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FISCAL IMPACT REPORT

ORIGINAL DATE 1/24/19

SPONSOR Thomson **LAST UPDATED** _____ **HB** 137

SHORT TITLE County and Tribal Health Councils Act **SB** _____

ANALYST Chenier

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	See Fiscal Implications	See Fiscal Implications	See Fiscal Implications	See Fiscal Implications		

(Parenthesis () Indicate Expenditure Decreases)

HB137 relates to HB67, appropriating \$1 million to the Department of Health for expenditure in fiscal year 2020 to fund community health plans and other functions performed by county and tribal health councils.

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Indian Affairs Department (IAD)

SUMMARY

Synopsis of Bill

House Bill 137 repeals the Maternal and Child Health Plan Act and replaces it with the County and Tribal Health Councils Act. Much like the original act, the bill allows county or tribal boards and councils to create county or tribal health councils comprised of diverse interests. Members shall be compensated for per diem and mileage. The bill requires health councils to prepare and update health plans during regular intervals that inventory health resources, identify health priorities, and develop strategies to address priorities. Health councils shall also monitor health programs, collaborate with other entities, advise counties and tribes, and facilitate communication.

The bill also requires DOH to develop benchmarks, expectations, and mechanisms to ensure long-term viability of health councils, provide support to health councils, evaluate the effectiveness of councils, administer funding, and adopt rules to carry out the purposes of the County and Tribal Health Councils Act.

FISCAL IMPLICATIONS

The state already funds County and Tribal Health Councils so the fiscal impact from this bill is expected to be minimal. However, DOH said that additional resources may be needed for DOH to provide support for the councils such as training, evaluations, and benchmarks.

For a county and tribal health council appropriation bill from 2018 DOH said that in FY18, county and tribal health councils received a total of \$184.4 thousand in support from the general fund. An article published in 2015 about New Mexico's health councils reported that health councils leveraged \$1.10 for every dollar invested by the state. In addition, the 23 health councils included in the study were found to have identified public health priorities, strengthened partnerships, created strategies and influenced policies.

SIGNIFICANT ISSUES

IAD provided the following:

During the 2018 Legislative Session, the Legislature approved Senate Memorial 44 requesting the New Mexico Alliance of Health Councils to convene a health council task force to assess and make recommendation to strengthen the structure, effectiveness, and sustainability of county and tribal health councils. Findings include:

- Structure: Health councils adopt organizational structures that reflect local needs, conditions, and resources.
- Effectiveness: The health council system should provide for continuous quality improvement, outcome evaluation, health council training and technical assistance, and integration with local, regional, and statewide public health and health care systems.
- Sustainability: Health councils and the system as a whole must be provided with sufficient funding to accomplish the goals and outcomes stated in the Maternal and Child Health Plan Act and subsequent enabling legislation.

DOH provided the following:

In 1991, the Legislature created the health councils through the County Maternal and Child Health Plan Act, which was amended in 2007 to include tribal communities. Health councils form a decentralized, community health planning system, providing a mechanism for communities to assess local health needs and create and coordinate the implementation of community health plans. Health councils identify local health priorities and lead to community interventions addressing problems, including access to health care, diabetes and obesity, alcohol and drug use disorders, infant mental health, suicide, and environmental health.

NMDOH supports the health councils through regional health promotion teams, providing assistance to assess local health needs, identify gaps in services, develop community health assessments and plans with priorities, and coordinate community health improvement initiatives. There are currently 39 health councils, in 33 counties and 6 tribal communities.

DISPARITIES ISSUES

DOH provided the following:

According to the Robert Wood Johnson Foundation, 40 percent of health outcomes can be tied to social and economic factors such as education, employment, and income, and an additional 10 percent to the physical environment (<http://www.countyhealthrankings.org/explore-health-rankings/reports/state-reports>).

These factors are commonly referred to as “social determinants of health.” According to the World Health Organization “The social determinants of health (SDoH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

Social determinants of health, and the health disparities experienced by different populations, vary across communities, pueblos, tribes, and nations in New Mexico. In order to adequately address social determinants of health and disparities, as well as build upon the unique assets of each community, it is important that local residents lead assessment and planning efforts. This concept is supported by numerous national entities. In the Introduction section to their Principles of Community Engagement, 2nd Edition, the Centers for Disease Control and Prevention state that “If health is socially determined, then health issues are best addressed by engaging community partners who can bring their own perspectives and understandings of community life and health issues to a project. And if health inequalities are rooted in larger socioeconomic inequalities, then approaches to health improvement must take into account the concerns of communities and be able to benefit diverse populations.”

EC/sb/gb