FISCAL IMPACT REPORT

SPONSOR Thomson **LAST UPDATED** **ORIGINAL DATE** 01/23/2025

SHORT TITLE Congenital Heart Disease Tests for Infants **BILL NUMBER** House Bill 76

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT*
(dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Medicaid	No fiscal impact	$3,718.0	$3,718.0	$7,436.0	Recurring	General Fund
Medicaid	No fiscal impact	$13,182.0	$13,182.0	$26,364.0	Recurring	Federal Funds
Total	No fiscal impact	$16,900.0	$16,900.0	$33,800.0	Recurring	General Fund

Parentheses ( ) indicate expenditure decreases.
*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency Analysis Received From
Health Care Authority (HCA)
University of New Mexico Health Sciences Center (UNM-HSC)
Department of Health (DOH)

SUMMARY

Synopsis of House Bill 76

House Bill 76 adds electrocardiography (EKG) and echocardiography (echo), an ultrasound of the heart, to the list of conditions included in Section 24-1-6 NMSA 1978 for which newborn infants must be screened by birth hospitals and institutions. House Bill 76 adds language to require the use of an echo or EKG with any of the following risk factors:

- Family history of congenital heart disease
- Biological parent(s) report unexplained seizures or fainting
- Biological parent(s) report chest pain or shortness of breath with exercise
- Family relationship with someone who has died of heart disease before age fifty
- Family history of unexplained car accident, of drowning or of sudden infant death syndrome
- Family history of anyone with heart-related issues
- Family history of implantation of a pacemaker or defibrillator at less than fifty years of age.

Birth hospitals without the facilities to do the required EKG and echo would be required to refer for those tests when the child is discharged.

In an additional one-word change, the bill would require the Department of Health to consider recommendations of both the New Mexico Pediatric Society (NMPS) and the American Academy of Pediatrics (AAP) in adding other conditions to be screened for. The NMPS is the New Mexico subunit of the AAP.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns if enacted, or June 20, 2025.

FISCAL IMPLICATIONS

The major cost associated with adoption of this legislation would be for echos and EKGs. The average cost of an echo is $1,500; EKGs' average cost is $500. In a 2004 study published in *Genetics in Medicine*, 53 percent of over 3,300 respondents without coronary heart disease had a family history suggesting they were at moderate or high risk themselves.

If both an echocardiogram and EKG were required to be done on all newborns with a family history, and if 53 percent of all infants had a family history of heart disease, of the 20,951 New Mexico births in 2023, a minimum of 11,104 would require screening, at a cost of $22 million. According to a 2022 LFC evaluation of the Medicaid network, about 77 percent of births in New Mexico in 2021 were covered by Medicaid, resulting in a cost for screening that proportion of newborns of $16.9 million. With current matching, the share of the Medicaid cost that would borne by the state is 22 percent, or $3.7 million.

Private insurers and their customers would also face additional birthing costs.

SIGNIFICANT ISSUES

The list of required newborn screenings began with phenylketonuria and was expanded to include many other congenital metabolic diseases by legislation passed in 2005 and 2010. Oximetry was added in 2014.

