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## FISCAL IMPACT REPORT

**SPONSOR** Lopez **ORIGINAL DATE** 02/06/14  
**LAST UPDATED** \_\_\_\_\_ **HB** \_\_\_\_\_

**SHORT TITLE** Prevention of Births Among Adolescents **SB** 195

**ANALYST** Esquibel

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY14	FY15		
	\$500.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health (DOH)

Children, Youth and Families Department (CYFD)

Human Services Department (HSD)

### SUMMARY

#### Synopsis of Bill

Senate Bill 195 appropriates \$500 thousand from the general fund to the Department of Health to implement statewide comprehensive programming to prevent births among adolescents.

### FISCAL IMPLICATIONS

SB 195 includes an FY15 general fund recurring appropriation of \$500 thousand. Any unexpended or unencumbered balance remaining at the end of FY15 shall revert to the general fund.

### SIGNIFICANT ISSUES

The Department of Health (DOH) and Human Services Department indicate in 2012, New Mexico had the highest teen birth rate in the nation. New Mexico had 47.5 births/1,000 for teens ages 15 to 19, followed by Oklahoma at 47.3, Mississippi at 46.1, Arkansas at 45.7, and Texas at 44.4. The birth rate for teens ages 15 to 17 in New Mexico was 24.1/1,000, followed by Texas at 23.4, Oklahoma at 22.8, and Mississippi at 22.1.

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, high school dropout rates, and lack of access to medical services, including family planning.

DOH currently has contracts for implementation of two evidence-based programs, the Teen Outreach Program (TOP) and *Cuidate*. TOP is at 30 sites in 9 counties and *Cuidate* programming is in 2 counties. School-based health centers (SBHC) serve 56 school campuses in 30 counties. High users at SBHCs were more likely to have visits for behavioral health or reproductive health concerns.

## **OTHER SUBSTANTIVE ISSUES**

The Department of Health reports according to the 2011 New Mexico Youth Risk and Resiliency Survey, 47.8 percent of New Mexico high school students reported having had sexual intercourse. Sexual activity increases with advancing grade level, as 18.1 percent of 9<sup>th</sup> graders reported they had sex, compared to 46.8 percent of 12<sup>th</sup> graders. No condom use at last sexual intercourse was reported by 42.2 percent of sexually active students.

An analysis from The National Campaign to Prevent Teen and Unplanned Pregnancy shows that teen childbearing in NM cost taxpayers at least \$118 million in 2008. In New Mexico, taxpayer costs associated with children born to teen mothers included \$35 million for publically-supported health care (Medicaid and CHIP); \$8 million for child welfare; and for children who have reached adolescence or young adulthood, \$17 million for increased rates of incarceration and \$38 million in lost tax revenue due to decreased earnings and spending.

School-based health centers (SBHCs) address barriers to health care access for school-aged children. Because SBHCs are located where children spend a significant amount of their time, scheduling and transportation barriers are minimized. SBHCs also address financial barriers by helping enroll eligible students in Medicaid and offering free services for uninsured students. Many adolescents, especially boys, are reluctant to use traditional medical care. SBHCs increase adolescents health care use, particularly for sexual health issues, drug or alcohol problems, and mental health problems by providing convenient and confidential care in a familiar setting (Solemanpour S, Geirstanger SP, Kaller S, McCarter V, Brindis CD. 2010. "The role of school health centers in health care access and client outcomes." *American Journal of Public Health* 100(9): 1957-1603).

RAE/svb