AGENCY BILL ANALYSIS
2019 REGULAR SESSION

WITHIN 24 HOURS OF BILL POSTING, EMAIL ANALYSIS TO:

LFC@NMLEGIS.GOV
and
DFA@STATE.NM.US

{Include the bill no. in the email subject line, e.g., HB2, and only attach one bill analysis and related documentation per email message}

SECTION I: GENERAL INFORMATION
{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Check all that apply:
Original Amendment X Correction

Date 2/27/19
Bill No: SB398SPAC

Sponsor: Sen. Mimi Stewart
Short Title: DYSLEXIC STUDENT EARLY INTERVENTIONS
Agency Code: 924
Person Writing: Daniel Manzano
Phone: 505-670-3820 Email: Daniel.Manzano@state.nm.us

SECTION II: FISCAL IMPACT

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>3 Year Total Cost</th>
<th>Recurring or Nonrecurring</th>
<th>Fund Affected</th>
</tr>
</thead>
<tbody>
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<td>Total</td>
<td>Indeterminate</td>
<td>Indeterminate</td>
<td>Indeterminate</td>
<td>Recurring</td>
<td>General Fund</td>
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</tr>
</tbody>
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(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: SB398 requires early screening and intervention for all students displaying characteristics of dyslexia. Specifically, this bill would require universal screening for all first grade students. Additionally, this bill requires that each school district develop and implement a literacy professional development plan rooted in structured literacy training to ensure teacher preparedness.

FISCAL IMPLICATIONS

Note: major assumptions underlying fiscal impact should be documented.
No fiscal implications are identified; however, the adoption of regulations and the use of screening tools will have costs. The cost of dyslexia screening varies, depending on what is being tested, how it is being tested, and who is administering the test. Dyslexia screening services may be free of cost or may cost over $1.00/per student. The cost of screening tools will be the responsibility of the school district or state charter.

The training requirements outlined in Section 2 on page 5 would be additional professional development hours. These hours may be funded if HB5 or SB1 are enacted with the addition of 10 professional development days for teachers. Other costs associated with the professional development requirements will be the responsibility of the school district or state charter.

Note: if additional operating budget impact is estimated, assumptions and calculations should be reported in this section.

SIGNIFICANT ISSUES

The Yale Center for Dyslexia and Creativity states, “One in five people have dyslexia. Dyslexia is the most common learning disability, accounting for about 85% of all learning disabilities.” (http://dyslexia.yale.edu/advocacy/toolkit-for-parents-educators-and-students/what-you-can-do/)

SB398 seeks to ensure that early identification occurs for all students, screening students in first grade as opposed to depending on the current referral process and Student Assistance Team. Early identification through universal screening is meant to enhance tier I programs and early literacy interventions.

Section 1 amends the definitions of “children with disabilities” and “dyslexia” to be better align with federal terminology and current practices. The definition of “children with disabilities” is amended to include “and the federal Individuals with Disabilities Education Act”. This change further clarifies the term; however, the PED has offered an alternative definition to ensure that the term includes all students with disabilities. See ALTERNATIVES. The amended definition of “dyslexia” uses “neurobiological” instead of “neurological”. This change is consistent with current practices.

Section 2, page 3 amends language to mandate that all first grade students shall be screened for dyslexia and that those students whose screening demonstrate characteristics of dyslexia receive appropriate classroom interventions. According to the International Dyslexia Association, “By January or February of first grade, tests of early word reading, decoding, and spelling begin to be useful in providing information about what the student has learned and what gaps in knowledge exist. This information may be used to plan instruction and guide ongoing assessment.” (https://dyslexiaida.org/testing-and-evaluation/)

Federal law does not require that children test for dyslexia unless it is determined that a student needs to be tested to determine eligibility for special education services. However, early intervention when dyslexia is suspected may lead to improved student achievement. In spring of 2018, only 28.5% of third grade students were proficient on the summative assessment aligned to New Mexico common core state standards. Although dyslexia cannot be “cured”, the right support system can ensure that dyslexic individuals become highly successful students and adults. The Mayo Clinic argues that early assessment and intervention result in the best outcome. (https://www.mayoclinic.org/diseases-conditions/dyslexia/symptoms-causes/syc-20353552)
Language outlining the referral process for dyslexia screening in Section 2, page 4 has been removed. The removal of this language is consistent with the practice outlined in Section 2, page 3, mandating the universal screening of all first grade students.

Section 2.D, page 5 mandates that school districts develop and implement a literacy professional development plan that includes a framework for structured literacy training. Subsection D does not indicate whether or not this plan needs to be submitted and approved by the PED.

Section 2.E, page 5 replaces the term “research-based” with “evidence-based” which is consistent with terminology used in the federal Every Student Succeeds Act. Additionally, Section 2.E replaces “appropriate specialized reading instruction” with “structured literacy training”. Structured literacy is a term developed by the International Dyslexia Association. The term “structured literacy” encompasses reading programs that focus on decoding words in a systematic approach. There are many variations of structured literacy programs.

PERFORMANCE IMPLICATIONS
The use of early identification for students exhibiting characteristics of dyslexia aligns with the PED’s commitment to improving the academic achievement of students with disabilities.

ADMINISTRATIVE IMPLICATIONS
If SB398 is enacted, the PED will need to update New Mexico Administrative Code to align with the changes. Additionally, the PED will need to provide guidance to support districts and schools in the implementation of the various requirements outlined in SB398.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP
SB398 is related to SB611 and SB612. SB611 is a $500.0 appropriation for professional development for special needs education. SB612 outlines a framework for creating a special education division with an assistant secretary within the PED.

SB1, HB5, and HB171 propose to increase the number of professional development days for teachers.

TECHNICAL ISSUES
There may be a consideration to define “dyslexia screening” due to the varied nature of available testing.

The PED recommends inserting “or diagnosed with dyslexia” to page 3, line 22 following the word “dyslexia”. This insertion is consistent with terminology used in Section 2, page 5, lines 9 and 10.

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES
The PED recommends amending the definition of “children with disabilities” on page 2 to read: means those children who are classified as developmentally disabled according to the Developmental Disabilities Act and those who are disabled as defined by the federal Individuals with Disabilities Education Act, in accordance with 34 CFR Sec.300.8.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL
Students will continue to be screened when a screening is determined necessary through the
Student Assistance Team. For most districts and schools, the screening of dyslexia will be in response to demonstrated learning challenges and there will be no guarantee of early intervention.

AMENDMENTS