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FISCAL IMPACT REPORT

SPONSOR Wooley **ORIGINAL DATE** 02/05/14
LAST UPDATED _____ **HB** 176
SHORT TITLE Treatment for PTSD Veterans **SB** _____
ANALYST Geisler

APPROPRIATION (dollars in thousands)

| Appropriation | | Recurring or Nonrecurring | Fund Affected |
|---------------|---------|------------------------------|------------------|
| FY14 | FY15 | | |
| | \$350.0 | Recurring | General Fund |

(Parenthesis () Indicate Expenditure Decreases)

Duplicates Appropriation in the General Appropriation Act
Relates to HB 278

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

Veterans' Services Department (VSD)

SUMMARY

Synopsis of Bill

House Bill 176 appropriates \$350,000 from the general fund to the Human Services Department to contract for services to treat veterans suffering from posttraumatic stress disorder (PTSD) with modalities used to treat anxiety, pain, and other medical problems associated with PTSD. Any unexpended balances revert to the general fund at the end of fiscal year 2015.

FISCAL IMPLICATIONS

HSD notes this item was not included in the executive budget recommendation. However, it has been added to the version of the general appropriation act currently under review by the House Appropriations Committee under the recommendation for HSD's behavioral health services program.

SIGNIFICANT ISSUES

VSD notes that the National Veterans Wellness and Healing Center (NVWHC) in Angel Fire Pilot is a program that could provide these services. The NVWHC program started in 2009 as a not-for-profit with a mission to establish an environment that is responsive to the needs of veterans and military families using creative therapies and processes that focus on addressing the whole person, mind, body, and spirit to treat Post Traumatic Stress Disorder. The uniqueness of the retreats offered by the NVWHC is attributed to the fact they are offered at no cost to the veteran and their spouse. It is the only program in the country that focuses on the couple or the family rather than just the veteran suffering with PTSD.

VSD adds that New Mexico has been at the forefront in offering different types of modalities to treat PTSD, from horse therapy to Native American healing ceremonies. The NVWHC tries to offer the veteran and spouse a modality that they are comfortable with and that will offer them tools to deal with PTSD symptoms.

HSD notes that hundreds of thousands of service men and women and recent military veterans have seen combat. Many have been shot at, seen their buddies killed, or witnessed death up close. These are types of events that can lead to PTSD.

The U.S. Department of Veterans Affairs estimates that PTSD afflicts:

- Almost 31 percent of Vietnam veterans
- As many as 10 percent of Gulf War (Desert Storm) veterans
- 11 percent of veterans of the war in Afghanistan
- 20 percent of Iraqi war veterans

Others state that these statistics are very low due to the fact that veterans often do not self identify when seeking services or do not seek services due to the stigma associated with a MH Diagnosis. The general consensus is that anyone who has ever served in the military experiences trauma and the numbers are likely closer to 75-80 Percent of veterans suffers from some level of PTSD. BHSB allocated \$500,000 to services to veterans with PTSD and \$550,000 on Jail Diversion for Veterans in fiscal year 2013.

OTHER SUBSTANTIVE ISSUES

Additional Background on PTSD from DOH

In 2010, the Institute of Medicine (IOM) issued a report on the mental health and primary care needs of veterans returning from recent conflicts in Iraq and Afghanistan (Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families, 2010). This report identified many challenges that face federal and state agencies that care for these veterans, including the older average age of these veterans (age 27) compared to veterans of previous wars and the higher proportion of veterans who are married and have children. In addition, the report noted more returning veterans have undergone longer, and often multiple, deployments than in past conflicts. The report also noted that many more National Guard reservists have been deployed to active combat than in the past. In addition the injury survival rate is higher than for the Vietnam War resulting in a higher proportion of veterans will live the

remainder of their lives with serious injuries, including multiple traumas and traumatic brain injuries, than in the past. The high prevalence of mental health issues, including PTSD, depression, substance abuse, and suicide among these returning veterans present even more challenge for mental health providers who will care for newly returning veterans because of the heavy case loads and the relative complexity of many veterans' cases.

A report from the United States Department of Defense (USDOD) characterized the burden of suicide in the recent veteran population by stating that “although only 1 percent of Americans have served during the current wars in Iraq and Afghanistan, former service members represent 20 percent of suicides in the United States” (The Challenge and the Promise: Strengthening the Force, Preventing Suicide, and Saving Lives, USDOD, 2010).

As an example of the mental health burdens facing these veterans and their mental health service providers in New Mexico, the New Mexico Department of Veterans Services (NMDVS) estimates there are 30,000 veterans of the Iraq and Afghanistan conflicts; and cites a 20 percent rate of PTSD among these veterans (NMDVS, 2011). There is currently a program with Presbyterian Medical Services (PMS) for the “Veterans First Jail Diversion Grant” funded by the Division of Behavioral Health. The goal of this program is to divert people with trauma spectrum disorders, particularly veterans, from the justice system by increasing recognition of serious mental illness and reactions to trauma by law enforcement agencies and courts. It is unclear whether this program covers or could be expanded to cover PTSD.

GG/svb