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FISCAL IMPACT REPORT

ORIGINAL DATE 03/12/15
LAST UPDATED _____ **HB** _____

SPONSOR Sanchez, C

SHORT TITLE Identify Behavioral Health Shortage Areas **SM** 112

ANALYST Boerner

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total			Minimal See Fiscal Implications	Minimal See Fiscal Implications		

(Parenthesis () Indicate Expenditure Decreases)

Relates to and possibly duplicates SB522, SB566, SB666 which call for establishing behavioral health investments zones, and with SB620 which appropriates \$1.5 million dollars for behavioral health services in McKinley County.

SOURCES OF INFORMATION

LFC Files

Responses Received From
 Department of Health (DOH)

Responses Not Received From:
 Human Services Department (HSD) as of March 12, 2015, 6:26pm.

SUMMARY

Senate Memorial 112 tasks the Interagency Behavioral Health Purchasing Collaborative (Collaborative) with convening a task force to identify areas in the state with the greatest behavioral health shortages. In particular, the task force is directed to review and identify causes of why rural and frontier areas of New Mexico are underserved by behavioral health providers. The Collaborative is directed to report its findings and make recommendations for policy and funding changes to the appropriate interim committee by November 1, 2015.

FISCAL IMPLICATIONS

DOH notes the demand on department staff and resources, if SM112 is enacted, would depend on the level of involvement in the study. A similar study required 120 hours of a medical director's time (compiling research, moderating task force, writing report), 50 hours of an epidemiologist's time (compiling and analyzing data), and 30 hours of administrative assistance

time (contacting health care providers and researchers, scheduling task force meetings, taking notes during meetings). This estimate does not include time donated by health care providers and researchers who sat on the task force.

SIGNIFICANT ISSUES

DOH provided the following analysis and background information:

The Collaborative is composed of the secretaries (or their designees) of the Departments of Aging and Long-Term Services; Indian Affairs; Human Services; Health; Corrections; Children, Youth and Families; Finance and Administration; Workforce Solutions; Public Education; and Transportation; the Directors of the Administrative Office of the Courts; the New Mexico Mortgage Finance Authority; the Governor's Commission on Disability; the Developmental Disabilities Planning Council; the Instructional Support and Vocational Rehabilitation Division of the Public Education Department; and the New Mexico Health Policy Commission; and the Governor's Health Policy Coordinator. The Collaborative is chaired by the Secretary of Human Services. The secretaries of Health and Children, Youth and Families alternate annually as co-chairs.

Several entities already provide information on health care shortage areas. For example, the New Mexico Health Care Workforce Committee, established pursuant to HB19 (which was passed in 2012), evaluates workforce needs and makes recommendations using data provided to them from the health care (e.g. medical, nursing, dental, etc.) licensure boards (www.nmlegis.gov/lcs/handouts/ALFC%20120814%20Item%208%20NM%20Health%20Science%20Center%20-%20PRESENTATION%202.pdf). At a federal level, the Health Resources and Services Administration (HRSA) provides information on Health Professional Shortage Areas and specifically looks at mental health care shortage areas by county (hpsafind.hrsa.gov/HPSASearch.aspx).

PERFORMANCE IMPLICATIONS

DOH notes that alcohol attributable death rates and drug overdose death rates are both priorities in the 2014 New Mexico State Health Improvement Plan. (nmhealth.org/publication/view/plan/411/)

CEB/aml/bb