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## FISCAL IMPACT REPORT

ORIGINAL DATE 02/07/07  
 LAST UPDATED 02/19/07    HB \_\_\_\_\_

SPONSOR Lopez

SHORT TITLE Comprehensive Strategic Health Plan Changes    SB 409/aSPAC

ANALYST Geisler

### 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

Department of Health (DOH)  
 Health Policy Commission (HPC)

### SUMMARY

#### Synopsis of SPAC Amendment

The Senate Public Affairs Committee (SPAC) amendment to SB 409 clarifies that DOH will publish a comprehensive strategic health plan by September, 1<sup>st</sup> 2008 and every four years thereafter, with updates every two years.

#### Synopsis of Original Bill

Senate Bill 409 would amend the Department of Health Act to require DOH and the Health Policy Commission (HPC) to develop the Comprehensive Strategic Health Plan every four years, with updates on even-numbered years. Currently the Act requires development every two years with updates every year. The development and review of the plan requires input from numerous public/private health care providers, the legislature, other state agencies involved in health care issues, community advocates and the tribes and pueblo governments.

### FISCAL IMPLICATIONS

None noted.

## **SIGNIFICANT ISSUES**

DOH notes the current frequency of publication (every two years) hinders participation by community members and the private sector due to the time commitments.

By moving from a 2 year cycle to a 4 year cycle, the plan will more closely reflect the priorities of each Governor at the beginning of his/her term. In addition, the extended time frame for development would allow more time to implement and monitor the state's progress on the issues highlighted in the plan.

If SB 409 passes, the plan publication would be as follows: Sept 1, 2008 Comprehensive Plan, Sept 1, 2010 update, Sept 1, 2012 Comprehensive Plan, and in a similar patterned sequence in subsequent years thereafter.

## **OTHER SUBSTANTIVE ISSUES**

HPC provided background on the statewide comprehensive health plan:

The goal of the statewide comprehensive health plan is to articulate a flexible and dynamic framework for state, local, and tribal partners to improve health, oral health, behavioral health, and the health care system of New Mexico. By statute, the plan should have an emphasis on prevention, personal responsibility, access and quality within a planning process that ensures the inclusion of public participation and input, and that geographic representation is achieved.

As a result of passage of SB34 in 2004, the Department of Health, in conjunction with the health policy commission and other state agencies have responsibility for reporting on thirteen specific areas in the law. Plans were completed in 2004 and 2006 and are available on-line at <http://www.health.state.nm.us/pdf/NMCSHP.pdf>).

Comprehensive planning across the public and private sectors has the potential to improve performance of the entire health system and its component agencies, organizations, and individuals. With an overall comprehensive plan, a strategic vision can be established to move the health system investments towards prevention within the whole population. This might create more cost effective interventions (associated with increased health outcomes and reduced costs). A comprehensive plan would increase the focus on health determinants including action on participation and integration of the health care system within the community.

The need for continuing a plan can best be demonstrated by New Mexico's chronic and continued low ranking on various health metrics. For example, United Health Foundation's annual ranking of states showed New Mexico health indicators to rank 40th in 2006 down from 38th in 2005, and usually in the bottom fifth of states since 1990. New Mexico's access to prenatal care in the first trimester has been either last or next to last for the past ten years. The immunizations rates slipped in 2005 after a large improvement in 2004.

GG/mt