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## FISCAL IMPACT REPORT

SPONSOR Griego DATE TYPED 2-8-05 HB \_\_\_\_\_

SHORT TITLE Create Governor's HIV and AIDS Commission SB 313

ANALYST Collard

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
			See Narrative		

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates HB 530

Relates to HB 531, SB 314, HJM 22 and SJM 21

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Indian Affairs (DIA)  
 Human Services Department (HSD)  
 Division of Vocational Rehabilitation (DVR)  
 Department of Health (DOH)  
 Corrections Department (NMCD)  
 Public Education Department (PED)  
 Commission on Higher Education (CHE)  
 Department of Finance and Administration (DFA)  
 New Mexico POZ Coalition

### SUMMARY

#### Synopsis of Bill

Senate Bill 313 creates the governor's HIV and AIDS policy commission, establishing membership and duties of this commission and directing DOH to provide administrative services to the commission. The Commission is to be administratively attached to DOH.

The HIV and AIDS Policy Commission would consist of 23 members. The commission will include the secretaries of DOH, HSD and PED, the Chief Medical Officer of NMCD, the chair of

the DOH Medical Advisory Committee, the executive director of the New Mexico Medical Insurance Pool, one representative from each of the six health management alliance organizations, six consumers reflecting the diversity of the HIV and AIDS populations in New Mexico, and five public members with expertise in HIV/AIDS services, prevention, program administration, financial management. All members will be appointed to the commission by the governor.

The bill directs the commission to serve as the planning and advisory group to DOH's HIV/AIDS programs. The commission is further directed to review and make recommendations to DOH on HIV and AIDS policies including the availability, quality and accessibility of services, drug formulary and utilization and policies and practices of each state agency with responsibilities for HIV/AIDS services. Additionally, the bill directs the governor's HIV/AIDS policy commission to provide annual evaluation and recommendations to DOH including recommendations for administrative and legislative changes, resource allocations and funding.

### Significant Issues

DIA notes it is important that Native American representatives have a major role on the commission to provide recommendations that address the barriers to health care experienced by Native Americans with HIV and AIDS.

HSD indicates DOH's Public Health Division administers the Medicaid AIDS waiver and HSD's Medical Assistance Division has Medicaid oversight responsibilities. According to HSD, the bill does not appear to include the Medicaid AIDS waiver program, but rather the non-Medicaid waiver services programs at DOH. The commission would have no legal authority over Medicaid programs and services including the AIDS waiver.

### **FISCAL IMPLICATIONS**

While there is no direct appropriation attached to this bill, there will be administrative costs to DOH and per diem costs to the agencies and members associated with the commission.

DOH estimates that \$35 thousand would be required to support the meetings, per diems and travel for the proposed 23 members of the commission's bi-monthly meetings, regardless of which agency is supporting the cost. Of the \$35 thousand, DOH indicates approximately \$15 thousand would be for mileage and per diem for six meetings, estimating one overnight trip. The rest of the cost is based on mileage reimbursement on an average of 500 miles per member per meeting, and logistical needs, such as meeting room and miscellaneous office expenses and telecommunication charges.

HSD indicates its portion of the \$35 thousand is approximately \$2 thousand to HSD for staff time and travel costs needed for the HSD secretary or designee to participate in the HIV and AIDS policy commission. The \$2 thousand assumes four meetings a year held at various locations throughout the state.

DVR notes the bill does not provide appropriations for the operations of the commission, but the commission will expend funds for per diem, payments of services such as contract, administrative functions, publication and dissemination of reports.

The New Mexico POZ Coalition notes expenses of all but 6 members of the commission should

be absorbable by the state agency the commissioner is representing. For example, HSD should be able to cover the cost of their representative's mileage and per diem out of the HSD budget. The coalition indicates the six members who are not covered are the consumers reflecting the diversity of the HIV and AIDS population, mentioned on page 2, item number (8). The coalition estimates mileage, per diem, and food and beverage for these 6 members for six meetings to be approximately \$6 thousand. This estimate is based on meetings every other month with three to four hours in the morning and afternoon.

### **ADMINISTRATIVE IMPLICATIONS**

DOH notes staffing to the commission could be accomplished within current DOH resources.

NMCD indicates minimal administrative impact due to the fact that an NMCD employee will be appointed to the commission and will have duties related to that appointment. This will take time away from that employee's duties at NMCD. The department would be able to absorb the additional burden.

PED states the department would be responsible for serving on the commission. This process takes approximately 80 hours of an education administrator's time. The time at \$25.06 per hour plus benefits (\$2.60) would cost \$54.9 thousand. PED staff currently serves on the Governor's Taskforce for HIV/AIDS, so this could be absorbed with current staff responsibilities.

### **DUPLICATION, RELATIONSHIP**

Senate Bill 313 duplicates House Bill 530. Additionally, Senate Bill 313 relates to House Bill 531, and its duplicate Senate Bill 314, which establishes DOH duties pertaining to persons with HIV/AIDS, creates a medical advisory committee and an independent ombudsman, and also relates to Senate Joint Memorial 21 and House Joint Memorial 22, which calls for the improvement of HIV/AIDS services in the state.

### **OTHER SUBSTANTIVE ISSUES**

DOH notes the Governor's Taskforce on HIV/AIDS is an existing group with by-laws and officers who meet regularly to develop position papers. The extent to which per diem is paid depends on policies of agencies or groups sending representatives to the meeting.

Additionally, there is a Ryan White federal grant requirement for a formal HIV Services Planning and Advisory Committee to the Department of Health. This bill satisfies the federal requirement and fulfills a critical function for the HIV services program. If the bill does not pass, DOH would still need to develop a separate council to meet the federal requirements. This council is different from the Governor's AIDS Taskforce in required membership. The federal grant provides \$3,338,463 to DOH and expected to be reauthorized in September 2005 for another five years. Grant funds are used for AIDS drugs, to support the Health Maintenance Alliances, dental services and to support three FTEs.

DFA indicates New Mexicans with and at risk for HIV/AIDS may experience confusion in understanding education and treatment service availability. Approximately 1,900 individuals in New Mexico have been diagnosed with HIV/AIDS. Education and treatment services for this population are currently spread over multiple state agencies and private entities.

DIA notes current data shows that groups that have been disenfranchised historically are disproportionately impacted by HIV and AIDS nationally and in New Mexico. This includes Native Americans living in rural and urban areas, African Americans throughout the state and less-fortunate people throughout the state. A commission focused on HIV and AIDS is an opportunity to fully understand the inter-connectedness and ensure coordination and standards of care for all persons with HIV and AIDS.

DVR indicates the bill centers on a commission with a focus on health care issues, but people living with HIV/AIDS require coordinated services inclusive of psycho-social adjustment. DVR indicates the commission would do well in considering the larger array of services needed by people living with HIV/AIDS. The commission should be knowledgeable of psycho-social services available and how these services will augment and enhance health care services. DVR states people living with HIV/AIDS should be referred to DVR for employment services, to either return to employment, maintain employment or seek employment for the first time. Coordination of referrals to DVR is critical as well as communication and networking.

PED notes the current membership on the Governor's HIV/AIDS Taskforce does not represent the requirements that are in the bill for the commission. Replacing the current taskforce with the commission would ensure appropriate representation from a large number of constituents.

#### **ALTERNATIVES**

DVR indicates the commission might be best served to have the Assistant Secretary of Vocational Rehabilitation, or designee, be a required member. DVR counselors coordinate a wide array of vocational rehabilitation services for eligible participants inclusive of health care services and better coordination of services could benefit individuals living with HIV/AIDS.

KBC/njw