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FISCAL IMPACT REPORT

ORIGINAL DATE 01/27/08
 LAST UPDATED 02/5/08 HB 236/aHAFC

SPONSOR Stewart

SHORT TITLE Off-Reservation Native American Health SB _____

ANALYST Geisler

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY08	FY09	FY10	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		See Amendment			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Duplicates SB 436

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Indian Affairs Department (IAD)
 Health Policy Commission (HPC)

SUMMARY

Synopsis of HAFC Amendment

The House Appropriations and Finance Committee Amendment to HB 236 strikes the \$300 thousand general fund appropriation. If the legislation is enacted, DOH will absorb the cost of implementing the Bernalillo County Off-Reservation Native American Health Commission Act.

Synopsis of Original Bill

House Bill 236 will appropriate \$300,000 from the general fund in FY09 to the Department of Health for the Board of County Commissioners of Bernalillo County to create the Bernalillo County Off-reservation Native American Health Commission. The funding would be used for the following purposes:

- \$150,000 for establishing the Bernalillo County Off-Reservation Native American Commission and its operations;
- \$100,000 for commencement of the inventory of eligible Native Americans and services available for Native Americans; and

- \$50,000 for outreach to off-reservation Native American organizations, tribes and community leaders.

The Commission will be charged with working to improve the overall health systems in New Mexico for off reservation Indian people. House Bill 236 establishes the following provisions for the Bernalillo County Off-Reservation Native American Health Commission:

- Establishes guidelines for the creation of the commission and its membership.
- Defines two- and three-year goals for the commission including work activities related to the development of an initial off-reservation Native American health plan.
- Defines provisions for the contracting of health services as it relates to the implementation of an off-reservation Native American Health Plan.

FISCAL IMPLICATIONS

The funding in HB 236 is not part of DOH's FY09 executive budget request. Any unexpended balance remaining at the end of fiscal 2009 shall revert to the General.

SIGNIFICANT ISSUES

There are two Albuquerque facilities that provide the majority of services to urban Indians in Albuquerque - a dental clinic on the campus of Southwest Indian Polytechnic Institute and the First Nations Community HealthSource clinic on Zuni Road Southeast. The clinics are funded in part through the \$33 million federal Urban Indian Health Program, which provides services to American Indians living away from reservations. However, the Bush Administration has proposed cuts in funding for Indian health programs that could close these clinics. Currently, the U.S. Senate is considering a bill passed by the House of Representatives to strengthen and reauthorize the Indian Health Care Improvement Act.

HPC Background on the Issue of Urban Indian Health Care

During the last 30 years, more than 1 million American Indians and Alaska Natives have moved to metropolitan areas. These original inhabitants of the United States have left reservations and other areas, some by choice and some by force. This change in lifestyle has left many in dire circumstances and poor health. To many in the United States, this population is invisible, leaving an important problem unnoticed: the health of nearly 67 percent of the nation's 4.1 million self-identified American Indians and Alaska Natives. Nearly seven out of every 10 American Indians and Alaska Natives—2.8 million—live in or near cities, and that number is growing. Some urban Indians are members of the 562 federally recognized tribes and are thus entitled to certain federal health care benefits, with the bulk of these services provided only on reservations, making access difficult for those in cities. Others are members of the 109 tribes that the government "terminated" in the 1950s. Without this federally recognized status, members of these tribes do not qualify for federal Indian health aid provided by the IHS or tribally run hospitals and clinics. Competition for scarce resources further limits financial help to address the health problems faced by urban Indians. Today, there is no national, uniform policy regarding urban Indian health, and current federal executive policy aims to eliminate funding for urban Indian health within the Indian Health Service.

Urban Indians are much more likely to seek health care from urban Indian health organizations (UIHOs) than from non-Indian clinics. However, with only 1 percent of the federal Indian health budget allocated to urban programs and with this 1 percent under threat of elimination, these Indian-operated clinics must struggle to obtain and maintain the funding, resources and infrastructure needed to serve the growing urban Indian population. The vast majority of American Indians and Alaska Natives living in cities are ineligible for or unable to utilize health services offered through the Indian Health Service or tribes, so the urban Indian health organizations are a key lifeline for this group.

CONFLICT, DUPLICATION, RELATIONSHIP

HB 236 is duplicated by SB 436. HB 236 relates to HB 120, the American Indian Health Care Improvement Act, which would appropriate \$15 million to establish the American Indian Health Division within the New Mexico Department of Health, create an American Indian Health Council to oversee the implementation of the Act and to advise DOH on American Indian health issues, and award grants for projects addressing the health disparity needs of American Indians.

The Indian Affairs Department (IAD) notes that HB 236 would create a Commission with representation of the off-reservation Native American community focused on Bernalillo County. HB 120 and the Health Solutions Act (HB 62) would also provide for representation from the off-reservation Native American community on their respective health advisory councils.

IAD notes that HB 236 possibly conflicts with HB 120. HB 120 would replace all Native American health advisory boards with the proposed American Indian Health Council, which would advise the Secretary of DOH on all matters relating to American Indian Health. As proposed by HB 236, the Bernalillo County Off-Reservation Native American Health Commission would also advise the Secretary of DOH on matters related to American Indian health, specifically on off-reservation Native American health in Bernalillo County.

TECHNICAL ISSUES

IAD notes the composition of the Commission would sufficiently represent the interest of the off-reservation community in Bernalillo and its associated health care providers. However, there is only one state representative to this body. As many of the Commission's recommendations could potentially impact state health programs and policies, this limited representation on the Commission may present an issue for the state.

It should also be noted that there are other off-reservation Native American populations residing in urban centers throughout New Mexico, e.g., Santa Fe, Gallup, Farmington. However, it appears that HB 236 would only address health care delivery needs for Native Americans in Albuquerque and Bernalillo County.

OTHER SUBSTANTIVE ISSUES

HPC provided background on Albuquerque's Urban, Off-Reservation Indian Community

Generally, Urban Indians are Indians who have left their tribes and are living in urban areas around the United States. Indian Health Service (IHS) data indicates that Albuquerque has the highest percentage of Native Americans in its population of any American city (10.5%), with the

third highest number of Native Americans. According to the IHS, however, in FY2003 there were 46,883 individuals representing 407 tribes from across the country living in Albuquerque and listed as patients at the Albuquerque Indian Health Center.

First Nations Community Healthsource which provides a variety of primary care services, primarily to Urban Indians, estimates there are between 45,000 and 51,000 Native people in Albuquerque representing more than 150 different tribes. According to U.S. Census data, the median household income for Native Americans in Albuquerque in 1999 was \$23,440 and per capita income was \$8,679 compared to \$38,272 and \$20,884 for non-Indians. On average, at that time, 25.8% of Albuquerque's Native American population lived below poverty level, but there were neighborhoods in which as many as 64.6% of the population lived below poverty level. Native Americans make up 13.5% of the state's uninsured population, while consisting of 10% of the population as a whole.

First Nations Community Healthsource, Albuquerque's only Urban Indian health clinic, estimates that 70% of Albuquerque's Native American population is uninsured. In 2000, 18% of the off-reservation community reported attaining a 4 year college degree or higher compared to 30.5% for all races. The unemployment rate was 13.1%, compared to 5.7% for all races, and 56.1% of Native American households consisted of a single parent, compared to 35.2% for all races.

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