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## FISCAL IMPACT REPORT

<b>SPONSOR</b>	<u>SPAC</u>	<b>ORIGINAL DATE</b>	02/19/15	
		<b>LAST UPDATED</b>	03/17/15	<b>HB</b>
<b>SHORT TITLE</b>	<u>State Health Improvement Plan Changes</u>			<u>362SPACS/aSJC/ aHHC</u>
				<b>SB</b>
		<b>ANALYST</b>	<u>Hanika-Ortiz/Daly</u>	

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

	FY14	FY15	FY16	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>			See Fiscal Impact			

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

#### Responses Received From

Human Services Department (HSD)  
 Aging and Long-Term Services Department (ALTSD)  
 Children, Youth and Families Department (CYFD)  
 New Mexico Medical Board (NMMB)  
 University of New Mexico Hospital (UNMH)  
 Department of Health (DOH)

### SUMMARY

#### Synopsis of HHC Amendment

The House Health Committee amendment to the SPAC Substitute for SB 362 as amended by the SJC restores several sections of law that allow a patient to opt-out of the immunization registry.

#### Synopsis of SJC Amendment

The Senate Judiciary Committee amendment to the SPAC Substitute for SB 362 adds the Legislature as an entity that DOH is to include in developing the state health improvement plan.

#### Synopsis of Original Bill

The Senate Public Affairs Committee Substitute for Senate Bill 362 amends, repeals, and enacts sections of the NMSA 1978 relating to public health and DOH functions.

More specifically, the substitute bill:

- 1) Requires DOH publish a state health improvement plan, based on findings from state

- health assessments and assistance from others of DOH's choosing, every 5 years;
- 2) Defines "conditions of public health importance" to include threats that can reasonably be expected to lead to adverse health effects in the community;
  - 3) Clarifies authorities and responsibilities of DOH, including:
    - a. identifying ways to evaluate and address community health problems;
    - b. responding to public health emergencies and assisting communities in recovery;
    - c. ensuring the quality and accessibility of health care services;
    - d. ensuring a competent public health workforce;
    - e. cooperating and contracting with Native American entities; and
    - f. maintaining and enforcing rules for the control of conditions of public health importance and for immunization against such conditions.
  - 4) Renames health districts as health regions, and aligns relationships between regional health officers and school nurses to reflect current practice;
  - 5) Requires local public health offices to provide space for health care staff;
  - 6) Renames sexually transmitted diseases as sexually transmitted infections;
  - 7) Clarifies public health reporting requirements for sexually transmitted infections;
  - 8) Renames "infectious form of tuberculosis" as "active tuberculosis" consistent with Centers for Disease Control and Prevention guidance;
  - 9) Aligns disclosure of protected health information with federal statutes (e.g., the Health Insurance Portability and Accountability Act, HIPAA);
  - 10) Specifies authority of DOH to petition the court for orders of isolation or quarantine where a delay would prevent or limit transmission of communicable disease; provides due process protections for any person subject to such orders; and establishes powers in accordance with New Mexico's Public Health Emergency Response Act;
  - 11) Removes provisions that allow parents to exclude their children from the statewide immunization registry;
  - 12) Clarifies the definition of a recipient of EMS Fund monies and stipulates that recipients must meet DOH requirements for certification, which includes participation in EMS data collection and submission to the state emergency medical systems database and participation in local design and planning for delivery of services;
  - 13) Adds a definition of "regionalized EMS agencies;" allows DOH to fund these agencies by not restricting the agency to the 1 percent maximum award from the Local System Funding portion of the EMS Fund; removes EMS Regional Offices from the eligibility for the 3 percent administrative portion of the Fund; specifies applicants appealing their award from the Fund to be notified within 30 days of any decision instead of by June 30 each year which does not reflect application process;
  - 14) Requires DOH to establish a list of reportable conditions of public health importance. The list includes conditions of humans or animals caused by exposure to toxic substances or other pathogens or conditions. The list shall prescribe the manner of and person responsible for reporting these conditions of public health importance; classify each reportable condition according to urgency; be disseminated to health care providers and other persons required to report; and be revised as necessary;
  - 15) Authorizes DOH to enter into agreements with federal and tribal public health agencies for sharing of information regarding conditions of public health importance;
  - 16) Authorizes DOH to establish testing and screening procedures and programs to identify conditions of public health importance among individuals, provides due process protections for any person subject to such procedures; and
  - 17) Aligns New Mexico vital records laws with national model law promulgated by the U.S. Health and Human Services Department National Center for Health Statistics.

## **FISCAL IMPLICATIONS**

DOH reports the changes do not expand its role only supports the work it is already doing.

DOH should review all public health services and identify opportunities to bill for services to third party payers, specifically Medicaid and commercial insurance carriers. As a result of the Affordable Care Act, individuals are required to have medical insurance and these health insurance carriers could be billed for services often being provided free in public health clinics.

## **SIGNIFICANT ISSUES**

The Senate Public Affairs Committee substitute for Senate Bill 362 attempts to update New Mexico public health laws to reflect current public health best practices.

The bill deletes references for reporting to and responding to requests from the Legislature.

The bill deletes references to the Legislature, providers, insurers, and only references agencies and commissions DOH deems necessary and Native American communities in developing the state health improvement plan, and appears to only invite “public input” in the planning process.

The bill adds new material regarding the reporting of sexually transmitted infections by health care providers; outlines an isolation and quarantine protocol, including for uncooperative individuals; adds testing and screening provisions for conditions of public health importance; and, defines conditions for the disclosure of individually identifiable health information.

The state health improvement plan will be updated at least every five years rather than every four years. The inclusion of the term “at least” should allow for more frequent revisions as needed.

## **ADMINISTRATIVE IMPLICATIONS**

DOH reports it commissioned an assessment of New Mexico’s public health laws in 2013 and the bill updates NM’s public health laws in accordance with recommendations in the report.

## **OTHER SUBSTANTIVE CHANGES**

DOH reports the substitute changes were largely technical in nature:

- page 16, line 2: replaces “disasters” with “public health emergencies” which does not expand the department’s scope;
- page 29, line 10-11: inserts “testing, evaluation,” after “voluntary treatment” to clarify the conditions under which refusal may result in quarantine or isolation;
- page 37, line 4: inserts “in the event that a district court cannot adequately provide services” for consistency with other definitions of “court” related to public health actions;
- page 38, line 7-8: replaces “infectious forms of” with “active”; language clean-up;
- section 16: establishes consistent use of “court order” rather than “order of protection;”
- page 58, lines 7-9: deletes references to the health information system since this section of law is inconsistent with changes to the Health Information System Act in 2012;
- page 61, section 30: subsection (A)(1) was deleted because it deals more with medical informed consent, whereas subsection (A)(4) deals with public health informed consent;

- page 62, line 9: replaces "to receive a" with "for issuance of ", language clean-up, and
- page 64: subsection d was deleted because it was a duplicate of subsection C.

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

DOH says NM's public health laws will not be updated to reflect current public health practices.

AHO/bb/je