,600.0			Recurring	General Fund

Relates to HB 367

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Health Policy Commission (HPC)

New Mexico Public Education Department (NMPED)

New Mexico Commission on Higher Education (NMCHE)

SUMMARY

Synopsis of Bill

Senate Bill 387 appropriate \$1.6 million from the General Fund for expenditure in FY05 to the Board of Regents of the University of New Mexico to establish a statewide hepatitis C virus outreach identification and treatment program, including patient, community, and professional education.

Significant Issues

According to DOH, the most critical issue facing the more than 30,000 New Mexicans living with hepatitis C is access to quality education, medical care, and treatment services. Hepatitis C can be treated in primary care settings; however, quality care is dependent on excellence in training. Primary care providers learning to manage hepatitis C disease need regular access to experienced specialists for consultation.

The University of New Mexico Health Sciences Center (UNMHSC), in partnership with Department of Health (NMDOH) and Department of Corrections (NMDOC), has successfully piloted a telemedicine solution to expand access to hepatitis C treatment. Expansion of this project would improve the health of New Mexicans living with hepatitis C in rural areas, and could build a foundation for management of other chronic disease in rural settings.

CHE reports a distinct and major characteristic of hepatitis C is its tendency to cause chronic liver disease. At least 75 percent of patients with acute hepatitis C ultimately develop chronic infection, and most of these patients have accompanying chronic liver disease.

FISCAL IMPLICATIONS

The appropriation of \$1,600.0 contained in this bill is a recurring expense to the General Fund. Any unexpended or unencumbered balance remaining at the end of FY 05 shall revert to the General Fund.

RELATIONSHIP

SB 387 relates to HB 367, which would make special appropriations for UNM Health Sciences Center and includes a proposal for an appropriation of \$1.6 million to expand access to treatment for New Mexicans living with hepatitis C in rural or outlying areas through the use of telemedicine and Internet technology.

OTHER SUBSTANTIVE ISSUES

DOH says there are approximately 42 health care providers in the state providing treatment for hepatitis C, and many of these providers are clustered in urban areas. Clearly, 42 providers will not be adequate to provide even basic hepatitis C treatment eligibility evaluation for 30,000 people.

Management of hepatitis C infection can be complex. Hepatitis C treatment must be closely supervised by a trained healthcare provider and may require multiple and frequent office visits, mental health care, and side effect management. Because of these factors, the New Mexico Hepatitis C Consensus process recommended in 2001 that hepatitis C disease be treated in primary care settings in communities throughout New Mexico.

Integrating hepatitis C treatment into primary care settings is most effective when primary care providers have consistent access to specialists experienced in treating the disease. This regular access can be accomplished cost-effectively through telemedicine and Internet technology, and could also serve to ease feelings of isolation expressed by rural health care providers. UNMHSC has been successfully piloting this type of telemedicine learning in partnership with NMDOH and NMDOC since mid-2003. Patients receiving care through this learning project have increased access to education and risk reduction information.

The major high-risk groups for hepatitis C are:

- ❑ Injection drug users, including those who used drugs briefly many years ago.
- ❑ People who had blood transfusions before June 1992, when sensitive tests for anti-HCV were introduced for blood screening.
- ❑ People who have frequent exposure to blood products. These include patients with hemophilia, solid-organ transplants, chronic renal failure, or cancer requiring chemotherapy.
- ❑ Infants born to HCV-infected mothers.
- ❑ Health care workers who suffer needle-stick accidents.
- ❑ people with high-risk sexual behavior, multiple partners, and sexually transmitted diseases

BD/dm