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FISCAL IMPACT REPORT

SPONSOR Martinez, R/ Garcia/Armstrong, D/ Pratt/Ferrary ORIGINAL DATE 2/18/19 LAST UPDATED _____ HB 472
 SHORT TITLE Public Health Institute Operations SB _____
 ANALYST Chenier

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY19	FY20		
	\$350.0	Recurring	General Fund
	\$150.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 472 appropriates a total of \$500 thousand from the general fund to DOH including \$350 thousand to fund the operation of a nationally recognized public health institute to improve access to community health and community services data and support local and regional health planning processes and \$150 thousand to fund a nationally recognized public health institute’s administration of comprehensive health and social services infrastructure development hubs.

FISCAL IMPLICATIONS

The appropriations totaling \$500 thousand contained in this bill are recurring expenses to the general fund. Any unexpended or unencumbered balances remaining at the end of FY20 shall revert to the general fund.

SIGNIFICANT ISSUES

DOH provided the following:

According to the National Network of Public Health Institutes, “Public health institutes (PHIs) are nonprofit organizations dedicated to advancing public health practice and making systemic improvements in population health. PHIs drive the kind of improvements that impact the health outcomes of groups (as opposed to just individuals) and help all people to access the conditions and resources they need to live healthy, happy lives” (<https://nnphi.org/about-nnphi/>).

According to the Southwest Center for Health Innovation (CHI) website (<http://swchi.org/about-us/>), their nonprofit organization is designated as the New Mexico Public Health Institute (NMPHI) by the National Network of Public Health Institutes. NMPHI’s stated mission is “To challenge the status quo by creating an environment in which social and health conditions allow individuals, families and communities to thrive”. NMPHI aims to achieve its mission by building partnerships, leveraging resources and partners, providing evidence-based and timely health information, supporting policy and systems change, promoting informed and shared decision making, and increasing focus on inter-sectoral work to address social inequities and economic disparities (<http://swchi.org/wp-content/uploads/2017/09/What-is-NMPHI-8-18-17.pdf>).

NMPHI received funding from the W.K. Kellogg Foundation and the National Network of Public Health Institutes. Throughout 2015 and 2016, groundwork resulting in an “incubator organization” was laid, and in 2017 the NMPHI was launched. In its inaugural year it conducted needs assessments, program development, and partnered on an Equity Policy Analysis Institute. These efforts resulted in a publication on addressing health inequities in NM in December 2017 (http://swchi.org/wp-content/uploads/2018/05/NMPHI_New-Mexico-Profile.FINAL_2017.pdf), and in bridging population and behavioral health in rural NM in April 2018 (<http://swchi.org/wp-content/uploads/2018/05/Bridging-Pop-Behavioral-Health-NM-REPORT-.pdf>). Over the past year NMPHI work focused on establishing and supporting a network of community organizations, such as the Alliance of Health Councils, to support local health needs assessment and planning, and to serve as resource hubs for improving access to health and social services.

Hubs were integrated into to the State Innovation Model grant proposal submitted by DOH to the US Health and Human Services, Center for Medicare and Medicaid Innovation in 2016. One of the concerns communicated through community forums about hubs were expressed in the application: “The role of the Integration hub, as portrayed in the draft model, needs to be clear. At the community level, the regional “Integration hub” was seen as critical to successful implementation. Community discussion participants said the hub’s composition, roles, and responsibilities must be clearly delineated. Many thought that the county and tribal health councils should serve as the core entity of the hubs, with adequate representation from providers, community organizations, local government, hospitals, and others. The hub could serve as the backbone of a local collective impact model. The view of some participants was that the hub could be responsible and accountable for coordination of services, identification of gaps and duplication of services, monitoring and tracking of outcomes, and possibly overseeing financial incentives to reward positive health outcomes.” <https://nmhealth.org/publication/view/general/2046/>, page 212.

TECHNICAL ISSUES

DOH said that given that NMPHI is the only nationally recognized public health institute in the state and since there is only one per state, the provisions and appropriations in this bill would be used to directly support this organization's ongoing work during FY20. There may be procurement implications in mandating a sole source contract through legislation because it is written in a way to fund a singular organization.

DISPARITIES ISSUES

DOH said thirty-two of New Mexico's thirty-three counties are designated, entirely or partially, as primary medical care shortage areas by the federal government (<http://hpsafind.hrsa.gov/HPSASearch.aspx>), and most also lack adequate resources and access to behavioral health and oral health care services.

EC/sb