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FISCAL IMPACT REPORT

ORIGINAL DATE 3/5/2015

SPONSOR O'Neil LAST UPDATED _____ HB _____

SHORT TITLE Expand Focus-Milagro Integrated Care Model SB 371

ANALYST Hartzler

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY15	FY16		
	\$3,500.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY15	FY16	FY17		
	Unknown	Unknown	Recurring	Federal Funds - Medicaid
	Unknown	Unknown	Recurring	Federal Funds – HSD, Families Infant Toddler

(Parenthesis () Indicate Revenue Decreases)

Relates to SB 116, Statewide Perinatal Collaborative

Duplicates Appropriation in the General Appropriation Act, Section 4J, Higher Education, University of New Mexico Health Sciences Center

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Higher Education Department (HED)

University of New Mexico Health Sciences Center (UNM)

SUMMARY

Synopsis of Bill

Senate Bill 371 appropriates \$3.5 million from the general fund to UNM HSC to establish a center of excellence and expand and replicate the FOCUS-Milagro integrated care model serving pregnant women with substance abuse disorders and their infants.

The bill includes an emergency clause.

FISCAL IMPLICATIONS

The appropriation of \$3.5 million contained in this bill is a recurring expense to the general fund. As stated in the bill, any unexpended or unencumbered balance remaining at the end of FY18 shall revert to the general fund. However, should the appropriation be included in Section 4 of the General Appropriation Act as a line-item to UNM HSC, the funds would not revert to the general fund.

UNM proposes that funding in SB 371 would be used to support up to 18 FTE:

- 3 nurses as clinic coordinators,
- 4 to 5 early intervention home visitors,
- 6 community support workers or social workers,
- 3 therapists or counselors, and
- 1 program manager to support community programs.

These professional teams would support local health care practitioners to establish family-centered medical homes. Communities would self-identify whether there is a need for such a medical home (to care for and treat pregnant women with substance abuse disorders and address their infants' medical issues). Costs for the medical homes would be borne by the communities, with Medicaid, federal Family Infants Toddler (FIT) funding, and other revenues providing critical support.

Greater specificity is needed to determine costs per medical home and the level of professional team support for each home and revenues available to support this coordinated care model.

SIGNIFICANT ISSUES

General Health Challenges. DOH reports that

...[T]he nation has seen an increase in the proportion of Medicaid-enrolled pregnant women filling opioid prescriptions, from 18.5 percent in 2000 to 22.8 percent in 2007, representing a net increase of 23.1 percent. Another study (Bateman *et al.* [2014]) reported similar results among commercial insurance beneficiaries, finding that overall 14.4 percent of pregnant women had opioid prescriptions at some point during pregnancy.

In New Mexico in 2013, at least one opioid prescription was filled by approximately 24% of women between the ages of 15 and 24, and by 33% of women between the ages of 25 and 44 (age groups denoting women of reproductive age), based on data from the *New Mexico Prescription Monitoring Program's* limited access database.

UNM HSC Milagro and FOCUS Programs Addresses Challenges.

UNM HSC’s Milagro and FOCUS programs help expectant mothers with substance abuse disorders and their children, from birth to age three. While the programs coordinate care, HED and UNM HSC described the separate programs.

- Milagro Program, affiliated with UNM’s Department of Family and Community Medicine, provides comprehensive care for pregnant women with substance abuse/addiction issues. Medical care, counseling, and case management support are offered. A team of health care professionals help mothers transition during the prenatal and postpartum period through home visits, counseling, and a holistic wellness approach.
- FOCUS program, affiliated with UNM’s Centers for Development and Disabilities, provides services for children under three years, particularly children at risk of experiencing developmental delays due to medical or environmental factors. Services include home visiting and developmental guidance, case management and coordination of services, developmental assessment and monitoring, development therapies, access and care at a family medical home, and referrals to legal and other community organizations as needed.

SB 371 would build on a current infrastructure of community outreach provided by, and based at, UNM HSC. The FOCUS-Milagro program provides culturally and linguistically appropriate services to the diverse population of pregnant women with substance abuse disorders which that program serves. Creating a center would help combine these programs and better coordinate services. According to UNM HSC, SB 371 “creates the capacity of key faculty to support and establish physician leadership in communities and provide hands-on technical assistance for family-centered medical home models.”

PERFORMANCE IMPLICATIONS

SB 371 relates to DOH’s FY15 strategic plan goal of improving health outcomes for New Mexicans and UNM HSC’s Vision 2020, which links improving the population’s health and health equity with the institution’s success. If SB 371 is enacted, UNM HSC, in coordination with other affected agencies, should develop performance measures related to patients and health outcomes.

ADMINISTRATIVE IMPLICATIONS

It would be important to see whether and how the expansion proposed in SB 371 supports, contradicts, or does not relate to ongoing efforts at DOH’s Family Health Bureau to create a Perinatal collaborative to address population-based needs for the state’s female, maternal, and infant population.

While SB 371 provides state general fund support for expanding health services to women and children, it would be important to identify other available revenues – whether from third-party providers, federal or other grants and contracts – to support this effort.

RELATIONSHIP

SB 371 relates to SB 116, Statewide Perinatal Collaborative. Further, UNM HSC currently receives some general fund revenue in the General Appropriation Act for the Milagro program.

OTHER SUBSTANTIVE ISSUES

DOH reports that SB 371 would expand an existing program to small communities in the state and continue to target services to pregnant women with substance abuse disorders.

POSSIBLE QUESTIONS

- What is UNM HSC’s plan for expanding the FOCUS-Milagro program? How will the roll-out occur over time?
- How many patients, per office, will receive services? How will the expansion be measured?

TH/bb