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FISCAL IMPACT REPORT

SPONSOR Garcia, MH ORIGINAL DATE 03/05/07
LAST UPDATED _____ HM 59
SHORT TITLE Mobile Dental Clinic Study SB _____
ANALYST Geisler

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY07	FY08	FY09	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		NFI.				

(Parenthesis () Indicate Expenditure Decreases)

Relates to: HB 135, SB 173.

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Memorial 59 requests the Department of Health (DOH) to conduct a feasibility and cost study of the procurement and operation of mobile dental health clinics, including a determination of which geographic areas of the state would most benefit from the operation of mobile dental health clinics. DOH is to report the finding and conclusions of its study to the Legislative Health and Human Services Committee by October 1, 2007.

FISCAL IMPLICATIONS

None noted by DOH.

SIGNIFICANT ISSUES

DOH notes that while oral disease may be the most preventable health condition affecting the US population, the oral health of minorities and the underserved remains poor. Sufficient tools and technology exist to prevent and control oral disease, but the outcomes have not reflected these advances. Tooth decay is the most common childhood disease and is 5 times more common than asthma. Annually 56 million school hours are lost as a result of dental disease among children.

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The 2000 New Mexico Children's Oral Health Survey has identified that 65% of New Mexico children have experienced tooth decay and 37% have untreated tooth decay. The survey also has identified that minority and non-insured children experience more dental disease than white children. The New Mexico Oral Health Surveillance System Report has identified that 64% New Mexico adults have seen a dentist. Forty three percent of adults aged 64 or older have lost 6 or more teeth due to decay or gum disease.

Adding to the burden of oral disease among New Mexicans is the serious shortage of dental providers throughout areas of the state. Most of the counties, either in specific populations or the entire county, have been designated as dental health professional shortage areas (HPSA).

ADMINISTRATIVE IMPLICATIONS

The proposed study will require DOH staff time and resources, but could be managed with existing staff resources.

RELATIONSHIP

HM 59 relates to House Bill 135 & SB 173, which would appropriate \$237,400 from the General Fund to the Department of Health (DOH) in Fiscal Year 2008 to operate mobile dental health clinics in southern New Mexico.

OTHER SUBSTANTIVE ISSUES

HPC provides New Mexico has a serious shortage of dentists. There were 616 dentists, 560 dental hygienists, and 1,520 dental assistants practicing in New Mexico in 2000. There were 33.8 dentists per 100,000 citizens in New Mexico in 2000, well below the national rate of 63.6. New Mexico is ranked 49th in the nation in dentists per capita. The per capita ratio of dental hygienists was also below the national rate. The number of dentists in New Mexico increased 2% between 1991 and 2000 while the state's population grew 18%. The result was a 13% decline in dentists per capita, in contrast to a 16% increase nationwide.

The Federal Standard for dentists serving population is 1 full time equivalent (FTE) per 1,050 persons. NM's median is 1 FTE dentist per 3,297 persons. None of New Mexico's counties meet the Federal Standard for dentists serving population. Three counties have no full-time dental service. NM lags behind other states in oral health status and dental access, see the University of New Mexico Dental Hygiene and Division of Oral Health.

<http://www.astdd.org/docs/NMHeadStartForumII.pdf#search=%22oral%20health%20new%20mexico>) in HPC's *2007 Quick Facts*. The Mobile Health Clinics Network estimates the cost at more than \$500,000 the first year (including the vehicle) and more than \$250,000 each year after (mostly staffing costs) (see <http://www.mobilehealthclinicsnetwork.org/featured.html>).

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Oral health and access to oral health providers is becoming more recognized as a prophylactic intervention to other non-oral health issues. For example, studies now point to associations between periodontal diseases and low birth weight and premature births, as well as between periodontitis and heart disease and stroke, see *Healthy People 2010* Section 21, CDC and HRSA.

Periodontal bacteria can enter the blood stream and travel to major organs and begin new infections. Research is suggesting that this may also pose a serious threat to people whose health is compromised by [diabetes](#), [respiratory diseases](#), or [osteoporosis](#). There is also new literature suggesting a link between poor oral health and the incidence of pancreatic cancer, see *Wall Street Journal*, January 23, 2007.

GG/mt