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FISCAL IMPACT REPORT

ORIGINAL DATE 02/22/15
SPONSOR Ortiz y Pino **LAST UPDATED** _____ **HM** _____

SHORT TITLE Children With Special Health Care Needs Study SM 68

ANALYST Dunbar

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY14	FY15	FY16	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		*Minimal	*Minimal	*Minimal	Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

*Refer to Fiscal Implication.

Duplicates HM 9

SOURCES OF INFORMATION

Responses Received From

- Children, Youth and Families Department (CYFD)
- Office of Insurance Superintendent (OSI)
- Developmental Disabilities Planning Council (DDPC)
- University of New Mexico (UNM)
- Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Memorial 68 requests New Mexico Department of Health's (DOH) Children's Medical Services Program and the University of New Mexico's (UNM) Center for Development and Disability to convene a task force to study and report on ways to improve the system of pediatric-to-adult health care transition for New Mexico children and youths with special health care needs. The memorial states that New Mexico has more than 70 thousand children and youth with special health care needs and notes "there are few systems or resources available" for youth who are aging out of pediatric medicine and must make a transition to adult health care providers. Further, the memorial notes research has shown "policies, systems, and services" tend to lack coordination and are fragmented.

The bill specifies the task force shall include representatives from hospitals, managed care organizations, the health insurance field, and several organizations--Parents Reaching Out,

Commission on Disability, and New Mexico Special Olympics. The task force also will include one or more young adults who have experienced, or are experiencing, the transition from pediatric to adult health care.

FISCAL IMPLICATIONS

The University of New Mexico (UNM) notes there may be administrative costs and staffing impacts on the agencies requested to carry out the provisions of this memorial. This will also be an enormous undertaking for task force participants, some of which may find it difficult to undertake this task without an appropriation for expenses.

New Mexico Developmental Disabilities Planning Council (DDPC) reports DOH's Children Medical Services and the UNM Center for Development and Disability may be able to use resources available to them including a federal Health Resources and Services Administration grant from the US Department of Health and Human Services.

SIGNIFICANT ISSUES

The DDPC and whose charge includes promoting systemic change to support New Mexico citizens with developmental disabilities, is not mentioned in this memorial. Additionally, Children Youth and Families Department is not mentioned for inclusion in the task force. While CYFD does work with children in transition from the child to adult systems, those with special medical health care needs comprise only a small number of those individuals. Adding DDPC to the taskforce would by default include CYFD because CYFD is a statutory member of the DDPC.

UNM notes this is an enormous challenge. if the study and report requested by HM 9 are to be thorough and useful, it may be impossible to complete the work within the specified time frame, e.g., by October 1, 2015. Studying the needs of a population of about 70,000 will require careful and thorough preparation. UNM indicates that the very task of organizing a task force for this study could take several months, particularly since some of the groups involved are primarily volunteers.

New Mexico's Office of Superintendent of Insurance reports it is already participating in a work group addressing this issue and but supports a formal task force designation with a legislative report requirement.

DOH reports that nationally, youth transition is the lowest ranking of the six core outcomes which the Maternal Child Health Bureau at the Health Resources and Services Administration in Washington, D.C. has determined to be critical for children and youth with special healthcare needs. According to the National Survey of Children with Special Healthcare Needs, only 35.7 percent of YSHCN in NM achieve successful transition, compared to 40 percent nationally. Barriers to successful transition include having two distinct healthcare systems (child vs. adult-oriented) with different providers, funding mechanisms, insurances, and expectations; lack of coordination between the two systems; and lack of training and/or knowledge with regards to youth transition among both pediatric and adult providers. The National Center for Youth Transition points out that even if a youth stays in the same practice, as with a family medicine provider, transition is still required due to changes in youth/family roles, need for transition to adult specialists, possible guardianship issues and insurance changes (www.gottransition.org).

ADMINISTRATIVE IMPLICATIONS

UNM reports there may be significant impact to the organizations asked to convene the task force and, by implication, ensure that the memorial's requested study and report are accomplished as specified. This project, as described by the memorial, will require a significant amount of professional and support staff time contributed by the two lead agencies plus the organizations represented by various task force members.

AMENDMENTS

The New Mexico Developmental Disabilities Planning Council, of which CYFD is a statutory member, and whose charge includes promoting systemic change to support New Mexico citizens with developmental disabilities, is not mentioned in this memorial. Inclusion of the NMDDPC in this memorial would provide CYFD with the opportunity to contribute to the taskforce.

OTHER SUBSTANTIVE ISSUES

According to the DDPC, a 2010 national survey of children with special needs found that New Mexico had over 70,000 children and youth with special healthcare needs (CYSHCN). According to the survey, the prevalence of CYSHCN between the ages of twelve and seventeen in New Mexico was 17.9 percent, compared to the national average of 16.8 percent. CYSHCN between the ages of 12 and 19 are aging out of pediatric care and need to make a transition to adult health care providers.

CYSHCN as opposed to other children are provided health care from their pediatrician past the normal age of 18. Depending on the pediatrician, they may visit this health care provider to age 26. CYSHCN, because of their needs visit the pediatrician more regularly during their life and become accustomed to their health care provider. It is a more difficult transition for them to switch to another provider rather than continuing with someone they have been with all their life.

This task force would examine transition-focused policies, programs and services in order to make recommendation on how the transition system can reduce fragmentation, increase coordination between pediatric and adult health care systems to improve the quality of care for youth moving through transition.

BD/je