ANOTE: As provided in LFC policy, this report is intended only 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 for other purposes.

The most recent FIR version (in HTML & Adobe PDF formats) is available on the Legislative Website. The Adobe PDF version includes all attachments, whereas the HTML version does not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

## FISCAL IMPACT REPORT

SPONSOR:	Aragon	DATE TYPED:	2/6/03	HB	
SHORT TITLI	E: Community Dental I	Health Services		SB	450
	ANALYS'				Dunbar

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
	\$669.0			Recurring	GF

(Parenthesis () Indicate Expenditure Decreases)

Relates to: SB 408, SB 173.

Relates to Appropriation in the General Appropriation Act

### SOURCES OF INFORMATION

### Responses Received From

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

#### SUMMARY

#### Synopsis of Bill

Senate Bill 450 appropriates \$669.0 from the state general fund to the Department of Health (DOH) in fiscal year 2004 to provide community dental health services

#### Significant Issues

Community-based dental clinics continue to report increasing demand for dental services. The demand surpasses the current capacity. The proposed appropriation would be used to expand services to underserved populations.

### Senate Bill 450 -- Page 2

# FISCAL IMPLICATIONS

The appropriation of \$669.0 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2004 shall revert to the general fund.

Current DOH funding for community dental services is \$907,440. Funding is dispersed to six contractors at multiple sites throughout the state. New funds would improve access to dental care services and positively impact the oral health status of New Mexicans.

# **ADMINISTRATIVE IMPLICATIONS**

The administrative impact to the Department of Health would be minimal and the additional activities related to procurement, contracting and monitoring could be handled with current staff.

# RELATIONSHIP

Relates to:

Senate Bill 408, which proposes to appropriate \$100.0 in general fund to the Department of Health for fiscal year 2004 to provide rural portable dental clinics for children.

Senate Bill 73 which would appropriate \$1,200.0 from the general fund to the DOH in fiscal year 2004 to contract with rural primary health care and dental clinics to leverage federal dollars at newly established or expanded clinic sites.

HB370 Early Childhood Dental Caries Program -- funds and coordinates an early childhood caries program.

SJM24 Develop Early Childhood Dental Caries Program -- requests that the University of New Mexico Health Sciences Center (UNM HSC) Division of Dental Services create a task force to coordinate efforts to develop a comprehensive early childhood caries program, and evaluate and make recommendations about fluoride varnish projects.

## **OTHER SUBSTANTIVE ISSUES**

A large number of New Mexico's population has difficulty securing access to dental services. The shortage of dental professionals and the inability to pay for dental services are two significant reasons why the state's dental needs are not met. Many dentists will not accept Medicaid reimbursement, creating another barrier to dental care access.

NM Health Policy Commission reports New Mexico has the highest percent of people without health insurance in the nation: 22.4% versus a 14.4% national average.

The following socioeconomic indicators illustrate NM's standing in oral health care:

- 49<sup>th</sup> in the country in oral health access
- 50<sup>th</sup> in the country in poverty

## Senate Bill 450 -- Page 3

DOH indicates that 29 of New Mexico's 33 counties are in Primary Dental Care Health Professional Shortage Areas. Many of the state's residents are not served by a health safety net. Many residents in the border area between Mexico and New Mexico obtain dental services in Mexico. Funding contained in SB 450 would allow the DOH to partner with community dental health service providers to assure the delivery services to the underserved.

DOH reports that 31 of 33 counties in NM are medically under-served by physicians, based on federal criteria. Only five counties have an adequate dental capacity and at least 17 counties have a critical shortage based on the number and distribution of licensed dentists.

Children and adults with dental problems may not eat properly, may develop learning and educ ation problems and may suffer self-esteem issues. The Department of Health provides services from 54 public health clinics, many in rural and low-income areas. There are no income requirements.

BD/prr