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FISCAL IMPACT REPORT

SPONSOR Brandt ORIGINAL DATE 2/02/17
 LAST UPDATED 2/27/17 HB _____

SHORT TITLE Palliative Care Advisory Council SB 173/SFCS

ANALYST Chilton/Chabot

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	NFI	NFI	NFI	NFI	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to End of Life Options Act (House Bill 171 and Senate Bill 252), Cancer Patient Prescription Exemption Act (House Bill 170)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 New Mexico Medical Board (MB)
 Indian Affairs Department (IAD)

SUMMARY

Synopsis of Senate Finance Committee Substitute for Senate Bill 173

Senate Bill 173 would establish a palliative care council and the related Viva la Vida (cheers for life) program, both to promote access to and use of palliative care in appropriate circumstances. Palliative care is defined in the bill as meaning “patient- and family-centered medical care that optimizes the quality of life by anticipating, preventing and treating suffering caused by serious illness. Palliative care throughout the continuum of illness involves addressing physical, emotional, social and spiritual needs and facilitating patient autonomy, access to information and choice. "Palliative care" includes discussions of the patient's goals for treatment; discussion of treatment options for the patient, including, where appropriate, hospice care; and comprehensive pain and symptom management."

The council would be attached to the Department of Health, and would consist of “medical, nursing, social work, pharmacy and spiritual professionals” and patients and their families and advocates, all serving for three years. The secretaries, or their designees, of the departments of

health, human services, and Indian affairs would be ex officio members. The council is to have its first meeting by December 1, 2017.

The Viva la Vida program would operate in conjunction with the palliative care council to provide to the public and to health care providers and facilities information about palliative care, through information and links on the department of health website.

FISCAL IMPLICATIONS

No appropriation is made. The bill specifies that members of the palliative care council would not be paid for that work.

The Department of Health reports implementation of the bill can be done with existing agency resources.

SIGNIFICANT ISSUES

Discussion and documentation of advance directives is important to patients with painful or terminal illnesses, those most often using palliative care. Mention of them in the bill might be helpful. (This has been accomplished in the amendment approved in the Senate Public Affairs Committee.)

DOH comments on the importance of the relatively new specialty of palliative care as follows:

According to the American Cancer Society (ACS), palliative care is care for adults and children with serious illness that focuses on relieving suffering and improving quality of life for patients and their families, but is not intended to cure the disease itself. It provides patients of any age or disease stage with relief from symptoms, pain, and stress, and should be provided along with curative treatment. Studies have shown that people with chronic illnesses like cancer who get palliative care have less severe symptoms. They have better quality of life, less pain, less shortness of breath, less depression, and less nausea. Their medical care tends to better align with their values, goals, and preferences. Their families also feel more satisfied. (<http://www.cancer.org/treatment/treatments-and-side-effects/palliative-care/supportive-care-guide.html>).

Many New Mexicans struggle with one or more serious chronic diseases. Of note, nearly 3 out of 10 New Mexican adults ages 50 and older self-report their health as being fair or poor (https://ibis.health.state.nm.us/indicator/view/GenHlth.NM_US.html). It is anticipated that many New Mexicans could benefit from access to palliative care services.

The American Cancer Society's Cancer Action Network notes that “despite the benefits, palliative care remains a mystery to many Americans. Recent public opinion research shows that a majority, 70 percent, of Americans are ‘not at all knowledgeable’ about palliative care. Yet, the survey also revealed that once consumers understand palliative care provides an increased emphasis on relief of symptoms, pain, and stress that is appropriate at any stage of serious illness, 92 percent of Americans would be likely to consider it for themselves or their families and think it should be available in hospitals nationwide.

It might also be noted that appropriate attention to aspects of pain management and patient supports other than powerful pain medications might help to avoid a portion of the “opioid addiction epidemic” that has plagued New Mexico.

PERFORMANCE IMPLICATIONS

IAD notes that there are no specified performance measures whereby the effectiveness of the council or its advice could be verified.

ADMINISTRATIVE IMPLICATIONS

IAD states that it does not employ experts in healthcare subjects, suggesting that the tribal liaison to DOH might be a more appropriate member of the council than the IAD secretary. This has been addressed in the Senate Rules Committee amendment.

RELATIONSHIP

House Bill 171 and Senate Bill 252 (End of Life Act) and House Bill 170, the Cancer Patient Prescription Exemption Act.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

The public and health care providers would need to learn of the usefulness of palliative care and the availability of sources of palliative care through other means.

LAC/sb/jle/al