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## FISCAL IMPACT REPORT

SPONSOR: Taylor, J.P.                      DATE TYPED: 3/17/03    HB    HJM 44/aHEC

SHORT TITLE: Improved Health Care access for Students                      SB    \_\_\_\_\_

ANALYST: L. Baca

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
	NFI				

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to SB 465, Implement School Nurse In Every School Program

### SOURCES OF INFORMATION

LFC files

Responses Received From  
 State Department of Education (SDE)  
 Department of Health (DOH)

### SUMMARY

#### Synopsis of HEC Amendment

The amendment adopted by the House Education Committee adds the Department of Health to the original request that a policy be developed.

#### Synopsis of Original Bill

House Joint Memorial 44 requests that the State Board of Education (SDE) establish a policy that recognizes the unique characteristics and services delivered in school-based health centers; ensures that school-based health centers are adequately compensated for services provided to publicly insured patients; and establishes public health resources for support to undeserved children and adolescents.

Significant Issues

State statutes identify DOH as the agency charged with oversight of clinical supervision of health services in a school setting, and DOH has established standards for school-based health centers (SBHC). School district boards of education, parents and the community determine whether a SBHC will be located in a particular school and the types of services that are to be provided.

The DOH reports that 16 SBHC that provided services to 40 schools were in operation during the 2001-2002 school year. In addition, 20 other sites were in operation that receive funding from a variety of sources, e.g., Federal Bureau of Primary Health Care, Indian Health service and community resources. The DOH also reports that, nationally and in New Mexico, SBHCs have been very effective for and popular with students and parents, especially those that may be classified as medically underserved.

**FISCAL IMPLICATIONS**

HJM 44 does not contain an appropriation. However, any expansion of services will require additional funding either through improved agency collaboration, redirection of existing federal and state funds, or a general fund appropriation.

**ADMINISTRATIVE IMPLICATIONS**

Implicit in this memorial are the need for additional resources, greater inter-agency cooperation, more effective use of current funds, and a need to implement the model for SBHCs in additional school sites.

**OTHER SUBSTANTIVE ISSUES**

The DOH observes that this bill would be a “catalyst for further collaboration among agencies, increased accountability, and unification of SBHC funding streams.”

LRB/njw:yr