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## FISCAL IMPACT REPORT

ORIGINAL DATE 2/2/06  
 LAST UPDATED 2/11/06      HB HJM 30/aHEC

SPONSOR Begaye

SHORT TITLE Study School Vision, Hearing & Dental Screens      SB \_\_\_\_\_

ANALYST Lewis

### APPROPRIATION (dollars in thousands)

| Appropriation |      | Recurring<br>or Non-Rec | Fund<br>Affected |
|---------------|------|-------------------------|------------------|
| FY06          | FY07 |                         |                  |
|               | NFI* |                         |                  |

(Parenthesis ( ) Indicate Expenditure Decreases)

\*See narrative.

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health (DOH)

Public Education Department (PED)

### SUMMARY

#### Synopsis of HEC Amendment

The House Education Committee amendment to HJM 30 adds the request that:

- the departments seek the input of the New Mexico Optometric Association, the New Mexico Dental Association, the New Mexico Speech-Language Hearing Association and the New Mexico Pediatric Society in formulating their recommendations for the study.

The amendment also amends a number of the “whereas” clauses regarding vision screening, noting that (as amended):

- vision screening is not performed in many New Mexico schools, and is not standardized or required for school-age children entering school at a beginning grade; and
- the American Academy of Pediatrics and the American Optometric Association have recommended guidelines for vision screenings that should be studied by the Department of Health and the Public Education Department when formulating their recommendation.

#### Synopsis of Original Bill

House Joint Memorial 30 requests that the Department of Health, in cooperation with the Public Education Department, study the feasibility of requiring vision, hearing and dental screening in schools.

The memorial further requests that:

- the study identify opportunities to expand and standardize routine early vision, hearing and dental screening for infants and young children in New Mexico;
- the study determine how to standardize and implement training on vision, hearing and dental screening for all school nurses;
- the study recommend a process for referral of all children who fail any of the three screenings at any age to the appropriate professional and develop a standardized referral form to be used by school nurses for this purpose;
- the findings of this study be presented to the Legislative Health and Human Services Committee at its November 2006 meeting; and that
- copies of this memorial be sent to the Secretary of Health and the Secretary of Public Education.

### **FISCAL IMPLICATIONS**

None, except for the cost of DOH and PED staff time.

### **SIGNIFICANT ISSUES**

According to the Department of Health (DOH), New Mexico children are at-risk for undetected vision, hearing, and dental impairments. National studies indicate that undiagnosed impairments are highest in children who live in poverty and who are members of minority groups. In New Mexico, 67% of children are racial or ethnic minorities and 87% of New Mexico's poor children are minorities. Poor children are more likely to lack access to adequate healthcare and therefore do not get appropriate screening for vision, hearing, and dental conditions. Sixteen percent of the state's children do not have health insurance, as opposed to 12% nationally.

If vision impairment is not detected early in young children, the impairment can be permanent. For many children, vision impairment is detected when they enter school. However, this is late in terms of effective diagnosis and treatment. Hearing loss in children affects the development of their speech and communication, which, in turn, affects their educational, vocational, and social outcomes. Early childhood decay is one of the most common diseases in childhood. Poor oral health in children negatively affects their school performance and overall social well-being. Timely detection and treatment for childhood eye, hearing, and oral impairments, is cost effective.

### **ADMINISTRATIVE IMPLICATIONS**

PED estimates that it would take approximately 80 hours of time by an Education Administrator A (\$25,495 x 80 + 30% benefits = \$2,651) to collaborate with the DOH on the findings of this study and prepare the findings for the Legislative Health and Human Services Committee. PED has a health services consultant who can participate in this study.