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FISCAL IMPACT REPORT

SPONSOR Sanchez, B DATE TYPED 1/30/04 HB _____

SHORT TITLE Cultural & Linguistic Health Care Issues SB SJM 13

ANALYST Dunbar

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY04	FY05	FY04	FY05		
	NFI				

(Parenthesis () Indicate Expenditure Decreases)

Relates to SJM23 which proposes the NM Department of Health (DOH) study the disparities in use of, and access to, reproductive health services, including family planning services, abortion, and treatment and prevention services for sexually transmitted diseases, human immunodeficiency virus and acquired immune deficiency syndrome, as well as an examination of the incidence of infant and maternal mortality

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 13 requires the Department of Health (DOH) to study and make recommendations in the following three major areas related to culturally and linguistically appropriate health care:

- Linguistic and cultural barriers to coverage and access,
- Appropriate representation of limited English proficiency patients and minorities in clinical trials and research projects involving human subjects, and
- Cultural and linguistic curricula in health care professional education and training.

SJM13 would require the DOH to work with several state agencies: Health Policy Commission, Human Services Department, Regulation and Licensing, the University of New Mexico, the New Mexico Medical Board, the New Mexico Board of Nursing, and other health provider boards. SJM 13 would have DOH present a report to the Legislative Health and Human services committee and the Legislative Finance Committee by October 1, 2004.

Significant Issues

DOH indicates that the national, regional, and state data demonstrate that people with limited English proficiency experience health disparities related to access to care, disparate care when they have access, and thus disparate health outcomes. In many cases, such as in the area of reproductive health, linguistic barriers are compounded by the lack of understanding the full range of services available. Linguistic barriers especially hinder women's knowledge of family planning, STD, maternal-child health, domestic violence prevention programs, and programs for people with disabilities.

DOH also points out there is a lack of availability of culture-specific health information and brochures as well as translated materials for service providers. Currently, there is no existing course or credentialing for medical interpreters in the state.

The Department of Health and Human Services defines meaningful access "as language assistance that results in accurate, effective communications between provider and client, at no cost to the client. Typically, effective programs are presumed to have four elements-an evaluation of the language needs of the population being served, a written policy on language access, staff training and monitoring."

The Office of Management and Budget in a cost-benefit analysis of the guidance effect on the health-care environment "suggested a host of advantages to providing language assistance, among them better communication between patients with limited English proficiency and English speaking providers; greater patient satisfaction; more confidentiality and truer "informed consent" in medical procedures; fewer misdiagnoses and medical errors; cost savings through fewer emergency room visits; less staff time in dealing with non-English speaking patients; and fewer eligibility and payment errors."

There is a long history of interest in minority health issues, particularly relating to the degree to which minority populations in New Mexico bear a disproportionate burden of preventable diseases, disability and premature death

FISCAL IMPLICATIONS

SJM13 does not contain appropriation to the DOH but would require additional resources to achieve the studies required in the bill.

ADMINISTRATIVE IMPLICATIONS

There would be administrative impact on the DOH. However, the requirements of SJM13 may be accomplished with current staff if the timeframe is extended.

TECHNICAL ISSUES

DOH suggests extending the due date for the study from Oct 2004 to Oct 2006.

OTHER SUBSTANTIVE ISSUES

Research demonstrates that clients who receive services from providers who can communicate with them in their language, who understand their culture, and who respect their beliefs about health and health care, are more compliant with health education direction. They also report a greater sense of trust of providers.

DOH believes it is critical that adequate attention is given to cultural and linguistic issues, clinical trials, and education as they impact access, health care, and health outcomes, if New Mexico is to begin exploring and addressing some of the underlying causes of health disparities. There is demonstrated need to identify the root causes and their sources. The gap in health status between New Mexico's minority populations and that of the majority population is widening.

Deaf and hard of hearing people who use American Sign Language (ASL) may or may not be proficient in English, because ASL has a grammar structure all its own. According to the New Mexico Commission for Deaf and Hard of Hearing Persons, national statistics are that 1/2 of 1% of the population is deaf and 3% of the population has some degree of hearing loss (hard of hearing). This means that around 150,000 people in NM have some degree of hearing loss.

AMENDMENTS

Recommended language additions:

Page 1, line 25, change the language to read: "elderly, people who are deaf or who have limited hearing ability, poor people, youth, people with disabilities, and people who have below-average health care visits; and"

Page 3, after line 13, insert "BE IT FURTHER RESOLVED that the Department of Health work with the Commission for Deaf and Hard of Hearing Persons, the Indian Affairs Department, agencies and community organizations focusing on Hispanic issues, and the Office of African American Affairs to study the issues of access, clinical trials, and education and training as described."

Page 3, line 17, change the date to "October 1, 2006."

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