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FISCAL IMPACT REPORT

SPONSOR	Har	rison	DATE TYPED	03/03/05	HB	936
SHORT TITLE Northwest New I			ico Diabetes Educat	tion	SB	
				ANA	LYST	

APPROPRIATION

Appropriation	on Contained	Estimated Add	ditional Impact	Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$200.0			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to SB 82, HB 339 and SB 355

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Indian Affairs (DIA)
Human Services Department (HSD)
Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 936 appropriates \$200 thousand from the general fund to the Department of Indian Affairs for the purpose of expansion and implementation of a diabetes education program in northwest New Mexico.

Significant Issues

The Department of Health notes.

Diabetes is the sixth leading cause of death in New Mexico (Office of NM Vital Records and Health Statistics, NMVRHS, 2002) and is a growing health care problem for New Mexicans, especially among Hispanics and American Indians. Hispanics and American Indians are 2 to 3 times more likely to develop diabetes than non-Hispanic whites (Behavioral Risk Factor Surveillance System, BRFSS, 2002).

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Diabetes education interventions exist in the Northwestern part of the state. There are providers and supporters of these services, including DOH, tribal governments, schools, the University of New Mexico, Indian Health Services, and other public and private health care organizations and clinical sites.

In August 2004, the New Mexico Diabetes Assessment was conducted by the Department of Health with input from a wide range of organizations and individuals. A principal finding of the Assessment is that New Mexico has many diverse diabetes services and programs; however, there are gaps in services, and a need for more coordinated statewide response to address this disease. A need was identified for providers and programs to work together in a coordinated way.

The Department of Indian Affairs echoes.

Numerous health reports indicate Natives Americans have the highest prevalence of Type 2 diabetes in the world. Diabetes is no longer a disease of older people, but is being diagnosed at young ages, and is rising to crisis proportions in NM Indian communities. In fact, the Centers for Disease Control (2002) reports that the prevalence of diabetes among Native Americans is more than twice that for all adults in the U.S. The Indian Health Service reports that Native Americans experience 210% higher mortality rates from diabetes compared to other Americans.

A Department of Health 2004 Assessment of the New Mexico Diabetes System found that one in eleven New Mexicans (8.9% of the total population) has diabetes -- approximately 121,000 adults and 2000 children. Native Americans are about three times more likely to have diabetes than white people; Hispanic and African Americans, about twice as likely. Differences in risk among different populations in New Mexico are reflected at the county level. The hardest hit counties, with over 10% prevalence of diagnosed diabetes are Cibola, Guadalupe, Mora, McKinley, Rio Arriba and San Miguel . These are also among the lowest income counties in the State.

A 2003 Centers for Disease Control study of 21 Native American communities found that approximately half of the adult population in some tribes have diabetes. It was reported that the epidemic of obesity also is a relatively recent phenomenon and is believed to contribute to the rising prevalence of diabetes, hypertension, and heart disease. Given the high burden of diabetes complications (e.g., eye and kidney disease, cardiovascular disease, and lower extremity amputation) among Native Americans, it was recommended that culturally sensitive primary prevention strategies to reduce diabetes risk factors and disease burden in Native American communities be developed and implemented.

It can be inferred that HB 936 would address the high proportion of diabetes among Native Americans residing in northwest NM, i.e. McKinley County and neighboring areas.

FISCAL IMPLICATIONS

The appropriation of \$200 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY06 shall revert to the general.