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FISCAL IMPACT REPORT

| SPONSOR | Griego, P. | ORIGINAL DATE 02/22/ LAST UPDATED | /11 HB | |
|------------|------------|--------------------------------------|------------------|--------|
| SHORT TITI | LE Create | Office Of Community Health Workers | SB | SJM 12 |
| | | | ANALYST | Kleats |

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

| | FY11 | FY12 | FY13 | 3 Year Total Cost | Recurring or Non-Rec | Fund Affected |
|-------|------|---------|------|----------------------|-------------------------|----------------------------|
| Total | | Minimal | | Minimal | Non-recurring | DOH Operating Budget |

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

<u>Responses Received From</u> Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 12 (SJM 12) requests the Department of Health conduct a review and analysis of statutes for the purpose of recommending legislation creating in statute an office of community health workers to the fiftieth legislature, second session.

SJM12 requests the Office of Community Health Workers develop a statewide training and certification program for implementation by July 1, 2012. The certification program would also accommodate the experiences, competencies and trainings of existing community health workers in place as of July 1, 2012.

SJM12 requests DOH maintain an advisory committee representative of community health workers and inclusive of other health and human services care stakeholders.

SJM 12 requests DOH develop a recommended budget and provide organizational details and program activities of the proposed office. SJM 12 requests DOH submit the budget recommendations and proposed components to the fiftieth legislature, second session.

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FISCAL IMPLICATIONS

SJM 12 carries neither appropriations nor changes in revenue and results in no fiscal impact.

SIGNIFICANT ISSUES

SJM 12 builds upon SJM 76 passed during the 2003 Legislative Session requesting DOH "lead a study on the development of a Community Health Advocacy Program in New Mexico, including the program's methods, structure, financing, and implementation, that utilized various categories of community health advocates".

The resulting report provided a comprehensive analysis of the contribution of community health workers (CHWs) to the health and stability of New Mexico communities and the potential for development of additional CHW programs in the State. Based on a subsequent report, completed in June of 2007, "New Mexico Community Health Worker: A Certification and Training Program", (*Renée T. Despres, Ph.D.*), the New Mexico CHW Advisory Council presented DOH with the following recommendations:

- 1) Develop a standardized, statewide training program for community health workers;
- 2) Develop a certification process; and
- 3) Establish an Office of Community Health Workers within DOH to support these processes and recommendations.

The secretary of DOH established an Office of Community Health Workers in December of 2008. This new office is housed within the Health Systems Bureau of Public Health Division. The primary responsibility for this Office is the development of a standardized, statewide training program and a certification process for community health workers, but the office does not enjoy statutory support.

DOH notes the role of CHWs has not been formally recognized in State statute, nor has their profession been subject to any type of certification process. CHWs have traditionally been contracted under the auspices of federally funded grant programs and/or have served as part-time volunteers, thus leading to inconsistent participation in the health services delivery systems.

The work of CHWs in New Mexico is not currently recognized nor remunerated under current Medicaid, Medicare, and private insurance schedules, even where this work has led to important improvements in health outcomes. A certification program for CHWs may provide an avenue to receiving federal matching funds for Medicaid services provided by them or other health paraprofessionals.

PERFORMANCE IMPLICATIONS

DOH states SJM12 would contribute to the objectives of the State of New Mexico 2008 Comprehensive Health Plan, Chapter One: Health Inequities, Goal 1: Decrease Health Inequities, which specifically states: Consider establishing an Office of Community Health Workers (CHW) and a CHW certification and training process as a basis for formalizing, expanding and sustaining the CHW model.

DOH also thinks SJM12 would be consistent with the DOH Fiscal Year 2012 Strategic Plan (www.nmhealth.org/plans/NMDOHFY12StrategicPlan.pdf), Community Objective 1: Reduce

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Health Disparities in New Mexico, which specifically includes a strategy (#6) to identify funding for the Office of Community Health Workers (CHW) and operationalize the CHW certification and training process.

ADMINISTRATIVE IMPLICATIONS

Selected staff from different DOH divisions would need to dedicate a portion of their professional time to respond to the requests in SJM12. It is assumed these tasks could be absorbed by existing resources.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

SJM 12 duplicates SJM 2.

OTHER SUBSTANTIVE ISSUES

DOH emphasizes the importance of decreasing health disparities in minority populations throughout the state, including those residing in rural areas, Native American communities, and migrant/immigrant communities. All counties in New Mexico, except for Los Alamos County, experience shortages of designated health professional in certain areas. CHWs represent an important element in the state's health system model by increasing health literacy and access to healthcare services for underserved populations.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Both an Office of Community Health Workers and an advisory committee already exist by executive appointment. Both entities continue to exist outside of public health statute with no permanent authorization, but they would lack the benefits of statutory authority.

IK/bym