

LFC Requester:	Eric Chenier
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**AGENCY BILL ANALYSIS
2017 REGULAR SESSION**

WITHIN 24 HOURS OF BILL POSTING, EMAIL ANALYSIS TO:

LFC@NMLEGIS.GOV

and

DFA@STATE.NM.US

{Include the bill no. in the email subject line, e.g., HB2, and only attach one bill analysis and related documentation per email message}

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Check all that apply:

Original **Amendment** **Date** 2/4/17
Correction **Substitute** **Bill No:** HB 87/aHHHC

Sponsor: Rep. Deborah A. Armstrong **Agency Code:** 924
Short Diabetes Committee **Person Writing** Aguilar/Thompson
Title: Diabetes Committee **Phone:** 827-6519 **Email** Paul.Aguilar@state.nm.us

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY17	FY18		
NFI	NFI	Recurring	General

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY17	FY18	FY19		
NFI	NFI	NFI	N/A	General

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

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

(Parenthesis () Indicate Expenditure Decreases)

Amends HB87

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis of HB87/aHHHC:

House Bill 87 health and human services committee amendment 1 (HB87/aHHHC) proposes minor grammatical and formatting changes on page 2 and identifies additional partners to the diabetes committee. The additional partners consists of the New Mexico coalition for healthcare value; the American diabetes association of New Mexico community leadership board; each of the managed health care organizations providing coverage to Medicaid recipients; and the medical communities engaged in providing diabetes care and education. HB87/aHHHC also adds language on page 3 for the diabetes committee to address the financial impact for developing a diabetes plan for (the) state for each constituent entity and for each covered population.

FISCAL IMPLICATIONS

Fiscal Implications of HB87/aHHHC:

HB87/aHHHC expands the costs associated with the work of the committee that would be borne by the individual constituent state entities to also include non-government agencies as well. The fiscal administrative impact of developing a diabetes plan for the state cannot be determined at this time, based on the statement as amended on page 3.

HB87/aHHHC does not appropriate any funding in establishing and carrying out the work of the diabetes committee. Costs associated with the work of the committee would be borne by the individual constituent state entities. The bulk of expenditures would fall on the Department of Health (DOH) to convene the committee, provide technical assistance and administer the work of the committee. The PED would be required to develop and implement a system for data collection and do the work of the committee with existing resources and current staff. At this time, it is difficult to determine the fiscal impact on the PED based on recommended changes to diabetes prevention and intervention programs.

SIGNIFICANT ISSUES

Significant Issues of HB87/aHHHC:

HB87hhhca expands the formation of a diabetes committee comprised of state to also include non-state agencies. The inclusion of healthcare agencies, which provide direct services,

prevention and care in relation to diabetes, could assist the diabetes committee in determining outcomes, based on updated and appropriate information.

Synopsis of Original HB87:

House Bill 87 (HB 87) establishes a diabetes committee comprised of state agencies including the Public Education Department (PED) to identify goals and benchmarks while developing individual constituency programs to reduce the incidence of diabetes, improve diabetes care, report on complications associated with diabetes, and analyze costs statewide.

Fiscal Implications of Original HB 87:

HB87 does not appropriate any funding in establishing and carrying out the work of the diabetes committee. Costs associated with the work of the committee would be borne by the individual constituent state entities. The bulk of expenditures would fall on the Department of Health (DOH) to convene the committee, provide technical assistance and administer the work of the committee. The PED would be required to develop and implement a system for data collection and do the work of the committee with existing resources and current staff. At this time, it is difficult to determine the fiscal impact on the PED based on recommended changes to diabetes prevention and intervention programs.

Significant Issues of HB 87:

HB 87 requires the creation of a diabetes committee to report findings to the legislative health and human services committee and the legislative finance committee every two years, beginning in December, 2018. The goal of HB 87 is to provide reports, based on independent constituent data, on the incidence of diabetes in the state and improved diabetes care and control over the complications of diabetes. The diabetes committee would be made of only state constituent entities, not necessarily associated with health-related prevention, intervention, care and education. The PED would be required to develop programs to reduce the incidence of diabetes in the state and improve diabetes care statewide and control complications associated with diabetes.

The PED Health Education Content Standards with Benchmarks and Performance Standards include diabetes as one of several chronic conditions addressed in the areas of prevention, treatment and health care resources to build self-advocacy for healthier life-long habits. Standards are to be implemented at the Local Education Agency (LEA), and not the PED level.

The PED works in collaboration with the DOH program, *Healthy Kids, Healthy Communities*, in monitoring obesity rates in kindergarten and third grade. Obesity is an early indicator of potential health risk factors, such as diabetes.

According to the PED 2015-2016 Annual School Health Services Summary Report, 25% of visits to the Student Health Office are chronic disease related, of which diabetes is one. The number of public school students with a diabetes diagnosis is 1,099, representing 17% of medically complex procedures performed by school nursing staff.

[\(http://ped.state.nm.us/sfsb/reports/\)](http://ped.state.nm.us/sfsb/reports/)

According to the Diabetes Prevention and Control Program 2017 Fact Sheet (DOH):

- In 2015, an estimated 634,975 adults, age 18 and older (39.7%), had prediabetes. However, only 7.6% of adults had been told they had prediabetes, meaning only 1 in 5 adults with prediabetes were aware of it.
- In 2015, an estimated 225,520 adults age 18 and older - 14.1% - had diabetes. 11.5% of adults had been told they had diabetes, so 4 in 5 adults with the condition were aware of it.
- From 2005 to 2014, a total of 6,165 deaths occurred for which diabetes was listed as the primary cause, with a yearly average of 617 deaths.
- In 2014, the age-adjusted diabetes death rate for American Indian/Alaska Natives was about four times the diabetes death rates of White adults, and over two times that of Hispanics and Black/African Americans, which were, in turn, two times that of White adults.
- In 2015, diabetes was the 6th leading cause of death in NM.
- Prediabetes and diabetes cost New Mexicans an estimated \$2.1 billion dollars a year.

Both the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. & 1232g; 34 CFR Part 99) impose numerous requirements on the use and disclosure of individual health information. This law may prohibit and even prevent personal student diabetes information disclosures. The demographic data sharing would need to meet the requirements of both HIPAA and FERPA. Written agreements would need to be developed for the appropriate release of personal health information.

Administrative Implications of Original HB 87:

HB87 requires a PED representative to participate in the constituent entity committee to assess needs in the area of diabetes prevention, intervention and care programs, and to identify goals and benchmarks while developing individual constituent entity programs. It is unclear as to whether this bill is requiring each individual constituent entity to develop programs. If this is a requirement then any programs developed by the PED for implementation in the school setting would need to align with the PED Content Standards with Benchmarks and Performance Standards. This work would require administration and oversight within the PED and with schools. Such a cost and program analysis for specific populations at greatest risk would require additional work by existing staff.