

**LEGISLATIVE EDUCATION STUDY COMMITTEE
BILL ANALYSIS**

Bill Number: SB 26

52nd Legislature, 2nd Session, 2016

Tracking Number: .202407.1

Short Title: Additional School Health Center Services

Sponsor(s): Senator Gerald Ortiz y Pino

Analyst: Robin Shaya

Date: January 22, 2016

Bill Summary:

SB 26 appropriates \$550,000 from the General Fund to the Department of Health (DOH) for the Office of School and Adolescent Health to expand access to behavioral health, primary care, and reproductive health services through school-based health centers (SBHCs).

Fiscal Impact:

The bill appropriates \$550,000 from the General Fund to DOH for expenditure in FY17. Any unexpended or unencumbered balance remaining at the end of FY17 shall revert to the General Fund.

Fiscal Issues:

According to DOH, a 2015 study conducted by Ginn and Associates estimated New Mexico SBHCs have a 7-to-1 return on investment; in other words, for every \$1 invested in SBHCs, \$7 worth of social benefits or reduced costs are realized. A 2013 study by Ginn and Associates indicated substantial benefits or cost savings were attributable to:

- reducing hospitalization of asthmatic students;
- early detection and treatment of sexually transmitted diseases;
- lifetime impacts for students benefiting from mental health services; and
- decreased costs of prescription drugs.

Substantive Issues:

DOH indicates New Mexico SBHCs, currently funded by the department, serve 55 school campuses in 26 counties throughout New Mexico, of which 35 are located in a health professional shortage area, and 33 serve rural areas. Over 37,000 New Mexico adolescents have access to a SBHC, and more than 17,500 visited one during the 2014-2015 school year. Thirty-eight percent of students who utilize a SBHC reported it was the only source of healthcare.

According to DOH data, of the over 49,000 visits in FY15:

- 69 percent were primary care visits;
- 12 percent were reproductive health visits;

- 30 percent were behavioral health visits; and
- students also received well-exams, sports physicals, immunizations, lab tests, health education, medication, and oral healthcare.

Students using SBHCs reported an 88 percent satisfaction rate and that they received important health information from providers at the SBHC, including messages about safer sex practices, the importance of physical activity and exercise, safety, nutrition, the risks associated with tobacco, drugs, and alcohol, feeling sad, angry, or hopeless, and oral hygiene.

DOH cites national research confirmed by a 2015 meta-analysis conducted by the United States Department of Health and Human Services' Community Preventative Services Taskforce (taskforce) showing the following positive educational and health outcomes among students who have access to a SBHC:

- improved access to healthcare for children and adolescents;
- reduced emergency room visits and Medicaid expenditures;
- improved academic achievement and high school completion by reducing absenteeism, tardiness, and discipline referrals; and
- reduced likelihood and harmful consequences of risky behavior, such as sexual activity and substance abuse.

Based on this evidence, the taskforce recommended implementing SBHCs, specifically in low-income communities, to increase student academic achievement and wellness.

Background:

Previous DOH analysis on legislation related to SBHCs noted New Mexico has historically had an inadequate system in place to address the healthcare needs of adolescents. Adolescents (ages 10 to 19) have the lowest utilization of healthcare services of any age group and are the least likely to seek care at a provider's office.

DOH also stated that adolescents are less likely to have health insurance than other age groups. In 2009, 11.9 percent of 6- to 17-year-olds were uninsured. Nearly 22 percent of New Mexico's children have no health insurance.

Additionally, the leading causes of death for adolescents have changed from natural causes, namely illness and birth defects, to unintentional and intentional injuries such as substance abuse, unprotected sex, and violence. In 2006, New Mexico had the fourth highest Chlamydia rates in the United States at 509 cases per 100,000 population. Chlamydia is a common sexually transmitted disease caused by bacteria spread through sexual contact with an infected person. In addition, 69 percent of those cases in New Mexico in 2006 were among 15- to 24-year-olds.

DOH states that, to have an impact on the health of school-aged youth, young people need a team of healthcare providers working together at a convenient location (schools) where students know it is safe to talk about troubling issues and receive confidential care, when necessary.

DOH also notes that SBHCs provide care for many uninsured adolescents, providing a much-needed point of access to healthcare services. Data suggest that SBHCs are perceived as acceptable by students and families that can target underserved racial and ethnic minorities,

thereby fostering equity in access to care and health outcomes for the most vulnerable populations.

Related Bills:

None as of January 22, 2016