F I S C A L I M P A C T R E P O R T

SPONSOR Lopez **DATE TYPED** 3/8/05 **HB**

SHORT TITLE Study Reproductive Health Care Disparities **SB** SJM 94

ANALYST Collard

APPROPRIATION

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

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to SB785, SB786, SB1067

SOURCES OF INFORMATION
LFC Files
Centers for Disease Control and Prevention (CDC)
Alan Guttmacher Institute website http://www.guttmacher.org/statecenter/new_mexico.html
New Mexico Selected Health Statistics
Medicaid Paid Births-How Are Newborns and Mothers Faring Under Medicaid

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

SUMMARY

Synopsis of Bill

Senate Joint Memorial 94 requests the Department of Health (DOH) to conduct a study of reproductive health care disparities among racial, ethnic and socioeconomic groups within New Mexico. The joint memorial specifies that

- Minority women are in poorer health and use fewer health services than Caucasian women,
- Minority women face significant barriers in reaching optimal health,
- Minority women are less likely to receive prenatal care in the first trimester of pregnancy and experience significantly higher maternal and infant mortality rates,
- Minority women are disproportionately affected by sexually transmitted diseases, but receive inadequate care,
- Many low-income women face substantial barriers that prevent them from obtaining regular

and necessary medical attention,
- Health disparities are commonly attributed to differences in income and access to medical services, and
- Minority and low-income women are not benefiting from the health improvement seen in the general population, nor benefiting from reproductive health care service that could improve health, longevity and quality of life.

The joint memorial also requests DOH to conduct a study of racial, ethnic and socioeconomic disparities in reproductive health care in New Mexico. The joint memorial specifies the study should include:
- Examination of the disparities in use of, and access to, reproductive health services such as family planning; abortion; treatment and prevention for sexually transmitted diseases, HIV and AIDS; incidence of infant and maternal mortality, sexually transmitted diseases, HIV, AIDS and diseases affecting the reproductive system.
- Examination of the gaps in delivery of reproductive health services, including review of services provided by state agencies to minority or low-income women, and identifying strategies to eliminate gaps in service and disparities.
- Identification of federal funds available from any federal source such as the National Institutes of Health, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration, that can be utilized to develop surveillance system or further research.

The joint memorial requests a report to the interim legislative Health and Human Service Committee no later than October 2006, including findings, conclusions and recommendations.

Significant Issues

DOH indicates data showing the health disparities in family planning faced by minority women in New Mexico are available in the 2004 DOH Family Planning Annual Report. These data show the total number of clients seen by the Title X Family Planning Program stratified by race and ethnicity. These data, as well as other data including birth and death, sexually transmitted disease, and cancer screening could be further analyzed and reported to the interim legislative health and human services committee no later than October 2006, as requested in the memorial.

FISCAL AND ADMINISTRATIVE IMPLICATIONS

The joint memorial does not contain an appropriation to complete the study.

DOH indicates current staff could further analyze available data and provide the report requested for DOH data. The assessment of all services provided by all state agencies to minority or low-income women will involve coordination with other state agencies to obtain available data on services provided.

RELATIONSHIP

Senate Joint Memorial 94 relates to Senate Bill 785 which studies cultural competence in health care; Senate Bill 786 focusing on data on health care disparities; and Senate Bill 1067, which creates a multicultural health office.

OTHER SUBSTANTIVE ISSUES

DOH notes a needs assessment conducted by the Family Planning Program using 2003 data establishes a need for family planning services reported according to Public Health District. This chart shows the demand for family planning services that is not being met by Title X clinics, Medicaid and Primary Health Clinics.

District	Unmet Need	Unmet need as % of District and NM Total
1	45,239	69.2%
2	5,559	33.2%
3	17,559	64.5%
4	4,767	26.3%
New Mexico	**73,124**	**57.4%**

To estimate the demand for services, the number of women at risk was obtained from the Alan Guttmacher Institute's (AGI) website which provides New Mexico data by county, age, race, and poverty level for women in need of family planning services. The unmet need was determined by subtracting the need met from the total demand for services estimated by AGI. AGI is considered the most reliable source of this information.

According to the National Center for Health Statistics, Black and Hispanic mothers in New Mexico are less likely to receive prenatal care in the first trimester than are White non-Hispanic mothers (Black 68.5 percent, Hispanics 66.4 percent, White non-Hispanic 76.8 percent).

