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FISCAL IMPACT REPORT

SPONSOR Griego DATE TYPED 1/31/05 HB _____

SHORT TITLE Improve HIV and AIDS Services SB SJM 21

ANALYST Hanika-Ortiz

APPROPRIATION

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

SJM 21 duplicates HJM 22

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Department of Indian Affairs (IAD)
 Division of Vocational Rehab (DVR)
 Health Policy Commission (HPC)
 Public Education Department (PED)
 Human Services Department (HSD)
 Department of Finance and Administration (DFA)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 21 requests the DOH lead a study to improve the coordination, efficiency and delivery of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) services in New Mexico, especially among Native Americans and in rural areas.

Significant Issues

The DOH reports there are 1,910 persons afflicted with HIV/AIDS living in New Mexico. SJM 21 surveys all services for persons living with HIV/AIDS with the goal of coordinating funding and service delivery and eliminating duplication. The DOH is the lead agency working in collaboration with the Corrections Department, the Human Services Department, the Department of Finance and Administration, the Public Education Department including its Vocational Education Division, advocates, consumers, service providers and disability advocacy groups.

The IAD would also like to see other cultural and ethnic groups integrally involved in the study. IAD reports current data shows both rural and urban Native Americans, African Americans and poor people through out the state are disproportionately impacted by HIV and AIDS.

According to the HPC the DOH reports:

- As of 12/31/03, 1,910 New Mexicans are living with HIV/AIDS or 103.0 per 100,000 population. 1,158 (60.6%) have been diagnosed with AIDS. The breakdown by ethnicity is White (47.9%), Hispanic (39.7%), Native American (6.6%), Black (5.2%) and Asian/Pacific Islander (.5%).
- In 2003, 47% of people diagnosed with AIDS were Hispanic followed by White (34.2%), Native Americans (14.5%) and Black (4.3%). The Hispanic population continues to have the largest number of AIDS diagnoses annually since HIV/AIDS reporting began in 1998.
- As of 12/31/03, the highest number (48.1%) of people diagnosed with HIV/AIDS were residents of Region 5 (Bernalillo County) at the time of diagnosis. 46% of those were Hispanic.
- Individuals living with HIV/AIDS in New Mexico nearly doubled from 892 in 1990 to 1,910 at the end of 2003.
- As of 12/31/03, 3,247 cumulative HIV/AIDS cases in New Mexico have been reported since 1981. 1,337 (41%) are known to have died.
- In 2003, the AIDS diagnoses and deaths reported in New Mexico represent the highest annual figures since 1998.
- From 1981 to 1996, diagnosed AIDS cases in New Mexico increased each year. With the availability of antiretroviral therapy in 1996 the number of cases reported each year has declined.

PERFORMANCE IMPLICATIONS

SJM 21 relates to the Department of Health's Strategic Plan, Program Area 1 – Prevention and Control, Strategic Direction: Improving the Health of New Mexico.

The DOH will report the findings of the team to the interim legislative Health and Human Services Committee and the Legislative Finance Committee in October of 2005.

HSD/MAD believes coordinating AIDS Waiver services with other AIDS services through SJM 21 may be helpful to ensure that accurate information about the AIDS Waiver is available. There is currently no wait list for persons wishing to access services under the AIDS Waiver.

PED reports schools are required to teach HIV Prevention Education. The PED receives federal funds to provide technical assistance to schools for HIV Prevention Education, including a supplemental fund specific to HIV Prevention Education targeting Native American youths. The funding cannot be utilized for services.

FISCAL IMPLICATIONS

Though no direct appropriation request, the DOH does anticipate additional staff and resources may be needed to develop a survey instrument, organize meetings and prepare reports.

ADMINISTRATIVE IMPLICATIONS

The DOH reports staff may need to be reassigned from other duties to conduct this study.

Other agencies directed to participate also report additional impact on staff time and resources, providing of technical assistance, leadership and support to participate in the study.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

SJM 21 duplicates HJM 22, Aids & HIV Services Improvement Study

TECHNICAL ISSUES

The IAD recommends amending page 2, paragraph beginning on line 11, to include the Department of Indian Affairs, the Center for Native American Health, the Office of Ethnic and Cultural Affairs at the UNM School of Medicine, and the Office of African American Affairs, even though all interested "...advocates, consumers, service providers and disability advocacy groups..." are invited to participate.

DVR would like to see vocational rehabilitation addressed and would like to be included as a collaborative partner and participate in the study, as individuals living with HIV and/or AIDS are determined eligible for vocational rehabilitation services in order to retain, maintain, or return to employment. Vocational rehabilitation services can vary in type and duration depending on the individual's specific needs to address barriers to employment based on the individual's disabling condition/s, capacities, vocational history and educational background.

The HPC would like to be included as a collaborative partner in the study to fulfill its mission in monitoring state health policy. DFA suggests the HPC may be a better candidate for conducting the study and providing an independent recommendation to report on HIV/AIDS services in New Mexico.

Client confidentiality issues may surface regarding interagency sharing of data.

OTHER SUBSTANTIVE ISSUES

DOH believes a study to survey all HIV/AIDS services supported by government agencies is an opportunity to fully understand the inter-connectedness and ensure coordination and best practice. In proposing this survey, there is an expressed intent to look at improving coordination and efficiencies in delivering HIV/AIDS services across agencies. The Governor's Office and the DOH have been considering many HIV and AIDS proposals for this legislative session.

The HPC says identifying available services and access to care issues is necessary to providing a higher level of care to these individuals. Additionally, they report the HIV/AIDS care requirements and regional/cultural differences need to be considered in attempting to provide services in some areas. Rural areas may also not be able to economically support special HIV/AIDS services.

The study would provide DVR counselors with information important to participants with HIV and AIDS about comparable services/benefits available in the local community and throughout the state. In effect, this may help reduce service costs and provide a more coordinated effort to treatment, coping with the effects of HIV and AIDS and the psychosocial and vocational resources available.

ALTERNATIVES

Each respective agency assess HIV/AIDS services and inter-agency opportunities with the goal of maximizing resources and ensuring best practices.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

HIV and AIDS services could continue to be fragmented or duplicated among various state and private agencies.

New Mexico could continue to see the disparities in HIV/AIDS among the historically disenfranchised.

Rural areas may not have the services to care for persons with HIV/AIDS.

HIV/AIDS individuals may present themselves at hospitals and emergency facilities resulting in higher costs for care.

POSSIBLE QUESTIONS

Will the study under SJM 21 also discuss prevention and recognition of infection/disease strategies?

AHO/lg:yr