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## FISCAL IMPACT REPORT

**ORIGINAL DATE** 02/05/14

**SPONSOR** Brandt **LAST UPDATED** \_\_\_\_\_ **HB** \_\_\_\_\_

**SHORT TITLE** Whole Women’s Health Funding Priorities Act **SB** 289

**ANALYST** Weber

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY14	FY15	FY16	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		NFI	NFI			

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

Senate Bill 289 proposes the Whole Women’s Health Funding Priorities Act.

Section 2 describes the findings and purpose. The bill states limited federal and state public funding exists for family planning and preventative health services for women, generally, and for maternal and fetal patients in particular. Public and private providers of primary care and preventative care utilize public funds more effectively than specialized providers. Health care costs are lowered when primary and preventative care is provided in a setting that addresses the whole person by emphasizing counseling, screening and early detection of leading causes of morbidity and mortality. Delivery of these critical services is best accomplished through a single point-of-service provider such as a primary care clinician who can provide comprehensive care. Further maternal and fetal patients should have access to comprehensive medical care, including preconception and prenatal care, in order to reduce maternal and fetal morbidity and mortality. It becomes necessary to prioritize the distribution of public funds for family planning, reproductive health care and maternal and fetal care to primary and preventive care providers and public funds shall not be used, directly or indirectly, to provide non-therapeutic abortion procedures.

Section 3 provides the definitions used in the Act.

Section 4 provides that any expenditure of public funds for family planning services shall be made in the following order of priority to: (1) public entities; (2) nonpublic hospitals and federally qualified health centers; (3) rural health clinics; and (4) nonpublic health providers that have as their primary purpose provision of the primary health care services enumerated in 42 U.S.C. Section 254b(a)(1). Also, the department shall not enter into a contract with or make a grant to any entity that performs non-federally qualified abortions or maintains or operates a facility where non-federally qualified abortions are performed.

Section 5 gives the attorney general authority to bring an action to enforce the provisions of the Whole Woman's Health Funding Priorities Act and if the state prevails in shall be entitled to recover the costs of investigation, costs of the action and reasonable attorney fees.

Section 6 gives the legislature, through one or more appointed representatives, the ability to intervene as a matter of right in any case in which the constitutionality of the Whole Woman's Health Funding Priorities Act is challenged.

Section 7 provides that if any part or application of the Whole Woman's Health Funding Priorities Act is held invalid, the remainder or its application to other situations or persons shall not be affected.

Section 8 mandates that any contract or appropriation of public funds made by the department in violation of the provisions of the Whole Woman's Health Funding Priorities Act shall be null and void and any funds allocated in violation of that act shall be reallocated to eligible entities.

## **FISCAL IMPLICATIONS**

No fiscal implications were identified.

## **SIGNIFICANT ISSUES**

DOH reports:

The New Mexico Department of Health (DOH) receives public funds for preventive family planning services in the Family Health Bureau (FHB) and the Health Systems Bureau (HSB). HSB contracts for primary care, with non-profit primary care organizations throughout New Mexico through the RPHCA (Rural Primary Health Care Act) Program. Last year these RPHCA funded clinics provided basic primary care services, including family planning services, to over 285,000 patients. HSB funds school-based health centers (SBHCs) that provide basic primary care services, including family planning in some centers. The major source of federal funding for family planning services through the FHB is the Title X federal grant. It is important to emphasize that these federal and state funds are designated primarily for family planning services to assist families in planning or preventing pregnancies and are federally restricted to not be used for abortions.

The majority of the family planning services are provided at 48 DOH Public Health Offices (PHOs) statewide. These PHOs do not provide traditional primary care or prenatal services; however, specialized, comprehensive reproductive health services are available as are screenings for sexually transmitted diseases. These services through the FHB provide access to a broad range of acceptable and effective family planning methods and related preventive health services

in accordance with Title X program requirements and nationally recognized standards of care. These services include natural family planning methods, infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted infections and HIV prevention education, testing, and referrals to primary care medical homes. The broad range of reproductive services does not include abortions.

**TECHNICAL ISSUES**

To clarify and avoid misinterpretation including a definition of “family planning services” used in section 4 is advisable.

MW/svb