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## FISCAL IMPACT REPORT

**SPONSOR** Lujan, A **ORIGINAL DATE** 01/24/07  
**LAST UPDATED** 01/26/07 **HB** 77  
**SHORT TITLE** Dona Ana County Uninsured Needs **SB** \_\_\_\_\_  
**ANALYST** Geisler

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY07	FY08		
	\$500.0	Recurring	General

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates: Senate Bill 133

### SOURCES OF INFORMATION

LFC Files

Department of Health (DOH)

Community Action Agency of Southern New Mexico (CAASNМ)

Access to Care Consortium (AtC)

### SUMMARY

#### Synopsis of Bill:

House Bill 77, for the Legislative Health and Human Services Committee, would appropriate \$500,000 from the General Fund to the Department of Health (DOH) for expenditure in fiscal year 2008 to address the unmet needs of the uninsured in Doña Ana County. Any unexpended or unencumbered balance remaining at the end of fiscal year 2008 would revert to the General Fund.

### FISCAL IMPLICATIONS

DOH notes that this funding is not included in the agency's FY08 operating budget request.

### SIGNIFICANT ISSUES

Approximately 33% of the total population of Doña Ana County is either uninsured or underinsured. In the year 2000 (2003 Doña Ana County Health Profile), an estimated 56.1% of female-headed households with children under the age of 18 were living below the poverty line.

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A significant portion of the families represented in these groups reside in the 37 colonia communities officially recognized by the US Department of Housing and Urban Development (HUD) and rural areas throughout the county. Doña Ana County is a border county, and a substantial number of its residents are foreign nationals, who may not be eligible for Medicaid or other health benefit programs.

Doña Ana County indigent residents seek primary, comprehensive and emergency health services from local community health centers (e.g., Ben Archer Health Centers, La Clinica de Familia, Mountain View Regional Medical Center, and especially Memorial Medical Center in Las Cruces). Each of these facilities has both sliding scale and self-pay billing systems in place to accommodate both the underinsured and uninsured, when Medicaid, insurance and other sources cannot fully reimburse medical services provided. Remaining balances of the health care costs still unmet after payments by these patients and their families is submitted to the county for reimbursement, via the County Indigent Care program. Annually, the Indigent Care Program has lacked the resources to reimburse all indigent healthcare claims submitted.

If enacted, House Bill 77 would contribute to services for indigent populations in a part of the state with a large at-risk population. It would help reduce the risk of health emergencies (especially those related to proliferation of infectious diseases) that could result in much higher public health care costs.

Community Action Agency of Southern New Mexico (CAASN) and the Access to Care Consortium (AtC) note they have submitted a \$500,000 legislative request for a Access to Healthcare Initiative that addresses the unmet healthcare needs of the uninsured and underinsured in Dona Ana County. The Access to Healthcare Initiative utilizes the web-based “iReach” software that provides a uniform screening criteria of patients to:

- Reduce unnecessary emergency room visits by the uninsured and chronically ill patients with asthma, diabetes, hypertension and depression;
- Help find a payer source for uninsured and underinsured patients;
- Increase enrollment in Medicaid, State Health Insurance, Indigent Health Care and other entitlement health programs;
- Decrease the application time for Medicaid and streamline the process for all entitlement programs;
- Decrease the amount of uncompensated care cost to hospitals.

## DUPLICATION

House Bill 77 is duplicated by Senate Bill 133.

## TECHNICAL ISSUES

DOH notes that House Bill 77 is unclear on the mechanism for providing assistance and is also silent about whether any particular type of indigent care should be prioritized – primary care, obstetrical care, oral health care, hospital care, etc. The bill may be strengthened by defining the most cost-effective use of this supplemental appropriation.

GG/sb:mt