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FISCAL IMPACT REPORT

ORIGINAL DATE 1/28/2020

SPONSOR Papen LAST UPDATED _____ HB _____

SHORT TITLE Contraception Mentoring Program SB 40

ANALYST Klundt

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY20	FY21		
	\$1,200.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY20	FY21	FY22		
	See Fiscal Impact		Recurring	Federal, HSD Funds

(Parenthesis () Indicate Revenue Decreases)

Relates to House Bill 2, Senate Bill 41

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 40 (SB 40) appropriates \$1.2 million from the general fund to the Department of Health (DOH) for a contraception mentoring program to train health care providers and staff with respect to the provision of services related to long-acting reversible contraception (LARC).

FISCAL IMPLICATIONS

The appropriation of \$1.2 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2021 shall revert

to the general fund.

The LFC recommendation for the FY21 DOH operating budget included an increase \$400 thousand general fund revenue for LARC training, not included in the executive recommendation.

The executive recommendation included \$1.1 million for LARC training in special appropriations while the LFC recommendation included \$800 thousand.

DOH noted there could be potential revenue based on increased awareness and use by consumers for LARC. Medicaid and third-party billing is allowed for LARC depending on provider agreements with payors. There is not enough information available currently to quantify amount of revenue for DOH at this point.

SIGNIFICANT ISSUES

DOH noted:

“In NM, the use of long-acting reversible contraception (LARC) has increased from 8% in 2011 to 37% in 2018 by NM Title X/Family Planning female clients of childbearing age (NM Family Planning Program, Family Planning Annual Report (<https://www.hhs.gov/opa/title-x-family-planning/fp-annual-report/index.html>, retrieved on 12/27/2019). Intrauterine devices (IUDs) and implants are available at state-government-operated public health offices, Federally Qualified Health Centers, and School-Based Health Centers. Overall, over 37% of NM Family Planning Program female clients of childbearing age used one of the two most effective reversible methods in 2018, which was a 12% increase from 2017. For clients who do not plan a pregnancy in the near future, providers counsel using the shared-decision making model (a model where the client’s health, safety, and best interest is central to the decision-making process and the choice is made in concurrence with her clinician). Access to a wide range of birth control methods is available to clients, reducing barriers to the client’s preferred contraceptive method, including the most effective methods.

The age-specific birth rate for women of child-bearing age has decreased from 24.8 per 1,000 in 2013 to 21.7 per 1,000 in 2018 (New Mexico Indicator-Based Information System [NM-IBIS], <https://ibis.health.state.nm.us/query/builder/birth/BirthCntyPop/FertRate.html>, retrieved on 1/3/2020). This is a 12.5% decrease. Use of LARC is one of many reasons why NM has been seeing a decrease in births over the past five years.

NM has a clinician shortage; the state rate of clinicians (medical doctors, physician assistants, osteopaths, nurse practitioners, and nurse midwives) per 1,000 is 3.5 (in 2018), based on internal reports from the NM Medical Board, the NM Osteopathic Board, and the NM Board of Nursing. SB40 would provide for an increased count of trained clinicians to provide LARC services in NM.

In 2017, the Behavioral Risk Factor Surveillance System survey reported that 8% of female respondents of child-bearing age reported using an implant and 15.3% of female respondents of child-bearing age reported using an IUD for contraceptive purposes

(https://ibis.health.state.nm.us/query/selection/brfss/_BRFSSSelection.html, retrieved on 1/3/2020).

The Centers for Disease Control and Prevention (CDC) has a Contraceptive Action Plan Project (<https://www.cdc.gov/teenpregnancy/projects-initiatives/contraceptive-action-plan-project.html>). The University of California, San Francisco, Bixby Center for Global Reproductive Health, has a global training for physicians and residents to develop clinical skills in contraception (<https://bixbycenter.ucsf.edu/education-and-training>).

SB40, with its mentoring program, has the potential to affect other state agencies:

- NM Human Services Department (for Medicaid reimbursement of LARC services)
- NM Office of the Superintendent of Insurance (for private insurance reimbursement of LARC services)
- NM Medical Board, NM Osteopathic Board, and NM Board of Nursing (for training and licensure of clinicians providing LARC services)
- NM Board of Pharmacy (for the receipt and monitoring of LARC devices and related pharmaceutical/medical supplies).

While SB40 is not directly a result of a task force or memorial, in the 2016 Legislative Session, a Senate Memorial (SM58) was passed to study the use of LARC.”

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to House Bill 2, see fiscal impact.

Senate Bill 41 (SB 41) appropriates \$500 thousand from the general fund to the Department of Health (DOH) for a public awareness campaign regarding long-acting reversible contraceptives (LARC). The funds are appropriated from the general fund to NMDOH for expenditure in fiscal years 2021 and 2022.

KK/sb