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FISCAL IMPACT REPORT

ORIGINAL DATE 02/3/14

SPONSOR Smith LAST UPDATED _____ HB 137

SHORT TITLE School-Based Health Centers SB _____

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY14	FY15		
	\$1,000.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 137 appropriates \$1 million from the general fund to the Department of Health for school-based health centers.

FISCAL IMPLICATIONS

HB 137 includes an FY15 general fund recurring appropriation of \$1 million. Any unexpended or unencumbered balance remaining at the end of FY15 shall revert to the general fund.

The LFC and Executive recommendations for FY15 both include \$3.7 million for school-based health centers.

OTHER SUBSTANTIVE ISSUES

The DOH reports nationally, school-based health centers (SBHCs):

- Improve access to health care for children and adolescents (Kisker & Brown, 1996);
- Reduce emergency room visits (Santelli, Kouzis & Newcomer, 1996);
- Reduce Medicaid expenditures (Wade & Guo, 2010).

- Improve academic achievement by reducing absenteeism and tardiness (Gall, Pagano, Esmond, Perrin & Murphy, 2000; Walker, S.C., Kerns, S., Lyon, A.R., Brun, E.J., & Cosgrove, T.J., 2010);
- Reduce the dropout rate (McCord, Klein, Foy & Fothergill, 1993); and
- Reduce discipline referrals (Jennings, Pearson & Harris, 2000).

New Mexico SBHCs currently funded by the DOH serve 56 school campuses in 30 counties throughout New Mexico. Over 50,000 adolescents have access to a SBHC and more than 14,500 students visited one of these SBHCs. Of all visits provided, 67 percent were primary care visits and 33 percent were behavioral health visits. The leading type of visit was a comprehensive well child exam. In addition, students received sports physicals, immunizations, lab tests, family planning services, and oral health care (NMDOH, Office of School and Adolescent Health - 2013 Status Report).

New Mexico's 14 to 19 year olds made 27,321 visits, or 60 percent of all visits to SBHCs, for the 2011-2012 school years. The average number of visits to a SBHC for this age group was 3.3 (NMDOH, Office of School and Adolescent Health - 2013 Status Report). Frequent users were more likely to have visits for behavioral health or reproductive health concerns. Visits also included concerns related to asthma and obesity/overweight diagnosis. Common diagnoses included acute upper respiratory and ear infection, depression, oral health, obesity, immunizations and sexually transmitted infectious disease screening (Koenig, K, Trudnak, T, Fairbrother, G; "NM School-Based Health Center 2010-2011 Welligent Visit Analysis," August 2012).

Students using SBHCs reported they received important health information from the 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, and oral hygiene. Of the students seen, 89 percent reported they are likely to follow SBHC advice and 76 percent reported they have changed their behavior after a SBHC visit (NMDOH, Office of School and Adolescent Health - 2013 Status Report).

An analysis of school based health care administered to the 14,500 students in New Mexico in school year 2012-2013 revealed a projected savings of \$20.1 million compared the total SBHC budget of \$3.3 million. New Mexico SBHCs yielded a return on investment of \$6.07 for every dollar expended (Ginn and Associates, 2013).

Some of the savings data include:

- A projected annual net hospitalization savings of \$206.7 thousand for asthmatic students;
- A projected annual net savings of \$692.8 thousand from early detection and treatment of gonorrhea and chlamydia;
- A projected lifetime net savings of \$1 million due to mental health services provided at SBHCs; and
- A projected annual net savings of \$690.6 thousand due to projected decrease in prescription drug costs.
(Ginn and Associates, 2013)