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FISCAL IMPACT REPORT

ORIGINAL DATE 01/23/07
 LAST UPDATED 03/13/07 HB _____

SPONSOR Rawson

SHORT TITLE Require Stillbirth Registration SB 17/aH AFC

ANALYST Hanika Ortiz

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Non-Rec	Fund Affected
FY07	FY08	FY09		
	\$.1 minimal		recurring	General Fund

(Parenthesis () Indicate Revenue Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY07	FY08	FY09	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		\$.1 see narrative			recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Health Policy Commission (HPC)

SUMMARY

Synopsis of H AFC Amendment

The House Appropriations and Finance Committee Amendment amends the title and body of the bill to provide for a registration of fetal death for certain fetal deaths; and, to provide for a certificate of birth resulting in stillbirth. The H AFC amendment allows for the name of the stillborn fetus to be entered on the registration, and further clarifies the process for delayed registration and issuance of certificates of birth resulting in stillbirth by the state registrar for certain spontaneous fetal deaths. The amendment further requires that the parents of the stillborn fetus be offered the option of requesting a certificate.

SIGNIFICANT ISSUES

The HAFC amendment allows a delayed registration of fetal death in accordance with NMSA 1978 24-14-21 under Delayed Registration of Death; a certificate of birth resulting in stillbirth to be filed in accordance with 24-14-13 Birth Registrations; and, a delayed registration of a certificate of birth resulting in stillbirth filed in accordance with 24-14-15 Delayed Registration of Births.

Synopsis of Original Bill

Senate Bill 17 amends the Vital Statistics Act, Section 24-14-22 NMSA 1978 by requiring registration of certificates of stillbirth for certain spontaneous fetal deaths. Institutions are required to report a fetal death occurring where the fetus has a weight of five hundred grams or more. SB17 will add language to include fetal deaths “that occur after twenty complete weeks of gestation.” SB 17 also amends Section 24-14-29 NMSA 1978 to impose a fee for each search of a vital record to produce a certified copy of a stillbirth. Currently, there is no fee for a “Report of Fetal Death.”

FISCAL IMPLICATIONS

Searches for birth and death certificates are conducted electronically and certified copies issued from the electronic record. There is currently no electronic system for registration and issuance of fetal deaths so a system will need to be developed and implemented. In their revised analysis, DOH believes some of the costs can be absorbed within existing resources as this bill will only affect about 80 deaths per year.

SB17 allows a \$5.00 fee to conduct a search and issue a “Certificate of Stillbirth.” These fees will be allocated to the general fund and are not available to offset implementation costs to DOH.

SIGNIFICANT ISSUES

DOH reports the Bureau of Vital Records and Health Statistics receives Reports of Fetal Death for fetuses weighing 500 or more grams. The term fetal death rather than the term stillbirth is used by the Centers for Disease Control for national and international statistical reporting purposes. The Bureau of Vital Records and Health Statistics do not currently issue certified copies of Reports of Fetal Deaths. However the Bureau will provide a copy of the report upon request by the parents for no charge. The Bureau receives an average of 81 reports of fetal death per year (2001-2004). The number of requests for a copy of a Report of Fetal Death is less than 3 per year.

ADMINISTRATIVE IMPLICATIONS

DOH reports SB17 will require developing, printing and disseminating with training a new “Registration of Stillbirth” form.

OTHER SUBSTANTIVE ISSUES

DOH reports while often termed a stillbirth; fetal death is the actual term used by statistical health agencies, including the U.S. Centers for Disease Control and the World Health

Organization. DOH believes changing the title of the event may create confusion when reporting on fetal deaths. The average number of fetal deaths per year is 81 per year, or 4.3 per 1000 live births with fewer than three requests per year for a Report of Fetal Death.

DOH further reports the statute regarding reporting of fetal deaths was revised in 1980 to the weight in grams requirement so that New Mexico would be consistent with the National Center for Health Statistics in the Centers for Disease Control. Weight of a fetus can be reliably ascertained while gestation in weeks is not as reliable a parameter.

The CDC website states the 1992 Revision of the Model State Vital Statistics Act and Regulations recommends the following reporting requirement for fetal death:

“Each fetal death of 350 grams or more, or if weight is unknown, of 20 completed weeks gestation or more, calculated from the date last normal menstrual period began to the date of delivery, which occurs in this state shall be reported within 5 days after delivery to the (Office of Vital Statistics) or as otherwise directed by the State Registrar”.

CDC further notes within the Departments website that reporting requirements vary state by state.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Reports of spontaneous fetal death in a fetus with a weight of five hundred grams or more will continue to be reported to the state register within ten days, per the Vital Statistic Act. Parents will continue to not be charged a fee for a “report of fetal death”.

AHO/mt