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FISCAL IMPACT REPORT

ORIGINAL DATE 1/23/18

SPONSOR Thomson **LAST UPDATED** _____ **HB** 45

SHORT TITLE County and Tribal Health Needs **SB** _____

ANALYST Chenier

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY18	FY19		
	\$700.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Related to an appropriation in the GAA

SOURCES OF INFORMATION

LFC Files

Responses Received From

None

SUMMARY

Synopsis of Bill

House Bill 45 appropriates \$700 thousand from the general fund to the Department of Health to fund county and 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 FY19 shall revert to the general fund.

DOH provided the following for similar legislation from the 2017 Session.

In FY15, DOH distributed \$200,000 and in FY16 \$395,000 to the 5 tribal and 33 county health councils. Additionally, in FY16, through a federal State Innovation Model grant that has since ended, DOH provided \$37,500 to the New Mexico Alliance of Health Councils and another \$190,000 was distributed to the 38 health councils.

SIGNIFICANT ISSUES

For similar legislation during the 2017 session, the Department of Health provided the following analysis:

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. Health councils have their fingers on the pulse of their communities. 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. Health councils serve as catalysts for collaboration across community sectors that might not otherwise work together.

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. In this way, the councils are ahead of what the Centers for Disease Control calls Public Health 3.0

(<https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>), which recommends deliberate cross-sector collaboration and strategic partnerships (see pages 4-5 of the linked resource).

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 vital 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 NMDOH's successful bid for accreditation by the Public Health Accreditation Board, and in the recent Health System Innovation (CMMS Innovation Center's State Innovation Model) planning process.

A research project conducted by the New Mexico Public Health Association and the University of New Mexico showed that over a three-year period, the councils received approximately \$8.5 million in state funding, and they were able to leverage this into an additional \$27 million -a ratio of \$4 for every \$1.

(<http://www.nmhealthcouncils.org/www.nmhealthcouncils.org/nmhealthcouncils>)

In New Mexico, more than 20 percent of the population has reported a health status of fair or poor, with greater disparities among Hispanics, African Americans, and American Indians. New Mexicans with less than a high school education, and those making less than \$15,000 a year report fair or poor health status more so than any other group. County and tribal health councils play a key role in addressing disparities in health outcomes, and are equipped to address cultural and linguistic concerns at the community level.