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

SPONSOR King **DATE TYPED** 2/12/05 **HB** HJM 21/aHGUAC

SHORT TITLE Study Establishing Office Of Women's Health **SB**

ANALYST Hanika-Ortiz

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	**FY06**	**FY05**	**FY06**		
	$0.1		$0.1	Recurring	

Duplicates SJM 30

SOURCES OF INFORMATION
LFC Files

Responses Received From
Corrections Department (CD)
NM Commission on the Status of Women
Human Services Department (HSD)
Children, Youth & Families Department (CYFD)
Department of Health (DOH)
Health Policy Commission (HPC)
Department of Indian Affairs (IAD)

SUMMARY

Synopsis of HGUAC Amendment

The House Government and Urban Affairs committee amendment replaces local health departments with the term regional local health offices at the DOH's request to better reflect the centralized nature of NM's state health department structure. Suggest adding the word "and" between "regional" and "local" to correct typo.

Synopsis of Original Bill

HJM 21 makes a request of The Commission on the Status of Women to create a task force to conduct a feasibility study for an Office of Women's Health for New Mexico. HJM 21 would request the task force review methods of developing women's health policy and service delivery in the following focus areas:

1. Developing a comprehensive framework for women's health policy and programs reflecting current research and best practice.
2. Facilitating communication between state departments and programs, local health departments and community organizations.
3. Supporting and coordinating activities of the Women's Health Council that advises the Governor and Secretary of Health on women's issues.
4. Identifying duplication or gaps in services and improve coordination to create a seamless delivery system.
5. Providing information on women's health resources to policy makers and the public.
6. Providing administrative support for a New Mexico women's health survey to guide the decision-making about women's health issues by public health professionals and policymakers.

In addition to the Commission on the Status of Women, the task force would include representatives from the DOH, HPC, CYFD, HSD, IAD, the Veterans' Services Department, Women's Health Services, Inc., regional and local health offices and other women's health and human services advocacy groups. The task force will report its finding to the Legislative Health and Human Services (LHHS) Committee by October of 2005.

Significant Issues

The DOH and CYFD reports:

- HJM 21 refers to a national state-by-state report card for women's health. The report graded NM as failing or unsatisfactory in 19 of 34 health indicators. Included in the measured indicators are: women's access to health care services; addressing wellness and prevention; key causes of death, chronic health conditions, reproductive health, mental health and violence against women; and living in a healthy community. The same report care evaluates the performance of New Mexico as "meets policy" in only twenty-one of the sixty-seven state policy indicators on women's health.
- HJM 21 calls for a study to establish an Office of Women's Health in NM; 19 states, including Texas, Arizona and Colorado, have offices to promote preventative and primary health care services throughout the lifespan, and to address policy and service delivery issues affecting women of all ages.

The HPC reports on the National Report Card (2004):

- The nation as a whole met only two of the 27 benchmarks assessed.
- The only benchmark met by all states was annual dental visits.
- No state met a "satisfactory" grade. NM ranked 37, with an "unsatisfactory" grade.
- Benchmarks missed by all the states were:
  - Health insurance
  - Eating 5 fruits and vegetables daily
  - High blood pressure
  - Diabetes
  - Life expectancy
  - Infant Mortality

- Poverty
- Wage Gap

New Mexico Did Well

• Mammogram Screening (%)	S-	69.6 compared to US rate 76.1
• Coronary Heart Disease Death Rate*	S-	121.1 compared to US rate 154.8
• Breast Cancer Death Rate*	S-	22.8 compared to US rate 26.5
• High Blood Pressure (%)	S-	20.2 compared to US rate 26.1
• AIDS rate*	S-	1.5 compared to US 9.1

NM Did Poorly

• Colorectal Cancer Screening (%)	F	43.1 compared to US 48.1
• Lung Cancer Death Rate*	U	29.0 compared to US 41.0
• Diabetes (%)	F	6.5 compared to US 6.4

* per 100,000

The same report gave NM a Fail grade for the percentage of women living in poverty (18.1%) of which:

- 21% are Hispanic
- 14% are White Non-Hispanic
- 24% are Black
- 31% are American Indian/Alaskan Native
- 22% are ages 18-44
- 13% are ages 45-64
- 18% are 65 years or older

