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FISCAL IMPACT REPORT

SPONSOR Morales **ORIGINAL DATE** 1/22/16
LAST UPDATED 1/26/16 **HB** _____

SHORT TITLE Local Community Health Needs **SB** 40

ANALYST Chenier

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		
	\$700.0	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
Total		\$700.0	\$700.0	\$1,400.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Except for bill title, Duplicates House Bill 109

SOURCES OF INFORMATION

LFC Files

Responses Received From
 Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 40 appropriates \$700 thousand from the general fund to the Department of Health to fund tribal health councils' identification of local communities' health needs and development of strategies to address those needs pursuant to the Maternal and Child Health Plan Act.

FISCAL IMPLICATIONS

The appropriation of \$700 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.

In FY15, DOH evenly distributed \$200 thousand and in FY16 distributed \$395 thousand to the five tribal and 33 county health councils. Additionally, in FY16 through a federal state innovation model grant, the department provided \$37.5 thousand for the New Mexico Alliance of Health Councils and another \$190 thousand distributed to the 38 councils. The department may be able to use some of this funding to address issues discussed in the bill.

SIGNIFICANT ISSUES

DOH provided the following:

New Mexico's 38 county and tribal health councils consist of private citizens, as well as elected officials, government agencies, non-profit organizations, community coalitions, schools, hospitals, health care providers, business leaders, advocacy organizations, faith communities, and others. They identify emerging needs and mobilize communities to meet those needs, ranging from reducing teen suicides to disease prevention, improved nutrition and physical fitness, and emergency preparedness.

With adequate staff support, the councils have demonstrated their ability to attract funding to New Mexico communities. The health councils invest in proven strategies that prevent disease, improve health, and leverage funding. They are able to do this because they know their own communities, and they know how to translate priorities into action. A statewide evaluation process by DOH, the health councils, and an evaluation team from the University of New Mexico, collected and reported data on council actions and outcomes. They found that the work of the councils resulted in their ability to leverage funds for local communities, and that their work supported the development of policies to improve community health.

In addition to improving access to health care services, councils work to create the conditions, environments, and systems that enable people to live healthy lives. Attacking the root causes of disease and injury is a cost-effective, long-term approach that saves lives and reduces social costs.

The councils serve as a link between state agencies and local communities, improving understanding and communication, and serving as a two-way conduit for information, resources, programs, and services. The health councils have played a significant role in the DOH's successful bid for accreditation by the Public Health Accreditation Board, and in the current Health System Innovation planning process.