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FISCAL IMPACT REPORT

ORIGINAL DATE 02/07/13

SPONSOR Lopez LAST UPDATED _____ HB _____

SHORT TITLE School-Based Health Centers SB 47

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY13	FY14		
	\$1,000.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY13	FY14	FY15		
	\$800.0 - \$1,000.0	\$800.0 - \$1,000.0	Recurring	Federal Medicaid matching funds

(Parenthesis () Indicate Revenue Decreases)

Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Human Services Department (HSD)

SUMMARY

Synopsis of Bill

Senate Bill 47 (SB 47) appropriates \$1 million from the general fund to the Department of Health (DOH) to fund school-based health centers.

FISCAL IMPLICATIONS

The appropriation of \$1 million contained in SB 47 is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY14 shall revert to the general fund.

The Human Services Department (HSD) indicates Medicaid certified school-based health centers (SBHCs) currently serve 61 communities in 30 counties throughout New Mexico. The Medicaid school-based health centers program provides direct health service to children in schools and is administered primarily by the Public Education Department (PED) and the DOH via a governmental services agreement with the HSD. Generally, state appropriations into the Medicaid school-based health program receive an approximate 1:1 match in federal Medicaid funding.

The DOH indicates it would use a minimum of 5 percent of the amount appropriated for the department's administrative overhead costs associated with administration of the program.

RELATIONSHIP

SB 47 is related to SB 19 which would appropriate \$2.5 million for school-based health center behavioral health services.

OTHER SUBSTANTIVE ISSUES

The DOH indicates school-based health centers (SBHCs) are known to improve access to health care for children and adolescents (Kisker & Brown, 1996), as well as reduce emergency room rates (Santelli, Kouzis & Newcomer, 1996), and Medicaid expenditures (Wade & Guo, 2010). The SBHCs also bolster academic achievement by reducing absenteeism and tardiness (Gall, Pagano, Esmond, Perrin & Murphy, 2000; Walker, S.C., Kerns, S., Lyon, A.R., Brun, E.J., & Cosgrove, T.J., 2010), the dropout rate (McCord, Klein, Foy & Fothergill, 1993), and discipline referrals (Jennings, Pearson & Harris, 2000).

In New Mexico, over 50,000 adolescents have access to a SBHC and more than 14,000 visited a SBHC. Of all the visits provided, 33 percent were primary care visits and 37 percent were behavioral health visits. In addition, students received sports physicals, immunizations, lab tests, family planning services and oral health care. Of the students seen 41 percent were Hispanic, 39 percent white and 18 percent were Native American (NM-DOH, Office of School and Adolescent Health - 2012 Status Report).

Students using the New Mexico-funded SBHCs reported they received information about safe choices about sex, importance of physical activity and exercise, safety, nutrition, risks associated with tobacco, drugs and alcohol and oral hygiene. Of the students seen, 90 percent reported they are likely to follow SBHC advice and 79 percent reported they have changed their behavior after a SBHC visit (NM-DOH, Office of School and Adolescent Health - 2012 Status Report).

An analysis of NM SBHC utilization of SBHCs among 14-19 year olds revealed this teenage population demographic made 33,434 visits or 61 percent of all visits to the SBHCs for the 2010-2011 school year. The average number of visits to a SBHC for this demographic was 3.3. The majority of SBHC-users 14-19 years of age were female (63 percent) and Hispanic was the most frequently reported race (35 percent). A significant percentage of SBHC users were also white (19 percent) and American Indian (13 percent). Over one-third of users visited the clinic one or two times. High-users were more likely to have visits for behavioral health (69 percent) or reproductive health concern (56 percent). Visits also included concerns related to asthma and obesity/overweight diagnosis. Common diagnoses included acute upper respiratory and ear infection, depression, oral health, obesity, immunizations and sexually transmitted infectious

disease screening (Koenig, K, Trudnak, T, Fairbrother, G; “NM School-Based Health Center 2010-2011 Welligent Visit Analysis,” August 2012).

SBHCs address many of the barriers to health care access for school-aged children. Because SBHCs are located where children spend a significant amount of their time, scheduling and transportation barriers are minimized. SBHCs also address financial barriers by helping enroll eligible students in Medicaid and offering free services for uninsured students. Many adolescents, especially boys, are reluctant to use traditional medical care. SBHCs increase adolescents health care use, particularly for sexual health issues, drug or alcohol problems and mental health problems by providing convenient and confidential care in a familiar setting (Solemanpour S, Geirstanger SP, Kaller S, McCarter V, Brindis CD. The role of school health centers in health care access and client outcomes. American Journal of Public Health 2010; 100(9): 1957-1603)

RAE/svb