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FISCAL IMPACT REPORT

SPONSOR King DATE TYPED 02/21/05 HB 786

SHORT TITLE UNM Special Perinatal Program SB _____

ANALYST Woods

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$319.0			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to the appropriation for the University of New Mexico in the General Appropriations Act.

Duplicates SB107

SOURCES OF INFORMATION

LFC Files

Responses Received From

New Mexico Department of Health (DOH)
Health Policy Commission (HPC)

No Response Received From

New Mexico Commission on Higher Education

SUMMARY

Synopsis of Bill

House Bill 786 – Making an Appropriation to the University of New Mexico to Expand the Special Perinatal Program – appropriates \$319,000 thousand from the general fund to University of New Mexico Board of Regents to expand the Health Sciences Center’s perinatal program. Any unexpended or unencumbered balance remaining at the end of FY06 shall revert to the general fund.

Significant Issues

DOH indicates that high risk pregnancies require specialty medical-obstetric care as well as delivery at a specialty center to assure the best possible outcome for both mother and infant. An estimated 30 percent of deliveries of very low birth weight infants who should be born at a specialty center are not. The University of New Mexico (UNM) Special Perinatal Outreach Program has provided clinics for high risk obstetrical patients in New Mexico since 1982. The program originally ran three outreach clinics staffed by UNM Fetal/Maternal Medicine faculty members. This has expanded, mostly in the last two years, to twelve venues outside of Albuquerque offering fifty-four clinics every month.

DOH adds that perinatal care saves between \$2 and \$3.60 in intensive care costs for newborns for every perinatal dollar spent. The savings are considerably larger when the care is for high-risk patients such as those seen in this program's clinics. Further that, in FY04, the UNM Special Perinatal Outreach Program saw 1,600 patients, at an average cost of \$271 per high-risk patient. UNM estimates that 2.5 faculty FTE and 5 staff FTE are now needed to maintain the clinics. The UNM Department of Obstetrics and Gynecology has been funding the expansion; however, UNM maintains it lacks the funds required to maintain the program.

A \$319,000 increase in the UNM Health Science Center's Special Perinatal Care Program was included UNM's FY06 funding request to the Commission on Higher Education (CHE). However, this increase was not included in the CHE's FY06 budget recommendations that provided the Perinatal Care Program a 3.7 percent funding increase, therein raising the CHE recommendation from \$442,300 in FY05 to \$458,700 in FY06.

PERFORMANCE IMPLICATIONS

DOH notes that this legislation would support the department's strategic plan, Program Area 1: Prevention and Disease Control with the strategic direction of "Improving the Health of New Mexicans."

FISCAL IMPLICATIONS

The appropriation of \$319,000 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY06 shall revert to the general fund.

ADMINISTRATIVE IMPLICATIONS

UNM would retain oversight of this appropriation.

CONFLICT, DUPLICATION, COMPANIONSHIP OR RELATIONSHIP

Relates to the appropriation for the University of New Mexico in the General Appropriations Act.

Duplicates SB107 in that SB107 also seeks to \$319,000 thousand from the general fund to University of New Mexico Board of Regents to expand the Health Sciences Center's perinatal program.

OTHER SUBSTANTIVE ISSUES

The UNM indicates the Specialized Perinatal Care Program is a statewide initiative to ensure that complicated pregnancies can be addressed with the most up-to-date obstetrical technology and expertise. The program was originally established in 1982 and is comprised of five general components:

- A woman's inpatient unit, outpatient clinics, and substance abuse programs
- Over twenty perinatal outreach clinics operated monthly in thirteen statewide venues
- A maternal transport and obstetric referral system
- Ultrasound, genetics and fetal therapy applications
- Educational outreach and training programs

As general background to this issue, HPC offers the following observations with respect to New Mexico's high risk maternity patients:

- New Mexico has one of the highest teen birth rates in the nation (17.3 percent).
- Fifty percent of births are to single mothers.
- High rates of congenital anomalies such as neural tube defects (7.9/10,000 population) and cleft lip/palate (26.7/10,000 population).
- Approximately 770-1300 infants were exposed to alcohol during the last trimester of pregnancy (NM PRAMS Surveillance Report).
- High prevalence of fetal alcohol syndrome compared to the national average.
- Increased teen smoking rates.
- High rate of partner abuse prior to or during pregnancy.
- High prevalence of overweight mothers, gestational diabetes and preeclampsia, particularly in Hispanic and Native American populations.
- Approximately 8 of all babies delivered in New Mexico are born with low birth weight.
- Statistics show that infant and perinatal mortality rates have dropped significantly since the Special Perinatal Outreach Program's inception.

HPC additionally indicates that:

- In 2002, New Mexico had the third highest teen birth rate in the nation.
- Over 4,500 teens gave birth in 2002, which translates to 12 teen births in New Mexico per day.
- In New Mexico, 50 percent of the female teen population is Hispanic and repre-

sents 67 percent of teen births.

- Approximately 4 in 10 teens become pregnant at least once.
- Teen childbearing costs New Mexico taxpayers over a half a billion dollars per year. About 40 percent of these costs could be avoided if teenagers delayed child-birth until at least age 20.
- In 2003, Medicaid paid for 49 percent of all births to teenage mothers in New Mexico.
- Babies of teen mothers are more likely to be born prematurely and are 50 percent more likely to be of low birth weight.

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