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FISCAL IMPACT REPORT

SPONSOR Trujillo, C./Dow ORIGINAL DATE 1/28/2020
LAST UPDATED _____ HB 151
SHORT TITLE DOH Human Donor Milk Bank SB _____
ANALYST Klundt

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY20	FY21		
	\$1,000.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 151 (HB 151) appropriates \$1 million from the general fund to the Department of Health (DOH) for expenditure in fiscal years 2021 through 2025 for a human donor milk bank.

FISCAL IMPLICATIONS

The appropriation of \$1 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2025 shall revert to the general fund.

This bill creates a new fund and provides for continuing appropriations. The LFC has concerns with including continuing appropriation language in the statutory provisions for newly created funds, as earmarking reduces the ability of the legislature to establish spending priorities.

SIGNIFICANT ISSUES

Currently, Ohio operates the OhioHealth Mother's Milk Bank where individuals with extra breastmilk may donate to babies in need. Donated milk is pasteurized, cultured, and shipped to hospitals across the country. About 25,000 ounces of breast milk are distributed to more than 70 U.S. hospitals each month. The program provides donating mothers with all of the materials

needed to donate, including containers and return shipping, at no cost to the donor. To participate, the donor begins with an initial phone screening to verify eligibility, the donor then participates in a medical and lifestyle history review, completes a medical release form signed by the donor and healthcare provider for both the donor and baby, and finally the donor must consent to and receive a comprehensive blood test to screen for HIV, HTLV, Hepatitis B, Hepatitis C, and Syphilis.

DOH reported:

“Breastfeeding is strongly recommended by healthcare professionals and the U.S. Department of Health and Human Services. (<https://www.fda.gov/science-research/pediatrics/use-donor-human-milk>)

One-in-ten infants born in the United States is premature (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>). Preterm and other medically fragile infants are particularly vulnerable when human milk is not available or supply inadequate. The use of banked donor human milk (DHM) improves feeding tolerance and reduces serious infections and other life-threatening prematurity-related complications including long-term disability. The economic benefits of providing human milk feedings in the population are substantial. Hospital stays are shortened, the likelihood of surgical intervention is reduced, and overall incremental costs associated with these complications are decreased (Bisquera JA et al. Impact of necrotizing enterocolitis on length of stay and hospital charges in very low birth weight infants. Pediatrics 2002; 109(3):423-8). For every \$1 spent on donor milk, \$11 is estimated to be saved in health care costs (Wight NE: Donor human milk for preterm infant. J Perinatology 2001; 21(4): 249-54).”

TECHNICAL ISSUES

DOH noted Page 1, Line 18 states that the appropriation to DOH is “...for a human donor milk bank.” From the wording, it is unclear if the intent of the bill is for DOH to provide the funding to a human donor milk bank, or if it is intended for DOH to establish and operate a human donor milk bank. Additional language could be added to clarify the intent.

KK/sb/rl