

LFC Requester:

**AGENCY BILL ANALYSIS - 2025 REGULAR SESSION**  
**WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO**  
[AgencyAnalysis.nmlegis.gov](http://AgencyAnalysis.nmlegis.gov) and email to [billanalysis@dfa.nm.gov](mailto:billanalysis@dfa.nm.gov)  
*(Analysis must be uploaded as a PDF)*

**SECTION I: GENERAL INFORMATION**

*{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}*

**Date Prepared:** 1/14/2025 *Check all that apply:*  
**Bill Number:** HB76 Original  Correction   
 Amendment  Substitute

**Sponsor:** Elizabeth Thompson **Agency Name and Code:** New Mexico Public Schools Insurance Authority 34200  
**Short Title:** Congenital Heart Disease Tests for Infants **Number:** \_\_\_\_\_  
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**SECTION II: FISCAL IMPACT**

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		

(Parenthesis ( ) indicate expenditure decreases)

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		

(Parenthesis ( ) indicate revenue decreases)

**ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	\$0	\$185.40	\$200.2	\$385.6	Recurring	NMPSIA Benefits

(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**

Proposes amendments to Section 24-1-6 NMSA 1978, mandating additional cardiac screenings for newborn infants at higher risk of congenital heart disease. The bill requires that, in addition to existing pulse oximetry tests, newborns with a family history of congenital heart disease or whose biological parents report specific cardiac-related symptoms or family history undergo both echocardiogram and electrocardiogram evaluations. Aimed to enhance early detection and intervention for congenital heart conditions in high-risk infants.

The legislation stipulates that if a birthing facility lacks the necessary equipment or personnel to perform the required echocardiogram and electrocardiogram, it must provide a referral to the newborn's parents for these tests upon discharge. The effective date is June 20, 2025.

#### **FISCAL IMPLICATIONS**

It is noted that no FIR has been received regarding this bill. However, it is imperative to recognize that the provisions of this legislation bear financial consequences on the educational population, a demographic already susceptible to potential premium increases.

Major Assumptions Underlying Fiscal Impact Analysis:

1. The proposed plan assumes full coverage (100%) of projected allowed costs, categorizing the procedure as a well-child and preventive benefit.
2. The projected allowed costs are derived from historical average costs per procedure, escalated at a projected cost trend of 8% annually. The estimated cost per procedure for Fiscal Year 2025 (FY2025) is \$532, with subsequent annual increases of 8%.
3. The assumed average annual birth rate is 373, calculated based on historical enrollment trends and recent data.
4. The proportion of births presenting conditions associated with an increased risk for heart disease is determined to include all newborns, excluding current utilization rates, resulting in a net application rate of 91%.
5. An estimated 5% of parents are assumed to opt out of the newborn screening test.
6. The proportion of newborns identified as at-risk is applied to the total expected births per year, with adjustments made for estimated opt-outs and those already utilizing such services.
7. This assessment explicitly excludes the cost of any follow-up care required as a result of the test findings.

## **SIGNIFICANT ISSUES**

Cost variations may be different from expectations due to changes in network utilization and/or contracted rates, higher or lower inflation and/or site of care. • Relevant risk factors and/or health history of parents or other relatives may be unreported or unknown – may lead to higher or lower expected utilization of these tests. Variations from assumed birth rates will also impact potential utilization.

## **PERFORMANCE IMPLICATIONS**

## **ADMINISTRATIVE IMPLICATIONS**

## **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

## **TECHNICAL ISSUES**

## **OTHER SUBSTANTIVE ISSUES**

## **ALTERNATIVES**

## **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

## **AMENDMENTS**