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## FISCAL IMPACT REPORT

**ORIGINAL DATE**  
**SPONSOR** Armstrong **LAST UPDATED** 2/2/16 **HB** 295

**SHORT TITLE** Nurse Advice Line Service Task Force **SB** \_\_\_\_\_

**ANALYST** Chilton

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		
	\$750.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

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

	FY16	FY17	FY18	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		\$777.2	\$750.0	\$1,527.2	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicate of SB 25.

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

Senate Bill 25 appropriates \$750 thousand from the general fund to the Department of Health (DOH) to contract for New Mexico-based nurse advice line services twenty-four hours a day. To make findings on achieving greater efficiencies and eliminating nurse advice line silos, the bill would require DOH to convene a task force consisting of several state agencies, Centennial Care managed care firms, and non-governmental associations.

## FISCAL IMPLICATIONS

The appropriation of \$750 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY17 shall revert to the general fund.

Both DOH and HSD stated that the bill would require part time participation of one FTE each in the task force to study efficient means of giving nurse advice. Since the task force would report its findings by October, 1, 2016 the annualized salary estimates provided by the two departments would be pro-rated for four months. Estimated personal services and employee benefits costs are \$14.6 thousand for HSD and \$12.6 thousand for DOH.

## SIGNIFICANT ISSUES

HSD stated that the Medicaid program currently funds nurse advice lines through Centennial Care Managed Care Organizations (MCO). Advice lines triage patient questions and concerns and directly refer members to care coordinators and service providers within the individuals' networks. Nurse advice lines also conduct calling campaigns for preventive care reminders. Nurse Advice New Mexico maintains a website with reminders about such preventive care needs.

DOH provided the following:

The DOH Public Health Division has an existing multi-year contract with Nurse Advice New Mexico (NANM) for \$399 thousand per year that expires at the end of FY17. Other nurse advice lines are operated within the state; for example, healthcare insurance companies like Molina and BlueCross BlueShield have nurse advice lines for members.

NANM serves approximately 15,000 people per month. An estimated 15 percent of the callers are uninsured, and over 1 million New Mexicans are registered in the system and have access to services. ([www.nurseadvice.org/our-results/people-served/](http://www.nurseadvice.org/our-results/people-served/)).

Thirty-two of the state's thirty three counties contain Health Professional Shortage Areas (Health Equity Report, 10th Edition, DOH Office of Health Equity). Nurse advice lines may help New Mexico communities by providing a venue for community members to receive free health information and advice 24/7, thereby reducing emergency room and hospital costs.

In addition, the nurse line may include a mechanism to warn the public about emerging infectious disease threats, disease outbreaks, and events that might improve health status in a community such as flu shot clinics and free dental care clinics, as is currently done with NANM.

During the interim, the Legislative Health and Human Services took testimony from representatives of Nurse Advice NM (NANM) and from several health plans that maintain their own nurse advice lines (Presbyterian, Molina, CHRISTUS, BlueCross BlueShield, and United Health Care). NANM indicated that its contracted budget was inadequate for the 24/7/365 services it is providing. According to minutes of the meeting of November 17, 2015,

David Roddy, executive director, New Mexico Primary Care Association, told committee members that NANM has been providing excellent service and is extremely important to community health centers and rural providers, especially because of its after-hours service. The biggest barrier to recruitment of physicians in frontier areas is the amount of time required for them to be ‘on call’, according to Mr. Roddy.”

The model appears to have changed, in that the state's four Medicaid MCOs have established their own advice lines and no longer pay into the partnership that sustained NANM.

**DUPLICATES SB 25.**

EC/jo/jle