White Hispanics, Blacks and Native Americans all exhibit higher infant death rates than do White Hispanics for the combined 2000-2002 period.

DOH indicates program eligibility often depends on poverty status but public programs may not include socio-economic status and usually do not include data on individuals not eligible for the program. Consequently, data from two or more systems must be linked to provide data on participants by program status. For example New Mexico Vital Records and Health Statistics has worked with the Medical Services Division of the Human Services Department to link birth data with Medicaid claims files for deliveries and newborns. The results of the most recent analysis (1999-2000 births) indicate that Medicaid mothers tend to be younger, have fewer years of education, have lower levels of prenatal care and are more likely to be Hispanic than are non-Hispanic mothers.

HPC cites the following statistics from the National Association of Social Workers, Office of Human Rights and International Affairs reported the following information in their December 2004 Health Disparities Practice Update (Reproductive Health Disparities for Women of Color):

Breast and Cervical Cancer Screening and Management

- Mammography and Pap tests are underutilized by women with less than a high school education, older women, women who live below the poverty level and women who are members of certain racial and ethnic minorities.
- Women of racial and ethnic minorities are less likely than White women to receive Pap tests.
- Women of Vietnamese origin suffer from cervical cancer at nearly five times the rate of White women. Alaskan Natives also have particularly high rates of cervical cancer.

- Cervical cancer risk is high among Latinas, with incidence rates double those of Whites. Cervical cancer mortality is also significantly higher among Latinas.
- Breast cancer is the second leading cause of cancer deaths among African American Women, exceeded only by lung cancer.

Infant Mortality

- The infant mortality ratio for African Americans to Whites was 2.3 percent.
- More than one-third of pregnant women who are African American, American Indian, Alaskan Native, Guamanian and Mexican American do not begin prenatal care during their first trimester of pregnancy.
- Per CDC, African American and Hispanic women were more than twice as likely to obtain delayed or no prenatal care) compared to White women.
- African American Women are four times as likely, and American Indian and Alaskan Native women are nearly twice as likely, to die of pregnancy complications compared to White women.

HIV/AIDS and Sexually Transmitted Diseases

- African American women represent only 13 percent of the United States female population, but accounted for nearly two-thirds of new AIDS cases reported among women (1999), Similarly, Hispanics represent only 11 percent of the female population, but account for 18 percent of new cases reported among women (1999).
- HIV was the third leading cause of death for African American women ages 25-44 and the fourth leading cause of death for Hispanic women.
- African American, Asian American, Native American and Hispanic women all have higher rates than White women for sexually transmitted diseases.
- Gonorrhea rates among African Americans are more than 30 times higher than Whites, and more than 11 times higher than Hispanics.
- African American women's chlamydia rate is almost 9 times the rate for White women, while Native American women's rate is more than 6 times the rate for white women.

The Health Disparities Practice Update goes on to report that women without insurance are more likely to delay treatment, not fill prescriptions, and delay or forego important preventative care.

HPC research on the Intercultural Cancer Council (2001) indicates the council reported five reasons for health care disparities:

- Unequal socioeconomic status, leading to unequal availability, accessibility and use of health services;
- Unequal diagnostic workup and treatment;
- Unequal scientific research, leading to unequal data collection and unequal understanding of medical needs;
- Social, racial and environmental injustice; and
- Individual and institutional prejudices and discrimination.

New Mexico's population is unique in that we are a "minority majority" state. In other words, minority populations (added together) are the majority in New Mexico, while non-Hispanic Whites are in the minority. Per the 2001 New Mexico Women's Health Profile, non-Hispanic Whites constitute nearly 39 percent of New Mexico's female population, compared to only 10 percent of the United States female population. American Indian females constitute nearly 10 percent of New Mexico's female population, while the United States figure is less than 1 percent.

Overall, less than 48 percent of New Mexico's female population is non-Hispanic White, compared to nearly 72 percent of the United States female population.

The New Mexico Women's Health Profile goes on to state that New Mexico lags behind the United States in receipt of prenatal care. Over 80 percent of births nationally were to women beginning care in the first trimester. However, for New Mexico, only slightly more than 60 percent of births were to women who began care in the first trimester. Interestingly, the percentage of women receiving prenatal care in the first trimester was at the lowest percentage in 1998 for the 1994-1998 time span, while the United States percentage was consistently improving.

KBC/sb