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FISCAL IMPACT REPORT

SPONSOR Beffort **ORIGINAL DATE** _____
LAST UPDATED 01/25/12 **HB** _____

SHORT TITLE Birth Defect Prevention and Surveillance **SB** 114

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY12	FY13		
	\$100.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

SUMMARY

Synopsis of Bill

Senate Bill 114 appropriates \$100 thousand from the general fund to the Department of Health (DOH) to fund the birth defects prevention and surveillance system.

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 FY13 shall revert to the general fund.

OTHER SUBSTANTIVE ISSUES

The goal of the birth defects registry is to 1) monitor the prevalence of birth defects in the state, 2) assess the impact of screening and prevention activities, and 3) to link children to necessary services such as case management for those that have complex medical needs and early intervention services to support the child's development.

The birth defects registry was first created in the Children's Medical Services Program (DOH) in the early 1990's. It was recognized by program staff at the time that lack of state level data on children with birth defects and other chronic and disabling conditions in children inhibited the state's ability to obtain grant funding to further efforts to improve services and develop

prevention programs. With some state data, the program was effective in obtaining federal funding to build a state registry beginning in 1995. Over the next 10 years that this federal funding was available, the registry was built and the data it provided helped state and local providers to plan for and improve services for children with special health care needs. The funding allowed development of the registry itself as well as staff to support data collection, analysis and reporting from the system. The federal funding ended in 2005 due to cuts in the budget to CDC; however, the Environmental Health Epidemiology Bureau in the Epidemiology and Response Division had requirements to conduct surveillance for 12 birth defects as part of its cooperative agreement with CDC for the Environmental Public Health Tracking Program (EPHT). Therefore, the Epidemiology and Response Division's EPHT program began to support birth defects surveillance through a contractor (\$40,000). This contractor assists in birth defect data collection/abstraction. Additionally, staff members of the EPHT provide data analyses in support of required submissions of birth defects data to CDC. These birth defect data must be provided as indicators in a format consistent with other Tracking states. These indicators are called Nationally Consistent Data and Measures. More information about the EPHT and birth defects can be found here:

https://nmtracking.unm.edu/health_effects/birthdefects/about_birthdefects/.

The birth defects registry database was originally developed in Access but this version is no longer in place. The data are now in a State database and maintained on a secured drive accessible to appropriate staff in the Public Health and Epidemiology and Response Divisions. As resources are available, birth defects data for New Mexico are reported to the CDC/National Birth Defects Prevention Network that publishes state level data annually. This year, 2011, there was not sufficient staff to produce this report. The EPHT staff were providing analyses appropriate for Tracking, but DOH recognized that additional staff would be required in order to consistently and accurately conduct birth defects surveillance in a comprehensive manner. For these reasons, it was determined that birth defect surveillance should be coordinated through ERD while case management remained in PHD. However, additional staff is still needed to create an official Birth Defects Surveillance Program. Therefore, in the application for the current grant cycle (2011-2014), EPHT included an FTE which would support, in part, birth defects data surveillance collection and cleaning. This FTE was approved.

In order to cover the costs of a Birth Defects Surveillance Program, a full-time epidemiologist who would collect birth defects surveillance data, (including data abstraction and linking children and families to services for which they are eligible is needed at an estimated cost of \$81,600 which includes salary and fringe. This would ensure that surveillance of not only the 12 birth defects required for the CDC cooperative agreement is conducted, but surveillance of any birth defect of concern. Additionally, the Children's Medical Services Program would require additional funding (\$65,000 salary and fringe) to support a Social Worker to work with families of children with birth defects to provide care coordination and assure that they can access appropriate services.

RAE/lj:amm