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## FISCAL IMPACT REPORT

SPONSOR: Adair DATE TYPED: 2/23/03 HB \_\_\_\_\_

SHORT TITLE: Develop Early Childhood Caries Program SB SJM 24

ANALYST: Dunbar

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
	NFI				

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to: HB 370;HM 1; SB 173

### **SOURCES OF INFORMATION**

#### Responses Received From

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

### **SUMMARY**

#### Synopsis of Bill

Senate Joint Memorial 24 requests that the University of New Mexico (UNM) Health Sciences Center and the UNM Division of Dental Services convene a task force to coordinate efforts to develop a comprehensive Early Childhood Caries (ECC) program. The task force would examine and evaluate known fluoride varnish projects and develop recommendations regarding training costs, data collection needs and desired outcomes for children. Task force members would include representatives from UNM, the Department of Health, the New Mexico Board of Dental Health Care, the Children, Youth and Families Department, Head Start and Early Head Start Programs, the Voluntary Council Addressing Oral Health Issues and other groups with expertise in childhood dental care. The task force would report recommendations to the interim legislative Health and Human Services Committee at its October 2003 meeting.

Significant Issues

When compared to other states, New Mexico has higher rates of children experiencing dental decay (64.6%) and higher rates of children with untreated decay (37%). An ECC Program targets mothers and children 0 to 3 years old for prevention of baby bottle tooth decay. Early intervention reduces future demand for dental services later in life.

The proposed task force in SJM 24 would enhance the efforts of the Department of Health with the University of New Mexico to promote dental disease prevention.

Innovative fluoride varnish programs, which have been implemented in other states, do not require special equipment and can be applied by trained non-dental providers. Implementation of an innovative fluoride varnish program would allow prevention and intervention strategies to take place at an earlier age.

**PERFORMANCE IMPLICATIONS:**

Proposed Performance Measure: Number of children ages 0 – 3 with baby bottle tooth decay.

**ADMINISTRATIVE IMPLICATIONS**

Participation in the task force could be accomplished with current staff.

**RELATIONSHIP**

Relates to:

HM1– State Dental Education Summit, which requests that the Health Policy Commission and the Commission on Higher Education create a task force to study and assess the adequacy of dental education and programs in New Mexico.

HB370 - requesting \$25,000 appropriation to the University of New Mexico (UNM) Board of Regents for expenditure in the Health Sciences Center (HSC) Division of Dental Services to fund an early childhood dental caries program.

SB173 – Expanding Access to Dental and Health Services by appropriating \$1.2 million to contract with rural primary care health centers and dental clinics.

**TECHNICAL ISSUES**

Page 3, lines 20-22 -- “the University of New Mexico Health Sciences Center Division of Dental Services” and “the University of New Mexico Dental Services” may be redundant.

Involve New Mexico State University on the task force since this is a statewide effort.

**OTHER SUBSTANTIVE ISSUES**

The oral health needs of New Mexicans are seriously unmet partly due to a shortage of dental professionals. In 1998, New Mexico ranked 48<sup>th</sup> in the nation having 43 dentists per 100,000

population.

Lack of dentists in the workforce especially in underserved and rural areas of New Mexico significantly affects access to dental care. Currently 29 of the 33 counties are designated as Health Professional Shortage Areas (HPSAs) for primary care by the Department of Health and Human Services. Twenty-five of the thirty-three counties are designated as HPSAs for dental care.

At their January 24, 2003, meeting, the Commissioners of the Health Policy Commission voted to support this program.

Numerous studies have identified that poor access to dental care services may be related to low-income families who live in rural areas with no access to dental services in a community, and/or do not understand the importance of early preventive measures.

**BD/yr**