

<b>LFC Requester:</b>	<b>Lance Chilton</b>
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**AGENCY BILL ANALYSIS - 2025 REGULAR SESSION**

**WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO**

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*(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:** 1.16.2025 *Check all that apply:*  
**Bill Number:** HB 76 Original  Correction   
 Amendment  Substitute

**Sponsor:** Rep. Liz Thompson **Agency Name and Code** 952-University of New Mexico  
**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>						

(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**

##### Synopsis:

HB 76 adds echocardiogram and electrocardiograms to required newborn tests for the majority of newborns, including those with familial histories of congenital heart disease as well as those whose parents or relatives have ever displayed possible symptoms of congenital heart disease, including unexplained fainting or seizures, exercise-related chest pain or shortness of breath; unexpected sudden death before age 50 including drowning or SIDS, “heartrelated issues” or anyone younger than fifty years old who has a pacemaker or implantable defibrillator.

#### **FISCAL IMPLICATIONS**

Increased costs for New Mexico Medicaid, which pays for over 70% of New Mexico births. Due to the extremely broad screening criteria, an estimated 85% of newborns would be screened pursuant to this bill. With roughly 21,000 live births annually, this means 17,850 screenings, 12,500 of which would be paid for by Medicaid. Echocardiogram and EKG would cost between \$1,000 and \$2,000/infant in exam and reading fees. More Echo and EKG devices will be needed at a cost of approximately \$195,000 and \$21,000 per unit respectively.

Screenings could delay discharge leading to longer hospital stays and infants born in facilities without requisite staff and equipment would have to be transferred, lengthening stays and adding transportation costs

#### **SIGNIFICANT ISSUES**

HB 76 requires all newborns with a family history that indicates the possibility of congenital heart disease, including a family member who has fainted, to be screened with echocardiograms (Echo) and electrocardiograms (EKG).

Members of New Mexico’s pediatric cardiology community have expressed strong reservations about this legislation, asserting that it is not backed by evidence and “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.”<sup>1</sup>

New Mexico’s healthcare system has insufficient capacity, lacking both the equipment and

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<sup>1</sup> 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

trained personnel, necessary to perform congenital and pediatric echocardiograms for the large number (approx. 17,850) of newborns who would be screened pursuant to this bill. This is particularly true outside of Albuquerque. The Registry Association for echo-sonographers (Assoc Registered Diagnostic Medical Sonographers) reports only 13 pediatric sonographers in New Mexico - 3 are employed by UNMH, 5 employed by Presbyterian and 2 who have recently left the state or retired, leaving 3 for the rest of the state. Sonographers are able to perform one study per hour.

Increased screening volumes would tax already scarce resources, leading to longer hospital stays and delayed discharge for health infants and requiring families to travel to Albuquerque to complete the studies.

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.<sup>2</sup>

This cost would be born largely by New Mexico Medicaid. Because the screening guidelines outlined by the bill are not medically justified by the appropriate use criteria, private health insurance is unlikely to cover many of the screenings. Additionally, infants born outside of the handful of facilities equipt to perform the tests would have to be transferred, separating them from their mothers and incurring additional cost.

## **PERFORMANCE IMPLICATIONS**

## **ADMINISTRATIVE IMPLICATIONS**

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

## **TECHNICAL ISSUES**

- Page 3, lines 18 & 19 includes the ambiguous wording "ever had exercise-related chest pain or shortness of breath"
- The bill does not address conditions for screening when familial history is not available

## **OTHER SUBSTANTIVE ISSUES**

## **ALTERNATIVES**

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

## **AMENDMENTS**

### **Responses Received from**

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<sup>2</sup> 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/?srsltid=AfmBOoqQ3uQIxIzHtxSJianVCgu2QDFsqbk9GWA3WkDV\\_XXY3MKS4JnD](http://www.aap.org/en/patient-care/congenital-heart-defects/newborn-screening-for-critical-congenital-heart-defect-cchd/?srsltid=AfmBOoqQ3uQIxIzHtxSJianVCgu2QDFsqbk9GWA3WkDV_XXY3MKS4JnD)

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