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FISCAL IMPACT REPORT

SPONSOR	Lopez	CRIGINAL DATE LAST UPDATED	02/21/13 HB		
SHORT TITL	Examine High Sch	ool Health Curriculum	SJM	24	
			ANALYST	Esquibel	_

APPROPRIATION (dollars in thousands)

Appropr	iation	Recurring	Fund
FY13	FY14	or Nonrecurring	Affected
NFI	NFI	NFI	NFI

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

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

SUMMARY

Synopsis of Bill

Senate Joint Memorial 24 (SJM 24) requests the Legislative Education Study Committee (LESC), in conjunction with the Public Education Department (PED) and the Department of Health (DOH) to appoint a work group of stakeholders to study the current New Mexico high school health education curriculum for its effectiveness and to report the results of the study and any recommendations to the LESC, the Governor, the PED and the DOH before the beginning of the 2014 legislative session.

FISCAL IMPLICATIONS

The memorial contains no appropriation.

SIGNIFICANT ISSUES

The PED indicates the PED's requirement is that the locally developed curriculum must align with the adopted the PED Health Education Content Standards with Benchmarks and Performance Standards. Because of local autonomy, each high school "curriculum" for the state mandated high school health education graduation requirement course is written and implemented at the local level.

Senate Joint Memorial 24 – Page 2

Beginning with students entering the eighth grade in the 2012-2013 school year, a course in health education is required prior to graduation. Health education may be required in either middle school or high school, as determined by the local school district. Prior to this requirement, each school district was required to submit to the PED by the beginning of the 2011-2012 school year a health education implementation plan for the 2012-2013 and subsequent school years, including which grade health education is required and how the course aligns with the PED Health Education Content Standards with Benchmarks and Performance Standards.

Only one year of data will be available at the end of the 2012-2013 school year from the small number of schools implementing this class in grade 8. For schools not implementing this requirement in 2012-2013, complete data will not be available until after school year 2013-2014.

ADMINISTRATIVE IMPLICATIONS

The PED indicates the Department would assist the LESC and the DOH in the appointment of a work group of stakeholders to complete this task. This can be done with existing resources.

OTHER SUBSTANTIVE ISSUES

The DOH indicates the Centers for Disease Control and Prevention (CDC) - in partnership with health education experts representing state education agencies, school districts, schools, colleges and national organizations - developed a Health Education Curriculum Analysis Tool (HECAT) that contains guidance, appraisal tools and resources to conduct a clear, complete and consistent examination of health education curricula. HECAT results can help schools select or develop appropriate effective health education curricula. The HECAT is aligned with the National Education Standards and is based on the Characteristics of Effective Health Education Curricula that help young people adopt and maintain health-enhancing behaviors. The HECAT includes all the needed guidance and appraisal tools for carrying out a thorough assessment of a health education curriculum (www.cdc.gov/healthyyouth/hecat/).

RAE/svb