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FISCAL IMPACT REPORT

ORIGINAL DATE 2/6/2020

SPONSOR Campos LAST UPDATED _____ HB _____

SHORT TITLE School-Based Health Center Hours SB 253

ANALYST Klundt

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY20	FY21		
	\$50.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY20	FY21	FY22		
	\$10.0 - \$25.0	\$10.0 - \$25.0	Recurring	General Fund

(Parenthesis () Indicate Revenue Decreases)

Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Public Education Department (PED)

SUMMARY

Synopsis of Bill

Senate Bill 253 (SB 253) appropriates \$50 thousand from the general fund to Department of Health (DOH) to extend operating hours at a School-Based Health Centers.

FISCAL IMPLICATIONS

The appropriation of \$50 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2021 shall revert to the general fund.

The Department of Health estimates an additional \$10 thousand of Medicaid revenue would result from this bill. However, in similar legislation, HSD noted depending on its use, SBHC may be eligible for federal Medicaid matching funds at a rate of 50 percent federal financial participation (FFP).

The General Appropriation Act (GAA) of 2020 includes an increase of \$2 million for school-based health centers. In FY21 DOH provided \$3.9 million general fund for school-based health centers.

SIGNIFICANT ISSUES

DOH reported:

“The Community Preventive Services Task Force recommends the implementation and maintenance of school-based health centers (SBHCs) based on evidence from a review of 46 studies of SBHCs. SBHCs reach low-income, racial and ethnic minority populations, and marginalized groups such as sexual minority youth. SBHCs are an effective strategy to improve education and health outcomes and health equity. Improved health outcomes that are associated with SBHCs include decreasing asthma-related hospitalizations by 70 percent, reducing non-asthma related emergency department visits by 14 percent, and reduction in unintended pregnancies in SBHC users by 40 percent. SBHCs are also linked to improved educational outcomes. Student SBHC users’ rate of high school completion increased by 29 percent. They are also more likely to be on pace to graduate and have a nearly 5 percent increase in GPA.

SBHCs address many of the barriers to health care access for school-aged children. Because SBHCs are located where children spend a significant amount of their time, scheduling and transportation barriers are minimized. SBHCs are also a good economic investment. A 2015 analysis of New Mexico SBHCs determined they yielded a return on investment of \$7.01 for every dollar spent (Ginn and Associates, 2015). SBHCs financially benefit the healthcare and education systems by: reducing productivity costs related to missed school time, travel, lost parental wages and improved graduation rates; and averting healthcare costs, related to emergency department visits, hospitalizations, and management of chronic conditions.

Currently, fifty-six NMDOH funded SBHCs are in twenty-six of the thirty-three NM counties and all NMDOH funded SBHCs are in federally designated health professional shortage areas (HPSA). Ninety-three percent of NMDOH funded SBHCs are operated by Federally Qualified Health Centers (FQHCs), a University Medical Group, hospital or community private medical practice. This affiliation connects students and families in underserved areas to larger medical organizations which can serve as medical homes and improve continuity of and access to care (NMDOH, Office of School and Adolescent Health 2018-2019 annual report, publication pending).

In school year 2018-2019, NMDOH funded SBHCs provided 51,105 visits to 16,142 patients. Eighty-six percent of the patients were seen for primary care, including well child exams, sports physicals, illness and injury, and reproductive health. Twenty-nine percent of patients were seen for behavioral health related issues, including stress, depression, anxiety and general counseling and four percent of patients were seen for oral

health visits including dental exams, fluoride varnishes, and preventive services. Approximately 20% of patients were seen for two or more different services. Sixty-eight percent of NMDOH funded SBHCs were open three days a week or fewer and thirteen OSAH funded SBHCs offered services during the summer. NMDOH funded SBHCs provided an average of fourteen hours per week primary care and nineteen hours per week of behavioral health care services, while thirteen NMDOH funded SBHCs offered access to dental services (NMDOH, Office of School and Adolescent Health 2018-2019 annual report, publication pending).”

PED reported not all SBHCs in New Mexico are open during all school hours. PED believes extending the hours of an SBHC may allow the SBHC to provide services to more students on more days. Some SBHCs provide community services outside of school hours. The agency also believes extending the hours of an SBHC may allow an SBHC to provide services to community members in addition to students.

ADMINISTRATIVE IMPLICATIONS

SB253 does not specify which SBHC would receive the funding. As a result, DOH would likely need to go through a needs evaluation, and possibly a Request for Proposals process, to select a SBHC.

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