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FISCAL IMPACT REPORT

ORIGINAL DATE 2/8/16

SPONSOR McSorely LAST UPDATED _____ HB _____

SHORT TITLE Study Long-Acting Reversible Contraceptives SM 58

ANALYST Chenier

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY16	FY17	FY18	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		Minimal	Minimal	Minimal	Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Memorial 58 proposes to convene a working group to study barriers and propose policy changes to increase the availability of long-term reversible contraceptives (LARC). The group would include members from the Medical Assistance Division of the Human Services Department, DOH, New Mexico Hospital Association, the New Mexico Pediatric Society, the New Mexico alliance for school-based healthcare, and others.

The group is to present findings to the Legislative Health and Human Services Committee by August 2016.

FISCAL IMPLICATIONS

DOH stated that the working group will require staff time and meeting attendance with an undetermined impact on the DOH budget.

SIGNIFICANT ISSUES

DOH provided the following:

The DOH Public Health Division (PHD) is working with regional-level staff, other state agency staff, and community partners to increase provision of LARCs in high priority areas. DOH is implementing a delayed teen parenthood initiative, initially in Luna County and Lea County, with an eventual expansion to 13 high-risk counties. Additionally, DOH is involved in several initiatives related to the expansion of LARC provision in the teen population. The LARC and School-Based Health Centers (SBHC) focus group is researching strategies for increased LARC access in school-based health centers. The Association of State and Territorial Health Officials (ASTHO) has included New Mexico in a learning collaborative to increase the use of LARCs in the immediate post-partum population.

PERFORMANCE IMPLICATIONS

DOH provided the following:

The memorial relates to DOH's FY17 strategic plan to improve the health status of New Mexicans by reducing teen pregnancy and reducing teen births (NM DOH FY14-FY16 Strategic Plan, FY16 interim plan, <http://nmhealth.org/publication/view/plan/1347/>).

DOH FY16 performance measures relating to preventing teen pregnancy are: percent of teens participating in pregnancy prevention programs that report not being pregnant, or being responsible for getting someone pregnant during the school year following participation at the end of the school year; number of teens ages 15-17 receiving services at clinics funded by DOH; and percent of female clients ages 15-17 seen in DOH public health offices who are given highly- or moderately-effective contraceptives.

According to the DOH 2014 *Health Equity in New Mexico: A Report on Racial and Ethnic Health Disparities*, 9th Edition, the birth rate for Hispanic females aged 15-17 (31.1/1,000) was over three times that of White females (9.7) and the birth rate for American Indian/Alaska Native females aged 15-17 (24.1/1,000) was 2.5 times higher than that of White females during the time period of 2011 to 2013. Culturally appropriate, evidence-based teen pregnancy prevention programs are required when serving Hispanic and American Indian/Alaska Native teens.

EC/al/jle