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FISCAL IMPACT REPORT

SPONSOR Ortiz Y Pino ORIGINAL DATE 1/22/21
LAST UPDATED 1/28/21 HB _____
SHORT TITLE Perinatal Service Program SB 108
ANALYST Klundt

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY21	FY22		
	\$300.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 108 (SB108) appropriates \$300 thousand from the general fund to the Department of Health (DOH) for a statewide perinatal service program in fiscal year 2022 and subsequent fiscal years.

FISCAL IMPLICATIONS

The appropriation of \$300 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY22 shall revert to the general fund.

SIGNIFICANT ISSUES

The National Conference of State Legislatures reports “after decades of decline, the maternal mortality rate in the United States has increased over the last 10 years. According to the Centers for Disease Control and Prevention (CDC), between 800 and 900 women in the United States die each year from pregnancy-related complications, illnesses or events. In 2018, the U.S. maternal mortality rate (MMR)—the rate the CDC defines as the number of women that die during pregnancy, child delivery or within 42 days of giving birth—was 20.7 deaths per 100,000 live births.

Infant mortality is the death of a child within the first year of life. Worldwide, infant mortality continues to decrease, and in the past 10 years, rates in the United States have fallen by 15 percent (CDC). The infant mortality rate is the number of infant deaths for every 1,000 live births. In 2017, the total number of infant deaths in the United States was approximately 22,258. The infant mortality rate was 5.8 deaths per 1,000 births, down from 7.1 in 2005. State rates varied substantially, from 3.7 infant deaths per 1,000 in Massachusetts to 8.6 per 1,000 in Mississippi (CDC).

In the United States, infant mortality rates are higher than those of other wealthy nations (Health Affairs). Some of the variation may be due to different reporting methods. For example, in the United States, the infant mortality rate includes perinatal, neonatal and post-neonatal deaths. Perinatal deaths are those that occur within one week of birth, neonatal deaths are those that occur between eight and 27 days after birth, and post-neonatal deaths are measured as deaths occurring between 28 days and one year after birth. Other countries, however, may make different distinctions or set different limits for gestational age and birthweight in their data collection (HRSA and Kaiser Family Foundation).”

State Perinatal Quality Collaboratives (PQC’s) as defined by the Centers for Disease Control and Prevention (CDC) work to improve the quality of care for pregnant women, mothers and babies. PQC members identify health care processes that need to be improved and support hospitals and medical providers to use the best available methods to make changes as quickly as possible. Currently, 40 states have existing PQC’s.

DOH provided the following:

“It is unclear what is meant by statewide perinatal service program, or whether this refers to a perinatal collaborative or direct services. Perinatal services are provided by many groups and individual providers around the state. New Mexico also has a Birth Equity Collaborative working to address inequities in perinatal care, and a New Mexico Perinatal Collaborative which is a voluntary collaboration between entities working to improve the quality of perinatal care in NM. State Perinatal Quality Collaboratives (PQC’s) as defined by the Centers for Disease Control and Prevention (CDC) work to improve the quality of care for pregnant women, mothers, and babies. PQC members identify health care processes that need to be improved and support hospitals and medical providers to use the best available methods to make changes as quickly as possible. Currently, most states have existing PQC’s or have PQC’s in development.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html>.

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