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FISCAL IMPACT REPORT

ORIGINAL DATE 01/24/08

SPONSOR Taylor LAST UPDATED _____ HB 292

SHORT TITLE Northwest NM Preventative Health Programs SB _____

ANALYST Geisler

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	FY09		
	\$250.0	Recurring	General

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 292 would appropriate \$250,000 from the general fund to the Department of Health (DOH) for expenditure in Fiscal Year 2009 for a preventive health pilot program in northwest New Mexico that works to identify and improve the health of persons who suffer from diabetes, heart disease, obesity or other preventable health conditions. Any unexpended balance remaining at the end of fiscal year 2008 shall revert to the general fund.

FISCAL IMPLICATIONS

Both the Legislative and Executive base FY09 operating budget recommendations contain \$130,000 for a preventive health pilot program in rural areas of northwestern New Mexico. This funding is from a FY08 appropriation for a pilot project essentially identical to that proposed in HB 292; the only difference was a stipulation that it take place in rural areas of northwest NM. The funding in HB 292 would provide additional funding for the pilot project, although HB 292 does not specify rural areas.

SIGNIFICANT ISSUES

Nearly 890,000 cases of seven common chronic diseases — cancer, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in New

Mexico in 2003. (The Milken Institute. An Unhealthy America: The Economic Burden of Chronic Disease, 10/07. <http://www.chronicdiseaseimpact.com/ebcd.taf?cat=state&state=NM>)

In 2005, more New Mexicans (3,376) died from heart disease than any other cause, accounting for 22.7% of all deaths; stroke was the fifth leading cause of death, responsible for 4.2% of mortality (625 deaths). Heart disease and stroke caused the greatest number of deaths in New Mexicans ages 65 years and older. Heart disease was also the second leading cause of death in those 45 to 64 years old and the fourth leading cause in those 25-44 years old, representing an unfortunate number of years of productive life lost (New Mexico Selected Health Statistics Annual Report 2005). Poorly controlled diabetes, hypertension and abnormal cholesterol levels are major risk factors for cardiovascular disease. Obesity is strongly associated with all of these risk factors.

Approximately 1 in 11 adults, or 130,000 New Mexicans, have diabetes (Behavioral Risk Factor Surveillance system [BRFSS] 2004 and National Health and Nutrition Examination Survey [NHANES]). In 2003, Cibola, McKinley and San Juan Counties had 17,440 adults with diabetes. Those with diabetes are at risk for limb amputations, blindness, end-stage kidney disease and cardiovascular disease (Centers for Disease Control and Prevention 2004).

All of these conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. The Milken Institute has estimated that between 2003 and 2023, NM could potentially save \$6.3 billion in direct medical expenditures and lost productivity due to chronic diseases if moderate changes are made toward prevention and screening. The leading causes of preventable disease and death are tobacco use, lack of adequate physical activity, and poor nutritional practices.

OTHER SUBSTANTIVE ISSUES

Adults living in northwest New Mexico have statistically higher rates of obesity (23.4%) than those living in Bernalillo County (17.5%, BRFSS 2003). Hispanic (62.5%) and Native American (73.3%) adults have statistically higher rates of overweight and obesity than do White, non-Hispanic adults (51.3%) in New Mexico. The northwest counties of Cibola, McKinley and San Juan have a larger percentage of Hispanics and American Indians than non-Hispanic Whites. American Indians are more than twice as likely to have diagnosed diabetes as non-Hispanic Whites. In 2003-2005, American Indians also had death rates from diabetes that were more than 3 times higher than Whites. (NMDOH Bureau of Vital Records and Health Statistics) Compared to their counterparts ages 35 years and older nationwide, NM Hispanic and American Indian men, and NM Hispanic women, have higher rates of death from heart disease and stroke. (Centers for Disease Control and Prevention, <http://apps.nccd.cdc.gov/giscvh/default.aspx>)

Rural residents have limited access to local health resources and often must travel long distances for specialized health care. Cibola, McKinley and San Juan counties are designated as medically underserved counties.

GG/bb