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FISCAL IMPACT REPORT

SPONSOR Ortiz y Pino **ORIGINAL DATE** 2/20/15
LAST UPDATED 3/10/15 **HB** _____

SHORT TITLE Win with Wellness School Projects **SB** 532

ANALYST Chavez

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY15	FY16		
	\$75.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		Unknown			Recurring	PED and DOH Operating Budgets

(Parenthesis () Indicate Expenditure Decreases)

Duplicates House Bill 465

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

Public Education Department (PED)

SUMMARY

Synopsis of Bill

Senate Bill 532 creates the “Win With Wellness” pilot project to develop and implement a wellness curriculum in public schools to be used with second and fifth grade students. The Win with Wellness Pilot Project would appoint a curriculum development leader and an ad hoc committee to determine the curriculum. The ad hoc committee is to include a Department of Health (DOH) representative and the curriculum would be approved by DOH. The committee would be selected by June 30, 2015, and the curriculum would be completed by October 15, 2015.

FISCAL IMPLICATIONS

The appropriation of \$75 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY16 shall revert to the general fund.

PED notes that the requirements contained in the bill cannot be carried out within the department's existing resources and that additional staff would be needed. PED adds that if the pilot were to be expanded or continued, additional funding would be necessary, but the possible costs are unknown.

SIGNIFICANT ISSUES

The bill notes that the purpose of the pilot is to demonstrate that a concentrated focus on wellness taught to students will have a positive effect on New Mexico health outcomes, help prevent drug and alcohol addiction and save lives. PED is required to appoint a curriculum development leader, who will select personnel from within PED and DOH to serve on an ad hoc committee to design materials. The curriculum is to consist of four printed lessons for both second and fifth grades, and will be distributed to all public elementary schools to be piloted beginning in January 2016.

Under the bill, PED will provide an evaluation to all second and fifth grade teachers and elementary principals to determine if the wellness curriculum should be expanded to other grades; continued with or without revisions in second and fifth grade; or terminated. Revisions will also be carried out by the ad hoc committee. If PED determines that the pilot should be continued or expanded, it is to include a request for funding in its FY17 budget request.

DOH notes that in New Mexico, the teen birth rate, adolescent smoking rates, and adolescent rate of Chlamydia infections are above the national average. New Mexico is consistent with the national average for adolescent obesity and adolescent levels of daily physical activity. Unhealthy behaviors adopted during childhood and early adolescence can increase youths' susceptibility to chronic diseases. Educational opportunities and support are needed to develop youth commitment and the ability to adopt lifelong healthy behaviors.

PED notes that in order to promote student health, combat risky health behaviors, and improve student academic success, health education in schools is essential. PED adds the New Mexico Health Education Content Standards with Benchmarks were adopted in March 1997 as part of the Standards for Excellence (6.29.6 NMAC); the Performance Standards were added in June 2007. New Mexico Health Education Content Standards with Benchmarks and Performance Standards were adapted from the national standards for health education.

PED notes the current requirements for meeting the New Mexico Health Education Content Standards with Benchmarks and Performance Standards mandated for students in grades 1-12 are as follows:

- a) All first, second and third grade classes shall provide instruction that meets content standards, benchmarks and performance standards in health education;
- b) In fourth through eighth grades, the provision of instruction that meets academic content and performance standards shall be provided in health education; and
- c) In ninth through twelfth grades, the provision of instruction that meets academic content and performance standards shall be provided in health education.

PED adds it is unclear given these requirements whether the new curriculum provided for in the bill is necessary.

DOH points out the United States Centers for Disease Control and Prevention (CDC) monitors health-risk behaviors of adolescents in the United States, which includes: violence, tobacco use, alcohol and other drug use, sexual behaviors contributing to unintended pregnancy and sexually transmitted diseases, inadequate physical activity, and unhealthy dietary behaviors through the Youth Risk Behavioral Surveillance System (YRBSS). Surveys done through the YRBSS have found a significant relationship between high risk behaviors and poor academic achievement among high school students.

PED notes the Youth Risk and Resiliency Survey (YRRS) is New Mexico's version of the national YRBSS and is a viable resource for healthcare and health education workers to support initiatives and to help with increasing students' capacity to reduce risky behaviors and build resiliency. PED adds that New Mexico consistently ranks higher than the national average in areas such as teen pregnancy rates, early-age use of alcohol and overall drug use. While trends are improving across most health risk areas, PED notes progress is still needed in order to combat negative health outcomes across the state.

PERFORMANCE IMPLICATIONS

PED notes SB 532 would prescribe a curriculum which may, or may not, meet the Health Education Content Standards with Benchmarks and Performance Standards. Currently, curriculum decisions remain at the local level for New Mexico public school districts and state charter schools.

DOH notes SB 532 relates to the DOH FY16 Strategic Plan, Result 1: Improved health outcomes for the people of New Mexico.

ADMINISTRATIVE IMPLICATIONS

DOH will be required to provide staff time to participate in the ad hoc curriculum development committee, and to approve the curricula. DOH notes three and one-half months may not be enough time to create the curricula. PED also notes that it has not been determined how other administrative duties, inclusive of the ad hoc committee, would be shared amongst existing PED and DOH staff.

DUPLICATION

House Bill 465 is a duplicate.

TECHNICAL ISSUES

The bill requires the selection of the curriculum development leader and ad hoc committee members to take place in FY15; however, funding for the pilot would not be available until FY16.

KC/bb