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FISCAL IMPACT REPORT

	Ferrary/Bash/ Armstrong, D/ Thomson/Gonzales	ORIGINAL DATE 2/26/19		638/aSF1#1/aSF1#2/ aSF1#3
SPONSOR		LAST UPDATED 3/13/19	HB	
SHORT TITLE	Bone Marrow Registry Patient Inquiry			SB
			ANALYST	Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		\$15.0-\$20.0	Minimal	\$15.0-\$20.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)
Department of Health (DOH)

SUMMARY

Synopsis of SF1 #1-3 Amendments

The Senate Floor Amendments #1, #2, and #3 initially changed the age at which health care providers “may inquire” of their adult patients if they have signed up to be a bone marrow donor, and then removed that section of the act entirely. The remaining sections pertain to the collation and provision of information about the importance of bone marrow donation for the variety of diseases mentioned below and in the attachment.

Synopsis of Original Bill

Senate Bill 638 amends the Bone Marrow and Organ Donor Act, Section 24-28 NMSA 1978, adding provisions that might encourage additional donors to volunteer to do donate their bone marrow to a patient with one of the many conditions (see the attachment) that can be cured or markedly improved with a transplant of bone marrow. While none of the individual conditions is common, the sum of the indications make for a large number of individuals who would keep living or benefit from this life-saving therapy.

The bill specifies that primary care providers and urgent care physicians “may inquire” if a patient new to them between the ages of 18 and 45 has registered with the National Bone Marrow Registry. If not, the health care provider “may provide” Department of Health-designated information about the registry.

The bill would add to the requirements of what DOH should provide. It would include information on the overall need for bone marrow donation and the patients whom it would benefit, how to register for the registry and how to obtain the testing material to determine one's genetic makeup for potential matching to a recipient in need of a transplant. DOH would be made responsible to periodically update the information provided, and a dissemination process would need to be devised.

FISCAL IMPLICATIONS

There is no appropriation in the bill. The Department of Health would be required to coordinate with the National Marrow Donor Program in making available information on bone marrow donation, and the uses to which donated marrow are put.

DOH states that it “will have to develop and distribute educational materials with the bill's obligatory information. NMDOH will need to contract this activity out since an expertise does not reside within the agency. This is estimated to cost approximately \$15,000-25,000.”

SIGNIFICANT ISSUES

Testing for inclusion in the bone marrow procedure is painless, involving just brushing the inside of the cheek (a buccal swab) to obtain cells for genetic testing. The National Marrow Registry requests, but does not require, a contribution of \$60 to have the material tested. Once tested, the potential donor's relevant genetic makeup, in this case called the HLA-type, is kept on file. As potential recipients are also registered and tested, a match with one or more of the potential donors on file enables the gift. Bone marrow donation itself is not painless, requiring the puncture of a marrow space within a bone and the withdrawal of the marrow. While painful, the donation process is not dangerous. Much information on the process and the need is available on the National Marrow Donor Program's public-facing website, bethematch.org.

The website of the National Marrow Donor Registry (<https://www.giftoflife.org/register>) gives information on bone marrow donation and how potential donors can be tested to see if they can be accepted. Once accepted, their HLA-type determines to which recipient(s) they might be matched.

DOH states that it “does not have a system in place to track bone marrow and marrow organ donors. NMDOH inquired with the University of New Mexico (UNM) regarding the bone marrow and marrow organ donor clinic. UNM reported they collaborate with NMDP to match patients with donors registered to donate bone marrow. The UNM Comprehensive Cancer Center bone marrow and stem cell transplant program is New Mexico's only bone marrow transplant program.

“HB638 will require NMDOH to begin collaborating with NMDP to develop informational and educational materials for patients that are culturally inclusive with regard to diverse populations in our state. NMDOH currently does not have an expert on bone marrow or marrow organ donors/donations and will have to contract this work out.”

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

As with other organ donations, potential donors not knowing of the benefits of donating might not make themselves available for a life-saving gift.

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