

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current and previously issued FIRs are available on the NM Legislative Website (www.nmlegis.gov) and may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR Lopez **ORIGINAL DATE** 01/21/15 **HB** _____
LAST UPDATED

SHORT TITLE Prevention of Births Among Adolescents **SB** 137

ANALYST Dunbar

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY15	FY16		
	\$500.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

Responses Received From
 Department of Health (DOH)
 Children, Youth and Families Department(CYFD)

SUMMARY

Synopsis of Bill

Senate Bill 137 appropriates \$500,000 from the general fund to the Department of Health (DOH) for expenditure in FY16 to implement statewide comprehensive programming to prevent births among adolescents.

DOH notes that despite a continuing trend of declining birth rates, in 2013 (the most recent data available), New Mexico had one of the highest teen birth rates in the nation among 15-17 year old females: 20.5 per 1,000. In 2012 (the most recent state comparison data available), New Mexico had 47.5 births per 1,000 for female teens ages 15-19, followed by Oklahoma at 47.3, Mississippi at 46.1, Arkansas at 45.7, and Texas at 44.4. Generally, teen birth rates are highest across the South and Southwest and differences in teen birth rates among race and Hispanic origin groups contribute to the differences between states (National Vital Statistics Report, December 2013, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf). Underlying factors contributing to New Mexico's high teen birth rates are poverty, education, rural vs. urban population, and access to services. New Mexico has a high percentage of children living in poverty, a high-percentage of teens who drop out of high-school, and a comparatively burdensome lack of access to medical services, including family planning.

According to the 2013 New Mexico Youth Risk and Resiliency Survey (the most recent data available), 39.9 percent of New Mexico high school students reported having had sexual intercourse at least once in their lifetime. Sexual activity increases with advancing grade level. For instance, 23.0 percent of ninth graders reported they ever had sexual intercourse, compared to 36.4 percent of 10th graders, 46.2 percent of 11th graders, and 60.9 percent of 12th graders. Among sexually active students (those who had sexual intercourse at least once in the past 3 months), 42.8 percent did not use a condom during their last sexual intercourse. Only 27.5 percent of sexually active students used reliable birth control at last sexual intercourse. Only 10.0 percent used both a condom and reliable birth control. (<http://youthrisk.org/>).

FISCAL IMPLICATIONS

The appropriation of \$500 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY16 shall revert to the general fund.

The appropriation of \$500,000 is not included in the Executive budget request.

SIGNIFICANT ISSUES

DOH reports that the National Campaign to Prevent Teen and Unplanned Pregnancy shows that teen childbearing in NM cost taxpayers at least \$103 million in 2010. Nationally, teen childbearing costs taxpayers at least \$9.4 billion each year. Most of the public sector costs of teen childbearing are associated with negative consequences for the children of teen mothers, during both their childhood and their young adult years. In NM in 2010, taxpayer costs associated with children born to teen mothers included publicly-supported health care (Medicaid and CHIP); child welfare; and for children who have reached adolescence or young adulthood, increased rates of incarceration and lost tax revenue due to decreased earnings and spending. (<http://thenationalcampaign.org/data/landing>)

The DOH Family Planning Program (FPP) promotes population-based strategies: service learning and positive youth development programs, adult/teen communication programs, and comprehensive sex education programs. The FPP has educational contracts for implementation of the evidence-based program, the Teen Outreach Program® (TOP). TOP® is at 17 sites in 10 counties. These strategies work in concert with clinical family planning services to prevent teen pregnancy. Clinical family planning services are provided in public health offices statewide and in some community and School-Based Health Centers (SBHC). Clinical services include birth control, counseling, and laboratory tests. Clinical services were provided to 7,000 teenagers in 2013.

From 2000 through 2013, the New Mexico teen birth rate for 15-17 year olds decreased by 48 percent. In 2011 (the most recent data available), 17 percent of teen births in New Mexico were repeat births (US Health and Human Services, 2014). (<http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/states/nm.html>).

States with the highest percentage of repeat teen births are also the states with the highest rates of teen childbearing (Child Trends, 2011). Comprehensive programming such as the Teen Outreach Program (TOP®) increases a teen's motivation to delay childbearing, increases school success, and helps to prevent teen births.

According to the DOH 2014 *Health Equity in New Mexico: A Report on Racial and Ethnic Health Disparities, 9th Edition*, the birth rate for Hispanic females aged 15-17 (31.1/1,000) was over three times that of White females (9.7) and the birth rate for American Indian/Alaska Native females aged 15-17 (24.1/1,000) was 2.5 times higher than that of White females during the time period of 2011 to 2013. Culturally appropriate, evidence-based teen pregnancy prevention programs are required when serving Hispanic and American Indian/Alaska Native teens.

PERFORMANCE IMPLICATIONS

SB137 relates to the New Mexico Department of Health Strategic Plan Fiscal Year 2014-2016, Result 1: Improved health outcomes for the people of New Mexico, Objective: Prevent teen pregnancy. The FY16 DOH performance measures relating to preventing teen pregnancy are: Percent of teens participating in pregnancy prevention programs that report not being pregnant, or being responsible for getting someone pregnant during the school year following participation at the end of the school year; Number of teen ages 15-17 receiving services at clinics funded by the DOH Family Planning Program; and Percent of female clients ages 15-17 seen in DOH public health offices who are given highly or moderately effective contraceptives.

ADMINISTRATIVE IMPLICATIONS

The implementation of SB137 would involve training contractors, conducting evaluations and program implementation monitoring. Requested funding through SB137 would require the issuance of a Request for Proposals (RFP). Statewide comprehensive programming to prevent births among adolescents is an existing DOH initiative and would not require additional program resources if SB137 is enacted.

BD/je