

NOTE: As provided in LFC policy, this report is intended for use by the standing finance committees of the legislature. The Legislative Finance Committee does not assume responsibility for the accuracy of the information in this report when used in any other situation.

Only the most recent FIR version, excluding attachments, is available on the Intranet. Previously issued FIRs and attachments may be obtained from the LFC office in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR:	Martinez	DATE TYPED:	2/01/00	HB	389
SHORT TITLE:	Prenatal Care for All Uninsured NM Residents				SB
					ANALYST: Esquibel

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY00	FY01	FY00	FY01		
	\$ 4,600.0			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB2/aHAFC, SB2, HB124, SB53

SOURCES OF INFORMATION

Health Policy Commission

Department of Health

SUMMARY

Synopsis of Bill

The bill appropriates \$4,600.0 to the Department of Health (DOH) to provide prenatal medical services to all uninsured residents of New Mexico.

FISCAL IMPLICATIONS

The bill appropriates \$4,600.0 in general fund in FY01 to DOH.

The services funded in the bill are also available for funding under the Maternal and Child Health Act and the Healthier Kids Fund.

The bill does not indicate if the appropriation would be used to leverage federal Medicaid funds for which these services qualify. Leveraging this appropriation would generate approximately \$13.8 in federal Medicaid funds.

The Health Policy Commission indicates the following programs already provide funding with state general fund for prenatal services:

- Prenatal and pediatric care including EPSDT (early periodic screening, diagnosis and treatment) benefits for children are currently provided through Medicaid. Currently, pregnant women and children are covered by Medicaid up to 185% of the federal poverty level (\$30,895 for a family of four in 1999). Children without health insurance during the previous 12 months are covered from

186% to 235% of the federal poverty level by Medicaid.

- Maternal and Child Health Councils in almost every county are eligible for funding (general fund) from DOH to meet outreach and other services for pregnant women and children.
- Healthier Kids Fund administered by DOH provides reimbursement for primary care and other services for children not covered by Medicaid.
- Community Health Centers receiving funding from the state through the Rural Primary Health Care Act and the federal government provide primary care and, in many cases, prenatal care for uninsured individuals.
- Counties may also cover a wide range of services, including preventive services, outreach, and medical care for medically indigent individuals by using funding from the County Indigent Fund program.

ADMINISTRATIVE IMPLICATIONS

DOH indicates if the intent of the bill is to create a new program, there could be a significant administrative impact on the department. However, if the bill expands current services, the administrative impact to DOH would be minimal.

CONFLICT/DUPLICATION/COMPANIONSHIP/RELATIONSHIP

In House Bill 2/aHAFC and Senate Bill 2, the LFC FY01 budget recommendation for DOH budgets \$1,000.0 in tobacco settlement revenue for expansion of home visiting and prevention services, including prenatal care, as included in the provisions of House Bill 389.

HB389 is related to HB124 and SB53 which both provide funding for prenatal care for uninsured women.

TECHNICAL ISSUES

The bill does not specify if DOH is to contract for a new program or to expand currently existing services by increasing insurance coverage for uninsured citizens by utilizing the Healthier Kids Fund.

DOH indicates the bill needs to specify if funding should be targeted to areas where large numbers of uninsured persons live, or if the funding should be targeted to where perinatal and prenatal health indicators show the need for most improvement.

Additionally, the bill does not define the components of prenatal care such as medical services versus prevention services.

RAE/sb