

LFC Requestor: LFC Contractor

**2025 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: House

Category: Bill

Number: 76

Type: Introduced

Date (of THIS analysis): 01/21/25

Sponsor(s): Elizabeth Thomson

Short Title: Congenital Heart Disease Tests for Infants

Reviewing Agency: Center for Healthy and Safe Communities

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

| Appropriation Contained | | Recurring or Nonrecurring | Fund Affected |
|-------------------------|-------|---------------------------|---------------|
| FY 25 | FY 26 | | |
| \$0 | \$0 | | |
| | | | |

REVENUE (dollars in thousands)

| Estimated Revenue | | | Recurring or Nonrecurring | Fund Affected |
|-------------------|-------|-------|---------------------------|---------------|
| FY 25 | FY 26 | FY 27 | | |
| \$ | \$ | \$ | | |
| | | | | |

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

| | FY 25 | FY 26 | FY 27 | 3 Year Total Cost | Recurring or Non-recurring | Fund Affected |
|--------------|-------|-----------|-----------|-------------------|----------------------------|---------------|
| Total | \$0 | \$131,263 | \$131,263 | \$262,526 | Recurring | SGF |
| | | | | | | |

Pay Band HH -\$40.45/hr. x hours plus benefits @ x 0.4395 = \$89,803 + Office Setup \$6,150 + Rent \$4,000 = \$131,263

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 76 (HB76) proposes additional requirements to the newborn screening for the detection of congenital cardiac conditions. HB76 specifically targets critical congenital heart disease screening, which currently is performed using pulse oximetry before the newborn infant is discharged from the hospital or birthing facility. HB76 proposes to add additional testing, including an echocardiogram and electrocardiogram, if either the newborn’s biological parents report a history of fainting, passing out, unexplained seizures, exercise related chest pain or shortness of breath; family history of heart problems or unexpected death before the age of 50 including death from drowning, unexplained car accident or sudden infant death syndrome; or related to someone under the age of 50 who has a pacemaker or implantable defibrillator. The bill includes no appropriation.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Critical congenital heart disease (CCHD) refers to a group of life-threatening structural cardiac defects that are present at birth. These abnormalities result from malformation of one or more parts of the heart during the early stages of embryonic development. About 1 in 4 babies born with a heart defect has a critical congenital heart defect (CCHD).

Babies with CCHD need surgery or other procedures in the first year of life. Newborn screening for CCHD involves a simple bedside test called pulse oximetry. This test estimates the amount of oxygen in a baby's blood. Low levels of oxygen in the blood can be a sign of a CCHD. The test is painless and takes only a few minutes (<https://www.cdc.gov/heart-defects/screening/index.html>).

According to the algorithm that the New Mexico Newborn Screening program utilizes, an infant is referred for further testing if the pulse oximetry reading is less than 90% on the right hand or foot. This referral takes place before the infant is discharged from the hospital or birthing provider and is directed by the medical provider that is caring for the newborn at the time of the testing.

The proposed legislation contradicts the most recent appropriate use criteria for echocardiograms, as jointly published by the American College of Cardiology, The American Academy of Pediatrics, The American Heart Association, and six other national organizations. (ACC/AAP/AHA/ASE/HRS/SCAI/SCCT/SCMR/SOPE 2014 appropriate use criteria for initial transthoracic echocardiography in outpatient pediatric cardiology: a report of the American College of Cardiology Appropriate Use Criteria Task Force, American Academy of Pediatrics, American Heart Association, American Society of Echocardiography, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, Society for Cardiovascular Magnetic Resonance, and Society of Pediatric Echocardiography. Campbell RM, Douglas PS, Eidem BW, Lai WW, Lopez L, Sachdeva R. J Am Coll Cardiol. 2014 Nov 11;64(19):2039-60. doi: 10.1016/j.jacc.2014.08.003. Epub 2014 Sep 29 PMID: 25277848). It also does not align with the American Academy of Pediatrics guidelines for CCHD screening (American Academy of Pediatrics: Newborn Screening for Critical Congenital Heart Defect (CCHD) www.aap.org/en/patient-care/congenital-heart-defects/newborn-screening-for-critical-congenital-heart-defect-cchd/?srsId=AfmBOoqQ3uQIxIzHtXSJianVCgu2QDFsqbk9GWA3WkDV_XXY3MKS4JnD).

Furthermore, there is limited infrastructure in our state in terms of equipment and trained personnel to perform congenital and pediatric echocardiograms. Pediatric echocardiography is a complex subspecialty with its own training and examination requirements. The only centers with trained pediatric sonographers are in Albuquerque (Presbyterian Downtown, Lovelace Women's Hospital, University of New Mexico Hospital) and Las Cruces (Mountainview Regional and Memorial Medical Centers). Rarely, pediatric studies are performed by adult Sonographers in Farmington (San Juan Regional Medical Center) and Santa Fe (St. Vincent's Hospital), but they are not pediatric certified, and the studies are quite limited.

The bill would also increase costs to the healthcare system in NM. The current newborn screening requirement includes a pulse oximetry screening to evaluate for complex congenital heart disease (CCHD). This screen, which costs ~\$13, has been shown to capture more than 95% of patients with CCHD. A complete pediatric echo costs approximately \$2000. The bill would also require additional staff time to ask questions about the family history and determine if criteria were met for additional screening. The screening guidelines outlined by the bill are not medically justified by the appropriate use criteria and, therefore, are unlikely to be covered by private health insurance, with the potential that costs could be passed on to families if not covered by insurance. Additionally, infants born outside of the above facilities would require transfer – an expensive process which separates newborns from their mothers.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

The NMDOH Newborn Screening program will have to develop protocols, algorithms and a surveillance and monitoring plan to ensure compliance if HB 76 is enacted.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

Goal 1: We expand equitable access to services for all New Mexicans

Goal 2: We ensure safety in New Mexico healthcare environments

Goal 3: We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?

Yes No N/A

- If there is an appropriation, is it included in the LFC Budget Request?

Yes No N/A

- Does this bill have a fiscal impact on NMDOH? Yes No

The NMDOH Newborn Screening program would require an additional FTE to implement and provide training and technical assistance including surveillance and monitoring of compliance. This is described in the Fiscal Impact Table above.

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

The NMDOH Newborn Screening program will require an additional FTE to implement and sustain this program. If HB 76 is enacted, it will require changes to the NMAC which governs newborn screening. It will also require changes to protocols and algorithms and extensive training of birthing providers.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated, or new rules written? Yes No

- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No

- Does this bill conflict with federal grant requirements or associated regulations?

Yes No

- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

8. DISPARITIES ISSUES

None

9. HEALTH IMPACT(S)

Newborn screening is a universal program for all infants born in the State of New Mexico for early detection of congenital conditions and access to treatment. Newborn Screening is considered a core public health function to help ensure the health of the population through early detection and treatment.

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If HB76 is not enacted, then the screening for critical congenital heart disease will remain the same (a test performed using the pulse oximeter and utilizing guidelines developed by the newborn screening program in alignment with the American Academy of Pediatrics).

12. AMENDMENTS

None