

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current and previously issued FIRs are available on the NM Legislative Website (www.nmlegis.gov) and may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

ORIGINAL DATE 2/5/16

SPONSOR Armstrong LAST UPDATED _____ HB 304

SHORT TITLE Medicaid Family Planning & Pregnancy Coverage SB _____

ANALYST Chilton

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		
	None		

(Parenthesis () Indicate Expenditure Decreases)

CONFLICTS with HB 158

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)

SUMMARY

Synopsis of Bill

HB 304 would require that the secretary of HSD make rules to provide family planning services to applicants and re-applicants whose eligibility would be determined on the same basis as Medicaid determines eligibility for pregnancy services (i.e., up to 250% of federal poverty level [FPL]). The bill does not state what these services would be, except to state that the secretary of HSD “would adopt and promulgate rules, in accordance with federal law.”

FISCAL IMPLICATIONS

Because certain services would be added to the list of those provided to individuals eligible for Family Planning Services (such services as breast and cervical cancer screening, diagnostic and treatment of conditions of the female reproductive system such as annual pelvic examinations and pap smears, and follow-up services regarding the other services provided, there is likely to be an impact on the amount of Medicaid funds required for these services. Currently 70% of those costs are borne by the federal government as FMAP, the additional requirement for state General Fund dollars is less than one third of the total, although it is difficult to calculate that total.

SIGNIFICANT ISSUES

Medicaid currently covers Family Planning Services for individuals below 250% of the federal poverty level, the same level as is the requirement for pregnancy-related services. HSD notes this is “already a category of eligibility that is specific to family planning services. Family Planning is an optional Medicaid category that is limited to certain contraceptive and gynecological services, and which does not meet the minimum essential coverage requirements for health insurance... HB 304 would create a state mandate that HSD continue operating the Medicaid Family Planning program and eliminate the ability of HSD to modify Medicaid eligibility coverage,” but would not mandate changes to the program as it is currently configured.

HSD further states that “All women who are covered in the Medicaid pregnancy-related coverage category are automatically screened for full Medicaid at the end of their postpartum period. If they do not qualify for full Medicaid, they are automatically placed on the Family Planning program.”

CONFLICTS with HB 158, which would require that not only contraceptive drugs and devices, but also diagnostic and treatment services for breast and cervical cancer (including pelvic exams and pap smears), follow-up services related to all of these and to contraceptive drugs and devices, and sexually transmitted infection diagnosis and treatment, be covered for all individuals up whose income was no higher than 250% of the FPL.

LAC/jo/al