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## FISCAL IMPACT REPORT

**SPONSOR** McMillan **ORIGINAL DATE** \_\_\_\_\_ **LAST UPDATED** \_\_\_\_\_ **HM** 89

**SHORT TITLE** Early Hearing Detection and Intervention **SB** \_\_\_\_\_

**ANALYST** Chilton

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY16	FY17		
	None		

(Parenthesis ( ) Indicate Expenditure Decreases)

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

	FY16	FY17	FY18	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		Indeterminate	Indeterminate	Indeterminate	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Commission for the Deaf and Hard of Hearing  
Department of Health (DOH)

#### Responses Not Received From

Human Services Department (HSD)

### SUMMARY

#### Synopsis of Memorial

HM89, Early Hearing Detection and Intervention (EHDI), requests of DOH, reports to the Legislative Health and Human Services Committee (LHHS), of the following data regarding newborn hearing screening for years beginning in 2014:

- a) The percentage of newborns screened compared with the percentage screened in the US,
- b) The percentage of newborns initially screened and the percentage of those who received

- diagnostic testing compared with US data,
- c) The average age at diagnosis of hearing loss in New Mexico and in the US,
  - d) The percentage of infants with hearing loss receiving specific early intervention services by six months of age,
  - e) The age at which hearing aids were made available to infants who qualified for them
  - f) The percentage of New Mexico infants with a risk factor for hearing loss, and
  - g) The percentage of infants with a risk factor for hearing loss who received follow-up screening compared with the US.
  - h) County-specific data is requested on
    - i.) Newborns receiving screening
    - ii.) Newborns failing screening tests
    - iii.) Infants receiving diagnostic screening to confirm or deny hearing loss
    - iv.) Infants with confirmed hearing loss
    - v.) Infants receiving early screening services by age 6

DOH is asked to report to LHHS how data on newborn hearing screening and follow-up are obtained, and to report on the membership, meetings, and activities of its EDHI Advisory Council.

### **FISCAL IMPLICATIONS**

DOH states that “There would be costs associated with additional reporting requirements proposed in HM89, which may be duplicative of reporting that already occurs through the DOH EHDI program.” DOH does not have an estimate of these costs.

### **SIGNIFICANT ISSUES**

House Bill 479, enacted by the 2005 New Mexico Legislature and signed by the Governor, included newborn hearing among the tests required for all infants born in New Mexico, but the requirement of newborn hearing screening has been in place in New Mexico since 2001. Since then, almost universal hearing screening has been performed, using sophisticated equipment, usually a device called an oto-acoustic emissions tester that measures the brain’s response to sounds introduced into a sleeping infant’s ear. (<http://nmhealth.org/about/phd/fhb/cms/nbhs/>).

According to Centers for Disease Control and Prevention 2013 data (the most recent available) ([http://ehdidash.cdc.gov/IAS\\_WebApp/dataviews/report?reportId=72&viewId=26&geoReportId=421&geoId=71&geoSubsetId=](http://ehdidash.cdc.gov/IAS_WebApp/dataviews/report?reportId=72&viewId=26&geoReportId=421&geoId=71&geoSubsetId=)), New Mexico was second lowest among the states in the proportion of infants screened for hearing, at 90.2%. Given that there were 26,242 infants born in New Mexico in 2013, there is the potential that as many as eight New Mexico infants with severe or profound hearing deficits would not have been detected by a newborn screening test. It is to be noted that in the same year, 95.2% of New Mexico infants had been screened by one month of age, though that still left New Mexico among the lowest six states in percent screened by that age. According to the same source, New Mexico ranks lowest among the states in the overall percentage of infants receiving diagnostic evaluations, at 5.5%, with the number rising to 50% by three months of age, leaving New Mexico sixth from the bottom in this category. On the other hand, New Mexico ranks among the top four states in the country in terms of early intervention enrollment. According to the CDC website, New Mexico’s average incidence of newborn deafness is 2.4 per thousand live births, or about 62 per year.

The American Academy of Pediatrics, in a policy statement issued in 2003, states that results of intervention for deaf and hard of hearing children are best if begun prior to six months of age.

DOH indicates that it will send data from 2014 and 2015 to CDC; however those data are not available on the CDC website. DOH also indicates that a new information technology and data collection system will be placed in service during 2016, which should result in improved reliability of the data, but may impede delivery of the requested data to the Legislative Health and Human Services Committee by September 1, 2016.

DOH further notes that the availability of diagnostic services for infants failing the initial newborn hearing screen are severely limited in New Mexico, existing only in Albuquerque, Roswell, Santa Fe, and Las Cruces. This paucity of services often results in a 3-6 month wait and a long-distance travel requirement to obtain diagnostic services.

### **ADMINISTRATIVE IMPLICATIONS**

DOH notes that EHDI staff would be required under HM 89 to report on its EHDI Advisory Council's meetings and activities. Minutes of quarterly EHDI Advisory Council are currently posted on the DOH website.

### **OTHER SUBSTANTIVE ISSUES**

CDHH notes concern over data being presented at LHHS meetings that may result in protected personal information being made publically available. Because of the small size of many New Mexico counties, county-level data may serve to identify individuals too easily.

CDHH further notes the importance of the New Mexico School for the Deaf (NMSD) as a partner in the collection of data and the provision of services to children who are deaf or hard of hearing. NMSD is not mentioned in HM 89.

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

DOH would continue to make statistics on hearing screening in newborns available through CDC, and would continue its EHDI Advisory Council, as well as its data quality and information technology upgrades.

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