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FISCAL IMPACT REPORT

ORIGINAL DATE 02/26/07

SPONSOR Madalena LAST UPDATED _____ HB HM 21

SHORT TITLE Native American Diabetes Program Funding SB _____

ANALYST Weber

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY07	FY08		
	NFI		

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Human Services Department
Department of Health

SUMMARY

Synopsis of Bill

House Memorial 21 urges the Congress and the President of the United States to continue funding the federal Indian Health Service's Special Diabetes Program for Native Americans beyond its expiration in federal fiscal year (FFY) 2008. The House of Representatives recognizes the increasing number of diagnosed diabetes cases among Native Americans in New Mexico and the continuing need for diabetes prevention and treatment within Native American communities.

FISCAL IMPLICATIONS

No fiscal impacts noted.

SIGNIFICANT ISSUES

The Department of Health reports that the purpose of the Special Diabetes Program is to support Native Americans in developing effective strategies for diabetes care and prevention within their communities. Approaches include tribe-specific education systems and intertribal sharing of successful diabetes prevention strategies. These partnerships include local, regional, and national

tribal diabetes organizations and federal and nonprofit agencies. Source: <http://www.cdc.gov/diabetes/projects/diabetes-wellness.htm>

Native Americans are about 2.2 times more likely to have diagnosed diabetes than non-Hispanic Whites of similar age. (Centers for Disease Control and Prevention 2005). Native American adults in New Mexico have statistically higher rates of a key risk factor for type 2 diabetes: overweight and obesity. These rates are 73.3% and 51.3% for Native American and White, non-Hispanic adults, respectively (NM Behavioral Risk Factor Surveillance System). Amongst NM high school students, there are also marked disparities in rates of overweight; for Native Americans, Hispanics and white non-Hispanics, the rates are 17.4%, 12.9% and 8.2%, respectively.

Persons with diabetes are at risk for limb amputations, blindness, end-stage kidney disease and cardiovascular disease. Children are at increasing risk for type 2 diabetes due to obesity, poor nutrition, and lack of physical exercise.

Medical care and lost productivity for a person with diabetes averages over \$13,000 per year, totaling in excess of \$1 billion a year for the state (*Diabetes Care* study).

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