F I S C A L I M P A C T R E P O R T

SPONSOR Picraux **ORIGINAL DATE** 01/18/08 **LAST UPDATED** **HB** 32

SHORT TITLE 24-Hour Nurse Health Phone Advice Line **SB**

ANALYST Ortiz

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	**FY09**		
	$500.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health

SUMMARY

Synopsis of Bill

House Bill 32 appropriates $500 thousand from the General Fund to DOH to expand the twenty-four-hour Registered Nurse health access telephone advice line that coordinates services for consumer health benefits.

FISCAL IMPLICATIONS

The appropriation of $500 thousand contained in this bill is a recurring expense to the General Fund. Any unexpended or unencumbered balance remaining at the end of FY09 or any fiscal year shall not revert to the General Fund.

NA-NM received start-up state funding of $500,000 in FY07 and is currently financed through contracts with Lovelace Health Plan, Presbyterian Health Plan, Presbyterian Pediatric Medical Group, Bernalillo County and the UNM Health Sciences Center-Coordinated Systems of Care-Community Access Program (CSC-CAP). The yearly budget is $4.2 million, of which $3.2 million is covered by current contracts.

The appropriation requested in the bill was part of the Department of Health's budget request for

FY09; however, was not part of the LFC's base budget expansion recommendations for the Department in FY09.

SIGNIFICANT ISSUES

DOH reports the advice line is staffed by RNs who provide medical, behavioral, social service and emergency needs as well as health information to callers. Any person in New Mexico, regardless of insurance status, can call the line. Over 28,000 calls were received in the first six months of operation (June-December 2006). Almost 95,000 calls were received in 2007, with and average of 12,000 calls per month since July 2007. NA-NM data indicates over 61% of the callers in 2007 who would have gone to the Emergency Room were redirected.

DOH further reports that in 2007 over 30% of services provided were to individuals whose insurers were not contracted with the service, and over 6.2% of callers identified themselves as uninsured. The NA-NM believes they cannot continue to absorb the increasing costs of callers who are not covered by existing contracts. DOH also believes that services such as the nurse advice line can help the estimated 21% of New Mexicans who have no health insurance by providing them with useful and timely medical advice.

PERFORMANCE IMPLICATIONS

The Department reports the appropriation contained in the bill supports the DOH Public Health Program Goal: Improve public health outcomes through public and private partnerships; and, goal 6 of the Governor's Performance and Accountability Contract Healthy New Mexico: Improve the health and human services workforce and infrastructure through improving infrastructure through public and private partnerships. Progress may be monitored through the performance measure: "Annual number of calls to the Nurse Advice Hotline".

ADMINISTRATIVE IMPLICATIONS

DOH reports the bill will assist NA-NM in continuing to serve the 100,000 callers expected in 2008. In 2007, 15 nurses were set-up to answer calls from their homes in Bernalillo County and Rio Rancho. Funding could also allow RN staff to be situated in other counties such as Valencia, Dona Ana, Chavez, Eddy, and San Juan with the nurses most familiar with local resources. This could also allow for more on-site training of new nurses for eventual placement in all rural areas statewide. Nurses could work from their homes in any part of the state. NA-NM spends about eight minutes with each caller, has a full-time staff of 15, and will need additional staff to meet expected increased demand.

OTHER SUBSTANTIVE ISSUES

DOH notes that New Mexico is the first state in the country to create a web-enabled, statewide health advice line through a public/private partnership. Benefits of a single advice line in NM include: reducing costly emergency room visits; recruitment and retention of rural doctors by providing after-hours relief; emergency preparedness through monitoring geographic clusters of illness, exposures, and concerns; and assignment to a medical home through the "Primary Care Dispatch" program.

AHO/bb