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FISCAL IMPACT REPORT

SPONSOR Rodriguez **ORIGINAL DATE** 01/27/21
LAST UPDATED 02/17/21 **HB** _____
SHORT TITLE Maternal Mortality Case Reviews **SB** 96/aSJC
ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$19.8	\$27.7	\$37.7	\$85.2	Recurring	Federal Funds

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Board of Nursing (BN)

Department of Health (DOH)

Medical Board (MB)

University of New Mexico Health Sciences Center (UNM HSC)

SUMMARY

Synopsis of SJC Amendment

The Senate Judiciary Committee amendment to Senate Bill 96 makes a number of changes throughout the bill, the main effect of which is to elevate the importance, on the Maternal Mortality Review Committee of groups disproportionately affected by high maternal mortality, specifically Native Americans and African-Americans. This is effected by making changes in the language of the bill and by assuring that two each of the thirty board members would be nominated by the secretary of the Indian Affairs Department and by the director of the Office on African-American Affairs. In addition, committee members are to be trained in the effects of trauma and the trauma of racism.

Other changes include the following:

- 1) In the definition of “clinical co-chair” it is made clear that persons with maternal and child health clinical training *or* paraprofessional training could be considered for this position.
- 2) “Maternal mortality” is redefined to include the twelve months post-partum.
- 3) “Qualified guest” is restated as “qualified invited guest” to be invited by the co-chairs

- 4) In addition to reporting to the legislature and government agencies (now to include the Department of Indian Affairs and the Division of African-American Affairs), and health care providers, the committee is to report to “community organizations working in the interest of maternal and child health.”

Synopsis of Original Bill

Senate Bill 96 would make changes to the structure of the Maternal Mortality Review and Severe Maternal Morbidity Committee established within the department of health. It provides for co-chairs, one clinical and the other administrative, enlarges the maximum size of the body from 25 to 30 members, establishes their terms as three years, allows for the attendance at meetings of operational staff and qualified guests, and provides for the establishment of an executive committee. The committee would convene at the call of the co-chairs. The bill renames the committee from that above to “Maternal Mortality Review Committee”, reflecting the department’s desire to concentrate on maternal mortality and not require consideration of all cases of severe maternal mortality.

Committee members would be selected with an eye to racial, ethnic, and geographic balance and making it especially reflective of the groups most subject to maternal mortality and morbidity. Committee members attending meetings would be entitled to per diem expense reimbursement if traveling from a distance greater than fifty miles, as well as replacement of “critical income” forsaken, up to \$300 per day.

The bill’s provisions would become effective when the secretary of the department of health had promulgated new rules, required by December 31, 2021.

FISCAL IMPLICATIONS

There is no appropriation in this bill.

DOH states that the bill’s requirement to pay per diem, and for some committee members, pay for forsaken critical income would add a small amount to the department’s costs: “This amendment would allow for mileage and per diem reimbursement to members traveling to and from committee meetings, and it would allow \$300 per meeting for income lost for participation in committee. Based on FY20 membership, that may incur federally funded between \$20 thousand and \$30 thousand per year. These costs would be charged 100 percent to federal funds through a Centers for Disease Control and Prevention grant (2020-2024).”

SIGNIFICANT ISSUES

New Mexico’s infant mortality rate, 5.8 per one thousand live births, is not significantly different from the US rate, which is 5.9 per one thousand live births. According to the department of health, the rate of maternal mortality decreased 9 percent in New Mexico between 2008 and 2015, reaching 19.1 per one hundred thousand live births; the US rate in 2018 was 17.4. There are wide disparities in maternal mortality among races and ethnic groups in the US:

- Non-Hispanic Blacks, 37.3 per 100,000 live births
- Non-Hispanic whites, 14.9 per 100,000 live births
- Hispanics, 11.8 per 100,000 live births

In each year from 2012 to 2015, an average of five women in New Mexico died of all maternal causes, with a similar number dying from accidents and violence within the year after delivery.

The Maternal Mortality and Severe Maternal Morbidity Committee was created in Laws 2019, Chapter 41.

LAC/rl/sb