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## FISCAL IMPACT REPORT

SPONSOR Cisneros DATE TYPED 2-25-05 HB \_\_\_\_\_

SHORT TITLE 1115<sup>th</sup> National Guard Unit Treatment SB 919

ANALYST Collard

### APPROPRIATION

| Appropriation Contained |         | Estimated Additional Impact |      | Recurring or Non-Rec | Fund Affected |
|-------------------------|---------|-----------------------------|------|----------------------|---------------|
| FY05                    | FY06    | FY05                        | FY06 |                      |               |
|                         | \$125.0 |                             |      | Recurring            | General Fund  |

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health (DOH)

Veterans' Services Department (VSD)

### SUMMARY

#### Synopsis of Bill

Senate Bill 919 appropriates \$125 thousand from the general fund to DOH for the purpose of providing post-traumatic stress syndrome treatment for veterans with the 1115<sup>th</sup> National Guard Unit returning from Iraq.

#### Significant Issues

DOH indicates the National Center for Posttraumatic Stress Disorder (PTSD) website defines PTSD as a "psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorists incidents, serious accidents, or violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person's daily life."

DOH also notes the bill addresses only one unit of the National Guard, although the proposed treatment may be useful for all New Mexico National Guard Units and enlisted military returning

from Iraq and other areas of military combat.

VSD notes PTSD is common among the members of the military who have seen combat. Many times this goes untreated for years until the veteran suffers a trigger. These triggers could be one of many things, the sound of a helicopter, the smell of smoke, the sound of gunfire. If untreated, PTSD affects not only the veteran but also their families.

### **FISCAL IMPLICATIONS**

The appropriation of \$125 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. DOH indicates the appropriation is targeted to a very specific population and, given the number of possible clients, may not be sufficient to meet the need.

### **ADMINISTRATIVE IMPLICATIONS**

DOH indicates the bill may require, at a minimum, a licensed psychiatrist to conduct program oversight which would include counseling and medication management. There are 3 DOH divisions involved with PTSD: the Office of Health Emergency Management (OHEM) within the Epidemiology and Response division addresses the prevention of PTSD through the Critical Incident Stress Management (CISM) program which is an early intervention following a traumatic event; the Behavioral Health Services Division (BHSD) which would provide PTSD services within the braided array of services included in the Behavioral Healthcare Plan, and the New Mexico Veterans' Center in the Long-Term Services Program which provides care for veterans.

### **TECHNICAL ISSUES**

DOH suggests on lines 11 and 12, change "POST-TRAUMATIC STRESS SYNDROME: to "POSTTRAUMATIC STRESS DISORDER"

Also, on line 19, change "post-traumatic stress syndrome" to "posttraumatic stress disorder."

### **OTHER SUBSTANTIVE ISSUES**

DOH research states, according to a study conducted by the Army of troops who fought in Iraq, one in six reported symptoms of posttraumatic stress disorder. This study was conducted by *Col. Charles Hoge, Walter Reed Army Institute of Research, and published in the July 1, 2005 New England Journal of Medicine*. Eighteen percent of the soldiers who responded to the survey questions after returning home from Iraq had PTSD, almost double the number of soldiers surveyed before deployment to Iraq. In comparison, only 11.5 percent of those returning from Afghanistan had PTSD. The survey reported that many of the soldiers who need mental health care the most said they are not seeking treatment out of fear of being stigmatized. Some believe that, after a particularly bloody summer and fall, the study is outdated and the rate may run nearly twice what the Army study found.

Although the National Guard is eligible for Veteran's benefits, once they have had active duty, a September report by the Government Accountability Office found that officials at 6 of 7 Veterans Affairs medical facilities surveyed said they "may not be able to meet" increased demand for treatment of posttraumatic stress disorder. In an October report to Congress, fewer than half of

the 163 VA facilities had PTSD counselors. In a February 2005 National Public Radio interview with a Marine Corps ranking officer on the effect of Iraqi service on a soldier's mental health, the officer stated that their assumption was that every soldier returning from Iraq was affected to some degree. Therefore, the Marine Corps intends to offer assistance as needed to every Marine.

**ALTERNATIVES**

DOH notes the bill would be strengthened by clarification as to what type of treatment is intended and who should provide it within DOH. Treatment of PTSD is not generally a one-time service.

**KBC/yr**