F I S C A L I M P A C T R E P O R T

SPONSOR Tsosie **DATE TYPED** 2/5/04 **HB**

SHORT TITLE UNM Native American Health Center **SB** 327

ANALYST Gilbert

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY04	FY05	FY04	FY05		
	$699.85			Recurring	General Fund

(Parenthesis ( ) Indicate Revenue Decreases)

Relates to: HJM 23
Duplicates: HB 378

SOURCES OF INFORMATION
LFC Files

Responses Received From
Commission on Higher Education (CHE)
Department of Health (DOH)
New Mexico Health Policy Commission (NMHPC)

SUMMARY

Synopsis of Bill

Senate Bill 327 appropriates $699.85 thousand from the general fund to the Board of Regents of the University of New Mexico (UNM) to establish the Native American health center at the University of New Mexico School of Medicine.

Significant Issues

The UNM Board of Regents did not submit a request to the CHE for this funding.

Some, but not all tribes utilize the revenue from their casino gaming operations to pay for health care for their tribal members.

Urban Indian Populations

Mr. R. C. Begay, representing Indian Health Services (I.H.S.) in Albuquerque recently reported at a Health Policy Commission meeting that I.H.S. is trying to facilitate interest in communities to develop solutions to provide health care to the Native American population in New Mexico.

Mr. Begay stated that only 1% of the I.H.S. budget is utilized for the urban Indian population, but 60% of Native Americans now live in urban areas. Of that urban population, 25% are uninsured.

FISCAL IMPLICATIONS

The appropriation of $669.85 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.

ADMINISTRATIVE IMPLICATIONS

The Center for Native American Health plans to research health issues of interest to the tribes, including disparities in health and health care. The Department of Health (DOH) has a tribal epidemiologist who will assist in data gathering.

The DOH Strategic Plan includes the following statement:

"*A final aspect of the Department of Health's responsibilities is to better understand, acknowledge and implement effective strategies to reduce and eventually eliminate health status disparities between population groups. Health disparities are defined by the National Institutes of Health as, "differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." Eliminating such disparities is one of the overarching goals of the Healthy People 2010 health objectives for the nation. The Department understands that the determinants of health status are a combination of biology (inherited genes), social and physical environment, healthy (or unhealthy) behaviors and access to health care. Race, ethnicity, socio-economic status, gender, disability, mental illness and other factors that differentiate population groups can variously affect these determinants, thus creating health status disparities.*"

AMENDMENTS

The following language is suggested for all new recurring higher education programs and expansion of current programs (assuming that funding will continue beyond FY05):

> "The institution receiving the appropriation in this bill shall submit a program evaluation to the Legislative Finance Committee and the Commission on Higher Education by August 2007 detailing the benefits to the State of New Mexico from having implemented this program over a three period."

RELATIONSHIP

House Joint Memorial 23 requests Federal entities (US Congress, US Department of Health and

Human Services, the Indian Health Service, and the New Mexico Congressional Delegation) to resolve funding issues at the Albuquerque service unit of the Indian Health Service. The facilities service the 33,000 Native Americans living in the Albuquerque area who need health care service access. Continued operation of these facilities is in jeopardy due to federal under-funding leaving Native American health care uncertain.

In addition, the bill requests new language in the Indian Health Care Improvement Act to provide direct and continued funding for this Native American population.

OTHER SUBSTANTIVE ISSUES

According to the DOH, the mission statement of the UNM Center for Native American Health is "To build and strengthen health alliances between the Native American and University communities and their partners for the purpose of improving Native American health in New Mexico." From the statement of policy and principles, "Building healthy Native Community partnerships shall be the overarching principle."

Partnership meetings among New Mexico Tribes, the DOH, the Indian Health Service (I.H.S.), and the University of New Mexico (UNM) Health Science Center have been occurring since 1999. Development of a Center for Native American Health is one result of these meetings and could be viewed as a model program for Tribal, state, I.H.S. and UNM partnership.

The New Mexico Health Policy Commission (NMHPC) provided the following information relating to Native American health care.

- Inadequate Prenatal Care

Native Americans as a group were more likely to have had inadequate prenatal care (16.7%) than NM Non-Native Americans (10.8%) and the US 1996 figure of 5.9%. Of the 16 tribes with 30 or more births, 11 of those tribes ranged from 12.5% to 22.5% in inadequate care.

- Single Mothers

NM Native American births to single mothers were 81% higher than NM Non-Native Americans and over twice the proportion compared to the US 1996 percentage. The 16 tribes with 30 or more births ranged in births to single mothers from 56.1% to a high of 92.5%.

- Teen Mothers

All tribes had higher proportions of teen mothers (18.9%) than NM Non-Native Americans (17.9%) and the US 1996 proportion of 12.9%. The 16 tribes with 30 or more births ranged from 14.5% to a high of 40.0% in teen births.

- Low Birth Weight (<2500 grams)

Native Americans, in general and by tribe, have lower proportions of low birth weight births (6.0%) than the rest of NM's population (7.8%) and the US 1996 figure of 7.4%. The 16 tribes with 30 or more births ranged from 0.0% to 7.5% in low birth weights.

Deaths:

- Infant Mortality

The Navajo infant mortality rate, based on 58 infant deaths was 8.3 which was 14% high than the 1996 US rate and 38% higher than the NM Non-Native American rate. The mortality rate of all Native American infants (7.4) was comparable to that of the US 1996 rate (7.3) but 23% higher than the rate for NM Non-Native Americans (6.0).

- Deaths by Age Group

The percentage of deaths of Native Americans under age 25 (11.9%) was three times higher than the NM Non-Native Americans (4.2%) and four times higher than the US 1996 percent-age of 3.2%. The percentages were highest for Apache Jicarilla, Zia, Santo Domingo, and Nambe Pueblo. In the 25-34 age group, the percentage of deaths of Native Americans (7.9%) was two times higher than NM Non-Native Americans (2.9%) and four times higher than the US 1996 percentage of 2.2%. The percentages were highest for Cochiti, all Apache, and San Felipe Pueblo.

- Deaths by Cause

The NM Native American percentage of accidental deaths (15.8%) is nearly four times the US 1996 percentage (4.0%) and two and one-half times the percentage for the state's Non-Native Americans. The percentages were highest for Apache Jicarilla, Jemez, Navajo, and Laguna Pueblo. NM Native American percentages of deaths from diabetes, cirrhosis, suicide, alcoholism, and homicide are also higher than NM Non-Native Americans and the US 1996 figures.

LG/njw