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## FISCAL IMPACT REPORT

**ORIGINAL DATE**  
**LAST UPDATED** 01/30/12    **HB** 180

**SPONSOR**    Ezzell

**SHORT TITLE**    Coordinated Cancer Services    **SB** \_\_\_\_\_

**ANALYST**    Esquibel

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY12	FY13		
	\$200.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
 University of New Mexico  
 Department of Health

### SUMMARY

#### Synopsis of Bill

House Bill 180 appropriates \$200 thousand from the general fund to the Department of Health (DOH) to provide coordinated cancer prevention, research, and education services, including access to clinical trials in rural areas in support of the department's statewide cancer plan. The bill specifies that the DOH provide these services through a nonprofit statewide network of health care providers engaged in conducting clinical trials, providing educational services to physicians and patients and coordinating with organizations that provide support services to cancer patients and their families.

### FISCAL IMPLICATIONS

The appropriation of \$200 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY13 shall revert to the general fund.

### SIGNIFICANT ISSUES

The University of New Mexico indicates currently, much of New Mexico's cancer care is spearheaded by the New Mexico Cancer Care Alliance, a nonprofit cancer research network

which covers the central Rio Grande corridor of New Mexico. The financial support to create the NMCCA was borne by the hospitals/health systems in Albuquerque.

At the present time, the hospitals in rural New Mexico have limited resources to help support creating the research infrastructure in communities like Roswell, Alamogordo, Hobbs and Carlsbad, which leaves the patients and oncologists in these communities with few options for clinical trials. The bill would appropriate funds to help develop the infrastructure in these communities, and research could be expanded to provide for patients in these rural areas.

## **TECHNICAL ISSUES**

House Bill 180 refers to the Department of Health's "statewide cancer plan". However, the *New Mexico Cancer Plan* is developed and implemented by the New Mexico Cancer Council and is not a Department of Health plan.

The New Mexico Cancer Council is a collaborative effort of diverse public and private partners working together to control and prevent cancer in New Mexico through the development, implementation, and evaluation of the *New Mexico Cancer Plan*.

## **OTHER SUBSTANTIVE ISSUES**

The Department of Health indicates an estimated 9,640 new cases of cancer will be diagnosed in New Mexico in 2012. Cancer is the second leading cause of death in the State and approximately 3,530 New Mexicans will die from the disease in 2012. ([www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-031941.pdf](http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-031941.pdf)).

Comprehensive cancer control addresses the spectrum of cancer care from prevention to early detection, treatment, survivorship, and end-of-life issues. The DOH currently provides limited cancer prevention and education services, and is not involved in research activities.

Cancer clinical trials are research studies designed to translate scientific research results into better ways to prevent, diagnose, or treat cancer. Cancer clinical treatment trials provide access to either the best available standard treatment or a promising new treatment for patients with cancer. Advances in cancer care and the development of cancer therapeutics depend largely on an effective clinical trial process. For eligible patients, the experimental procedures available only through cancer treatment clinical trials may increase survival or improve quality of life compared to standard treatment. However, the National Cancer Institute reports fewer than 5% of adult cancer patients participate in clinical research studies. According to their survey, most people with cancer were either unaware or unsure that participation in clinical trials was an option for their treatment, and most of them said they would be willing to enroll had they known it was possible (<http://www.cancer.gov/clinicaltrials/researchabout/developments/doctors-barriers0401>). In New Mexico, an estimated 6% of cancer survivors reported having participated in clinical trials as part of their treatment (NM Behavioral Risk Factor Surveillance System, 2010).

Possible risks of participating in clinical treatment trials include: new drugs or procedures under study are not always better than the standard care to which they are being compared; experimental treatments may have side effects or risks that doctors do not expect or that are

worse than those resulting from standard care; and participants may be required to make more visits to the doctor than they would if they were not in the clinical trial (National Cancer Institute, *Clinical Trials Fact Sheet*, 2008 [www.cancer.gov/cancertopics/factsheet/Information/clinical-trials](http://www.cancer.gov/cancertopics/factsheet/Information/clinical-trials)).

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