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# FISCAL IMPACT REPORT

SPONSOR _	Picraux	ORIGINAL DATE LAST UPDATED	HB	423
SHORT TITL	E Breast and Cervical	Cancer Screening	 SB _	

# ANALYST Chabot

#### **APPROPRIATION** (dollars in thousands)

Appropr	iation	Recurring or Non-Rec	Fund Affected	
FY09	FY10			
	\$200.0		Tobacco Settlement Program Fund	

(Parenthesis () Indicate Expenditure Decreases)

#### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY09	FY10	FY11	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		\$200.0	\$200.0	\$400.0	Recurring	Tobacco Settlement Program Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 278, Stroke and Cancer Screening Treatment Relates to Appropriation in the General Appropriation Act

## SOURCES OF INFORMATION

LFC Files

<u>Responses Received From</u> Aging and Long-Term Services Department (ALTSD) Attorney General's Office (AGO) Commission on the Status of Women (CSW) Department of Health (DOH) New Mexico Health Policy Commission (HPC)

#### SUMMARY

#### Synopsis of Bill

House bill 423, Breast and Cervical Cancer Screening, appropriates \$200 thousand from the Tobacco Settlement Program Fund for the purpose of funding screening for breast and cervical cancer.

# FISCAL IMPLICATIONS

The appropriation of \$200 thousand contained in this bill is a recurring expense to the Tobacco Settlement Program Fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2010 shall revert to the Tobacco Settlement Program Fund.

LFC's recommendation assumes a \$22.45 million transfer to the tobacco settlement program fund based on 1/2 of the revenues estimate of \$44.9 million presented to the Tobacco Settlement Revenue Oversight Committee in November 2008. DFA is assuming \$50.4 million in revenue from participating manufacturers in the tobacco master settlement agreement or \$5.5 million more than LFC. Any additional appropriations from the fund need to be off-set by reductions in LFC recommended appropriations.

## SIGNIFICANT ISSUES

This bill was submitted on behalf of the interim legislative Tobacco Settlement Revenue Oversight Committee.

ALTSD quotes from a study by JR Pleis, JS Schiller and V Benson stating "deaths from breast and cervical cancers could be avoided if cancer screening rates increased among women at risk." The problem of how the treatment would be paid for remains.

DOH states approximately 1,100 women are diagnosed with invasive breast cancer and 80 with invasive cervical cancer each year in New Mexico. Yearly 220 women will die from breast cancer and 22 from cervical cancer. Screening may detect cancerous conditions at early stages when treatment is most effective. Cervical cancer is amenable to prevention and early detection through screening. Early detection through Pap tests results in an 88 percent five-year survival rate; the rate is less than 50 percent if the cancer has spread. The most effective strategy for detecting early-stage breast cancer is a screening mammogram every one to two year for women over forty.

HPC presents similar statistics states the DOH Breast and Cervical Cancer Early Detection Program has conducted almost 211 thousand clinical breast exams, 132 thousand mammograms and 194 thousand Pap tests since it was established in 1991. The funding in this bill will expand these efforts.

## **POSSIBLE QUESTIONS**

1. What programs recommended for funding by the Tobacco Settlement Program Fund should be eliminated or reduced in order to provide funds for this bill?

GAC/mc