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## FISCAL IMPACT REPORT

ORIGINAL DATE 2-6-06

SPONSOR Rodriguez LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_

SHORT TITLE UNM Hepatitis C ECHO Program SB 378

ANALYST Collard

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY06	FY07		
	\$2,000.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to Appropriation in the General Appropriation Act

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY06	FY07	FY08	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
<b>Total</b>		\$143.0	\$143.0	\$286.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

Senate Bill 378 appropriates \$2 million from the general fund to DOH for the purpose of funding the hepatitis C Extension for Community Health Outcomes (ECHO) program at the University of New Mexico (UNM).

### FISCAL IMPLICATIONS

The appropriation of \$2 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY07 shall revert to the general fund.

## **SIGNIFICANT ISSUES**

DOH indicates New Mexico ranks first in the nation for its death rate due to chronic liver disease and cirrhosis, which is often the result of chronic hepatitis C infection. Conservative estimates suggest that as many as 32,000 people in the state are infected with hepatitis C, but recent data analysis from the Epidemiology and Response Division suggests that the figure could be significantly higher.

ECHO directs telehealth clinical consultation to rural primary care centers enabling them to provide hepatitis C disease management and treatment to uninsured persons in their home communities. This expands access to services beyond the urban center of Albuquerque and that of the insured population.

The expanded support proposed by this bill for ECHO would increase the number of rural primary care providers trained to provide hepatitis C chronic disease management and to oversee the treatment of uninsured patients.

## **ADMINISTRATIVE IMPLICATIONS**

DOH indicates adequate monitoring and evaluation of the project would require one additional FTE plus one FTE for the surveillance team to monitor current cases plus new hepatitis C patients that are identified through the ECHO Program. Costs necessary for this program expansion would include \$60 thousand average per FTE (2 FTE) for a total of approximately \$120 thousand, plus \$23 thousand for office and storage space, computers, software licensing, etc.

## **RELATIONSHIP**

The General Appropriation Act of 2006, as adopted by the House Appropriations and Finance Committee, includes \$1.1 million for the ECHO project at UNM.

KBC/mt