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FISCAL IMPACT REPORT

| SPONSOR | Ortiz y Pino | ORIGINAL DATE LAST UPDATED | | нв | | |
|------------|-----------------------|-------------------------------|------|-----|-------|--|
| SHORT TITI | LE Study Special Care | Needs Health Transition | on | SM | 59 | |
| | | | ANAL | YST | Weber | |

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

| | FY14 | FY15 | FY16 | 3 Year Total Cost | Recurring or Nonrecurring | Fund Affected |
|-------|------|---------|---------|----------------------|---------------------------|------------------|
| Total | | Minimal | Minimal | | Nonrecurring | |

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

SUMMARY

Synopsis of Bill

The Department of Health's Children's Medical Services Program and the University of New Mexico Center for Development and Disability are requested to convene a task force on health care transition for New Mexico children and youths with special health care needs.

Children and youths with special health care needs between the ages of twelve and nineteen years of age are aging out of the pediatric medical environment and need to make a transition to adult health care providers. There are few systems or resources available to aid pediatric and adult health care providers and children and youths with special health care needs and their families in the process of transition from pediatric to adult health care. Studies have shown that health care fragmentation and the lack of effective transition and transfer of health care services have a negative impact on the health of patients throughout their life spans.

The task force should be composed of persons representing:

- one or more young adults experienced with the transition process from pediatric to adult health care;
- the University of New Mexico Hospital, Presbyterian hospital and the Medical Assistance Division of the Human Services Department;
- Parents Reaching Out;
- New Mexico medical society;
- Office of Superintendent of Insurance;
- Health Insight New Mexico;

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- The Governor's Commission on Disability;
- Special Olympics New Mexico;
- family and community medicine, pediatrics and psychiatry; and
- the four medicaid managed care organizations.

The task force is to identify and study;

- existing barriers to effective health care transition and transfer services for New Mexico children and youths with special health care needs; and
- strategies to address the barriers to effective health care transition and transfer services, including evidence-based strategies that have been successfully used in other states.

The task force is requested to make formal recommendations for changes to existing policies, programs and regulatory provisions or recommendations on new policies, programs or regulatory provisions that would:

- address barriers to effective health care transition for children and youths with special health care needs;
- result in more effective services for children and youths with special health care needs as they make the transition from pediatric to adult health care services;
- improve the efficiency of the health care transition process;
- ease the burden of the health care transition process both on patients and their families; and
- maximize outcomes, including lifelong functioning and well-being, for children and youths with special health care needs.

The report of the review and recommendations should be presented to the Secretary of Health, the Secretary of Human Services, the Legislative Health and Human Services Committee, and the Legislative Finance Committee by October 1, 2014.

FISCAL IMPLICATIONS

The task force participants are apparently not paid but there may be some per diem and mileage expenses.

SIGNIFICANT ISSUES

DOH contributes the following information:

Children with Special Health Care Needs (CSHCN) are defined by the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) as: "...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally." McPherson M, Arango P, Fox H, Lauver C, McManus M, Newacheck P, Perrin J, Shonkoff J, Strickland B. A New Definition of Children With Special Health Care Needs. *Pediatrics*, 102(1):137–140, 1998)

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According to the National Survey of Children with Special Health Care Needs (NSCSHCN), only 35.7% of NM CSHCN receive adequate transition to all aspects of adult life, compared to 40% for the nation as a whole. Additionally, only 34.9% of CSHCN in New Mexico receive coordinated, comprehensive care within a medical home, compared to 43% nationally. Most pediatric providers in NM are not offering comprehensive transition services, nor are they meeting the criteria to qualify as a medical home.

Optimal health care is achieved when each person, at every age, receives medically and developmentally appropriate care. The goal of a planned health care transition is to maximize lifelong functioning and well-being for all youth, including those who have special health care needs and those who do not. This process includes ensuring that high-quality, developmentally appropriate health care services are available in an uninterrupted manner as the person moves from adolescence to adulthood. A well-timed transition from child to adult-oriented health care is specific to each person and ideally occurs between the ages of 18 and 21 years, but the process begins as early as age 14. Coordination of patient, family, and provider responsibilities enables youth to optimize their ability to assume adult roles and activities.

The task force would improve the system of care for NM youth in transition by convening experts in the field of youth transition and various stakeholders to systematically assess barriers and opportunities for improvement in the area of health care transition for youth with special health care needs. The Department of Health would participate in the task force representing the Children's Medical Services program.

MW/svb:il