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FISCAL IMPACT REPORT

SPONSOR: Taylor, JP DATE TYPED: 02/12/02 HB HJM 56/aHEC
 SHORT TITLE: School-Based Health Care Programs SB _____
 ANALYST: Dunbar

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY02	FY03	FY02	FY03		
		\$0.1	See Narrative		

(Parenthesis () Indicate Expenditure Decreases)

Responses Received

Department of Health (DOH)
 State Department of Education (SDE)
 Health Policy Commission (HPC)

SUMMARY

Synopsis of HEC Amendment

House Education Committee amendment includes the Human Services Department as one of the partners with DOH and SDE, which will enter into a formal agreement to increase the number of school-based health centers.

TECHNICAL and ADMINISTRATIVE IMPLICATIONS of Amendment

The sponsor may wish to change the amended language as follows: on page 1, line13 strike “Department of Human Services” and insert “Health Centers”. The amended language does not appear to meet the sponsor’s intent.

Synopsis of Original Bill

House Joint Memorial 56 introduced for the Legislative Health Subcommittee, requests that the Department of Health (DOH) and the State Department of Public Education (SDE) enter into a formal agreement to delineate the fiscal and policy accountability for the creation and maintenance of additional school-based clinics and health care programs. The bill requests that the findings, recommendations, and agreements be presented before an appropriate legislative committee by October 1, 2002.

Significant Issues

The Department of Health (DOH), in collaboration with other state agencies, i.e. Children, Youth and Families (CYFD), Human Services Department (HSD) and the State Department of Education (SDE), currently provides funding for some school-based health centers (SBHC) in New Mexico. Not all SBHCs in New Mexico are funded by the DOH.

The Department of Health, Office of School Health has oversight for DOH contracted sites, including established standards for SBHC operation. Many requests for new SBHC start-ups are received, but current funding levels do not allow for expansion.

The scope of services provided by a school-based health center is determined by local communities and not necessarily by local school districts or state entities.

FISCAL IMPLICATIONS

There is no national funding stream for SBHCs at this time. The Bureau of Primary Health Care estimates the cost of running a fully operational SBHC is \$220.0 per year. State funding for the DOH contracted SBHC sites comes from a number of state agencies including Human Services Department and Children Youth and Families. A total of \$ 705.0 supports the sixteen (16) Office of School Health SBHCs and two new sites contracted with DOH's Behavioral Health Services Division.

ADMINISTRATIVE IMPLICATIONS

HJM 56 would require administrative support from the Department of Health, Office of School Health, and may be accomplished with existing resources.

TECHNICAL ISSUES

The term utilized nationally and statewide instead of "school-based clinics" is "school-based health centers".

OTHER SUBSTANTIVE ISSUES

During the 2001-2002 school year, the Department of Health and collaborating agencies partially funded sixteen (16) school-based health center contracts, which provide services to forty (40) schools. In addition there are approximately twenty (20) sites that receive funding from a variety of sources other than DOH, including the Federal Bureau of Primary Health Care, Indian Health Service and local community sources. Currently, the Department of Health does not provide oversight for these additional sites, and they are not required to abide by DOH SBHC standards.

School-based health centers in New Mexico are a successful strategy for providing access to primary care and mental health and substance abuse services to students in rural and frontier areas of the State. Data from the 2000-2001 school year reveals that 8,095 patients received services and 20,427 visits were provided. Of the visits provided, 29% were in urban schools, 19% in frontier schools (located in counties with 6-10 people per square mile) and 52% in rural schools (located in

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counties with up to 100 people per square mile). The only health care access that some low-income children may have is through the school-based health clinics.

HJM 56 could be a catalyst for further collaboration amongst agencies, increased accountability and unification of school-based health center funding streams.

AMENDMENTS

Include as collaborating agencies, the Human Services Department and the Children, Youth and Families Department since Medicaid plays a prominent role SBHC.

On Page 1, Line 13 and on Page 2, Line 13, replace the term “school based clinics” with “school-based health centers”.

BD/ar