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FISCAL IMPACT REPORT

SPONSOR Nava DATE TYPED 2/19/05 HB _____

SHORT TITLE School-Based Health Centers SB 779

ANALYST Collard

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$3,000.0			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 552, SB 761, HB 681, SB 595
 Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Public Education Department (PED)

SUMMARY

Synopsis of Bill

Senate Bill 779 appropriates \$3 million from the general fund to DOH for the purpose of expanding and operating school-based health centers (SBHC) in the state.

Significant Issues

DOH research indicates adolescents (ages 10-19) have the lowest utilization of health care services of any age group and are the least likely to seek care at a provider's office. Even when young people are connected to health providers, traditional providers may have limited impact on behavior-related problems because they may not have frequent contact with their patients and may not practice alongside professionals trained to focus on mental health and health education issues.

Adolescents are less likely to have health insurance than other age groups. In 1997, 16.7 percent of 12 to 17 year-olds were uninsured. More than one-fifth of New Mexico's children have no

health insurance.

The leading causes of death for adolescents have changed from natural causes such as illness and birth defects to unintentional and intentional injuries. Risky behaviors such as substance abuse, unprotected sex and violence are the leading threat to the health of adolescents and are increasingly responsible for the majority of deaths to adults under age 50. To have an impact on the health of school-aged youth, young people need access to a team of health care providers working together at a convenient location, such as schools, where students know it is safe to talk about troubling issues and receive confidential care.

PED notes the following statistics:

- More than one-fifth of New Mexico's children have no health insurance. New Mexico has the nation's highest rate of uninsured children.
- Currently, there are 34 SBHC statewide to fill a critical gap in health care services.
- Half of SBHC serve urban communities, half serve rural communities and one-half serve only high school students.
- SBHC provide an accessible location in schools where students can receive a wide variety of medical and behavioral health and prevention care services. Students have direct access to health care providers while at school in a convenient and confidential location.
- SBHC provide trained, licensed professional health care providers. Students learn how to use medical services in a non-threatening environment, with referrals made to appropriate community providers.
- Students do not to miss school to receive health care.
- SBHC follow New Mexico state statutes in regard to student and parental consent rights.
- SBHC promote family communication by assisting youths in involving their parents in the resolution of their health problems.

FISCAL IMPLICATIONS

The appropriation of \$3 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY06 shall revert to the general fund.

DOH indicates the Human Services Department would be able to draw down federal Medicaid matching funds based on the percentage of Medicaid-eligible children served by the centers. Medicaid funds are at a 70 percent federal matching rate for eligible students.

RELATIONSHIP

Senate Bill 779 relates to House Bill 552, and its duplicate, Senate Bill 761, which appropriate \$2million to DOH to support existing school-based health centers for FY06; House Bill 681, and its duplicate, Senate Bill 595, which establish a permit system for the sale of certain food and drink in public schools resulting in funds to support school-based health centers and other student wellness programs; and approximately \$490 thousand in the DOH base budget for FY06.

OTHER SUBSTANTIVE ISSUES

DOH notes school-based health center staff value parental involvement in their children's health care. Access to care through a center keeps parents in the workplace, strengthens the connection

between school and the family, and link families to a variety of needed services. Additionally, DOH indicates the centers help to keep students in school and work with school staff to remove physical and emotional barriers to learning. They provide counseling and support to students experiencing family and community stress; identify students at risk for violence and substance abuse and intervene early to promote a safe and healthy environment; respond in times of school-wide crisis; and help to reduce the need for special education services.

School-based health centers help to keep children out of hospitals and emergency rooms; early detection of illness helps reduce the need for expensive treatment later. Access to care at a center reduces parental work absences. Finally, the centers are excellent vehicles for addressing the risky behaviors responsible for much of the morbidity and mortality of adolescents and adults.

KBC/sb