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FISCAL IMPACT REPORT

SPONSOR Begaye		ORIGINAL DATE LAST UPDATED	1/22/2007	НВ	27	_	
SHORT TITLE Native American S		Student Health Care		SB			
				ANAI	LYST	Geisler	_

APPROPRIATION (dollars in thousands)

Appropr	iation	Recurring or Non-Rec	Fund Affected
FY07	FY08		
	\$500.0	Recurring	General

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)
Public Education Department (PED)
Higher Education Department (HED)

SUMMARY

Synopsis of Bill

House Bill 27, for the Indian Affairs Committee, would appropriate \$500,000 from the general fund to the Department of Health in coordination with the University of New Mexico Health Sciences Center to provide increased hours of service by mental health care providers in School based health centers (SBHCs) at schools with at least 15% Native American students. House Bill 27 would also provide culturally appropriate training for these mental health care providers.

FISCAL IMPLICATIONS

Funding for this initiative is not in the agency operating budget request for FY08. However, the \$500,000 proposed in the bill would increase funding for school based health centers, which is currently projected at \$2.5 million for DOH in FY08.

House Bill 27 – Page 2

SIGNIFICANT ISSUES

School based health centers primarily serve children who not only lack access to health care but also need care that is culturally, age-sensitive, and geographically accessible. SBHCs operate in schools as a one-stop source of evaluation, diagnosis, and treatment of child and adolescent health needs. Services include preventative care, comprehensive health assessments, treatment of acute illness, screenings, immunizations, and counseling. SBHCs are important because 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. Poor mental health among Native American youth is attributed to poverty, a history of trauma, and the lack of culturally appropriate mental health services in rural areas. The funding contained in House Bill 27 will help address these needs.

PERFORMANCE IMPLICATIONS

PED notes that increasing access to mental health care may increase self confidence, academic achievement and attendance. It may decrease depression and reduce suicide among Native American youth.

ADMINISTRATIVE IMPLICATIONS

DOH notes that House Bill 27 proposes that at least 98% of the \$500,000 go to "direct student mental health care services or mental health care provider training." This leaves \$10,000 for administration and support of the initiative, which may not be sufficient funding to support the initiative.

GG/csd