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FISCAL IMPACT REPORT

SPONSOR Altamirano DATE TYPED 2/4/05 HB _____

SHORT TITLE Prostate Cancer Outreach Program SB 472

ANALYST Hanika-Ortiz

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$100.0			Recurring	General Fund

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)
 Health Policy Commission (HPC)
 Department of Health (DOH)

SUMMARY

Synopsis of Bill

SB 472 appropriates \$100 thousand from the general fund to the DOH to promote education and awareness so New Mexico men can make informed decisions about the detection and management of prostate cancer.

Significant Issues

The DOH has the following comments:

Prostate cancer is the most commonly diagnosed cancer among men of all race/ethnic groups in New Mexico. In 2002, SJM 8 directed DOH to convene a task force of healthcare professionals to develop a report on the incidence of prostate cancer in New Mexico; the status of prevention and early detection recommendations for prostate cancer; the controversy over screening and treatment of prostate cancer; and survivorship issues.

The Task Force made the following recommendations to the legislature in November 2002: "Education, both public and professional, is needed in New Mexico regarding prostate cancer.

Education and related services should be provided to: 1) increase public and professional understanding of prostate cancer; 2) assess the risks and benefits of routine screening; 3) help men make appropriate personal choices regarding screening and treatment; 4) help men and their families access prostate cancer support services; 5) monitor research on prostate cancer screening; and 6) use science to guide policy, research, screening and treatment decisions.”

PERFORMANCE IMPLICATIONS

SB 472 supports the DOH Strategic Plan: Program Area 1: Prevention and Disease Control-Public Health Division, Strategic Direction: Improve the health of New Mexicans. Objective 6: Prevent and control chronic disease.

FISCAL IMPLICATIONS

The appropriation of \$100 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 fund.

The DOH reports funding of the DOH Comprehensive Cancer Program (CCP) is part of the state match for the Centers for Disease Control and Prevention (CDC) funding of the DOH Breast and Cervical Cancer Early Detection Program (BCCEDP) agreement, which provides for a 3 to 1 match of federal to state dollars.

ADMINISTRATIVE IMPLICATIONS

The DOH reports the CCP could incorporate oversight of any new contracts created as a result of SB 472 with existing staff and systems.

TECHNICAL ISSUES

None noted.

OTHER SUBSTANTIVE ISSUES

The DOH has the following comments:

Prostate cancer is the most commonly diagnosed cancer in the United States and is second only to lung cancer as a cause of cancer-related death among men. The American Cancer Society (ACS) estimates that over 232,000 men in the United States will be diagnosed with prostate cancer in 2005 and 30,350 men will die of it. There are on 1,110 new cases of prostate cancer and 190 deaths each year in New Mexico. Prostate cancer has become the leading cause of cancer death for American Indian men in New Mexico.

Age, race, ethnicity, and family history are factors that affect the risk for prostate cancer. About 70% of men with clinically diagnosed prostate cancer are aged 65 years or older. Because prostate cancer usually occurs at an age when conditions such as heart disease and stroke cause death, many men die with prostate cancer rather than from it. Fewer than 10% of men with prostate cancer die of the disease within 5 years of diagnosis. Over the past 20 years, the HPC reports the survival rate for prostate cancer has increased from 67% to 97%.

Currently, there are no effective measures for preventing prostate cancer because the major risk factors (age, race, family history) cannot be modified. Common screening methods, such as digital rectal examination (DRE) and prostate specific antigen (PSA), have limited utility. The digital rectal examination's (DRE) ability to detect prostate cancer are limiting because tumors form in areas that cannot be reached by DRE. The prostate-specific antigen (PSA) can rise naturally as men age or if non-cancerous prostate abnormalities are present. The PSA test may not distinguish prostate cancer from benign growth or other conditions, such as inflammation of the prostate.

The HPC has the following comments:

Although there is good evidence that PSA screening can detect early-stage prostate cancer, evidence is mixed and inconclusive about whether early detection improves health outcomes. In addition, prostate cancer screening is associated with important harms. These include the anxiety and follow-up testing occasioned by frequent false-positive results, as well as the complications that can result from treating prostate cancers that, left untreated, might not affect the patient's health.

Since current evidence is insufficient to determine whether the potential benefits of prostate cancer screening outweigh its potential harms, there is no scientific consensus that such screening is beneficial. The position of the Centers for Disease Control and Prevention (CDC) in regard to prostate cancer screening is as follows:

- CDC promotes informed decision making which occurs when a man understands the seriousness of prostate cancer; understands the risks, benefits, and alternatives to screening; participates in decision making to the level he wishes; and makes a decision about screening that is consistent with his preferences.
- CDC supports a man's right to discuss the pros and cons of prostate cancer screening with his physician and to make his own decision about screening.
- CDC does not recommend routine screening for prostate cancer because there is no scientific consensus on whether screening and treatment of early stage prostate cancer reduces mortality.

ALTERNATIVES

None identified.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

The information men require to make an informed decision concerning prostate cancer may be inaccurate or incomplete.

AHO/lg