

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current FIRs (in HTML & Adobe PDF formats) are available on the NM Legislative Website (legis.state.nm.us). Adobe PDF versions include all attachments, whereas HTML versions may not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR Sanchez, B. DATE TYPED 3/3/05 HB _____
 SHORT TITLE Create Multicultural Health Office SB 1067
 ANALYST Hanika-Ortiz

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$375.0		\$119.0	Recurring	General Fund

SOURCES OF INFORMATION

LFC Files

Responses Received From
 Health Policy Commission (HPC)
 Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 1067 appropriates \$375 thousand from the general fund to the DOH in FY06 to establish the Multicultural Health Office, the Multicultural Health Advisory Council and the Native American Health Advisory Commission for the purpose of reviewing and making recommendations on multicultural issues affecting DOH programs. The HPC, Multicultural Health Advisory Council and the Native American Health Commission will design and implement a data collection system to provide information necessary to make health care policy decisions. The Multicultural Health Office will have two divisions; a Hispanic division and a Native American division.

Significant Issues

New Mexico is a state of combined people of cultural, linguistic, and other racial minority that comprise more than 55% of the state's population. The cultural diversity of New Mexico is greater than any other state in the nation, other than Hawaii. Hispanics comprise 42.1%, Native American Indians 10%, African Americans 2%, and Asians 1%, for a combined total of 55.1%. According to the US Census 2000 report, the combined majority-minority population is increasing in New Mexico, with the immigration of peoples from Africa, Cuba, the Middle East and

Southeast Asia.

Various cultural groups experience difficulties with access to health care and often receive inappropriate health care when they gain access. The health outcomes data, disaggregated by race and ethnicity, demonstrate the disparities in access to care, services available, care provided, and health outcomes. In many cases, such as in the area of reproductive health, cultural and linguistic barriers are compounded by the lack of understanding the full range of services available. Cultural and linguistic barriers especially hinder women's understanding of family planning, STD, maternal-child health, domestic violence prevention programs, and programs for people with disabilities.

Of the fifty states and eight territories, 35 states and two territories have established an official minority health entity either through executive or legislative branch action. Nine other states have designated minority health contacts. All states, except New Mexico, in Federal Region VI have offices of minority health established through either executive or legislative branch action. Six other states have developed similar offices without executive or legislative branch action.

PERFORMANCE IMPLICATIONS

Provision of culturally and linguistically appropriate services is mandated by Title VI of the Civil Rights Act of 1964.

FISCAL IMPLICATIONS

The appropriation of \$375 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 the agency would need \$119 thousand for staffing costs of \$397.6; and an additional \$96.4 thousand for contracts, travel, office supplies and educational materials to implement the provisions of the bill.

SB 1067 does not specify whether the council members or the commission members would receive any reimbursement for their time.

ADMINISTRATIVE IMPLICATIONS

The DOH currently has an Office of Health Equity (OHE) designed to develop policy and provide oversight with regard to culturally appropriate services and employment practices. An Office of Multicultural Health may help address contemporary and long-term health disparities experienced by the members of the diverse population groups in New Mexico.

Currently there are health liaisons funded in the DOH for the African American and Native American populations. The African American Health Liaison is located in the Office of African American Affairs in Albuquerque, and the Native American Health Liaison is located in the Office of Policy, Planning, and Evaluation in the DOH.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Senate Bill 353, which creates the Office of Hispanic Affairs.

TECHNICAL ISSUES

SB 1067 does not provide distinction between a health advisory council and a commission, or indicates why a council is proposed for one aspect of the entity and a commission is proposed for the other.

ALTERNATIVES

The Star Councils at the University of New Mexico work with the Health Sciences Center providing effective strategies for recruiting, promoting, and retaining health professionals of various cultural, ethnic, and racial groups. Through work with the Star Councils, other collaborative activities with the Center for Native American Health and the Ethnic and Cultural Affairs Office in the University of New Mexico School of Medicine, the Indian Affairs Department, Albuquerque Area Indian Health Board, the Southwest Organizing Project, the Office of African American Affairs, and other health professional schools and groups throughout the state, DOH could work with the HPC and other entities to help develop infrastructure and strategies for monitoring and providing guidance.

Funds could be allocated to increase the scope of the already existing OHE in DOH so that the office could expand its staff, its activities and develop a statewide advisory council and/or commission, to be appointed by and serve at the pleasure of the governor.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

DOH may be unable to establish a multicultural health office.

AMENDMENTS

The DOH has the following suggestion for amendments:

Delete section 3 after “have” in line 9, delete through line 18, replace with “one director and four outreach staff members. The outreach staff members shall be assigned to assess, investigate and make recommendations to the Department for methods to improve the health of the following populations: African Americans, Asian Americans, Hispanics, Native Americans, people with disabilities, elders, poor people, youth and others as needed.”

Page 3, after the period in line 12, insert:

- (6) African Americans;
- (7) Asian Americans;
- (8) Poor people;
- (9) People with disabilities;
- (10) Elders;
- (11) Youth; and
- (12) Lesbian, gay, bisexual, and trans-gendered people. “

Page 4, line 22-23, replace the “Department of Health” with “Indian Affairs Department”.

ANA/yr