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FISCAL IMPACT REPORT

SPONSOR	Ortiz y Pino	ORIGINAL DATE LAST UPDATED	2/10/2020 HB	
SHORT TITL	E African American	Mother and Child Healt	h SB	277
			ANALYST	Klundt

APPROPRIATION (dollars in thousands)

Appropr	iation	Recurring	Fund
FY20	FY21	or Nonrecurring	Affected
	\$100.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)
Office of African American Affairs (OAAA)

SUMMARY

Synopsis of Bill

Senate Bill 277 (SB 277) appropriates \$100 thousand from the general fund to Department of Health (DOH) to contract with an appropriate organization to train and partner with health care professionals and other stakeholders to improve the health outcomes of African American mothers and infants in communities most impacted by birth equity disparities.

FISCAL IMPLICATIONS

The appropriation of \$100 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2021 shall revert to the general fund.

SIGNIFICANT ISSUES

DOH reported, "Over the past three decades, maternal mortality among American women has risen despite advances in medical technology and increased spending on health care. Between 1987 and 2016, the maternal mortality ratio increased steadily from 7.2 deaths per 100,000 live births to 16.9 deaths per 100,000 live births – more than doubling. (US Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System.

Senate Bill 277 – Page 2

Not all Americans are affected equally – racial differences in maternal mortality have grown over the past three decades as well. Nationally, Black women are approximately three times more likely to die from pregnancy-related causes than white women. While Black people make up only 13 percent of the United States population, they represent nearly 50 percent of maternal mortality cases. (Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees.

Black women are also two times more likely to experience severe maternal morbidities - life-threatening complications such as septicemia, shock, requiring a blood transfusion or hysterectomy, and blood clots among other conditions. Black infants are two to three times more likely to die in their first year of life than white infants. Black women are significantly more likely than white women to have a preterm or low (or very low) birthweight infant."

OAAA reported, "The Office of African American Affairs in partnership with the Department of Health, piloted a successful program (2014 - 2016) addressing the inequity in health amongst African American mothers and infants in respect to other ethnic groups. This bill will pilot the enhancement of the previous program with additional appropriations to the Department of Health."

KK/al