Other National and New Mexico Data

- One in five women in the United States is uninsured.
- Women are less likely to have employer based health insurance, partly due to part time employment and type of employment.
- Half of women diagnosed with breast cancer delay treatment 3 months to 8 years due to lack of insurance coverage, no access to low fee or free mammograms, and long waiting periods to be screened.
- Nearly 51% of New Mexicans are female.
- The median age for New Mexican women is 36.5.
- 46.4% of pregnant Native American women receive adequate prenatal care compared to 57.4% of pregnant White women.
- Teen birthrate was reduced almost 10% in 2004, but the teen birthrate of 62.3 (more than 4,500) per 1,000 population in females ages 15-19 makes New Mexico the third highest in the nation.

PERFORMANCE IMPLICATIONS

The task force will report its finding to the Legislative Health and Human Services (LHHS) Committee by October of 2005.

The DOH reports HJM 21 supports the NM DOH Strategic Plan in the areas of prevention and disease control, and access to health services for New Mexicans.

The IAD states HJM 21 is aligned with their mission to improve the quality of life for New Mexico Indian citizens.

FISCAL IMPLICATIONS

The LFC considers this a recurring appropriation because once the study is completed; public and private agencies and other community partnerships will be affected and will continue to be in future years.

Agencies recognize they will incur costs associated with the memorial but agree to participate in the task force with current staff and resources.

ADMINISTRATIVE IMPLICATIONS

Agencies report that due to the collaborative nature of the memorial, the additional staff, resources and time commitment could be absorbed in the normal course of business. Agencies also recognize the memorial proposes an extensive amount of work be done in a short period, and the task force may need additional time to organize and fully meet their responsibilities.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Duplicates SJM 30

TECHNICAL ISSUES

The DOH suggests on page 4, line 13, the phrase "local health departments" be changed to "regional and local health offices" to better reflect the centralized nature of NM's state health department structure.

OTHER SUBSTANTIVE ISSUES

The IAD has the following comments:

- American Indian women suffer significantly lower health status and disproportionate rates of diseases compared with other Americans. There are various causes for the existing disparities in the health status of American Indian women, including the barriers that inhibit access and the lack of education and outreach. Women's health issues of concern include cardiovascular disease, accidents, diabetes, and cancer. Associated social issues include smoking, poverty, mental health, and family violence.
- Increasing opportunities for community education on healthy lifestyles to delay or prevent the onset of disease will yield long-term improvements in American Indian women's health. Research also shows that women have a major influence on the health of their family and communities.

The DOH has the following comments:

- The NM DOH and Women's Health Inc., one of 12 centers designated as a "National Community Center of Excellence in Women's Health", work with the federal Office on Women's Health (OWH), to address the disparities in access to health care for NM

women and girls, and supports culturally sensitive educational programs that encourage personal responsibility for health and wellness. DOH has a series of media campaigns regarding preventative and primary care services which will support National Women's Health week coordinated by the federal OWH.

- In 2004, the New Mexico Family Planning Program (FPP) conducted an assessment of the need for low-cost women's reproductive health clinical services within the state. The assessment revealed the unmet need for 73,124 or 57.4% of New Mexico women. Although nationally women have a longer life expectancy than men, health disparities continue to exist for women, particularly for cancer, diabetes, arthritis, osteoporosis, heart disease and stroke.

- There have been improvements in women's health status indicators over time in NM. Since 1990, the percentage of NM women aged 50-64 who have had a mammogram within 2 years has risen significantly from 65% to 88%. There have been recent health policy achievements in the areas of private insurance smoking cessation coverage and increased excise tax on cigarettes. In 2004, 42% of New Mexicans were protected by local clean indoor air policies, as compared to only 15% in 2002.

- There are still many opportunities to develop and strengthen policies that would be expected to improve health status indicators for women and girls in NM. The Task Force to study the proposed Office of Women's Health may provide support to NM women of all ages through the development of policy, coordination of resources, and improved access to health care. Establishing a central point for the development of research, policy and the coordination of services could reduce health disparities for NM women.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

The HPC reports New Mexican women may continue to suffer unnecessary high rates of morbidity and mortality in otherwise preventable health conditions. Chronic diseases such as diabetes, lung diseases and cardio vascular diseases may be avoided altogether with early education and intervention, and access to prevention services and healthcare resources.

AHO/sb