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FISCAL IMPACT REPORT

ORIGINAL DATE 2/20/09

SPONSOR Campos LAST UPDATED _____ HJM HJM 60

SHORT TITLE Preterm Infant Care Task Force SB _____

ANALYST Chabot

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY09	FY10	FY11	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total	\$7.5	\$7.5	\$7.5	\$22.5	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Children, Youth and Families Department (CYFD)

Department of Health (DOH)

New Mexico Corrections Department (NMCD)

New Mexico Health Policy Commission (HPC)

SUMMARY

Synopsis of Bill

House Joint Memorial 60, Preterm Infant Care Task Force, resolves

- DOH form a task force to develop and disseminate written informational materials on the care and support of preterm infants;
- The task force representation will include HSD, CYFD, hospitals, primary care clinics, community health councils and other health facilities and providers;
- The materials developed are appropriate for literacy levels, cultural considerations, and language barriers;
- The materials developed address possible complications including unique health issues, proper care, preventative vaccinations, leading causes of hospitalization and factors contributing to morbidity and mortality, and emotional and financial challenges and resources available;;
- The task force relies on organization and individuals with expertise in caring for preterm infants in developing materials;
- The task force reviews and evaluates existing materials developed by pharmaceutical and biomedical companies; and
- The materials developed are distributed to Medicaid providers, hospital neonatal intensive care units, pediatric intensive care units, maternal and child care providers, general

hospitals and other entities deemed appropriate.

FISCAL IMPLICATIONS

The Joint Memorial has no appropriation but participating agencies, especially DOH, will have considerable expenses in participating in the proposed task force.

DOH assesses funds would be required to obtain existing materials and/or for the creation, printing and distribution of new materials. Assuming distribution to 3,000 families per year (11% X 28,000 children) and \$1 - \$2 per information packet, the cost of materials would be \$3,000 to \$6,000 not including any postage. Design of a new brochure (if existing materials are not adequate) is estimated at \$1,500.

This estimate does not include staff time, cost for travel and per diem, cost for renting meeting locations, language translations, and distributions to Medicaid providers, hospital neonatal intensive care units, pediatric intensive care units, maternal and child care providers, general hospitals, and other entities to be identified.

SIGNIFICANT ISSUES

DOH reports on information found on the March of Dimes website stating any woman can deliver prematurely, but some women are at greater risk than others. Researchers have identified some risk factors; however, doctors are unable to predict which women will deliver prematurely. Three groups of women are at greatest risk for preterm delivery: women who have had a previous preterm birth; women who are pregnant with twins, triplets or more; and, women with certain uterine or cervical abnormalities. Lifestyle factors may place a woman at greater risk for preterm labor and these include: late or no prenatal care, smoking, drinking alcohol, using illegal drugs, exposure to the medication diethylstilbestrol (DES), domestic violence (including physical, sexual or emotional abuse), lack of social support, extremely high levels of stress, and long working hours with long periods of standing. In addition, certain medical conditions during pregnancy may result in preterm delivery.

Early identification and treatment of problems facing preterm infants mitigate future disability and related costs. Some of the developmental and medical problems can be subtle and may not be identified unless family and medical providers are monitoring and screening for them. DOH manages the Family Infant Toddler (FIT) program and it funds the University of New Mexico Developmental Care Continuity Program whose staff provides verbal and written information to parents of premature children at the Neonatal Intensive Care Unit. FIT also funds Parents Reaching Out providing emotional support and information to these parents.

HPC also report on March of Dimes information stating premature birth is a serious health problem. Preterm babies are at increased risk for newborn health complications as well as lasting disabilities such as developmental disabilities, cerebral palsy and lung and gastrointestinal problems. Preterm infants are more subject to hospitalization for such conditions as bronchitis, dehydration, jaundice and pneumonia. Preterm deliveries often result in low-birth weight babies, weighing less than five pounds. Low birth-weight is often associated with the development of diabetes and other chronic diseases later in life.

ADMINISTRATIVE IMPLICATIONS

DOH would have to dedicate existing staff to organize and manage the task force which would reduce their time available for primary duties.

GAC/mc