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FISCAL IMPACT REPORT

ORIGINAL DATE 2-20-2007

SPONSOR Ortiz y Pino LAST UPDATED _____ HB _____

SHORT TITLE Stress Disorder Programs for Veterans SB 1110

ANALYST Dearing

APPROPRIATION (dollars in thousands)

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

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Conflicts with House Bill 211

Responses Received From

Department of Health (DOH)

Veterans' Services Department (VSD)

Health Services Department (HSD)

SUMMARY

Synopsis of Bill

Senate Bill 1110 appropriates \$500 thousand from the general fund to Veterans Service department to expand post-traumatic stress disorder programs services.

FISCAL IMPLICATIONS

The appropriation of \$500 thousand contained in Senate Bill 1110 is a recurring expense to the General Fund. Any unexpended or unencumbered balance remaining at the end of FY08 shall revert to the General Fund.

SIGNIFICANT ISSUES

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur following the experience or witnessing of a traumatic event. A traumatic event is a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adult or childhood. Most survivors of trauma return to normal given a little time. However, some people will have stress reactions that do not go away on their own, or may even get worse over time. These individuals may develop PTSD.

People with PTSD experience three different kinds of symptoms. The first set of symptoms involves reliving the trauma in some way such as becoming upset when confronted with a traumatic reminder or thinking about the trauma when you are trying to do something else. The second set of symptoms involves either staying away from places or people that remind you of the trauma, isolating from other people, or feeling numb. The third set of symptoms includes things such as feeling on guard, irritable, or startling easily.¹

The Veterans' Services department provides counseling for PTSD at only 3 of their 18 field offices in the state. According to testimony given by the department at an April, Health Policy Commission meeting, a certified caregiver or counselor would be necessary in each of their offices that would be familiar with VA protocol and would be able to deal with PTSD behavioral problems to both the veteran and his or her family. The department recommends that there be a certified behavioral health counselor at each VA service providing facility.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Senate Bill 1110 conflicts with House Bill 211. House Bill 211 appropriates a similar \$500 thousand dollars to the Department of Health (DOH) to establish and operate a project for veterans who need primary care and treatment for post-traumatic stress disorder. The appropriation in Senate Bill 1110 would be more appropriately placed with DOH. According to the Human Services department, the funding would be more effective, given their ability to coordinate the delivery of health care service. Senate Bill 1110 specifies services to be provided by qualified and experienced mental health workers. The Veterans' Services department does not possess this service capacity.

The following excerpts on PTSD research are provided by the National Center for Post Traumatic Stress Disorder, an element of the U.S. Department of Veterans Affairs.

PTSD is treated by a variety of forms of psychotherapy (talk therapy) and pharmacotherapy (medication). There is no single best treatment, but some treatments are quite promising, especially cognitive-behavioral therapy (CBT). CBT includes a number of techniques such as cognitive restructuring, exposure therapy, and eye movement desensitization and reprocessing (EMDR).²

¹ PTSD Definition, National Center for Post Traumatic Stress Disorder, http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shfts/fs_what_is_ptsd.html

² Effective treatment for PTSD, National Center for Post Traumatic Stress Disorder, http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shfts/fs_treatmentforptsd.html

It is very common to have PTSD at that same time as another disorder. Psychiatric disorders that commonly co-occur with PTSD include depression, alcohol/substance abuse, panic disorder, and other anxiety disorders. In many cases, the PTSD treatments described above will also help with the other disorders. Although crises that threaten the safety of the survivor or others must be addressed first, the best treatment results are achieved when both PTSD and the other disorder(s) are treated together rather than one after the other. This is especially true for PTSD and alcohol/substance abuse

Because of the breadth of mental health issues that must be considered in conjunction with the provision of counseling and acute response for PTSD, the Department of Health is most likely the appropriate service provider for those services specified in Senate Bill 1110.

OTHER SUBSTANTIVE ISSUES

In all likelihood, the incidence of PTSD among returning and separating service members could increase due to recent combat activities.

PD/csd