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FISCAL IMPACT REPORT

ORIGINAL DATE 01/30/208

SPONSOR Anderson LAST UPDATED _____ HB 580

SHORT TITLE Low-Income Household Mammogram Program SB _____

ANALYST Geisler

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	FY09		
	\$1,500.0	Recurring	General

(Parenthesis () Indicate Expenditure Decreases)

Duplicates SB 199
Relates to HB 35

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)
Health Policy Commission (HPC)

SUMMARY

Synopsis of Bill

House Bill 580 proposes an appropriation of \$1,500,000 from the general fund to the Department of Health for expenditure in fiscal year 2009. The Public Health Division would be required to develop and implement a statewide voucher program to provide baseline mammograms to women in low-income households. Any unexpended balance remaining at the end of fiscal year 2009 would revert to the general fund.

FISCAL IMPLICATIONS

The funding in HB 580 was not a part of DOH's executive budget request. HB 580 would provide \$1,500,000 in new funding for DOH. The estimated cost to implement the vouchering program is \$213,000 for three FTEs and associated administrative costs (i.e., \$53,000 administrator, \$36,000 billing specialist, \$74,000 nurse, and \$50,000 for administrative costs; estimated start-up overhead for the three positions would amount to a total start-up cost of \$24,500).

The Department of Health has requested expansion funding in the amount of \$909.8 thousand for a related program, the breast and cervical cancer screening program. Both the LFC and executive recommendations include expansion funding for this item of \$500 thousand.

SIGNIFICANT ISSUES

Approximately 1,100 women are diagnosed with invasive breast cancer each year in New Mexico. During the same time period approximately 220 women will die from breast cancer. These statistics do not include “in situ” cancers that have not invaded surrounding tissues. Breast cancer is the most commonly diagnosed cancer among women in the state across all racial/ethnic groups and accounts for one-third of all cancer cases in women. (New Mexico Cancer Facts and Figures 2007, www.cancernm.org/cancercouncil/pdf/NMCFE_Facts-figures07.pdf).

The most effective strategy for detecting early-stage breast cancer is undergoing a screening mammogram every 1-2 years beginning at age 40 (United States Preventive Services Task Force, 2002). Slightly over 50% of all breast cancers diagnosed in New Mexico are detected at early stages. One time only baseline mammography may not provide the same reduction in mortality as annual screening.

A cooperative agreement between the Centers for Disease Control and Prevention (CDC) and Department of Health (DOH) funds the New Mexico Breast and Cervical Cancer Early Detection (BCC) Program. The BCC Program provides screening and diagnosis for women ages 30 – 64 who are uninsured or underinsured, and who live at or below 250% of the federal poverty level. Based on recent analyses of census data (2006 Current Population Survey, Annual Social and Economic Supplement), 90,804 New Mexican women, between the ages of 30 and 64, are eligible to receive services from the BCC Program. However, current federal and state funding levels are sufficient to serve only about 15% of those eligible women. Last year, the BCC Program served 13,182 New Mexican women.

As currently written, the bill will provide “baseline” mammograms to women in low-income households. The use of the term “baseline” implies a one time screening. However, the BCC Program, by definition, is a re-screening program that is obligated to serve enrolled women every year as long as they continue to meet eligibility criteria.

Currently, only women who are screened and diagnosed with breast cancer utilizing federal funds provided through the DOH BCC Program may be eligible for treatment through the BCC Program Medicaid 052. Importantly, while HB 580 would create a separate state-funded breast cancer screening program, it does not provide for funding for subsequent diagnosis and treatment. HB 580 does not provide for diagnostic follow-up or treatment services when abnormalities are found on mammography. Women screened through the voucher program proposed by HB 580 and subsequently diagnosed with breast cancer would not be eligible for BCC Medicaid 052 to pay for the treatment of the disease. HB 580 would be strengthened by addressing the provision of funding for diagnosis and treatment of women served through this vouchersing program.

RELATIONSHIP

House Bill is duplicated by SB 199. House Bill 580 relates to HB 35, which would provide DOH \$500 thousand for breast and cervical cancer screenings.

ALTERNATIVES

Instead of creating a new program, the bill could be amended to provide additional funding to the DOH breast and cervical cancer program, which would allow women whose cancers are detected thru the DOH program to receive treatment thru Medicaid.

GG/bb