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# FISCAL IMPACT REPORT

SPONSOR	Hanosh	ORIGINAL DATE LAST UPDATED	01/23/07	HB	89
SHORT TITI	<b>E</b> <u>Cibola County Tr</u>	raditional Health Serv	ices	SB	
			ANAL	YST	Weber

### **APPROPRIATION (dollars in thousands)**

Арргор	riation	Recurring or Non-Rec	Fund Affected
FY07	FY08		
	\$150.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 90

Relates to Appropriation in the General Appropriation Act

### SOURCES OF INFORMATION

LFC Files

<u>Responses Received From</u> Indian Affairs Department (IAD) Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

House Bill 89 appropriates \$150 thousand from the general fund to the Indian Affairs Department to promote tobacco cessation in southwestern Cibola County, using traditional health services such as Navajo blessing way teachings, for residents from the region near the Ramah Navajo community.

### **FISCAL IMPLICATIONS**

The appropriation of \$150 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of Fiscal Year 2008 shall not revert to the general fund.

## SIGNIFICANT ISSUES

The Department of Health contributes the following.

Tobacco exacts a heavy death toll in New Mexico. More than 2,100 New Mexicans die annually from tobacco use, and each year smoking costs the State \$928 million (\$461 million for direct medical costs; \$467 million for lost productivity) (Centers for Disease Control & Prevention-CDC, Smoking Attributable Morbidity, Mortality and Economic Costs, 2002).

CDC-identified goals for reducing tobacco-related morbidity and mortality include: preventing initiation of tobacco use among young people, promoting tobacco cessation among young people and adults, eliminating exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities among population groups.

Native American youth may be disproportionately affected by tobacco. Although the proposed project would not be classified as CDC Best Practices, it would still address the CDC goal of identifying and eliminating tobacco-related disparities by providing culturally appropriate services to a population that is disproportionately impacted by tobacco.

New Mexico's Native American youth and rural youth may be disproportionately impacted by tobacco. The odds of using smokeless tobacco are 1.5 times higher among youth from rural counties (11%) than youth in urban counties (7%). In addition, youth in rural counties are significantly more likely to smoke (34%) than youth in urban counties (27%) (2003 NM Youth Risk and Resiliency Survey [YRRS]). Smoking rates among American Indian youth were higher than for Whites and Hispanics in 2001 and 2003. In 2005, all three groups were statistically similar (NM YRRS, 2001, 2003 & 2005). Also, the Navajo Youth Risk Behavior Survey found that 38% of Navajo High School youth smoked cigarettes in 2003 (Navajo Area Indian Health Service and Navajo Nation).

Culturally-appropriate programming would help to decrease the disproportionate impact tobacco may place on certain populations.

The Indian Affairs Department adds.

Cigarette smoking is a serious and worsening problem among American Indians. According to 2004 statistics compiled by the Centers for Disease Control, 33.4% of Native Americans are current smokers. This represents the highest proportion by far for any ethnic group in the United States. The trend is also of concern, as the number of Native smokers increased by 24.3% between 1997 and 2004. Most disturbing, however, is the rate of smoking among young Indians. In a survey of Navajo 7<sup>th</sup> graders from 1987, 54% were found to be smokers.

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