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FISCAL IMPACT REPORT

SPONSOR Tsosie DATE TYPED 2/28/05 HB _____

SHORT TITLE Indian Health Care Documentary Film SB 1029

ANALYST Weber

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$45.0			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to SB 1010
LFC Files

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

SUMMARY

Synopsis of Bill

Senate Bill 1029 appropriates \$45 thousand from the general fund to the Department of Indian Affairs for the purpose of producing a documentary film on Indian health care....

Significant Issues

The Department of Indian Affairs reports.

Health care for American Indians often comes from a system that is unique, complex, and separate from that of mainstream America. The Indian Health Service (IHS), within the U.S. Department of Health and Human Services, has the primary responsibility to provide health care for a service population of approximately 1.8 million American Indians and Alaska Natives (AI/AN). The IHS system has evolved in response to AI/AN demographic shifts and changes in federal legislation so that direct care services are now delivered through a system of IHS health care centers and hospitals, tribally managed services, and urban Indian health programs. IHS providers are located primarily on or near tribal reservations that are in rural areas of the U.S.

Over half of the AI/AN population (56%) now live in urban areas and many IHS providers are not geographically accessible to this population. Since federal funds for IHS health care are discretionary and not a personal entitlement, IHS provides health care services only to the extent appropriated funding allows. Accordingly, it collaborates with federal entitlement programs, state or local health care programs, and private insurance providers to ensure that adequate care is funded and provided.

Despite the federal funds appropriated to deliver health care services for American Indians, a wide range of public health status indicators demonstrate that American Indians continue to suffer disproportionately from a variety of illnesses and diseases. Data from the IHS indicates that American Indians continue to experience significant rates of diabetes, mental health disorders, cardiovascular disease, pneumonia, influenza, and injuries. American Indians are 770 percent more likely to die from alcoholism, 650 percent more likely to die from tuberculosis, 420 percent more likely to die from diabetes, 280 percent more likely to die from accidents, and 52 percent more likely to die from pneumonia or influenza than other Americans, including white and minority populations. As a result of these increased mortality rates, the life expectancy for American Indians is 71 years of age, nearly five years less than the rest of the U.S. population.

SB 1029 would help to illustrate the complex nature of federal, state, and tribal systems of health care to American Indians and Alaska Natives.

The Department of Health adds.

Native American health status has been among the worst in the nation. Native Americans have the worst diabetes rates in the world – four (4) times that of other Americans. Accidents, suicide and homicide are seven (7) times higher than for other Americans. Alcoholism kills Native Americans at seven (7) times the rate of other Americans. Native Americans have high infant mortality rates. Babies die at a rate one and a half time (150%) greater than the rate for whites. The average life expectancy for Native Americans nationally 71 years, compared to other Americans at 76 years. (*Executive Summary on Health Service for Urban Indians living in the Albuquerque Indian Health Servicing Area, January 15, 2004*).

In New Mexico, the health disparities are greatest among this ethnic group. Native Americans experience the worst rates and white non-Hispanics experience the best rates (New Mexico Department of Health, *Health Status Disparities in New Mexico, 2003*). Albuquerque Native American women have the world's highest percent of mental disorders (*American Journal of Public Health, January 2004*).

Currently, Native American health programs have seen a decline in Federal funding. The Albuquerque Indian Health Center of the United States Public Health Service, Indian Health Service is downsizing its direct services by discontinuing urgent care services effective April 1, 2005. This may impact 17,000 to 40,000 urban Indians in the Albuquerque metropolitan area. This documentary film comes at an opportune time and may identify the social issues of our understanding of human behavior and increase understanding of community and family structures and barriers to health seeking behaviors.

DOH has undertaken a similar initiative and will hire a temporary worker who will provide a plan and implement an educational marketing campaign for our Native Americans residing in New Mexico. This health education campaign will target the most significant health issues or

problems affecting Native Americans by using the most current and effective media methods available. The health education and health promoting strategies will integrate culturally appropriate messages, methods that are engaging and linguistically appropriate. DOH could offer technical and expert assistance for a documentary film.

FISCAL IMPLICATIONS

The appropriation of \$45 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.

MW/yr