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FISCAL IMPACT REPORT

SPONSOR Rodriguez ORIGINAL DATE 1/29/2020
LAST UPDATED _____ HB _____
SHORT TITLE State Perinatal Service Program SB 44
ANALYST Klundt

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY20	FY21		
	\$300.0	Recurring	General

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 44 (SB44) appropriates \$300 thousand from the general fund to the Department of Health (DOH) for a statewide perinatal service program.

FISCAL IMPLICATIONS

The appropriation of \$300 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2021 shall revert to the general fund.

SIGNIFICANT ISSUES

The National Conference of State Legislatures reports “after decades of decline, the maternal mortality rate in the United States has increased over the last 10 years. According to the Centers for Disease Control and Prevention (CDC), between 800 and 900 women in the United States die each year from pregnancy-related complications, illnesses or events. In 2018, the U.S. maternal mortality rate (MMR)—the rate the CDC defines as the number of women that die during pregnancy, child delivery or within 42 days of giving birth—was 20.7 deaths per 100,000 live births.

Infant mortality is the death of a child within the first year of life. Worldwide, infant mortality continues to decrease, and in the past 10 years, rates in the United States have fallen by 15 percent (CDC). The infant mortality rate is the number of infant deaths for every 1,000 live births. In 2017, the total number of infant deaths in the United States was approximately 22,258. The infant mortality rate was 5.8 deaths per 1,000 births, down from 7.1 in 2005. State rates varied substantially, from 3.7 infant deaths per 1,000 in Massachusetts to 8.6 per 1,000 in Mississippi (CDC).

In the United States, infant mortality rates are higher than those of other wealthy nations (Health Affairs). Some of the variation may be due to different reporting methods. For example, in the United States, the infant mortality rate includes perinatal, neonatal and post-neonatal deaths. Perinatal deaths are those that occur within one week of birth, neonatal deaths are those that occur between eight and 27 days after birth, and post-neonatal deaths are measured as deaths occurring between 28 days and one year after birth. Other countries, however, may make different distinctions or set different limits for gestational age and birthweight in their data collection (HRSA and Kaiser Family Foundation).”

State Perinatal Quality Collaboratives (PQC’s) as defined by the Centers for Disease Control and Prevention (CDC) work to improve the quality of care for pregnant women, mothers and babies. PQC members identify health care processes that need to be improved and support hospitals and medical providers to use the best available methods to make changes as quickly as possible. Currently, 40 states have existing PQC’s.

The New Mexico Perinatal Collaborative (NMPC) was established in 2014 to address standardizing the use of evidence-based practices in obstetrical, newborn and neonatal settings and improve the quality of care for women and infants in New Mexico. It also intends to collect data to continuously measure improvements in health outcomes for pregnant women and newborns as well as promote effective and cost-efficient best practices via data reporting and feedback to birth hospitals and providers. The NMPC Board includes Department of Health’s Maternal Child Health staff as well as birth providers (physicians, midwives and birth hospital and clinic systems), the NM Hospital Association, the March of Dimes, the NM Birth Equity Collaborative and other appropriate stakeholders.

The NMPC has addressed topics such as the availability of human breast milk at hospital settings for vulnerable neonates, training of hospital medical and nursing staff on the appropriate assessment and treatment of neonates with opioid withdrawal symptoms, and the accessibility and use of long-acting reversible contraceptive (LARC) in post-partum and community settings. Most recently, they developed a Project ECHO series on the rapid assessment and response to obstetric hemorrhage. They are tracking data on improvements in this area with 15 of the 30 birth hospitals network in NM with the goal of tracking improvements in all 30 hospitals.

The NMPC also works closely with the State Maternal Mortality Review Committee (NM MMRC) which reviews maternal mortality cases to ascertain preventability factors and make recommendations for improving maternal care. These recommendations will largely be addressed through NMPC workgroup initiatives and/or by community partners supported by the NMPC in their work. In effect, the NMPC is considered the “action arm” of the NM MMRC following a “Data-to-Action” framework.