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# FISCAL IMPACT REPORT

			LAST UPDATED	
SPONSOR	Allison	1	<b>ORIGINAL DATE</b>	1/20/23
_		County and Tribal Health Councils	BILL	
SHORT TIT	LE	Funding	NUMBER	House Bill 49

ANALYST Klundt

# **APPROPRIATION\*** (dollars in thousands)

Appropr	iation	Recurring	Fund
FY23	FY24	or Nonrecurring	Affected
	\$5,250.0	Recurring	General Fund
	\$500.0	Recurring	General Fund

Parentheses () indicate expenditure decreases.

\*Amounts reflect most recent version of this legislation.

Relates to appropriation in the General Appropriation Act

#### Sources of Information

LFC Files

<u>Responses Received From</u> Indian Affairs Department (IAD) Department of Health (DOH)

#### SUMMARY

#### Synopsis of House Bill 49.

House Bill 49 (HB49) appropriates \$5.25 million from the general fund to Department of Health for county and tribal health councils statewide to carry out the functions as stated in the County and Tribal Health Councils Act and \$500 thousand to DOH to contract with a nonprofit organization to:

(a) provide training, technical assistance and other supports to county and tribal health councils;

(b) assist in the development of a system to evaluate the effectiveness of health councils and to gather necessary evaluation data; and

(c) strengthen community-based health planning and self-determination.

Any unexpended or unencumbered balance remaining at the end of fiscal year 2024 shall revert to the general fund.

#### House Bill 49 – Page 2

## **FISCAL IMPLICATIONS**

The appropriation of \$5.75 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY24 shall revert to the general fund.

The FY23 operating budget for health councils through DOH is slightly over \$400 thousand. Both LFC and executive recommendations include general fund increases for health councils. LFC recommended a general fund increase of \$100 thousand and the executive recommendation included a general fund increase of \$235 thousand. The LFC assumes the appropriation included in this bill would be in addition to any increase recommended in House Bill 2.

According to New Mexico Alliance of Health Councils, the increase of \$5.25 million would provide each health council \$125 thousand annually.

### SIGNIFICANT ISSUES

DOH reported health councils, established in 1991, help communities organize to identify and focus on local health priorities. Health councils are mandated to identify community needs, resources, and priorities; evaluate the community's system of care with an equity lens; and support education, programming and advocacy efforts to improve community health.

The Council & Tribal Health Council Act outlines the roles and responsibilities of the state's health councils. The purpose of the act is to encourage the development of community-based health planning councils to identify and address local health needs and priorities. Specifically, health councils are expected to:

- Monitor community health and health care;
- Facilitate communication and collaborate with community members to develop programs, partnerships & networks to improve community health;
- Advise county, tribal and state governments on policies that affect health; and
- Identify resources to improve community health.

IAD reported tribal health councils are represented from the following tribal communities: Santo Domingo Health Council, Health Council of the Pueblo of Acoma, Pueblo de Cochiti– Cochiti Health Council, Pueblo de San Ildefonso Health Council, Santa Clara Pueblo Community Health Committee, Canoncito Band of Navajos (Tohajiilee), Nambe Pueblo, Picuris Pueblo, and Tesuque Health Council.

IAD also reported due to continued efforts to minimize Covid-19 spread in most Tribal communities, some health councils were inactive due to public health emergency responses, and majority are ready to resume identifying and addressing local community health needs while continuing to identify goals and objectives moving forward.

KK/al/ne/mg