

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current FIRs (in HTML & Adobe PDF formats) are available on the NM Legislative Website (legis.state.nm.us). Adobe PDF versions include all attachments, whereas HTML versions may not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

## FISCAL IMPACT REPORT

02/02/12  
ORIGINAL DATE 02/11/10

SPONSOR SPAC LAST UPDATED 02/14/12 HB \_\_\_\_\_

SHORT TITLE Registration of Certain Fetal Deaths SB 204/SPACS

ANALYST Daly

### REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY12	FY13	FY14		
NFI	Immaterial*	Immaterial*	Recurring	General Fund

(Parenthesis ( ) Indicate Revenue Decreases)

\*See Fiscal Implications for data reported by DOH

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Attorney General's Office (AOC)

Medical Board (MB)

Department of Health (DOH)

Children, Youth & Families Department (CYFD)

Note: Except as indicated, references to agency responses are those received on original bill, comments from which are relevant to this committee substitute.

### SUMMARY

#### Synopsis of Bill

The Senate Public Affairs Committee substitute for Senate Bill 204 amends provisions of the Vital Statistics Act relating to reporting and registration of certain fetal deaths. It changes the reporting requirements from a fetus weight of 500 grams to 350 grams and adds a new reporting requirement if the gestational age is 20 weeks, regardless of weight. It provides for the issuance of and required information for certificates of birth resulting in stillbirth, and allows the woman who delivered or a person with a direct and tangible interest (as defined in the bill) the option of requesting this certificate or a report of fetal death. It also allows the woman who delivered to request that the name for the fetus delivered resulting in stillbirth and the names of the father or second parent of that fetus be included in a certificate of birth resulting in stillbirth. SB 204 provides a fee of \$5 for each such report or certificate. It also allows for a delayed registration of spontaneous fetal death.

The delayed effective date of this bill is January 1, 2013.

### **FISCAL IMPLICATIONS**

The DOH reports that Bureau of Vital Records statistics reflect that between 80 and 180 reports of spontaneous fetal death are provided to the bureau each year. Assuming that 50% of these results in a request for a certificate of birth resulting in stillbirth or a copy of a report of spontaneous fetal death, this would result in \$450 of revenue per year. In 2011, three (3) Certificates of Still Birth (provided by existing regulation) were issued. Revenue from the collection of these fees would go to the General Fund.

### **SIGNIFICANT ISSUES**

The DOH provides this background:

To address most of the requirements of a nearly identical bill (HB196, 2009 session, which was not enacted) and SB 204, the Department of Health (DOH) modified its regulations (NMAC 7.2.2) to create a certificate of still birth from reports of spontaneous fetal death and to allow for: 1) the name of the fetus on the certificate; 2) the name of the parents on the certificate; 3) no charge to the parent for this certificate; 4) a certificate of still birth for still birth events that occurred from January 1980 forward if a report of spontaneous fetal death was filed with DOH; and, 5) the integrity of vital records such that records could not be altered or used for other purposes, i.e. to be used as evidence of a birth. The regulation provides the certificate of still birth only to the parent or parents listed on the corresponding report of spontaneous fetal death. This is consistent with laws of other states surveyed by DOH. There would be no rights or benefits conferred by this certificate.

As to SB 204, the DOH notes:

SB204 would allow for the delayed registration of fetal death in accordance with existing statute that governs delayed registration of death. This would provide a way for parents of a deceased fetus for whom a report of spontaneous fetal death was not filed, or whose report has been destroyed under previous retention rules, to obtain a certificate. The bill would allow for the name of the woman who delivers under circumstances that result in spontaneous fetal death and, if she requests, the name of a family member she designates, to be entered on the spontaneous death report. The current law, section 24-14-22, states, “The names of the parents shall be entered on the spontaneous fetal death report in accordance with the provisions of Section 24-14-13.” The bill would provide for the issuance of two different documents from a report of spontaneous fetal death, a “report of spontaneous fetal death” and a “certificate of birth resulting in still birth”. It would be consistent with the issuance of other vital records (birth and death) to have a single document that is issued from a report of spontaneous fetal death.

In addition, as to the substitute bill, the DOH contends:

SB204s may compromise the confidential nature and the integrity of vital records

in that those with direct and tangible interest can request a certificate of birth resulting in stillbirth (which could be used for fraudulent purposes) while the rules only allow the parents access to the certificate of stillbirth. SB204s also permits the use of affidavits to substantiate alleged spontaneous fetal deaths when currently vital records are not established based on such limited proof.

### **ADMINISTRATIVE IMPLICATIONS**

The DOH reports that the Bureau of Vital Records currently plans to implement a fetal death module in the E-Vitals system to begin with fetal deaths occurring on or after January 1, 2012. Beginning with 2011, the Report of Fetal Death was modified to be consistent with the U.S. 2008 Standard Report of Fetal Death. The changes specified in SB 204 could be included with this implementation. Training of staff in institutions would need to occur to inform women delivering stillbirths that they may request a certificate of birth resulting in stillbirth and individuals who complete the report will also need to be trained. Patient and facility worksheets would need to be developed so that the information on the certificate is complete, procedures for verifying and correcting the certificate would need to be developed, and procedures for creating a delayed certificate of birth resulting in stillbirth would also need to be developed.

### **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.

### **ALTERNATIVES**

Certificates of still birth have already been established by administrative rule 7.2.2 NMAC.

MD/lj:svb:amm