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FISCAL IMPACT REPORT

ORIGINAL DATE 2-10-06

SPONSOR Lopez LAST UPDATED _____ HB _____

STATEWIDE TEEN PREGNANCY PREVENTION

SHORT TITLE PROGRAM SB 592

ANALYST Lucero

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY06	FY07		
	\$2,600.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to SB 160; HB 193 and HB 664

Duplicates Appropriation in the General Appropriation Act
 Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

SUMMARY

Synopsis of Bill

Senate Bill 592 appropriates \$2,600.0 from the general fund to Children, Youth and Families Department for the teen parent services program for the purpose of funding a statewide teen pregnancy prevention program modeled on a program that has reduced the incidence of teen pregnancy by fifty percent.

FISCAL IMPLICATIONS

The appropriation of \$2,600.0 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2007 shall revert to the general fund.

The Executive recommendation includes \$1,000.0 for GRADS – Teen Pregnancy Prevention

SIGNIFICANT ISSUES

According to the New Mexico Teen Pregnancy Coalition, New Mexico has the third-highest teen birth rate in the nation. Research verifies that teen pregnancy contributes to poverty and other social problems. Teen pregnancy can result in serious education and health problems for the

mother and father. Teen mothers are more likely to have serious complications during pregnancy and delivery, and both teen mothers and fathers are less likely to earn a high school diploma. Babies born to teen mothers are also more likely to have health problems and be physically abused, abandoned and neglected. (Source: New Mexico Teen Pregnancy Coalition)

The Carrera model is a comprehensive youth development/sex education program designed for a cohort of young people from ages 11 to 18. The cost is approximately \$4,000 per young person per year (personal conversation with Dr. Michael Carrera 1-25-06). This model has been shown to delay initiation of sexual intercourse, increase resistance to sexual pressure and increase use of dual methods of contraception with Hispanic and African American teens in New York. New Mexico has a high teen pregnancy rate.

Public assistance to families formed by teenagers in New Mexico creates a gross burden to taxpayers of nearly \$300 million annually. This represents a tax cost of approximately \$6,176 per year per teenage mother.

The Department of Health, Family Planning Program has an Adolescent Pregnancy Prevention Program that provides community education, teen birth surveillance and evaluation. Any new statewide teen pregnancy prevention effort should be a collaborative effort involving the DOH Family Planning Program and other teen pregnancy prevention programs to ensure maximum impact and prevent duplication.

Prevention programs typically require long-term investments before showing positive results. The annual cost to New Mexico taxpayers for teen pregnancies and childbirths is over one-half billion dollars per year. The measurable economic impacts from teenage childbirth include:

- Income-related effects measuring the amount of taxes paid on failed income earnings
- Public assistance costs, including the major programs that provide benefits to teenage families: Medicaid, TANF, WIC, food stamps and housing subsidies.
- The expenditures affecting the child born to a teenage mother, including such outcomes as the child being more likely to be placed in foster care, more likely to be incarcerated and more likely to be less educated and less productive throughout his/her working life.

PERFORMANCE IMPLICATIONS

SB 592 falls under the Department of Health's Strategic Plan, Program Area
1, Public Health, Objective
2: Reduce Teen Pregnancy.

ADMINISTRATIVE IMPLICATIONS

CYFD will absorb the cost of any additional administrative services.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to SB 160; HB 193 and HB 664

HB193 which would appropriate \$1 million from the General Fund to the Public Education Department to fund a program in public schools around the state to provide teen pregnancy preven-

tion, parenting and family strengthening programming and career development for teen mothers and fathers.

HB664 which would appropriate \$450,000 from the general fund to the Department of Health for expansion of the male involvement program and to develop and implement a model community-wide program modeled after the Carrera pregnancy prevention program that links school-based programs, parallel family systems, community service and recreational activities.

OTHER SUBSTANTIVE ISSUES

Children born to teen parents are at increased risk to enter foster care and juvenile justice services. According to the National Campaign to Prevent Teen Pregnancy publication of February 2004, the rate for teen births in New Mexico was 103 per 1,000 girls aged 15-19. Teen parent birth rate is a related epidemiological indicator that could be easily measured in cooperation with the Department of Health.

New Mexico Teen Pregnancy Coalition and Teen Pregnancy Resources reported that:

- Governor Bill Richardson proclaimed May 2005 as “Teen Pregnancy Prevention Month.”
- In 2004, New Mexico had the 3rd highest teen birth rate in the nation. Although our rates are declining, the reduction is slower and less significant than other states and the nation.
- In 2002, there were approximately 4,500 births to New Mexico teens, which translate to 12 teen births in New Mexico per day.
- Hispanic teen girls comprise nearly 50% of the female teen population in New Mexico; however, they represent approximately 70% of our births to teens.

The primary protective factors for teen pregnancy include a strong connection to family and school. New Mexico would greatly benefit from reduced teen pregnancy. There would be less child abuse, fewer low birth-weight babies and welfare dependent families. There would be more high school graduates, taxpayers and fathers in the home. Approximately \$216 million could be saved each year by reducing teen pregnancy to zero. If New Mexico is successful in meeting the challenge 2005: To Reduce Birth to Teens by 20% by 2005, we will save our state about \$43 million annually.

From 1998 through 2003, The New Mexico teen birth rate has been reduced by 11%. Fourteen of New Mexico’s counties (Catron, Chaves, Colfax, Eddy, Grant, Guadalupe, Los Alamos, Luna, Quay, San Miguel, Sierra, Socorro, Torrance and Union) are on target for reaching their 2005 goal by reducing teen births by 20%. Seven counties reduced teen births by at least 10%.

Nationally:

- The US has the highest rates of teen pregnancy and births in the western industrialized world. Teen pregnancy costs the US at least \$7 billion annually.
- Thirty-four percent of young women become pregnant at least once before they reach the age of 20, about 820,000 a year. Eight in ten of these pregnancies are unintended.

- The teen birth rate has declined slowly but steadily from 1991 to 2003, with an overall decline of 33% for those ages 15 to 19. These recent declines reverse the 23% rise in the teenage birth rate from 1986 to 1991.
- The largest decline in birth rates since 1991 by race was in black teens. The birth rate for black teens ages 15 to 19 fell 4% between 1991 to 2003.
- Hispanic teen birth rates declined 21% between 1991 and 2003. The rates among Hispanics and blacks remain higher than those of other groups. Hispanic teens have the highest teenage birth rates.
- Most teenagers giving birth before 1980 were married whereas most teens giving birth today are unmarried.
- The younger a teenaged girl is when she has sex for the first time, the more likely she is to have had unwanted or non-voluntary sex. Close to four in ten girls who had first intercourse at 13 or 14 report it was either non-voluntary or unwanted.

National research indicates there are several programs that have demonstrated success in reducing teen pregnancy and/or risky sexual behavior including:

- Sex and HIV education programs that stress both abstinence and contraception;
- Clinic services that provide education, counseling, support and education;
- Service learning programs that involve youth in community service with structured time for preparation and reflection; and
- Comprehensive programs that address a multitude of health, education, employment and family issues.