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## FISCAL IMPACT REPORT

ORIGINAL DATE 2/8/19  
 LAST UPDATED 2/11/19

SPONSOR Brandt HB \_\_\_\_\_

SHORT TITLE Palliative Care Advisory Council SB 274/aSPAC

ANALYST Esquibel

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
ALTSD staff, IT		Indeterminate	Indeterminate	Indeterminate	Recurring	General Fund
DOH start up		\$5.0		\$5.0	Nonrecurring	General Fund
DOH staff		\$30.9	\$30.9	\$61.8	Recurring	General Fund
HSD staff		\$6.1	\$6.1	\$12.2	Recurring	General Fund
<b>Total</b>		\$42.0	\$37.0	\$79.0	Recurring, Nonrecurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Aging and Long-Term Services Department (ALTSD)  
 Board of Nursing (BON)  
 Department of Health  
 Human Services Department (HSD)  
 Medical Board (MB)  
 Office of Superintendent of Insurance (OSI)  
 Regulation and Licensing Department (RLD)  
 UNM Health Sciences Center (UNMHSC)

### SUMMARY

#### Synopsis of SPAC Amendments

The Senate Public Affairs Committee amendments to Senate Bill 274 remove from the Palliative Care Advisory Council's makeup a member of the American Cancer Society and replace with at least one representative from an organization that advocates for palliative care.

Synopsis of Original Bill

Senate Bill 274 (SB274) would create a Palliative Care Advisory Council administratively attached to the Department of Health (DOH) to foster palliative care initiatives to increase access to and use of palliative care services throughout the state. The Council would advise the Office of the Superintendent of Insurance, the Legislative Health and Human Services Committee, and the Legislative Finance Committee on matters related to the establishment, maintenance, operation and outcome evaluation of palliative care initiatives. The council members would be appointed by the secretary of health and include an interdisciplinary group of medical, nursing, social work, pharmacy, and spiritual professionals with expertise in palliative care.

The bill would also create the Viva la Vida program within the Aging and Long-Term Services Department (ALTSD) to support patients, family caregivers, and health care professionals by providing education regarding palliative care. ALTSD would consult with the Palliative Care Advisory Council in implementing the Viva La Vida Program.

**FISCAL IMPLICATIONS**

SB274 would require DOH convene and support the Palliative Care Advisory Council. DOH reports it would require 0.5 FTE staff and travel costs of \$30.9 thousand, and start up meeting material costs of \$5 thousand.

ALTSD notes it does not have funding in its budget to create a statewide program to educate patients, family caregivers and healthcare providers about improving quality of life, through the provision of palliative care. ALTSD also reports it does not have a health information system in place to document and share data relating to palliative care.

SB274 would require the participation of Human Services Department (HSD) on the Palliative Care Advisory Council. HSD estimates employee participation would be approximately 16 hours per month, or 192 hours per year. The cost of this work for HSD would be approximately \$6,144 annually; however, this work would most likely be assumed by existing staff.

**SIGNIFICANT ISSUES**

HSD notes that palliative care is a cost-effective way to treat and improve quality of life for individuals with life-limiting or life-threatening illnesses.

DOH notes more than 40 percent of New Mexico adults report they have one or more serious chronic diseases (NM Behavioral Risk Factor Surveillance System, 2017). It is anticipated that patients and their families could benefit from access to palliative care services, but it is uncertain how widely available palliative care services are in New Mexico, especially in rural or frontier communities.

**PERFORMANCE IMPLICATIONS**

DOH indicates according to the American Cancer Society, palliative care provides patients of any age or disease stage with relief from symptoms, pain, and stress, and should be provided along with curative treatment. Studies have shown that people with chronic illnesses like cancer who get palliative care have less severe symptoms, better quality of life, less pain, less shortness

of breath, less depression, and less nausea. ([www.cancer.org/treatment/treatments-and-side-effects/palliative-care/supportive-care-guide.html](http://www.cancer.org/treatment/treatments-and-side-effects/palliative-care/supportive-care-guide.html)).

### **TECHNICAL ISSUES**

The Board of Nursing (BON) suggests on page 5, lines 24-25, referring to “advanced practice nurse” with the designation used in the Nursing Practice Act, “*advanced practice registered nurse*.”

### **OTHER SUBSTANTIVE ISSUES**

The University of New Mexico Health Sciences Center’s Department of Internal Medicine and the Division of Palliative Medicine report that New Mexico has earned a “D” grade for access to palliative care. Palliative medicine is a standard end-of-life care for patients and families to aid a person with chronic health issues such that the patient has options other than suffering until death or choosing to end their lives. SB274 would coordinate this effort statewide to also assist with palliative care in rural areas.

BON indicates housing the Viva la Vida program within ALTSD may result in education skewed towards older individuals, and attention so also be given to education aimed at pediatric or young-adults.

RAE/gb/al