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## FISCAL IMPACT REPORT

ORIGINAL DATE 02/28/11

SPONSOR James LAST UPDATED \_\_\_\_\_ HB 380

SHORT TITLE No School Health Center Reproductive Services SB \_\_\_\_\_

ANALYST Esquibel

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY11	FY12	FY13	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
<b>Total</b>		Unknown	Unknown	Unknown	Unknown	GF/Medicaid Federal Matching Funds

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

House Bill 380 would prohibit school-based health centers (SBHC) from offering or providing reproductive health services. As used in this section, "reproductive health services" includes advice or health care related to contraception, abortion, sexually transmitted diseases or reproductive processes and functions.

### FISCAL IMPLICATIONS

The Human Services Department indicates the elimination of the services described in HB 380 would result in a reduction in Medicaid payments to school based health centers but this would not necessarily result in a cost savings to the program. Payments for some of the services would be made to other providers such as physicians and clinics to which the student could go.

NM currently ranks second in the nation in teen births. In 2009, 4,605 children were born to teen mothers. Teen pregnancy and its related consequences of teen mothers cost the state of New Mexico approximately \$590 million each year. Any increase in teenage pregnancies would increase costs to the Medicaid program.

Consistently, in detailed studies prepared by the state Medicaid program for the centers for Medicare and Medicaid Services (CMS) for the New Mexico Medicaid Family Planning Waiver, family planning services have shown to have saved the state millions of dollars when considering fertility rates of the general population.

## **SIGNIFICANT ISSUES**

The Department of Health writes the following: “New Mexico has historically had an inadequate system in place to address the health care needs of adolescents. 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. (US Census Bureau, Current Population Reports, Series P-25, No. 311, No. 519, No. 917, No. 1130, Table 2 in each)

Adolescents are less likely to have health insurance than other age groups. In 2009, 11.9% of 6-17 year-olds were uninsured. Nearly 22% of New Mexico’s children have no health insurance. (Health Insurance Coverage: 2009, Poverty and Health Statistics Branch, Housing and Household Economic Statistics Division, US Census Bureau)

Additionally, the leading causes of death for adolescents have changed from natural causes (illness and birth defects) to unintentional and intentional injuries. Risky behaviors (e.g., substance abuse, unprotected sex, and violence) are the leading threat to the health of adolescents. (Youth Risk Behavior Survey, 2009, Centers for Disease Control, US Dept. of Health and Human Services)

In New Mexico, STDs such as chlamydia and gonorrhea, which when left untreated, can lead to infertility, are primarily diseases of adolescence. In 2006, New Mexico had the fourth highest chlamydia rates in the United States at 509 cases per 100,000 population. The majority (69%) of chlamydia cases in New Mexico in 2006 were among those 15-24 years old. (NM DOH Adolescent Health Data Report, 2008) Chlamydia is the single most common preventable cause of infertility, and annual screening for sexually active females age 24 and under is an A-rated recommendation by the US Preventive Services Task Force.

([www.uspreventiveservicestaskforce.org/uspstf/uspschlm.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspschlm.htm))

Youth who are school-based health center (SBHC) users are more likely than non-SBHC users to report receiving screening/counseling from a primary care provider on sexually transmitted diseases (STDs), HIV/AIDS, condom use and birth control. SBHC users report a higher quality of preventative screening/counseling on STDs and pregnancy prevention than do non-SBHC users. (J Adolescent Health Care 41, 2007)

To have an impact on the health of school-aged youth, young people need a team of health care providers working together at a convenient location (schools) where students know it is safe to talk about troubling issues and receive confidential care, when necessary.”

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

DOH indicates HB380 is in conflict with the Family Planning Act ([24-8-1](#) NMSA 1978) that “assures that comprehensive family planning services are accessible on a voluntary basis to all who want and need them.” State law ([24-1-9](#) NMSA 1978) provides that “any person regardless of age has the capacity to consent to an examination and treatment by a licensed physician for

any sexually transmitted disease.” The Family Planning Act (24-8-5 NMSA 1978) states that “neither the state... nor any health facility furnishing family planning services shall subject any person to any standard or requirement as a prerequisite for receipt of any requested family planning service”...[exceptions do not address age of client].

### **OTHER SUBSTANTIVE ISSUES**

Statistics show that visits to healthcare providers by adolescents decrease as they enter high school. Statistics also show that having a SBHC on site has increased the number of services teen access. Many adolescents do not seek health care from their family provider but seek services in a familiar, comfortable setting, their school. Nearly half the students seeking services in the SBHC have no health insurance thus are unable to obtain services elsewhere. Sexually transmitted disease rates are on the rise in New Mexico. Sexually transmitted diseases may cause infertility if left undiagnosed.

The bill is very comprehensive in that it would restrict advising a student to seek treatment of a sexually transmitted disease elsewhere if the school-based clinic couldn't provide it. It would presumably keep the school-based health clinic from discussing a menstrual cycle issue with a patient seeking information.

The restrictions in the bill would make it difficult to always provide medically necessary services when needed by the patient.

RAE/bym