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FISCAL IMPACT REPORT

SPONSOR: Beam DATE TYPED: 3/7/03 HB 315/aHAFC

SHORT TITLE: Emergency Contraception Act SB _____

ANALYST: Dunbar

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
			\$150.0 See Narrative	Recurring	GF

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB119

SOURCES OF INFORMATION

Responses Received From

Department of Health (DOH)
Health Policy Commission (HPC)

SUMMARY

Synopsis of Certificate Language

Pursuant to House Rule No. 11-24-4 the emergency provision of the bill was removed.

Synopsis of HAFC Amendment

The House Appropriation and Finance Committee amend the bill by removing the appropriation amount. (See Fiscal Implications sections for associated costs)

Synopsis of Original Bill

House Bill 315 appropriates \$50.0 from the general fund to the DOH for the purpose of creating the Emergency Contraception Act and proposes that the Department of Health (DOH) develop and implement a public and provider education plan to increase both awareness about, and ac-

cessibility to, emergency contraception (ECP) in New Mexico. This would be accomplished through training, media outreach and print information. HB 315 contains an emergency clause.

Significant Issues

According to New Mexico Pregnancy Risk Assessment Monitoring System (NM PRAMS), an estimated 44% of New Mexican mothers with live births from 1997-2000 did not intend to become pregnant. Among women with unintended pregnancy, about one half were using contraception and half were not using any kind of contraception.

DOH states that prevention of an unintended pregnancy requires multi-pronged approaches that include discussion of life options and comprehensive sexuality education for teens. Moreover, DOH explains that conversations must take place on the easily accessible and affordable clinical family planning services, programs to increase partner responsibility, public education, and more recently, the emergency contraceptive pills.

DOH mentions that provision of the ECP for women can save \$263 -\$498 in a managed care setting and \$99-\$205 in a public payor setting for services related to an unintended pregnancy. The costs of care for a live birth resulting from an unintended pregnancy are greater, \$3,795 and \$1,680 respectively.

For the success of the program, collaboration with various health and family planning public and private agencies would be essential.

The public education plan is to be completed by September 30, 2003 and would include a description of emergency contraception, an explanation of emergency contraception's safety, efficacy and availability, and an explanation of dosage and timing necessary to provide optimal probability of pregnancy prevention. Public information outreach efforts would include a broad range of media and communication methodology, and the Department of Health would be responsible for developing materials for health care providers and for their patients. The health care provider program would include information and training programs and educational materials for providers and for their patients (developed by DOH). The program would also actively encourage the appropriate use and prescribing of emergency contraception by providers.

PERFORMANCE MEASURES

Proposed performance measures for HB 315 would include:

- Data about ECP awareness by adding ECP awareness questions in state-based surveys, including NM PRAMS;
- The number and distribution of provider entities that participate in ECP training;
- The number and frequency of ECP media presentations; and
- The proportion of live births that are intended.

FISCAL IMPLICATIONS

The appropriation of \$50.0 contained in this bill is a recurring expensed to the general fund. Any unexpended or unencumbered balance remaining at the end of FY 04 shall revert to the general fund.

The proposed amount of \$50,000 is not adequate to provide the services and produce the informational/educational products listed in HB 315. The DOH estimate for such services and products would be \$150,000. Costs may be reduced through collaboration with other provider agencies including Planned Parenthood.

DOH is confident that increased awareness and use of ECP would decrease unintended pregnancy rates in New Mexico. The department further indicates that ECP use could provide substantial Medicaid savings. Washington State reported an estimated \$10 million in Medicaid savings from its strategy of providing ECP over the counter by pharmacists.

ADMINISTRATIVE IMPLICATIONS

In order to implement the proposed program, staff would have to be diverted from current duties. The time frame of producing a plan by September 30, 2003 is unrealistic given the fact that DOH notes that there are limited staff to devote to this activity.

RELATIONSHIP

Relates to HB 115 (provision of ECP to victims of rape) in terms of broadening the availability of ECP training among health care providers.

Relates to HB119, which requires that New Mexico hospitals provide counseling regarding risk of pregnancy and emergency contraception medication to sexual assault victims.

OTHER SUBSTANTIVE ISSUES

The Department of Health supports provision of ECP and currently provides ECP in local public health offices. There is low awareness of ECP among men and women of reproductive age as well as amongst health care providers. In a recent national poll, one-fourth of women aged 18 to 44 said they had never heard of ECP; nearly two-thirds said they didn't realize it was available in the United States.

Although the American College of Obstetricians and Gynecologists (ACOG) recommends that doctors routinely offer women of reproductive age a prescription for emergency contraception pills as a back-up method, only one in five obstetricians or gynecologists routinely discusses ECP with patients during their annual visits.

Research indicates that once people understand what emergency contraception is, the overwhelming majority are supportive and believe that couples should be told about the method. According to a July 2002 survey of US voters by the Reproductive Health Technologies Project, 75% favor legislation aimed at expanding public health information about emergency contraception.

The Hawaii Department of Health aired television ads about ECP that directed listeners to call the state's toll-free family planning information line. The average number of calls to the information line increased from eight to ten to 40 to 50 calls per day during the month of radio spots aired.

Public awareness campaigns and education of health care providers would complement the comprehensive programs that are currently being administered by the DOH such as low-cost clinical family planning services, all methods (including abstinence) counseling and male involvement.

HPC reports that according to research done by DOH Family Planning, emergency contraception medication can reduce the risk of pregnancy by 75 to 88%. HPC reports that emergency contraception medications prevent pregnancy by interference with ovulation, but do not cause abortion or interrupt established pregnancies (DOH Family Planning Newsletter, July 2002).

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