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FISCAL IMPACT REPORT

SPONSOR Ro	pinson DATE TYPED 2/05	/05 HB	
SHORT TITLE	Community-Based Cancer Treatment Support	SB	550
		ANALYST	Hanika-Ortiz

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$300.0			Recurring	GF

Relates to SB 387, Breast Cancer Study Relates to SB 472, Prostate Cancer Outreach Program

SOURCES OF INFORMATION

LFC Files

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

SUMMARY

Synopsis of Bill

SB 550 appropriates \$300,000 from the general fund to the DOH in FY06 for comprehensive community-based cancer patient support services including education, patient library services, one-to-one matching with cancer veterans, survivorship support groups, and an annual statewide survivorship conference.

Significant Issues

The DOH has the following comments:

There are 6,300 new cases of cancer diagnosed every year in New Mexico, with 54,000 people currently living with a diagnosis of cancer.

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For every person living through cancer, an average of three other people, spouses, family members, caregivers, or significant others of the patient, are also affected by the diagnosis, therefore as many as 216,000 persons in New Mexico may need cancer support services.

Cancer is the second leading cause of death in the state, with one in every five deaths caused by cancer. Cancer survival rates have been steadily increasing over the last five years. As survival rates improve, so has the need increased for psychosocial support to assist cancer patients with the emotional consequences of diagnosis, treatment and interpersonal relationships affected by the disease.

Research has clearly indicated that psychosocial interventions have positive effects on emotional adjustment, functional adjustment, and treatment and disease related symptoms in adult patients. Social and peer-group support diminishes the sense of isolation, identifies unmet needs, enhances control over events, provides help in dealing with families and health care personnel, in accepting losses and changed roles, and ultimately in 'detoxifying' death. Support may come from naturally occurring networks such as family and friends, or survivors may seek support from peer survivor support groups or health professionals.

Researchers found that women with metastatic breast cancer who had weekly supportive group therapy survived twice as long (36.6 months) as women who did not receive group support (18.9 months). Melanoma patients who received group support for six weeks following their surgery had significantly higher scores in coping than melanoma patients who did not receive such support. A six-year follow-up on these same patients showed those who received support had significantly lower rates of melanoma recurrence (20%) and a lower death rate (8%) than did the non-support group (38% and 29% respectively).

Cancer survivor support services in New Mexico are typically provided through non-profit organizations formed from efforts of cancer survivors, who want to assist others through the emotional, physical, and psychological challenges of cancer. Survivor support organizations provide outreach services that include peer support, lending libraries, and education on all aspects of cancer survivorship. The spectrum ranges from dealing with the psychosocial aspects of a cancer diagnosis such as fear, anger, grief and loss, to navigating complicated medical, legal and governmental systems.

Since the majority of support service organizations rely on limited funding and are located primarily in Albuquerque, cancer survivors in rural areas of the state are underserved. The funding of SB 550 would allow services to be expanded to include rural areas of New Mexico, thus reducing inequities of cancer support services, improving access to information on available treatment options, reducing the emotional burden of cancer therapy and subsequent recovery, and improving overall patient and family education and quality of life.

PERFORMANCE IMPLICATIONS

SB 550 supports the DOH Strategic Plan: Program Area 1: Prevention and Disease Control – Public Health Division, Strategic Direction: Improve the Health of New Mexicans. Objective 6: Prevent and control chronic disease.

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DOH performance measures:

- Number of New Mexican men living with prostate cancer and their families who receive prostate cancer support services.
- Number of total cancer patients and their families who receive cancer support services through organizations that contract with DOH.

FISCAL IMPLICATIONS

The appropriation of \$300 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 LFC FY06 appropriation recommendation is balanced between revenues and expenditures and any increase in recurring funding must be offset by reductions in other areas of the recommendation. The Legislature must consider all priorities and funding requirements to find revenue to support this legislation.

ADMINISTRATIVE IMPLICATIONS

DOH Comprehensive Cancer Program (CCP) will incorporate oversight of new contracts created as a result of SB 550 with existing staff.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

The following bills relate to SB550:

SB 387 appropriates \$1.6 million to study the environmental and physiological impacts on the cause of breast cancer.

SB 472 appropriates \$100 thousand to promote education and awareness for men about prostate cancer.

TECHNICAL ISSUES

The language in SB 550 does not indicate that appropriation request will be directed to services for people in underserved rural areas of the state.

OTHER SUBSTANTIVE ISSUES:

The HPC has the following comments:

- The DOH Comprehensive Cancer Program (CCP) provides cancer education information and resources to the public and healthcare providers.
- The CCP is guided by the 2002-2006 Cancer Plan.
- DOH has two programs within the Chronic Disease Prevention and Control Bureau that support the Cancer Plan implementation.

1. Cancer Programs.

- a. The Breast and Cervical Cancer Early Detection Program (BCCEDP) is a federally funded program that provides free breast and cervical cancer screenings to low-income women in New Mexico.
- b. The CCP has been funded by the state and Centers for Disease Control and Prevention (CDC) through a 4-year cooperative agreement in 4th quarter 2001. The program includes education on skin cancer prevention, early detection/treatment of prostrate cancer and colorectal cancer. The program also provides for support for patients and their families, support and education for cancer survivors and their families, and cancer patient housing.
- 2. <u>Tobacco Use and Prevention and Control Program</u> is funded by the CDC and the State of New Mexico.

New Mexico cancer statistics:

- The most commonly diagnosed cancers are prostrate, female breast, lung/bronchus and colon/rectum cancers.
- Lung/bronchus cancer is the 2nd most common cancer and the number one cancer killer among men, women and all racial and ethnic groups combined. Approximately 700 are diagnosed with lung/bronchus cancer each year, with 600 deaths reported.
- There are 600 cases of colon and rectum cancer diagnosed each year and it is the state's third leading cause of cancer deaths.
- Breast cancer is diagnosed in approximately 900 women each year, with 200 deaths reported.
- Prostate cancer is the leading cause of death among Native American men. There are 1000 men diagnosed with prostate cancer each year with 200 deaths are reported.
- There are 200 cases of Melanoma skin cancer diagnosed each year with 40 deaths reported.

Community-based support services available in New Mexico:

- American Cancer Society offers services in communities around the state.
- People Living Through Cancer offers a cancer survivor peer support organization.
- Prostrate Cancer Support Association of New Mexico provides prostrate cancer education/awareness for men. The New Mexico/El Paso Chapter of the Leukemia & Lymphoma Society provides some financial assistance and support services for patients with blood-related cancers and their families.

ALTERNATIVES

None identified.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

The HPC states the DOH may be unable to expand their cancer programs to include additional community-based cancer patient services and support to pueblos and rural areas where none are currently available.

AHO/njw