

Department of Legislative Services
 Maryland General Assembly
 2008 Session

FISCAL AND POLICY NOTE

Senate Bill 660
 Finance

(Senator Kelley)

Family Support Act

This bill codifies the Family Planning and Reproductive Health Program in the Family Health Administration. In addition, the bill requires the establishment of two programs targeted toward adolescent pregnancy: one to increase educational supports for adolescents at risk of recurring pregnancies to be developed by FHA, the Department of Human Resources, and the Maryland State Department of Education; and one to reduce teen pregnancy that focuses on engaging fathers to be developed and implemented by FHA and DHR. The bill also requires FHA to develop a statewide teen pregnancy prevention public education campaign that uses mass media, educational school programs, and parent communication techniques.

The bill takes effect July 1, 2008.

Fiscal Summary

State Effect: General fund expenditures could increase by \$1.0 million in FY 2009 and future years due to the requirement that the Governor include this amount of supplemental funding in the annual budget for programs defined in the bill. No effect on revenues. **This bill establishes a mandated appropriation beginning in FY 2010.**

(in dollars)	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Net Effect	(\$1,000,000)	(\$1,000,000)	(\$1,000,000)	(\$1,000,000)	(\$1,000,000)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: Local health departments and schools could see an increase in workload related to program implementation.

Small Business Effect: None.

Analysis

Bill Summary:

Family Planning and Reproductive Health Program

The purpose of the family planning program is to reduce unintended pregnancy and improve pregnancy outcomes. The program has to provide family planning services, including preconception health, teen pregnancy prevention, reproductive health, and sexually transmitted disease screening and treatment. The program has to be operated through local health department clinics and other private or public nonprofit agencies.

Educational Support Program for Adolescents at Risk of Recurring Pregnancies

The purpose of the educational support program is to expand adult education services, child care, transportation, and other supports needed to increase the number of adolescent parents who remain enrolled in school. The program has to be operated at two jurisdictions in the State with high rates of adolescent pregnancies. The program will target adolescents who are pregnant or already parents and are either enrolled in school or have recently dropped out. The program has to include • parent education; • infant and toddler program services; • self-sufficiency programming, including adult education and family literacy and employment readiness; • health education, including pregnancy prevention; • parent support and leadership; • service coordination; and • transportation services.

The program has to be established by the Department of Health and Mental Hygiene in collaboration with DHR and MSDE. In addition, DHMH can contract with an outside entity as necessary.

Teen Fathers Program

The purpose of the teen fathers program is to reduce the incidence of recurring teen pregnancy among fathers enrolled in the program. The program has to include • education for fathers and couples on unwanted pregnancy prevention through curriculum sessions on reducing adolescent pregnancies; • training and technical assistance for maternal and child health organizations on methods to engage fathers; and

- wraparound services for fathers referred by maternal and child organizations by enrolling the fathers in responsible fatherhood projects.

The program has to be developed by FHA in collaboration with DHR. FHA can contract with an outside entity, and an independent evaluator, as necessary.

Statewide Teen Pregnancy Prevention Public Education Campaign

The education campaign must be developed by DHMH and use mass media, educational school programs, and parent communication techniques. DHMH can collaborate with an entity in its development.

Mandated Funding

The Governor has to include an appropriation of \$1.0 million in the annual budget for the programs and campaign established by the bill. The appropriation cannot supplant other funds already appropriated for family planning services.

Current Law: Maryland law does not specifically address family planning or teen pregnancy prevention programs. The Governor's Council on Adolescent Pregnancy was authorized in 1986. The council had been an independent agency located in the Department of Human Resources for budgetary and administrative purposes but was later transferred to the Office for Children, Youth, and Families. The council developed a statewide plan to reduce adolescent pregnancy and improve services to at-risk pregnant and parenting teenagers. Authorization for the council expired June 30, 2005.

Maryland regulations require local school systems to provide appropriate educational programs for pregnant students.

Background: The birth rate for Maryland adolescents ages 15 through 19 was 33.6 per 1,000 population in 2006 (the most recent year data are available), according to DHMH's Vital Statistics Administration. This represents a 5.7% increase from the 2005 rate of 31.8, and marks the first time since 1991 that the adolescent birth rate has risen.

DHMH's Maryland Family Planning Program provides reproductive health services, including teen pregnancy prevention services, at more than 83 clinics operated by local health departments and other public and private nonprofit agencies, and served 80,474 clients in 2007. The Governor's proposed fiscal 2009 budget includes \$12.6 million for the program (\$8.4 million general funds/\$4.2 million federal funds). This program includes the Healthy Teens and Young Adults program, which currently provides pregnancy prevention services to 6,500 high-risk young men and women in Baltimore

City and Prince George's and Anne Arundel counties. In addition, a Healthy Teen Connection Program operates in Montgomery County. The program's services include educational support, community awareness, clinical services, teen advisory groups, and parental involvement for male and female participants.

Another DHMH program focusing on teen pregnancy prevention is the Maryland Abstinence Education and Coordination Program that educates girls and boys between the ages of 9 and 19 about abstaining from sexual activity. The program helps implement abstinence education curricula and related programs. The Governor's proposed fiscal 2009 budget includes \$1.0 million for MAECP (\$468,000 general funds/\$570,000 federal funds). MAECP also partners with the University of Maryland, School of Social Work to provide training, professional development, parent and community education, and youth-oriented conferences throughout the State.

According to MSDE, information gathered in 2005 reveals that most local school systems set up programs for teen parents in the form of day care for children of enrolled students and after-school programs. In addition, the Washington County Family Support Center, in partnership with Washington County Public Schools, provides all pregnant students in the county the option of attending the center before and after the birth of their child and still graduating with their class. As a result, the center advises that students graduate on time, do not have additional children while they are in school, and go on to receive a higher education or additional skill training.

DHR operates a Young Fathers Employment Program in Anne Arundel County, Baltimore City, Baltimore County, Montgomery County, and Talbot County. The goal of the program is to increase the emotional and financial involvement of fathers in the lives of their children. DHR estimates that less than 10% of program participants are teens.

State Fiscal Effect: DHMH advises that the \$1.0 million supplemental funding proposed in the bill would not fully or sufficiently fund any one component of the bill. DHMH further advises that it would need to hire an additional program administrator to handle the new programs, and that it would need to contract out additional services to meet the program and campaign requirements of the bill. Hiring and contractual costs alone would consume over half of the \$1.0 million annual allocation.

Legislative Services advises that, although the bill mandates the Governor to include \$1.0 million in the annual budget for programs defined in the bill, the allocation could exceed this amount. However, for the purposes of this estimate, it is assumed that only \$1.0 million in additional funding would be included in the annual budget, increasing general fund expenditures by \$1.0 million in fiscal 2009 and future years.

Legislative Services further advises that given the number of existing State programs (through MSDE, DHMH, and DHR) targeting teen pregnancy, DHMH should be able to meet the bill's requirements by enhancing and/or expanding current programs. The only component in the bill that does not already exist and receive State funding is the education campaign requirement, which would require substantial resources for implementation. However, Legislative Services advises that DHMH should be able to expand existing programs and implement the campaign within the \$1.0 million mandate. If the \$1.0 million proves to be insufficient, DHMH may have to limit the number of adolescents served by the program, use low-cost media avenues in the campaign, and/or request additional resources through the annual budget process.

Additional Information

Prior Introductions: None.

Cross File: HB 1324 (Delegate Rosenberg, *et al.*) – Health and Government Operations.

Information Source(s): Department of Human Resources, Maryland State Department of Education, Department of Health and Mental Hygiene, Department of Legislative Services

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