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FISCAL IMPACT REPORT

ORIGINAL DATE 02/09/10
 SPONSOR Steinborn LAST UPDATED 02/16/10 HM 56/aHGAC/aHFI#1
 SHORT TITLE Consolidate Disability Program Training SB
 ANALYST Hanika-Ortiz

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY10	FY11	FY12	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		\$0.5-\$25.0			Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
 Health Policy Commission (HPC)

SUMMARY

Synopsis of HFI Amendment #1

The House Floor Amendment #1 clarifies in the bill’s heading that the task force will only examine consolidating “governmental” training programs.

Synopsis of HGAC Amendment

The House Health and Government Affairs Committee Amendment clarifies in the body of the bill that the task force will only examine consolidating “governmental” training programs.

Synopsis of Original Bill

House Memorial 56 (HM 56) requests the NM Department of Health (DOH) to convene a task force to examine coordinating or consolidating training programs for direct caregivers across all disability programs at state agencies.

The Memorial provides for the following:

- many individuals with disabilities rely upon direct caregivers such as home care aides, attendant care workers, personal assistants, personal care attendants, habilitation technicians, respite care workers, certified nursing assistants and classroom aides;

- a number of different agencies provide training for direct caregivers to work with individuals with disabilities;
- with the various training programs there are varied standards and educational requirements for direct caregiver training;
- training curricula for direct caregivers depend upon the clients' needs, state requirements, federal requirements and a number of other factors that give rise to widely disparate forms of training;
- consolidation of direct caregiver training programs could potentially save money, provide uniform standards and lead to better-trained direct caregivers;
- the College of Direct Support offers a model of an online training resource that provides training, using a standardized curriculum, to direct caregiver trainees in 25 states;
- HM 37, passed in 2009, directed experts in the field to form a legislative task force to plan and develop a training and education program that leads to the credentialing of direct caregivers in the state;
- the legislative task force found that duplication likely exists within agencies providing education, training and credentialing for direct caregivers;
- the legislative task force recommended that a core curriculum common to all direct caregivers be defined, from which discipline-specific or subspecialty training could be built; and
- the legislative task force recommended that resources for educating and training direct caregivers be consolidated.

The task force will report to the legislative Health and Human Services Committee its findings and recommendations by November 1, 2010.

FISCAL IMPLICATIONS

The task force will assess the economic savings, if any, that may result from coordinating or consolidating direct caregiver training programs across all disability programs and their respective state agencies.

DOH staff will need to collect and assess data, coordinate and attend stakeholder meetings and prepare a final report.

SIGNIFICANT ISSUES

The task force will research direct caregiver training models that are in use in other states, as well as the merits of models such as the College of Direct Support (CDS).

HPC notes that CDS is a web-based learning management system that reaches learners in 25 states. CDS courses reflect the skills, knowledge and attitudes of an experienced worker who is recognized by peers and supervisors as skilled and competent.

PERFORMANCE IMPLICATIONS

HM 56 recognizes that HM 37, passed in 2009, created a task force that ultimately recommended that a core curriculum common to all direct caregivers be defined, from which discipline-specific

or subspecialty training could be built and that resources for educating and training direct caregivers be consolidated.

ADMINISTRATIVE IMPLICATIONS

The task force would include representatives from DOH, the Higher Education Department, the Human Services Department, the Children, Youth and Families Department, the Aging and Long-Term Services Department, the Developmental Disabilities Planning Council, the Arc of New Mexico and Disability Rights New Mexico; three New Mexicans with a disability, or their legal representatives; and other members chosen on an ad hoc basis as the secretary of health deems necessary.

TECHNICAL ISSUES

The Memorial does not formally invite a representative from the Governor's Commission on Disability to be a member of the task force.

OTHER SUBSTANTIVE ISSUES

HPC further notes that the demand for long term services and supports in the aging population will grow much faster than the supply of caregivers, either paid or unpaid.

In addition to older Americans, millions of individuals below the age of 65 have some type of permanent or long lasting disability. Most individuals with disabilities prefer to live in the community, rather than in nursing facilities and institutions.

The Bureau of Labor Statistics projects demand for health care support to grow 33.3 percent between 2004 and 2014, faster than any other sector of labor force demand.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

DOH will not be requested to convene a task force to examine the possibility of coordinating or consolidating training programs in the state for direct caregivers across all disability public programs.

AHO/svb:mew