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FISCAL IMPACT REPORT

SPONSOR <u>Charley/Gallegos</u>	LAST UPDATED _____
	ORIGINAL DATE <u>03/06/2025</u>
SHORT TITLE <u>Safe Sleep for Infants Outreach and Education</u>	BILL NUMBER <u>Senate Bill 517</u>
	ANALYST <u>Chilton</u>

APPROPRIATION* (dollars in thousands)

FY25	FY26	Recurring or Nonrecurring	Fund Affected
	\$100.0	Recurring	General Fund

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

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

Agency/Program	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
DOH	No fiscal impact	\$3.0	\$3.0	\$6.0	Recurring	General Fund

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

Relates to House Bill 407

Sources of Information

LFC Files

Agency Analysis Received From
 Department of Health (DOH)
 Early Childhood Development and Care Department (ECECD)

SUMMARY

Synopsis of Senate Bill 517

Senate Bill 517 (SB517) appropriates \$100 thousand from the General Fund to the Department of Health (DOH) for the purpose of providing safe sleep education and items to assure safe sleep for newborns and their families in New Mexico.

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 appropriation of \$100 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY26 shall revert to the general fund/other fund. DOH states that it would require \$3 thousand per year for storage of items to be distributed.

Infant cribs are available online at a range of costs from \$65.99 to \$499.00 or more. Providing a safe infant crib alone to each of the families of the 21 thousand infants born in 2023 would cost at least \$1.38 million at the list price.

SIGNIFICANT ISSUES

Pediatricians have long realized the importance of safe sleep practices for young infants to prevent sudden unexpected infant death syndrome and deaths due to suffocation. A 2022 policy statement from the American Academy of Pediatrics states

After a substantial decline in sleep-related deaths in the 1990s, the overall death rate attributable to sleep-related infant deaths have remained stagnant since 2000, and disparities persist. The triple risk model proposes that [sudden infant death syndrome] SIDS occurs when an infant with intrinsic vulnerability (often manifested by impaired arousal, cardiorespiratory, and/or autonomic responses) undergoes an exogenous trigger event (e.g., exposure to an unsafe sleeping environment) during a critical developmental period. The American Academy of Pediatrics recommends a safe sleep environment to reduce the risk of all sleep-related deaths. This includes supine positioning; use of a firm, non-inclined sleep surface; room sharing without bed sharing; and avoidance of soft bedding and overheating. Additional recommendations for SIDS risk reduction include human milk feeding; avoidance of exposure to nicotine, alcohol, marijuana, opioids, and illicit drugs; routine immunization; and use of a pacifier. New recommendations are presented regarding non-inclined sleep surfaces, short-term emergency sleep locations, use of cardboard boxes as a sleep location, bed sharing, substance use, home cardiorespiratory monitors, and tummy time.

DOH and the Early Childhood Development and Care Department (ECECD) both present statistics on the remaining number of sudden infant deaths: in 2022, 3,700 deaths in the United States as a whole and a recent average of 20 per year in New Mexico. According to DOH, “in New Mexico, the Child Fatality Review identified unsafe sleep environments as a contributing factor in 20 out of 30 cases of [sudden unexpected infant deaths] SUID deaths in 2022; in 15 out of the 20 cases sleeping in an adult bed was a contributing factor in death.” Having a safe sleep environment would likely reduce this annual toll, which approaches one per thousand births.

DOH also points to:

Another systematic review of interventions to reduce SUID and identified five key approaches: safer sleep education programs, targeted home visiting services, peer educators, health education campaigns, and digital media messages. The review found that effective interventions have shifted from simply providing information to fostering ongoing relationships and personalized support.

ECECD's program of safe-sleep item availability links it to home visiting agencies, which would, if accepted by families, bring about many of these recommended interventions.

ADMINISTRATIVE IMPLICATIONS

ECECD states that it “has historically collaborated with the Department of Health on DOH’s safe sleep initiatives. If SB517 passes, ECECD is prepared to assist DOH in a similar cross-agency manner.”

ECECD has a program that provides safe sleep items to any New Mexico family that requests them. The [on-line instructions](#) require working through a home visiting program, although the family does not have to accept home visiting services to obtain the kits.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Related to House Bill 470, which would provide funds to update educational materials and increase education in birth hospitals (required by 2017 Senate Bill 21, Shaken Baby Syndrome Educational Materials). Neither 2025 House Bill 407 nor 2017 Senate Bill 21 mention sudden unexpected infant death, but education on this problem could be added to existing education on shaken baby syndrome, another important cause of deaths in young children and lasting disability.

ALTERNATIVES

As pointed out by DOH, “Funding could be allocated to already existing safe sleep programs which are operated by ECECD.”

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