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LEGISLATIVE EDUCATION STUDY COMMITTEE
BILL ANALYSIS
56th Legislature, 1st Session, 2023

Bill Number	<u>SB397/aSEC</u>	Sponsor	<u>Rodriguez/Trujillo</u>
Tracking Number	<u>.224091.3</u>	Committee Referrals	<u>SEC/SHPAC</u>
Short Title	<u>School-Based Health Centers</u>		
Analyst	<u>Bedeaux</u>	Original Date	<u>2/15/23</u>
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BILL SUMMARY

Synopsis of Senate Education Committee Amendment

The Senate Education Committee amendment to Senate Bill 397 (SB397/aSEC) clarifies that only school based health centers (SBHCs) that receive funding from the Department of Health (DOH) shall be subject to regulation by the department.

Synopsis of Bill

Senate Bill 397 (SB397) would codify the requirements of school-based health centers (SBHCs) in the Public Health Act, [Chapter 24, NMSA 1978](#). The bill contains a list of services SBHCs may provide, including primary care, preventive care and comprehensive assessments and diagnoses, treatment of minor, acute, and chronic conditions, mental health care, substance use disorder assessments, treatment, and referral, crisis intervention, or referrals for additional treatment.

SBHCs would be established by the Department of Health (DOH) and be operated by licensed health care providers, including hospitals, federally qualified health centers, DOH public health nurses and “other qualified health care providers.” (See “**Other Significant Issues.**”) SBHCs would be required to work in cooperation with schools and school districts. The bill requires the DOH to “provide funding” for SBHCs.

FISCAL IMPACT

SB397/aSEC does not contain an appropriation.

SBHCs are typically funded through the General Appropriation Act within the DOH budget. The House Appropriations and Finance Committee substitute for House Bills 2 and 3 (HB2/HAFCS) includes \$3 million from the early childhood care and education fund to support existing SBHCs, and an additional \$1.5 million from the general fund to cover the start-up costs of new SBHCs. If SB397 is enacted, DOH would be required to provide funding for SBHCs. DOH indicates that the department has received funding for SBHCs for 25 years and is prepared to provide funding for SBHCs as required by SB397/aSEC.

SUBSTANTIVE ISSUES

SBHCs play a critical role in improving student and family access to healthcare. Many SBHCs already operate in New Mexico schools; according to a [2022 status report](#) from DOH, 53 school based health centers in New Mexico provided services for more than 16 thousand patients across the state in FY22. According to the [Youth Risk and Resiliency Survey](#) (YRRS), New Mexico had a proportionally high number of SBHCs in 2020 compared to other states. SBHCs are commonly found as a component of community schools, a model that emphasizes the importance of schools in providing “wraparound services” to students, reducing absenteeism and improving student health and academic outcomes. Analysis from DOH points out that SBHCs are [the primary means by which students seek behavioral health supports](#), and represent a key strategy in [reducing the impact of adverse childhood experiences](#) (ACEs), especially those associated with the Covid-19 pandemic.

Because SBHCs are located on school campuses, they provide students with better access to healthcare, better health care outcomes, and fewer illness-related absences. SBHCs can also provide on-campus support for student mental health, including counseling and medication management. SB397/aSEC would codify the services SBHCs provide, better coordinating student healthcare across the state. Analysis from DOH notes the reduction in school time, travel, reduced emergency department visits and hospitalizations, and lost parental wages contribute to a return on investment of about \$6 for every \$1 spent on SBHCs.

According to the [New Mexico Alliance for School-Based Health Centers](#), while there is no formal definition of SBHCs in New Mexico statute, SBHCs tend to meet several criteria that align with the requirements SB397/aSEC proposes:

1. SBHCs are located on school campuses and provide services to students when schools are in session, and may provide services to families and other members of the community.
2. SBHCs are student-centered, built upon collaboration between schools, and may utilize district-employed school nurses or other health professionals in the community.
3. SBHCs are operated by sponsoring agencies, which may include community health organizations, federally-qualified health centers, local educational agencies, hospitals, managed care organizations, behavioral health agencies, universities, private and nonprofit agencies, and tribal governments.
4. SBHCs provide services as determined by needs assessments, including physical, dental, behavioral, emotional, and social health concerns.
5. SBHCs are staffed by a health care team with specific competencies to meet student needs.

DOH, in consultation with the Public Education Department, also maintains a set of guidelines called the [School Health Manual](#). The comprehensive guidelines include statutory and regulatory requirements and best practices for coordinating and providing school health programs.

ADMINISTRATIVE IMPLICATIONS

DOH would be required to certify that SBHCs meet the requirements of SB397/aSEC. The bill would not require SBHCs to provide additional services they do not already provide, as long as the SBHC provides at least one of the services listed in the bill, including primary care, preventive

care and comprehensive assessments and diagnoses, treatment of minor, acute, and chronic conditions, mental health care, substance use disorder assessments, treatment, and referral, crisis intervention, or referrals for additional treatment.

OTHER SIGNIFICANT ISSUES

SB397/aSEC allows SBHCs to be operated by “other qualified health care providers,” a term that is not defined in the Public Health Act. The Legislature should consider including a definition of a “qualified health care provider” to clarify the types of individuals authorized to provide service at SBHCs. Alternatively, the Legislature could allow DOH to determine the qualifications of “qualified health care providers” by adding the clause, “*as provided in department rule.*” Analysis from DOH notes SBHCs can be operated by federally-qualified health centers, university medical groups, hospitals, or community medical providers.

SOURCES OF INFORMATION

- LESC Files
- Department of Health (DOH)

TB/cf/msb