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FISCAL IMPACT REPORT

SPONSOR Sanchez, B. DATE TYPED 2-23-05 HB _____

SHORT TITLE Health Disparities and Data Collection SB 786

ANALYST Collard

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
			Minimal	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 876

SOURCES OF INFORMATION

LFC Files

Responses Received From

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

SUMMARY

Synopsis of Bill

Senate Bill 786 SB786 amends the Health Information System Act requiring HPC to collect additional information as part of the Health Information System (HIS) and to use the information gathered as part of the HIS to identify health disparities relating to race, ethnicity, gender and age. The bill adds new language to include collection of the following elements by HPC as part of HIS: language preference and information on participation in clinical research trials. Finally, the bill changes the word “regulations” in Paragraph 5 Subsection D Section 1 of the Health Information System Act to “rules”.

Significant Issues

DOH indicates the current HIS was created to assist HPC, the Legislature, and other agencies and organizations in the state’s efforts to collect, analyze and disseminate health information as it pertains to health planning and policy making.

While demographic information may be collected with regard to race, ethnicity, gender, and age of participants in clinical trials by principal investigators, a recent study conducted by the DOH Senate Joint Memorial 13 team (from the 2004 legislative session) revealed that there is no systemic method or infrastructure to aggregate the data for statewide assessment. Thus, there is no way of reporting the degree to which minorities or members of historically disenfranchised groups participate in clinical trials either as subjects or as researchers. The National Institutes of Health (NIH) requires recipients of their funds to include women and minorities in clinical trials.

FISCAL IMPLICATIONS

There is no appropriation associated with this bill; however, HPC indicates in order to carry out the provisions of the bill, the commission may require additional staff and resources. Also, in collecting data under the Health Information System Act, HPC may be required to reimburse data sources if a maximum determined amount of unreimbursed costs is exceeded (Paragraph 15 of Subsection D of the Health Information System Act).

RELATIONSHIP

Senate Bill 786 relates to House Bill 876, which amends the same section of statute.

TECHNICAL ISSUES

HPC notes the terms “regulations” and “rules” could be interchangeable terms on page 4, line 7. The commission indicates this should be clarified as it may have implications for data collection for HPC. Additionally, “Preferred language” could be defined for clarity. Finally, HPC indicates it is unclear what type of information would be included in “participation in clinical research trials”. What level of detail regarding clinical research trials is expected?

DOH suggests on page 6, line 12, replacing “care” with “services.”

OTHER SUBSTANTIVE ISSUES

Regarding health disparities, HPC notes DOH identified several disparities among gender, race/ethnicity, education level, and income groups of New Mexicans based on health status indicators and emphasized the importance of tracking and identifying the most important health disparities to address including by usage of public health resources.

Regarding Clinical Trials, HPC researched the report of Senate Joint Memorial 13 “The Study of Cultural and Linguistic Issues in Health Care in New Mexico” in 2004 and indicates minority groups are often not included or are underrepresented in medical research. Additionally, it has been established through research that different racial and/or ethnic groups may respond differently to medication, thus it may be of interest to know the level of representation in clinical trials, but “appropriate representation” may be indeterminable.

Regarding availability of information, HPC indicates availability of accurate, reliable data may influence the ability to draw conclusions regarding health disparities. Hospital inpatient discharge data currently collected by HPC includes data on patient date of birth, gender, and ethnicity. The approximate percentage of discharges (occurring in 2001) reported for each of these

variables is as follows:

- Patient date of birth – 100 percent
- Patient gender – 100 percent
- Patient ethnicity – 93.2 percent

KBC/lg