

**LEGISLATIVE EDUCATION STUDY COMMITTEE
BILL ANALYSIS**

Bill Number: HB 510

51st Legislature, 1st Session, 2013

Tracking Number: .191982.2

Short Title: High-Poverty School Achievement Gap

Sponsor(s): Representatives Edward C. Sandoval, Patricia A. Roybal Caballero,
Mary Helen Garcia, and Others

Analyst: James Ball

Date: February 19, 2013

Bill Summary:

HB 510 makes appropriations to assist in closing the achievement gap between low-income and middle-income students in high-poverty, low-income elementary schools by:

- purchasing textbooks and other instructional materials;
- providing breakfast and other school meal programs; and
- providing medical and behavioral health support.

The bill defines a “high-poverty, low-income elementary school” as one in which 85 percent or more of the students qualify for free or reduced-fee meals.

Fiscal Impact:

\$5.3 million is appropriated as follows:

- \$1.8 million to the Public Education Department (PED) for expenditure in FY 14 and FY 15 for textbooks and instructional materials;
- \$1.0 million to PED for expenditure in FY 14 for breakfast and other school meal programs; and
- \$2.5 million to the Department of Health (DOH) for expenditure in FY 14 for medical and behavioral support.

In all cases, unexpended or unencumbered funds revert to the General Fund.

HB 3a provides:

- approximately \$26.9 million for instructional materials;
- approximately \$1.9 million for breakfast for elementary students; and
- \$500,000 for teaching support in schools with a high proportion of low-income students.

Substantive Issues:

In the absence of an analysis by PED, it is unclear how the PED appropriations for instructional materials and school meal programs would be administered. According to the PED website, in

2011 approximately 100 elementary schools would be classified as “high-poverty, low-income” as defined in HB 510.

The DOH analysis of HB 510 interprets the appropriation for the Office of School and Adolescent Health to be directed toward school-based health centers (SBHC). DOH states that SBHCs are located where children spend a significant amount of their time, facilitating scheduling and transportation to vital health services. SBHCs also address financial barriers by helping enroll eligible students in Medicaid and offering free services for uninsured students.

Background:

DOH further states that students who use SBHCs are more likely to have received recommended vaccines and screening for high-risk behaviors compared with those who do not. Students who use SBHCs have also been shown to have high satisfaction with their health status and to have healthier behaviors, such as more physical activity and greater consumption of healthier foods.

In addition to providing services for individual students, SBHCs can provide prevention, early identification, and harm-reduction services for the entire community by following the coordinated school health program model. Studies have shown that students in schools with SBHCs have greater satisfaction with their learning environment, and that health promotion interventions used by the SBHC have improved health attitudes and behaviors and academic performance.

Committee Referrals:

HEC/HAFC

Related Bills:

- *HB 3a *Education Appropriation Act*
- HB 435 *Bernalillo Achievement Gap Programs*
- SB 19a *Office of School and Adolescent Health*
- SB 47 *School-Based Health Centers*
- SB 235 *Social Workers in High-Poverty Schools*