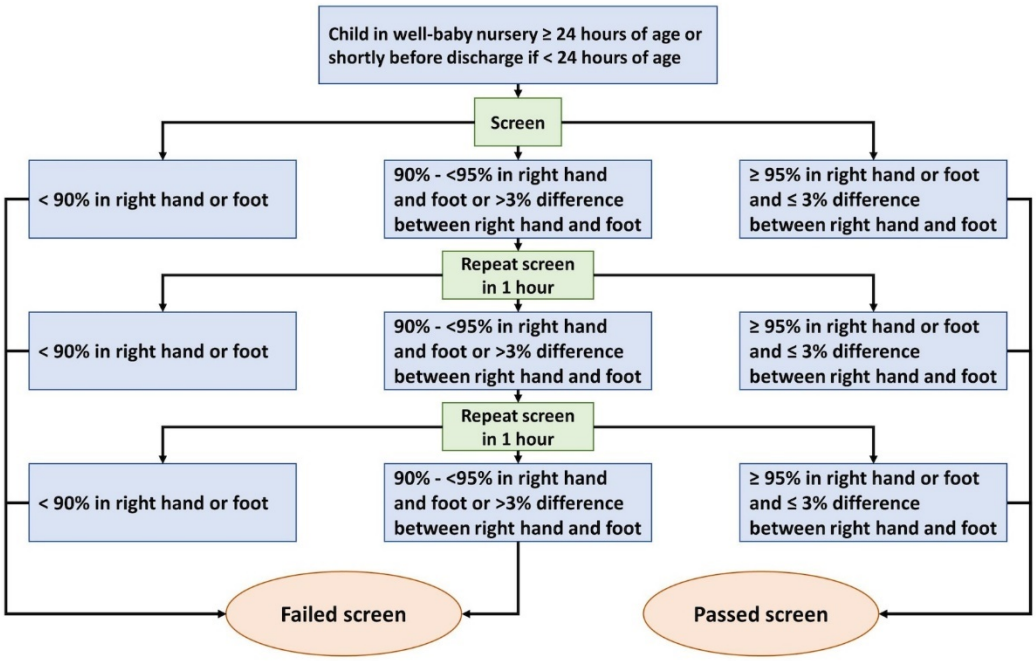
In a comprehensive article about risk for congenital heart disease from Cincinnati Children's Hospital,[1] researchers delineate the increased risk for congenital heart disease for a newborn whose parents or siblings have congenital heart disease:

> In the general population, about 1 percent of all children are born with congenital heart disease. However, the risk increases when either parent has congenital heart disease (CHD), or when another sibling was born with CHD.
>
> Consider the following statistics:
>
> - If you have had one child with congenital heart disease, the chance that another child will be born with CHD ranges from 1.5 percent to 5 percent, depending on the type of CHD in the first child.

[1] https://www.cincinnatichildrens.org/health/c/factors-chd#:~:text=Family%20History%20and%20CHD&text=If%20you%20have%20had%20one,CHD%20in%20the%20first%20child

- If you have had two children with CHD, then the risk increases to 5 percent to 10 percent to have another child with CHD.
- If the mother has CHD, the risk for a child to be born with CHD ranges from 2.5 percent to 18 percent, with an average risk of 6.7 percent.
- If the father has CHD, the risk for a child to be born with CHD ranges from 1.5 percent to 3 percent.
- Congenital heart defects involving obstructions to blood flow in the left side of the heart have a higher rate of reoccurrence than other heart defects.
- If another child is born with CHD, it can be a different type of defect than seen in the first child.

In a January 2025 policy statement, the Centers for Disease Control and Prevention (CDC) recommend oximetry (determination of the blood oxygen content) for all newborns prior to hospital discharge,[2] indicating that use of this technique would detect some 98 percent of critical congenital heart disease and result in saving about 120 deaths per year in the United States due to CHD. The CDC algorithm for this procedure follows:



Where the child fails the screen, CDC recommends an echocardiogram. Neither CDC nor the American Academy of Pediatrics (see https://www.aap.org/en/patient-care/congenital-heart-defects/newborn-screening-for-critical-congenital-heart-defect-cchd/) recommend an EKG recommended, and neither recommend for screening other than oximetry for infants whose family history indicates adult-onset heart disease.

The Department of Health points out that no specialty society recommends such a broad application of these more expensive and time-consuming tests of cardiac function and structure. No evidence was found that a family history of adult-onset heart disease (e.g., myocardial infarction or congestive heart failure) predisposes a newborn to congenital heart disease.

[2] https://www.cdc.gov/heart-defects/hcp/screening/index.html

The University of New Mexico-Health Sciences Center (UNM-HSC) estimates a larger proportion of births where family history would necessitate EKG and an echo before or shortly after hospital discharge: 85 percent rather than the 53 percent indicated in the *Genetics in Medicine* study referenced above. UNM-HSC believes that imposing the requirements would result in delayed discharge for many infants and a strain on limited resources (especially of pediatric ultrasonographers) that would be difficult to sustain. DOH agrees with this assessment.

In 2014, the state law on newborn screening added a requirement for oximetry testing for all newborns; and 2010 HB 201, which amended 2004 HB 479. Both bills added to the tests required to be done on all newborns in the state.

LAC/rl/hg