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# FISCAL IMPACT REPORT

| SPONSOR    | Stewart             | ORIGINAL DATE<br>LAST UPDATED | 2/7/9 <b>HB</b> | 382    |
|------------|---------------------|-------------------------------|-----------------|--------|
| SHORT TITI | <b>E</b> Native Ame | rican Health Commission Inve  | ntory SB        |        |
|            |                     |                               | ANALYST         | Chabot |

#### **APPROPRIATION** (dollars in thousands)

| Арргорг | iation  | Recurring<br>or Non-Rec | Fund<br>Affected |
|---------|---------|-------------------------|------------------|
| FY09    | FY10    |                         |                  |
|         | \$150.0 | Non-Recurring           | General Fund     |
|         |         |                         |                  |

(Parenthesis () Indicate Expenditure Decreases)

Relates to Appropriation in the General Appropriation Act

### SOURCES OF INFORMATION

LFC Files

<u>Responses Received From</u> Department of Health (DOH) Human Services Department (HSD) Indian Affairs Department (IAD) New Mexico Health Policy Commission (HPC)

#### SUMMARY

Synopsis of Bill

House Bill 382, Native American Health Commission Inventory, appropriates \$150 thousand from the general fund to the Native American Health Commission of Bernalillo County for a study for the identification of off-reservation eligible Native Americans and to complete an inventory of services available to them.

### FISCAL IMPLICATIONS

The appropriation of \$150 thousand contained in this bill is a non-recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2010 shall revert to the general fund.

## SIGNIFICANT ISSUES

The LFC submitted a balanced general fund appropriation recommendation for fiscal year 2010. Any additional general fund expenditures appropriated by the Legislature must be off-set by an equal amount from the appropriation recommendation.

According to the December 2008 revenue estimate, FY10 recurring revenue will only support a base expenditure level that is \$293 million, or 2.6 percent, less than the FY09 appropriation. All appropriations outside of the general appropriation act will be viewed in this declining revenue context.

This bill was introduced on behalf of the Legislative Health and Human Services Committee.

IAD reports "The study would fulfill part of the statutory requirements of Laws 2008, Chapter 79, Section 4, items 1 and 2." The law established the Native American Health Commission of Bernalillo County to study and make recommendations for improving health services for off-reservation Native Americans.

DOH states the goals of the Native American Health Commission were within two years of being created to estimate the number and tribal affiliation of Native Americans living in the off-reservation urban areas and inventory sources of non-emergency health care for these individuals by identifying federal, state and local public resources, tribal facilities and program duplication. Initially \$60 thousand was appropriated to fund the commission. The additional funding in this bill would allow the commission to do the inventory.

HSD states the bill does not specify the types of services to be included in the inventory. Native Americans participate in HSD administered programs such as Medicaid, food stamps, temporary assistance for needy families (TANF), child support enforcement, and behavioral health services.

HPD states the US Census estimates approximately 57,555 Native Americans reside in the Albuquerque metro area. The census breaks out Navajo and Apache numbers but does not differentiate between pueblo Native Americans. The Albuquerque Indian Center estimates there are 35,000 Native Americans representing more than 150 different tribes living in Albuquerque.

### SUBSTANTIVE ISSUES

IAD reports federal funding for off-reservation health services has been dramatically reduced and is only about 1 percent of the Indian health budget. This is not sufficient and "many offreservation Native Americans in Albuquerque end up seeking care at the nearest public hospitals and emergency rooms, or foregoing care altogether.

GAC/mt