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FISCAL IMPACT REPORT

ORIGINAL DATE 2/17/2020
 SPONSOR Pinto LAST UPDATED 2/19/2020 HB _____
 SHORT TITLE Gallup Indian Center Infrastructure SM 64
 ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY20	FY21	FY22	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	NFI	NFI	NFI	NFI		

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
 Indian Affairs Department (IAD)

SUMMARY

Synopsis of Memorial

Senate Memorial 64, Gallup Indian Center Infrastructure, takes note of high morbidity and mortality rates for Native Americans in general, and in San Juan County and McKinley County in particular. It notes that Native Americans have high rates of accidental death, alcoholism, suicide, homicide, interpersonal violence, pneumonia and influenza, and chronic liver disease. Navajos, part of whose reservation lies within McKinley and San Juan Counties, have even higher rates of many of these problems than other Native Americans tribes, nations, and pueblos. Birth outcomes among New Mexico Native Americans are also compromised, with high rates of maternal diabetes, with its attendant complications, single-parent birth, prematurity and neonatal death. It makes note of the high rate of adverse childhood experiences (ACEs: see definition and discussion under “Significant Issues” below) among Native American families.

The memorial indicates that resources for women and children within reach of Native American families, especially women and children, and especially for victims of sexual violence. It proposes then that the state and federal governments work with the Navajo Nation to be certain that the planned replacement for the Gallup Indian medical Center specifically provide facilities for women and children, to include satellite clinics away from the main center. It asks that there be specific 24-hour services available for sexual violence victims beyond the limits of hospital services.

The memorial asks that copies of the memorial go to New Mexico’s Congressional delegation, to the Governor of New Mexico, and to each of the state’s tribes, pueblos and nations.

FISCAL IMPLICATIONS

There is no appropriation associated with this memorial, and there is no anticipated fiscal impact.

SIGNIFICANT ISSUES

IAD makes reference to problems with the federal Indian Health Service:

Health care for Native Americans is sorely underfunded which was highlighted in a December 2018 report titled, “Broken Promises: Continuing Federal Funding Shortfall for Native Americans.” This report highlights the history of federal funding and the trust obligation of the federal government to provide health care to Native Americans. It reported that the 2019 Indian Health Services (IHS) budget request of \$5.4 billion, which is \$413 million above fiscal year 2018 annualized funds would only meet a fraction of the Native American health care need. While federal funding is increasing for IHS, it does not keep up with inflation costs and population growth. The finding within this report shows the need for additional funding for health care from other sources.

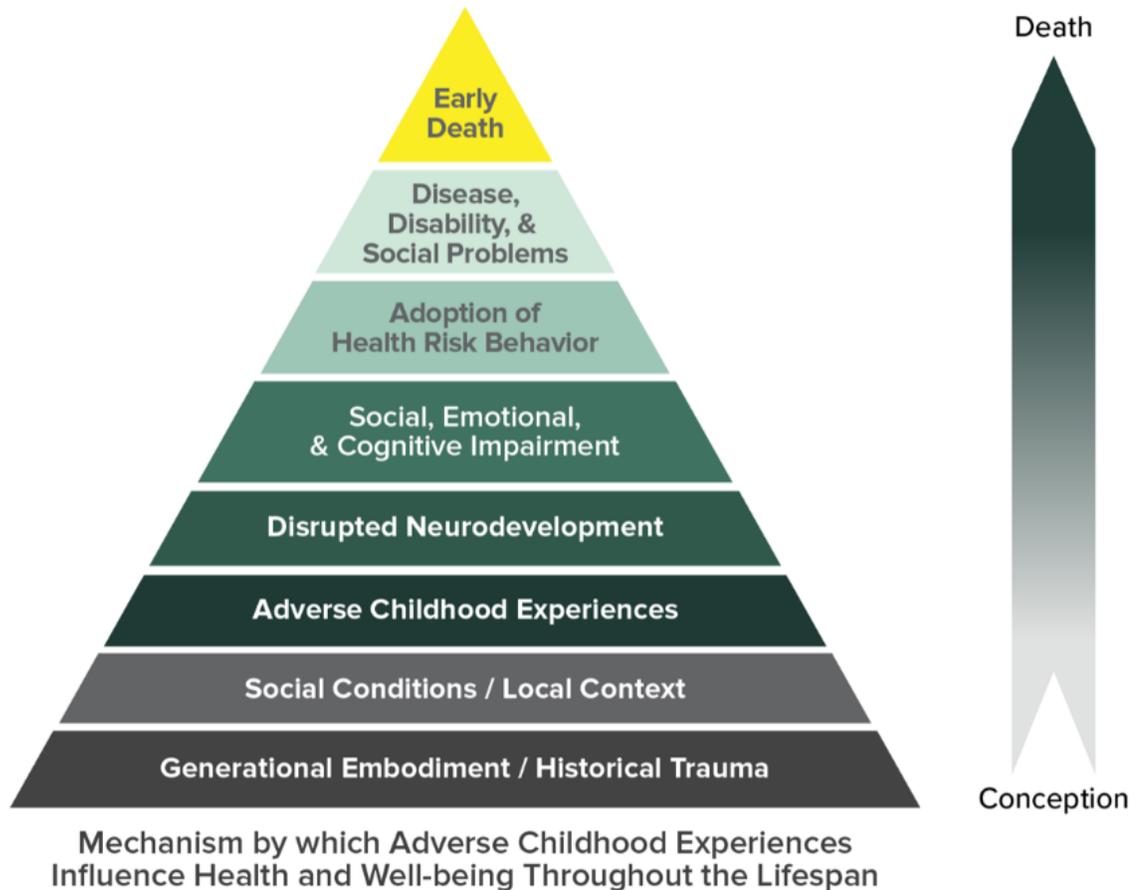
Access the report here: <https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf>

The current Gallup Indian Medical Center was built in 1955; it is high on the list of Indian Health Service facilities to be replaced. Staffing at the center includes numerous pediatricians and obstetrician-gynecologists, and have large children’s and post-partum wards. Both the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists maintain committees specifically on Native American health relative to children’s and to women’s health, respectively. Both have visited Gallup Indian Medical Center and made recommendations, while lauding the dedicated staff there.

Despite this, the incidence of adverse childhood conditions is high among the patients seen at Gallup Indian Medical Centers. The term “adverse childhood experiences, or ACEs, comes from a landmark medical study by Vincent Felitti and others in 1998, and confirmed in multiple locations since then. ACEs are defined similarly but not identically in these studies; in the original Felitti study, “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults,” ACEs included

- Psychological abuse
- Sexual abuse
- Emotional abuse
- Substance abuse in the family
- Mental illness in the family
- Abuse toward the mother
- Incarceration of a parent.

Felitti and others have found a strong correlation between the number of ACEs a child has experienced and consequences in the near and long term, including educational failure, substance abuse, mental illness, suicide, and even what are thought of as strictly physical illnesses, such as ischemic heart disease, cancer, stroke, and diabetes.



(Figure from <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>)

It is thought to be highly likely that measures to avoid ACEs (primary prevention) or to attempt to minimize the effects of ACEs (secondary and tertiary prevention) will be cost saving and lifesaving. According to the CDC, “**ACEs are common.** About 61 percent of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.”

(<https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>)

Native American families have even higher incidence of ACEs. CDC continues, “ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.”

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