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FISCAL IMPACT REPORT

SPONSOR	NSOR Beffort		ORIGINAL DATE LAST UPDATED	02/17/07	HB			
SHORT TITLE		Statewide Telehealth Programs			SB	1053		
				ANAI	LYST	Geisler		
APPROPRIATION (dollars in thousands)								

Appropr	iation	Recurring or Non-Rec	Fund Affected
FY07	FY08		
	\$500.0	Recurring	General

(Parenthesis () Indicate Expenditure Decreases)

Relates to: SB180, HB 173 & HB429 Duplicates (essentially) HB871

SOURCES OF INFORMATION LFC Files

<u>Responses Received From</u> Department of Health (DOH) Chief Information Officer (CIO)

SUMMARY

Synopsis of Bill

Senate Bill 1053 would appropriate \$500 thousand from the general fund to the Department of Health (DOH) to contract with a qualified nonprofit organization with expertise in the coordination of clinical services delivery and technical support for telehealth programs and projects and will identity both clinical and technological gaps in rural health care delivery. Additionally, meaningful information will be provided to DOH, the telehealth commission and the Legislature on the state of telehealth technology in the state.

FISCAL IMPLICATIONS

DOH notes that the executive budget request contained an expansion request of \$2 million for telehealth, although not entirely for the specific purposes outlined in SB 1053. However, that request was not recommended in either the executive or Legislative Finance Committee budget recommendations for DOH in FY08. A supplemental request for the same amount is supported by the executive.

SIGNIFICANT ISSUES

DOH notes that of the 33 counties in the State, 28 are classified as Health Physician Shortage Area (HPSA) or Moderate HPSA (Maternal and Child Health Title V Block grant, 2006). These shortages especially affect the quality and frequency of pediatric health care in rural and frontier areas. Telehealth is an evolving strategy for providing quality healthcare to rural and frontier residents in their home communities. SB 180 would establish a new telehealth network of pediatric specialty services, bringing these services to rural areas where pediatric specialists are not readily available. It would likely coordinate these pediatric specialty services through existing service providers (primary care centers, private practices, public health offices, and rural hospitals).

Several different telehealth programs are currently administered by DOH, including Project ECHO, school-based health center telehealth program, and the Screening, Brief Intervention, Referral and Treatment Program (SBIRT). The department's Office of School and Adolescent Health is equipping 18 school-based health centers (SBHCs) with telehealth equipment through June 2007. The majority of these SBHC are located in rural, frontier areas of the state. The telehealth equipment will be used to serve school-aged children, primarily students in grades 6-12. Services planned include clinical consultation, training, education, and case conferencing. Telehealth activities in SBHCs will be targeted toward adolescent primary and behavioral health care assessment and intervention and obesity prevention and intervention. The University of New Mexico/Health Sciences Center also operates numerous telehealth activities.

The proposed appropriation may be targeted towards Sangre de Cristo Health Partnership, the key DOH partner in the operation of the SBIRT Program. Sangre de Cristo also provides support for the NMDOH SBHC telehealth initiative.

DUPLICATION, RELATIONSHIP

SB 1053 essentially duplicates HB 871 which would also appropriate \$500,000 from the general fund to the DOH to coordinate and assist in implementation of telemedicine projects throughout the state. SB 1053 is mores specific in purpose as it also requires identification of clinical and technological gaps in rural health care.

SB 1053 relates to HB 429 and SB 180 both of which would appropriate \$600,000 from the general fund to the DOH for expenditure in fiscal year 2008 to fund a telehealth program providing training, education, case conferencing and clinical consultation targeted towards childhood diabetes and obesity, developmental disabilities early intervention, mental health of children under 5 years old, pediatric asthma and other pediatric specialties.

HB173, which would appropriate \$150,000 to the Board of Regents of the University of New Mexico in FY08 to fund telehealth consultation for rural health providers and school-based health centers (SBHC) working to prevent and treat childhood obesity and HB 427 which proposes addition of social workers, counselors and community health representatives to the definition of health care provider in the New Mexico Telehealth Act. SB 218 and HB 731 both of which would appropriate \$2,000,000 for the Board of Regents at the University of New Mexico (UNM) to be directed to the Hepatitis C ECHO Program at the University of New Mexico Health Sciences Center (UNM/HSC).

GG/mt