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## FISCAL IMPACT REPORT

**SPONSOR** Stefanics/Ferrary      **ORIGINAL DATE** 02/08/21  
**LAST UPDATED** \_\_\_\_\_      **HB** \_\_\_\_\_  
**SHORT TITLE** Prevention of Congenital Syphilis in Infants      **SB** 184  
**ANALYST** Chilton

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

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	Uncertain	Uncertain	Uncertain	Uncertain*	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases) \*See fiscal notes.

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

Senate Bill 184 would amend Section 24-1-10 NMSA 1978 (the Public Health Act section regarding pregnancy testing for syphilis) regarding testing pregnant women for syphilis to decrease the incidence of syphilis being found in the newborn, or congenital syphilis.

Testing would be done according to U.S. Centers for Disease Control and Prevention (CDC) guidelines rather than at the direction of the New Mexico secretary of health, and would be required to be done during pregnancy and also at the time of delivery (rather than the previous provision, which was *either* during pregnancy or at delivery).

The bill would eliminate the requirement that blood samples be submitted to the state public health laboratory for testing.

There is no effective date of this bill. It is assumed that the effective date is 90 days following adjournment of the Legislature.

## FISCAL IMPLICATIONS

There is no appropriation in Senate Bill 184.

As noted by HSD, there may be more testing done at a slightly higher annual cost to the Medicaid program. However, the lifetime costs of treating a child with congenital syphilis that could have been prevented are likely to be very high.

## SIGNIFICANT ISSUES

The CDC reports that congenital syphilis cases increased 261 percent between 2013 and 2018, with most cases occurring in the South and West. An entirely preventable disease, congenital syphilis manifests itself in many devastating ways in newborns, including congenital defects of the bones, eyes and brain, among other organs, blindness, deafness, life-long intellectual defects and death.

A New Mexico Department of Health public health order dated January 10, 2020 (attached) takes note of the state's having had the eighth highest rate of congenital syphilis among the fifty states with ten cases in 2018, which increased frighteningly to 23 cases in 2019. It orders prenatal and delivery providers to perform the testing that would be required under Senate Bill 184.

DOH comments on the importance of changing outdated Public Health Act statutes to comport with more recent guidance and to allow for changes to occur rapidly when guidance changes:

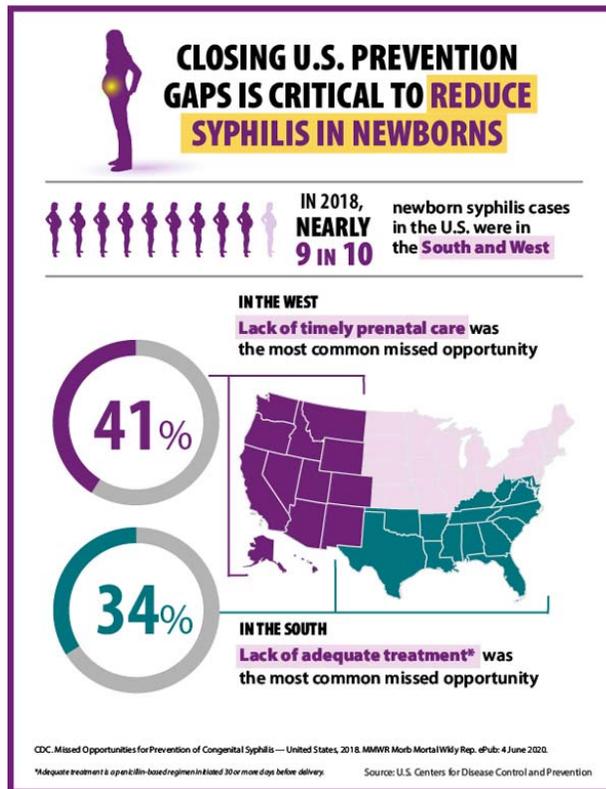
The New Mexico Public Health Act is not up to date with current guidelines. Current guidelines from the federal Centers for Disease Control and Prevention (CDC) recommend testing of all pregnant women in high prevalence states three times: 1) at the first prenatal visit, 2) again during the third trimester, and 3) again at delivery. However, given that language in the New Mexico Public Health Act related to syphilis has not been revised in over 40 years, the language is overly directive and specific, while also not reflecting current practice or CDC guidelines.

SB184 would update the Public Health Act, Section 24-1-10, NMSA 1978, to remove outdated language that requires a single blood test and all samples sent to the state's public health lab. In its place will be language directing all physicians who examine pregnant women for conditions related to pregnancy to follow current CDC guidelines, including taking laboratory samples according to their current guidance.

CDC guidelines vary based on prevalence of syphilis in any jurisdiction, with fewer tests recommended in places where this disease is very rare. By referencing CDC guidelines and best practices, this legislation will not need to be amended again as syphilis case rates rise and fall in the future...

Reportable sexually transmitted diseases (STD) including syphilis are more common among low-income individuals and have ethnic/racial disparities. In particular, syphilis among pregnant women is more common for those who lack access to health services including prenatal care. More frequent testing can help to overcome these disparities by breaking the chain of transmission, including preventing cases among infants.

The CDC indicated in 2020 that “Closing testing and treatment gaps can reduce cases. [A] new CDC study shows that half of U.S. newborn syphilis cases (congenital syphilis) in 2018 occurred due to gaps in testing and treatment during prenatal care. Nationally, the most common missed opportunities for preventing congenital syphilis cases occurred when mothers were diagnosed but not adequately treated for syphilis (31 percent of cases) or mothers did not have timely prenatal care (28 percent of cases). Prevention gaps also differed by geographic region. Nearly 9 in 10 congenital syphilis cases were in the South and West. In the South, lack of adequate treatment was the most common missed prevention opportunity (34 percent of cases). In the West, lack of timely prenatal care was most common (41 percent of cases).”



HSD cites much of the above evidence, adding, “The case reports presented [in the study referenced below] highlight the importance of rescreening women at increased risk for syphilis both early in the third-trimester and again at delivery.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7528198/>

## PERFORMANCE IMPLICATIONS

The public health order of January 2020 indicates that testing will be performed “upon consent of the patient.” Senate Bill 184 does not make such a provision.

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