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## FISCAL IMPACT REPORT

**ORIGINAL DATE** 02/01/09  
**LAST UPDATED** 03/14/09    **HB** 196/aHTRC/aSPAC  
**SPONSOR** Gardner  
**SHORT TITLE** Registration of Fetal Death    **SB**  
**ANALYST** Hanika-Ortiz

### REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Non-Rec	Fund Affected
FY09	FY10	FY11		
	\$0.1 (minimal)	\$.01 (minimal)	Recurring	General Fund
	\$0.1 (minimal)	\$0.1 (minimal)	Recurring	Day-Care Fund

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY09	FY10	FY11	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
<b>Total</b>		\$0.1 Indeterminate but small	\$0.1 Indeterminate but small		Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health (DOH)

Taxation and Revenue Department (TRD)

### SUMMARY

#### Synopsis of SPAC Amendment

The Senate Public Affairs Committee Amendment replaces the term “family member” with “a person with direct and tangible interest” as used in the bill; strikes the proposed definition of family member and further defines “a person with direct and tangible interest” to mean “an immediate family member, a guardian or a legal representative of an immediate family member or guardian”; and provides that the state registrar issue a certificate of birth resulting in stillbirth upon request by a woman or “a person with direct and tangible interest”.

Synopsis of HTRC Amendment

The House Tax and Revenue Committee amendment inserts an effective date of the provisions of the act of January 1, 2010.

Synopsis of Original Bill

House Bill 196 seeks to amend the Vital Statistics Act, Section 24-14-22 NMSA 1978, to reduce the fetus weight threshold for which registration of a fetal death is required; creates a “certificate of birth resulting in stillbirth”; allows the name of a designated family member to be included on reports and certificates; establishes fees; and provides for delayed registration of certain spontaneous fetal deaths.

**FISCAL IMPLICATIONS**

The bill allows a \$5.00 fee to create, search and issue a “report of spontaneous fetal death” or a “certificate of birth resulting in stillbirth”. At this time, there is no fee for a report of fetal death. Revenue from the collection of these fees would continue to go to the Day Care Fund and the General Fund. TRD reports a small positive impact on revenues, as it is expected that a small number of searches of vital records will occur each year.

Section 29-14-29.1 NMSA 1978, allows for balances in the Day-Care Fund to be distributed to the Children, Youth & Family Department for use in implementing the income-eligible Day-Care program under the Social Services Block Grant Act Title XX.

**SIGNIFICANT ISSUES**

The bill reduces the fetus weight threshold to 350 grams that must be reported as a spontaneous fetal death to the State Registrar. Current law requires that a fetus weight of 500 grams or more be reported to the State Registrar.

Provides for the name of the woman who delivered under circumstances where spontaneous fetal death occurred and the name of a family member she designates to be entered on the spontaneous fetal death report and the new “certificate of birth resulting in stillbirth”. Current law provides for the names of the parents on the spontaneous fetal death report.

Provides for the name of the fetus on a certificate of birth resulting in stillbirth when requested by the woman who delivered under circumstances where the fetal death occurred, or her designated family member.

Provides for a delayed registration of fetal death if a copy of the report of spontaneous fetal death, other medical records or an affidavit signed by a health care provider substantiates the facts.

The new “certificate of birth resulting in stillbirth” will include the sentence “This certificate of birth resulting in stillbirth is not evidence of a live birth”.

## **PERFORMANCE IMPLICATIONS**

The bill may give persons other than the woman who delivered under circumstances where the fetal death occurred, access to certain information held private under state and federal law.

## **ADMINISTRATIVE IMPLICATIONS**

DOH notes that current administrative rules mandate that reports of spontaneous fetal death are statistical reports only and not an official record. The bill will require the Bureau of Vital Statistics and Health Records to issue a copy of a report of spontaneous fetal death and the new “certificate of birth resulting in stillbirth” upon the request of the woman who delivered under circumstances where a fetal death occurred, or the designated family member entered on the report or certificate.

The Bureau of Vital Statistics will implement a fetal death module in the E-Vitals system January 1, 2010. The report of Fetal Death will be modified to be consistent with the United States Standard Report of Fetal Death. DOH notes that certain provisions in the bill could be incorporated during this implementation.

## **TECHNICAL**

Consider including maternal and perinatal risk factors to the list of data reporting requirements for the new “certificate of birth resulting in stillbirth”. See other substantive issues.

## **OTHER SUBSTANTIVE ISSUES**

The bill includes certain data reporting requirements for a “certificate of birth resulting in stillbirth”. Since 1990, US fetal mortality rates have remained steady at between 6.7 and 7.5 per 1000 births. These trends in fetal mortality rates and the limited understanding of the etiology of fetal death are so compelling that the Centers for Disease Control and Prevention, as well as the National Institutes of Health, have identified this as a high priority area for epidemiological research. One national research goal is to improve the quality and completeness of fetal death certificates, which are currently the major source of data on stillbirths.

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

Reports of spontaneous fetal death in a fetus with a weight of five hundred grams or more will continue to be reported to the state register within ten days per the state’s Vital Statistic Act.

AHO/svb:mt