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## FISCAL IMPACT REPORT

SPONSOR Munoz ORIGINAL DATE 2/5/15  
 LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_

SHORT TITLE Cancer Prevention & Rural Access to Trials SB 404

ANALYST Lucero

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY15	FY16		
	\$100.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

University of New Mexico Health Science Center (UNMH)  
 Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

Senate Bill 404 appropriates one hundred thousand dollars from the general fund to Department of Health to provide coordinated cancer prevention, research and education services, including access to clinical trials in rural areas. The bill requires Department of Health to provide the services through a nonprofit statewide network of health care providers engaged in conducting clinical trials, providing educational services to physicians and patients and coordinating with organizations that provide support services to cancer patients and their families.

### FISCAL IMPLICATIONS

The appropriation of \$100 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2016 shall revert to the general fund.

The Department of Health (DOH) notes the appropriation in this bill is not part of the FY16 executive budget recommendation.

## SIGNIFICANT ISSUES

According to the University of New Mexico Health Sciences Center (UNMH), currently much of New Mexico's participation in cancer clinical trials is spearheaded by the New Mexico Cancer Care Alliance (NMCCA), a not for profit cancer research network begun by UNM Cancer Center (UNM CC) and community partners and covers the Rio Grande corridor of New Mexico. The financial support to create the NMCCA was borne by the hospitals/healthcare systems, including UNM CC located in Albuquerque. The hospitals in Santa Fe and Las Cruces joined four years after the creation of the NMCCA.

At the present, hospitals in rural New Mexico do not have the resources to help support creating the clinical research infrastructure in communities like Roswell, Gallup, Alamogordo, Hobbs, Carlsbad and Clovis, which leaves the patients and physicians in these communities few options for clinical trials. Patients are forced to leave their community and often times New Mexico to have a clinical trial as an option as part of their cancer treatment. This bill would appropriate funds to help develop the infrastructure in these communities and research would be expanded to cover all patients in these rural areas.

DOH reports:

The American Cancer Society estimated that 9,970 new cases of cancer would be diagnosed in New Mexico in 2015. In recent years, cancer has been the first or second leading cause of death in the New Mexico and it is estimated that approximately 3,620 New Mexicans may die from the disease in 2015.

<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acs-044552.pdf>)

Comprehensive cancer control addresses the spectrum of cancer care from prevention to early detection, treatment, survivorship, and end-of-life issues. The DOH currently provides limited cancer prevention and education services, and does not conduct research activities. The provisions of this bill would support the New Mexico Cancer Plan developed by the New Mexico Cancer Council ([http://nmcancercouncil.org/cancer\\_plan.htm](http://nmcancercouncil.org/cancer_plan.htm)).

Cancer clinical trials are research studies designed to translate scientific research results into better ways to prevent, diagnose, or treat cancer. Cancer clinical treatment trials provide access to either the best available standard treatment or a promising new treatment for patients with cancer. Advances in cancer care and the development of cancer therapeutics depend largely upon an effective clinical trial process. For eligible patients, the experimental procedures that are available only through cancer treatment clinical trials may increase survival or improve quality of life as compared to the standard treatment. However, the American Cancer Society reports that fewer than 5 percent of adult cancer patients participate in clinical research studies. Most people with cancer reported they were either unaware or unsure that participation in clinical trials was an option for their treatment, and most of them said they would be willing to consider enrolling had they known it was possible. (<http://www.cancer.org/acs/groups/cid/documents/webcontent/003006-pdf.pdf>)

In New Mexico, an estimated 8 percent of cancer survivors reported having participated in clinical trials as part of their treatment (New Mexico Department of Health, April 13, 2012, New Mexico Epidemiology Report, Volume 2012, Number 3). Cancer clinical trials are not

without risk to patients. Possible risks of participating in clinical treatment trials include the following: new drugs or procedures under study are not always better than the standard care to which they are being compared, experimental treatments may have side effects or risks that doctors do not expect or that are worse than those resulting from standard care, participants may be required to make more visits to the doctor than they would if they were not in the clinical trial, and health insurance may not cover all patient care costs in a trial (National Cancer Institute <http://www.cancer.gov/cancertopics/factsheet/clinicaltrials/clinical-trials>)

The bill would fund efforts to educate both physicians and the public about clinical trials.

### **PERFORMANCE IMPLICATIONS**

This bill would support the DOH Strategic Plan to improve health outcomes for the people of New Mexico and would also support the New Mexico Cancer Plan 2012-2017, by reducing disparities and inequities in access to appropriation and effective cancer prevention, screening, diagnosis, treatment and survivor services for all New Mexicans.

### **ADMINISTRATIVE IMPLICATIONS**

DOH reports the provisions of the bill could be accomplished with current staffing and might require the issuance of a Request for Proposals (RFP) to distribute the appropriation as indicated in the bill.

### **RELATIONSHIP**

Relates to Senate Bill 305

Relates to Appropriation in the General Appropriation Act

### **OTHER SUBSTANTIVE ISSUES**

Knowledge gained through clinical trials has been critical to preventing, diagnosing, and treating cancer. However, not all cancer patients benefit equally from these improvements. Racial and ethnic minorities have represented less than 15 percent of all adult participants in National Cancer Institute (NCI) treatment trials (Preventing Chronic Disease, October 2009 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774630/> ). A review of the Food and Drug Administration (FDA) cancer trials found that adults aged 65 years or older represented 33 percent of clinical trial participants, even though they account for approximately 60 percent of cancer cases in adults (Preventing Chronic Disease, October 2009 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774630/>). At the national level, other adult populations, such as those living in rural areas, those who are low income, or those without health insurance or third-party reimbursement for clinical trials, are also less likely to participate. (Preventing Chronic Disease, October 2009, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774630/>)

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

If the bill is not enacted, cancer patients in rural New Mexico will be forced to leave their communities to gain access to the best treatments available through a clinical trial.