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FISCAL IMPACT REPORT

ORIGINAL DATE 01/24/08

SPONSOR McSorley LAST UPDATED _____ HB _____

SHORT TITLE Cardiovascular Disease Prevention Program SB 317

ANALYST Geisler

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	FY09		
	\$450.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 317 would appropriate \$450,000 from the general fund to the New Mexico Department of Health (DOH) for expenditure in fiscal year 2009 to establish a cardiovascular disease (CVD) prevention program to provide public and professional education on the prevention and control of heart disease and stroke. Any unexpended balance remaining at the end of FY09 shall revert to the general fund.

FISCAL IMPLICATIONS

While funding for SB 317 is not included in DOH's Executive budget or the LFC budget recommendations for FY09, the Department's base FY08 operating budget in the Epidemiology & Response Division includes \$100,000 in general funds from Laws 2006, Chapter 110, "to develop and maintain stroke centers in hospitals statewide, promote stroke prevention and treatment protocols, develop a stroke registry and develop a public education campaign." The funding was included in the Department's FY09 budget request.

SIGNIFICANT ISSUES

DOH notes that in 2005, more NM men and women (3,376) died from heart disease than any

other cause, accounting for 22.7% of all deaths; stroke was the fifth leading cause of death, responsible for 4.2% of mortality (625 deaths). Heart disease and stroke cause the greatest number of deaths in New Mexicans ages 65 years and older. Heart disease is also the second leading cause of death in those 45-64 years old, and the fourth leading cause in those 25-44 years old (2005 Vital Statistics Summary, http://www.nmhealth.org/pdf/05_monograph.pdf).

An estimated 55,600 New Mexicans alive today have had a heart attack, and over 32,700 have had a stroke (DOH BRFSS 2005; UNM BBER 2004 population estimates). Reporting a CVD event is higher for persons who also report the presence of an established CVD risk factor such as smoking, high blood pressure, high cholesterol or diabetes.

Men are more likely than women to have ever had a CVD event, and Whites have the highest rates of all racial/ethnic groups. Rates of CVD become higher with increasing age and decreasing income. The southwestern region of the state has the highest rates of reported CVD events.

Data for men ages 35 and older from 1996-2000 show New Mexican Hispanics, American Indians, and Asians to have age-adjusted heart disease mortality rates that are 12%, 18% and 31% higher than their national counterparts, respectively. Comparable data for women show an 8% higher heart disease mortality rate for New Mexican Hispanics than for U.S. Hispanics. Stroke mortality data for men ages 35 and older from 1991-98 demonstrate that Hispanics and American Indians in New Mexico have age-adjusted rates that are 26% and 25% higher, respectively, than these groups nationwide. The disparity is even greater for New Mexican Hispanic women, whose rates for dying from a stroke are 40% higher than national rates. (CDC Heart Disease and Stroke Maps <http://apps.nccd.cdc.gov/giscvh/default.aspx>.)

The US Centers for Disease Control & Prevention (CDC) and the American Heart/Stroke Association have identified CVD prevention and control priorities, which include improving emergency response, improving quality of heart disease and stroke care, and increasing knowledge of signs and symptoms for heart attack and stroke, and the importance of calling 9-1-1.

ADMINISTRATIVE IMPLICATIONS

DOH notes the intent of SB 317 is to establish a CVD prevention and control program. This would require the creation of a program manager and two health educators to implement prevention and control activities with a broad array of partners statewide. Part of the appropriation in SB317 would need to be used for staffing and administrative costs. The funding would need to be recurring.

GG/nt