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FISCAL IMPACT REPORT

SPONSOR <u>Vicent/Martinez/Terrazas/Pettigrew/Alcon</u>	LAST UPDATED _____
	ORIGINAL DATE <u>2/1/23</u>
SHORT TITLE <u>Ft. Stanton Veteran PTSD Program</u>	BILL NUMBER <u>House Bill 200</u>
	ANALYST <u>Klundt</u>

APPROPRIATION* (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY23	FY24		
	\$600.0	Recurring	General Fund

Parentheses () indicate expenditure decreases.
*Amounts reflect most recent version of this legislation.

Duplicates to Senate Bill 103

Sources of Information

LFC Files

SUMMARY

Synopsis of House Bill 200

House Bill 200 (HB200) appropriates \$600 thousand from the general fund to Veterans’ Services Department (VSD) to contract with a veteran, police and first responder posttraumatic stress disorder therapy program in Fort Stanton.

FISCAL IMPLICATIONS

The appropriation of \$600 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY24 shall revert to the general fund. Although Senate Bill 103 does not specify future appropriations, establishing a new grant program could create an expectation the program will continue in future fiscal years; therefore, this cost is assumed to be recurring.

SIGNIFICANT ISSUES

VSD has authority to provide services for veterans and their dependents, but does not currently have authority to provide services to first responders or police and fire personnel.

There are several New Mexico veteran service organizations that provide behavioral health treatment specific to PTSD therapy such as the Veterans’ Integration Center (VIC) and Veterans Wellness and Healing in Angel Fire.

The US Veteran's Affairs Department (VA) provides PTSD services. Nationally, the VA has almost 200 PTSD treatment programs across the country that offer:

- 1-to-1 mental health assessment and testing to figure out if you have PTSD.
- Medicine proven to work for treating PTSD.
- 1-to-1 psychotherapy (also called talk therapy). This includes proven methods like Cognitive Processing Therapy (CPT).
- 1-to-1 family therapy.
- Group therapy for special needs, like anger or stress management, or combat support.
- Group therapy for Veterans who served in certain combat zones or who've been through similar traumas.

The VA also offer other forms of treatment and support:

- PTSD specialists provide regular outpatient care to Veterans with PTSD in each VA medical center across the U.S.
- Special residential (live-in) or inpatient care programs—found in each region of the U.S.—help Veterans with severe PTSD symptoms who have trouble doing normal daily activities (like going to work).
- Providers offer added PTSD care in some of our large community-based outpatient clinics.

The U.S. Department of Veterans Affairs (VA) operates the National Center for PTSD and is the world's leading research and educational center for excellence in PTSD and traumatic stress. PTSD is a mental health problem and can only develop after going through or seeing a life-threatening event. According to the VA, the number of veterans experiencing PTSD varies by service era. About 30 percent of Vietnam veterans have had PTSD in their lifetime; about 12 percent of Gulf War veterans have had PTSD within a given year; and between 11 percent to 20 percent of Operation Iraqi Freedom and Enduring Freedom veterans have had PTSD within a given year. With the implementation of the 988 Crisis Hotline, reported cases of PTSD are on the rise, especially in rural states such as New Mexico according to VSD.

The US CDC reports, "First responders are generally considered to be at greater risk for full or partial posttraumatic stress disorder (PTSD) than most other occupations because their duties routinely entail confrontation with traumatic stressors. These critical incidents typically involve exposure to life threat, either directly or as a witness. There is a substantial literature that has examined the risk factors, symptom presentation, course, and comorbidities of PTSD in this population. However, to our knowledge, there are no systematic reviews of treatment studies for first responders. We conducted a systematic review of the PTSD treatment literature (English and non-English) in order to evaluate such treatment proposals based on what is known about treating PTSD in first responders. We especially sought to identify randomized controlled trials (RCTs) whose primary outcome was PTSD. Our search identified 845 peer-reviewed articles of which 0.002 percent (n=2) were bona fide RCTs of PTSD treatment in first responders. Both studies tested a psychosocial treatment. We did not locate a single psychopharmacologic RCT for PTSD in first responders. An additional 2 psychosocial studies and 13 case or observational studies comprised the remaining extant literature. Though both RCTs showed significant large treatment effects (d=1.37; h=0.92), the literature is startlingly sparse and is not sufficient for evidence-based recommendations for first responders."