

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 and previously issued FIRs are available on the NM Legislative Website (www.nmlegis.gov) and may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR Ortiz y Pino **ORIGINAL DATE** 01/20/14
LAST UPDATED 02/18/14 **HB** _____

SHORT TITLE African American Infant Mortality Program **SB** 69/aSFC

ANALYST Klundt

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY14	FY15		
		NA	NA

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Office of African American Affairs (OAAA)

Department of Health (DOH)

SUMMARY

Synopsis SFC Amendment

The Senate Finance Committee amendment to Senate Bill 69 strikes “making an appropriation” on page 1, and Section 2 appropriations on lines 15 and lines through 25 on page three. This amendment removes the appropriation of \$200 thousand in this bill.

Synopsis of Bill

Senate Bill 69 appropriates \$200 thousand from the general fund in FY15 to create a pilot program to address African American infant mortality and maternal health in Bernalillo County. The Office on African American Affairs will be the agency receiving the funds and implementing the one-year pilot program. By July 1, 2014, the Director of the Office of African American Affairs will create and implement the one-year pilot program, and by November 1, 2015, the Director shall report the findings and recommendations of the pilot program to the Governor, the Secretary of Health, and the Legislative Health and Human Services Committee. Any unexpended or unencumbered balance remaining at the end of fiscal year 2015 shall revert to the General Fund.

FISCAL IMPLICATIONS

The appropriation of \$200 thousand contained in this bill is a nonrecurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY15 shall revert to the general fund. SB 69 is not included in the executive or LFC recommendations.

SIGNIFICANT ISSUES

The Department of Health (DOH) reports that the Office on African American Affairs (OAAA) will partner with direct service providers to implement the Centering Model of prenatal health care in Bernalillo County. The DOH also states that the Centering Model is a registered evidence-based intervention that has been shown nationally to reduce infant mortality and premature birth rates through an innovative group healthcare approach that promotes patient engagement, personal empowerment, and community building.

DOH reports that the Centering Pregnancy model is a multifaceted model of group prenatal care that integrates the three major components of care: health assessment, education, and support. Eight to twelve women with similar gestational ages meet together learning skills, participating in discussions facilitated by a health care provider, and developing a support network with other members of the group. Each group meets for 10 sessions throughout the pregnancy and early postpartum period. Within the group space, the health practitioner conducts standard physical health assessments. This evidence-based approach to high risk pregnancy management has been demonstrated to be culturally competent and empowering to participants. Health outcomes for pregnancies, specifically increased birth weight and delayed preterm delivery, have been documented, as has both provider and participant satisfaction with this model of prenatal care delivery.

Additionally, according to DOH and OAAA, the Centering Model has the potential to reduce the disparity in infant mortality among African American residents of Bernalillo County in part because the population size is small enough that a significant impact may be shown from implementation of a program targeted specifically at this population. There is extensive evidence for the effectiveness of the Centering Model in reducing the rate of preterm birth in various populations (Tanner-Smith, Steinka-Fry, Lipsey, 2013; Novick, Reid, Lewis, et al., 2013; Picklesimer, Billings, Hale, et al., 2012; Picklesimer, Blackhurst, Covington-Kolb, 2012; Baldwin, 2006).

The model's performance will be tracked by benchmarks established by OAAA prior to program implementation by which the program implementation and outcomes will be evaluated. Alongside the Centering Model, the Office of African American Affairs states that the agency will work to develop and distribute culturally competent outreach and education programming that directly addresses infant and maternal health in this population.

The Office of African American Affairs and the Department of Health provided the following background information on African American infant and maternal health:

The infant mortality rate among African American residents of New Mexico is nearly double that of other racial/ethnic groups. In the three-year period from 2010-2012, the infant mortality rate among infants of African American mothers was 10.6 per 1,000 live births, compared to 5.8 per 1,000 live births for infants of

mothers of other race/ethnicities (NM-IBIS; Bureau of Vital Records and Health Statistics, New Mexico Department of Health). The majority of infant deaths result from conditions arising in the prenatal period, including low birth weight and preterm birth.

The population of African Americans is small in New Mexico, with an annual average of 42,538 persons in 2010-2012. The largest population of African American residents are located in Bernalillo County, with an annual average of 19,376 persons from 2010-2012. There were an average of 201 births per year among African American women in Bernalillo County, and 3 infant deaths per year from 2010-2012 (NM-IBIS; Bureau of Vital Records and Health Statistics, New Mexico Department of Health).

Infants born prematurely and/or with low birth weight frequently require time in a neonatal intensive care unit (NICU). The average cost for one infant to stay in the NICU, not including physician and other fees, is \$76,000, and can be as high as \$280,000.

(Source:http://www.marchofdimes.com/peristats/pdfdocs/nicu_summary_final.pdf) Costs continue for families and insurers for infants and children who need rehabilitative and continuing care. 10.6 infant deaths per 1,000 live births equates to \$760,000 in NICU costs, according to the March of Dimes.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

OAAA reports that without a targeted intervention that addresses the prenatal causes of infant mortality in this population subgroup, the disparity will be maintained. The proposed legislation addresses the need for culturally and linguistically appropriate services and materials.

AMENDMENTS

The OAAA recommends the following amendments:

1. Page 2, line 11, strike “reducing” and insert “one year following birth to reduce.”
2. Page 2, line 17, strike “November 1” and insert “September.”

KK/jl:ds