F I S C A L I M P A C T R E P O R T

SPONSOR Beffort **ORIGINAL DATE** 01/28/13 **LAST UPDATED** **HB**

SHORT TITLE Cancer Prevention, Research & Services **SB** 178

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY13	**FY14**		
	$200.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Human Services Department (HSD)
Department of Health (DOH)
University of New Mexico Health Sciences Center (UNMHSC)

SUMMARY

Synopsis of Bill

Senate Bill 178 (SB178) appropriates $200 thousand in general fund revenue in FY14 to the DOH to provide coordinated cancer prevention, research and education services, including access to clinical trials in rural areas. The bill requires the DOH to provide the 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 SB178 is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY14 shall revert to the general fund.

The DOH indicates it would request authority to use a minimum of 5 percent of the amount appropriated for the department's administrative overhead costs associated with implementing the appropriation.

SIGNIFICANT ISSUES

The HSD indicates the Medicaid program covers certain Phase I, II, III, and IV cancer clinical trials as outlined in 8.325.6.9 NMAC, Experimental or Investigational Procedures, Technologies or Therapies.

OTHER SUBSTANTIVE ISSUES

The DOH indicates the American Cancer Society estimates that 9,640 new cases of cancer would be diagnosed in New Mexico in 2012. Cancer is the second leading cause of death in the state and it is estimated that approximately 3,530 New Mexicans died from the disease in 2012 (www.cancer.org/acs/groups/content/@epidemiologysurveilance/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 does not conduct 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 upon 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 American Cancer Society reports that fewer than 5 percent of adult cancer patients participate in clinical research studies. Most people with cancer reported they 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 consider enrolling had they known it was possible http://www.cancer.org/acs/groups/cid/documents/webcontent/003006-pdf.pdf. In New Mexico, an estimated 8 percent of cancer survivors reported having participated in clinical trials as part of their treatment (NM Behavioral Risk Factor Surveillance System, 2010).

The DOH reports clinical trials are not without risk to patients. 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; participants may be required to make more visits to the doctor than they would if they were not in the clinical trial; and health insurance may not cover all patient care costs in a trial (National Cancer Institute, *Clinical Trials Fact Sheet*, 2008 www.cancer.gov/cancertopics/factsheet/Information/clinical-trials). SB178 would fund efforts to educate both physicians and the public about clinical trials.

Knowledge gained through clinical trials has been critical to preventing, diagnosing, and treating cancer. However, not all cancer patients benefit equally from these improvements. Racial/ethnic minorities have represented less than 15 percent of all adult participants in National Cancer Institute treatment trials (*Preventing Chronic Disease*, October 2009 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774630/). A review of Food and Drug Administration (FDA) cancer trials found that adults aged 65 years or older represented barely

one-third of clinical trial participants, even though they account for approximately 60 percent of cancer cases in adults (*Preventing Chronic Disease*, October 2009 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774630/). At the national level, other adult populations, such as those living in rural areas, those who are low income, or those without health insurance or third-party reimbursement for clinical trials, are also less likely to participate (*Preventing Chronic Disease*, October 2009 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774630/).

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