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FISCAL IMPACT REPORT

SPONSOR Lopez DATE TYPED 1/28/04 HB _____

SHORT TITLE Study Reproductive Health Care Disparity SB SJM 23

ANALYST Dunbar

APPROPRIATION

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

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Health Policy Commission (HPC)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 23 proposes the New Mexico Department of Health (DOH) study and prepare a report by October 2005 that examines the disparities in use of and access to reproductive health services. This includes 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. The study should also examine the gaps in delivery of reproductive health services, including a review of all services provided by all state agencies to minority or low-income women, and identify strategies to eliminate gaps in service and disparities found to exist in service provision. The study should identify federal funds available from any federal source, including the National Institute of Health (NIH) and the Centers for Disease Control (CDC).

The memorial also asks that the study be presented to the interim Legislative Health and Human Services Committee no later than October 2005, including the findings, conclusions and recommendations of the racial, ethnic and socioeconomic disparities in reproductive health.

Significant Issues

The population of women in NM has a significant proportion of minority and low-income groups; their reproductive health & related health status and health care needs are the subject of SJM23. The NM DOH already collects and reports on the majority of the health data that are requested in this memorial: health data collected at the time of birth, death and pregnancy termination by the NM Office of Vital Records and Health Statistics (NMOVRHS); the NM Behavioral Risk Factor Surveillance System (BRFSS); and the NM Pregnancy Risk Assessment Monitoring System (PRAMS); the NM Maternal Mortality Review (MMR); and Child Fatality Review (CFR). Both sexually transmitted diseases (STD), and HIV/AIDS are reportable conditions and this data is maintained by the Office of Epidemiology. In March 2003, the DOH published the report Health Disparities in New Mexico that addresses many of the concerns of SJM23.

Most of the data requested in by SJM23 is available in the DOH through the Office of Epidemiology or other program epidemiologists. While the DOH has most of the data requested by this memorial, SJM23 indicates that those in need of the data may not know about it, know how to access reports or how to use such reports. DOH epidemiologists at the state and public health district levels, and the newly formed positions for community and tribal epidemiology, have great potential for resolving this need.

Additional information regarding all women's access to and use of family planning, pregnancy termination and treatment for sexually transmitted diseases is available and can be reported. Collaboration with the Human Services Department's Medical Assistance Division for use of Medicaid would be required for such a report.

Gaps in some of the data exist; good estimates of un-served and underserved minority women for reproductive health and related health care needs and the barriers they experience in obtaining services would require additional study.

NM Health Policy Commission administers the Health Information and Alliance Act as well as the Hospital Inpatient Discharge Database (HIDD). The HPC purpose is to plan and monitor implementation of the state's health policy, obtain and evaluate information regarding the availability and accessibility of health services; therefore, the concept of the bill aligns with the statutory duties of the NM Health Policy Commission. The bill assigns major responsibility to the Health Department for the plan and HPC appears to be a minor player. It seems that the DOH is undertaking more of the responsibilities for these types of activities and perhaps the mission of the HPC needs to be re-evaluated

FISCAL IMPLICATIONS

Funds for new study(s) of minority women's access to and use of reproductive health services may be available within the DOH. However, additional resources may be necessary for a complete and comprehensive study.

ADMINISTRATIVE IMPLICATIONS

Epidemiological and statistical expertise is available to produce the majority of information requested in this study. Additional support may be necessary for a complete and comprehensive study to be conducted in a timely manner.

TECHNICAL ISSUES

Collaboration with the Human Services Department's Medical Assistance Division for use of Medicaid would be required to compile the study requested in SJM23. Therefore, DOH suggests the amendment described below.

OTHER SUBSTANTIVE ISSUES

In NM 21 % of women aged 15-44 have incomes under the federal poverty level (FPL) and 28% did not have private health insurance or Medicaid. Publicly funded family planning clinics help women avoid 15,100 unintended pregnancies each year. Title X supported clinics serve 32,110 women in NM (2002 Alan Guttmacher Report). An estimated 36,435 women obtain family planning services through Medicaid's 1115 waiver; however the majority of potentially eligible women in need of such services were not served.

Services for reproductive health including family planning, screening and treatment for sexually transmitted disease (STD) treatment are offered at all of the DOH's local public health offices (over 50 sites statewide), at over 50 community health care clinics, 6 UNM M&I sites, and Healthcare for the Homeless in Albuquerque. Problems do exist related to transportation, language barriers, and access for women with disabilities.

Women with disabilities often do not receive adequate and necessary health care services important for all women. Reasons given by women with disabilities for not having regular pelvic exams include not being aware of the need to have one, difficulty getting onto the exam table, being too busy, and the inability to find a doctor who suited them or who was knowledgeable about their disabilities.

Women with disabilities need the same level of access to reproductive health information, including information about safe sex practices, STDs, and planning a healthy pregnancy, as their non-disabled counterparts. It also is important for women with disabilities to receive the same preventive health care, such as pap smears and clinical breast exams. (see the website of DHHS, 4Women.gov)

AMENDMENTS:

On page 2, line 16, after "health", insert "with the participation of the human services department, the health policy commission, other stakeholders, and women with disabilities and problems related to access,..."

BD/sec