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FISCAL IMPACT REPORT

SPONSOR: Martinez DATE TYPED: 02/14/01 HB 399
 SHORT TITLE: Prenatal Services for Uninsured SB _____
 ANALYST: Dunbar

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY01	FY02	FY01	FY02		
	\$ 4,600.0			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 2 and SB 98

SOURCES OF INFORMATION

Health Policy Commission

No Response
 Department of Health

SUMMARY

Synopsis of Bill

HB399 appropriates \$4,600.0 from the general fund to Department of Health (DOH) to provide prenatal medical services to all uninsured residents of New Mexico.

Significant Issues

HB 399 does not contain an income limit and therefore funds can be spent to provide prenatal medical services to all uninsured women in New Mexico.

The following are other programs supported by state general funds for prenatal health services:

- Pregnant uninsured women are covered by Medicaid up to 185% of the Federal Poverty Level (FPL).
- Maternal Child Health Councils in each county are eligible for funding from DOH (general fund) to meet outreach and other services for pregnant women. There are also funds in DOH Children’s Medical Services for uninsured women and children.
- 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. UNM Health Sciences Center also has prenatal clinics receiving state money and serving women without insurance.

- Counties may also cover a wide range of services, including preventive services, outreach, medical care for medically indigent individuals under the County Indigent Fund program.

FISCAL IMPLICATIONS

HB399 appropriates \$4,600.0 from the general fund to DOH . The funds are recurring and any unexpended or unencumbered balance remaining at the end of the fiscal year 2002 shall revert to the general fund.

The bill should address the possibility of leveraging federal Medicaid funds for those individuals whose income is above 185% of the poverty level and who meet other program requirements. For example, under the State Children Health Insurance Program (SCHIP) , a demonstration project request can be submitted to the Health Care Financing Authority to cover pregnant women with incomes above 185% of the Federal poverty. If the demonstration proposal is approved, the state is able to draw down federal funds at the 81% to 19% match rate.

ADMINISTRATIVE IMPLICATIONS

The Health Department did not respond to the request for analysis and therefore no administrative impact is noted.

RELATIONSHIP

HB 2, SB 98

OTHER SUBSTANTIVE ISSUES

The following information was provided by the Health Policy Commission:

Infant mortality in New Mexico has decreased in the last few years, partly due to education given to mothers by their health providers such as

- The importance of folic acid for pregnant women
- Dangers of smoking
- Risks of drinking alcohol
- Importance of getting prenatal care
- Usage of car seats

New Mexico's Pregnancy Risk Assessment and Monitoring System (PRAMS) program reports:

- Approximately 50% of new mothers did not plan their pregnancies
- 33.5% did not begin prenatal care because they did not know they were pregnant
- 31.4% could not get transportation
- 26.7% did not have any money to get prenatal care
- One out of 6 babies are born to teen mothers (NM Vital Records and Health Statistics)

New Mexico ranks 40th this year, the same as in 1999. It ranked 43rd in 1990 and as high as 36th in 1994 and 38th in 1995. Lack of health insurance, adequacy of prenatal care and support for public health care are three major challenges in New Mexico; these measures consistently rank among the

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bottom states. (United Health Group State Health Ranking - 2000 Edition)

Prenatal care and delivery can cost from \$3,000 to \$10,000. (Alan Guttmacher Institute)

POSSIBLE QUESTIONS

Question for HSD:

What is the time period in preparing, submitting and receiving feedback on a demonstration waiver under the SCHIP program to include pregnant women whose income is above 185% of poverty?

BD/njw:ar