

LFC Requestor: Choose an item. Kelly Klundt

2024 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 180

Type: Introduced

Date (of THIS analysis): 1/22/2024

Sponsor(s): Jenifer Jones

Short Title: Pregnancy & Parenting Website & Hotline

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 24	FY 25		
\$0	\$100	Nonrecurring	General Fund

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 24	FY 25	FY 26		
\$ 0	\$ 0	\$0	n/a	n/a

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 24	FY 25	FY 26	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$343.3- \$571.9	\$443.3- \$671.9	\$786.6- \$1,243.8	Recurring	General Fund

Scenario 1: Expansion of Existing Nurse-staffed DOH Helpline

Costs for a hotline include DOH FTE, contractors to answer caller inquiries, and infrastructure to allow incoming calls through a dedicated line. The current Helpline covers a wide variety of public inquiries on health topics. The DOH Helpline is accustomed to providing constituents with referrals to similar resources, including connection to primary care providers and OB-GYNs as well low-cost resources for families. To expand the DOH Helpline to cover additional call volume, three additional contract staff would be required at a combined cost of \$443,308.50 per year. For FY25 whilst the total budgeted figure will be \$443,308.5, the fiscal table above deducts the initial \$100,000 appropriation to arrive at an option FY25 cost of \$343,308.50 The costs for both options would reoccur annually.

Personnel Services & Employee Benefits (PS&EB)	Annual Cost
Hotline specialist nurse thru Rapid Temps Agency - \$65 p/h - X 3 contractors	\$405,600
Tax and Admin Fees to Rapid Temps Agency - \$0.081875 X \$405600	\$33,208.50
Subtotal:	\$438,808.50
Office Setup	
Computer and Phone Setup - \$1,500 per staff x 3	\$4,500
Subtotal:	\$4,500
TOTAL	\$443,308.50

Scenario 2: Establish New Hotline Dedicated to Pregnancy and Parenting Creating an entirely new hotline would require significantly more resources. Costs for contract staff, one FTE position, and infrastructure would combine to \$671,896.20. The costs for both options would recur annually.

Personnel Services & Employee Benefits (PS&EB)	Annual Cost
Program Manager (Epidemiologist Supervisor) Pay Band 80 - \$86,206 (midpoint) x 1 FTE x 1.39 (benefits)	\$119,826
Hotline specialist nurse - Rapid Temps Agency - \$65 p/h x 40h/week - X 3 contractors	\$405,600
Tax and Admin Fees to Rapid Temps Agency - \$0.081875 X \$405,600	\$33,208.50
Logistics hotline specialist - Kelly Agency - \$39/hr x 40h/week - X 1 contractor	\$81,120
Tax and Admin Fees to Kelly Agency - \$0.081875 X \$81,120	\$6,641.70
Subtotal:	\$646,396.20
Office Setup	
Computer and Phone Setup - \$1,500 per staff x 5	\$7,500
Webex System for	\$17,000
Licensing and maintenance costs	\$1,000
Subtotal:	\$25,500

TOTAL	\$671,896.20
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For FY25 option 2, whilst the total budgeted figure will be \$671,896.20, the fiscal table above deducts the initial \$100,000 appropriation to arrive at an option FY25 cost of \$571,896.20 The costs for both options would reoccur annually.

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 180 (HB180) proposes to appropriate \$100,000 to the Department of Health in FY25 to develop a resource website and hotline for expectant families and new parents. The information will contain social services, public and private resources, financial assistance, adoption services and other information that may be useful.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

According to the national organization “Zero to Three” almost half of expectant and new parents don’t feel they have the support they need when they are stressed. When new parents feel supported, they create a more caring and healthy environment for their babies. And specialists at nonprofit Zero to Three say kids in homes like these go on to fare better both academically and socially. Source: <https://www.zerotothree.org/resource/national-parent-survey-overview-and-key-insights>

There are existing sites within the New Mexico Department of Health and the Early Care and Education Department (ECECD) that provide information to parents and persons expecting. This includes the newly created NMDOH 1-833-SWNURSE) 1-833-796-8773 who have dedicated nurse available to answer questions related to reproductive health and direct callers to resources.

The ECECD site <https://www.nmececd.org/information-for-parents/> also provides resources around childcare, home visiting, food security and early intervention. An additional ECECD resource- Moments Together- is directed to prenatal and parenting small children resources <https://momentsnm.org>

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes No

- Is this proposal related to the NMDOH Strategic Plan? Yes No

Goal 1: We expand equitable access to services for all New Mexicans

Goal 2: We ensure safety in New Mexico healthcare environments

Goal 3: We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?

Yes No N/A

- If there is an appropriation, is it included in the LFC Budget Request?

Yes No N/A

- Does this bill have a fiscal impact on NMDOH? Yes No

There is an appropriation recommended to the NMDOH to cover costs of developing the resource directory and hotline. To fully staff and operationalize this there would be recurring annual costs which have not been included in HB 180

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

Staff, the hotline, computers, office supplies and set up will be needed.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No

- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

None.

8. **DISPARITIES ISSUES**

- With 79.5 deaths per 100,000 live births, NM has the second highest maternal mortality rate in the nation (<https://usafacts.org/articles/which-states-have-the-highest-maternal-mortality-rates/>).
- Nationally, Black women die (69.9 deaths per 100,000 births) at a rate more than 2.5 times higher than the rate for white women (26.6 deaths per 100,000 births) and Hispanic women (27.9 deaths per 100,000 births).
- In NM, American Indian/Alaskan Native women die at a disproportionate rate (120 deaths per 100,000 births) to Black (104 deaths per 100,000 births), non-Hispanic white (100 deaths per 100,000 births) and Hispanic women (61 deaths per 100,000 births) (<https://www.nmhealth.org/data/view/maternal/2684/>).
- The NM Maternal Mortality Review Committee found that between 2015-2018, more than 75% of maternal deaths occurred in the postpartum period, and at least 80% of all deaths reviewed had some degree of preventability (79.5 per 100,000 live births) (<https://www.nmhealth.org/data/view/maternal/2684/>).
- According to the March of Dimes 33% of New Mexico counties are considered maternity care deserts which leads to disparities in accessing prenatal care. <https://www.marchofdimes.org/peristats/reports/new-mexico/maternity-care-deserts>

9. **HEALTH IMPACT(S)**

Creation of a pregnancy and parenting hotline and website may positively impact the health and well-being of expectant families, new parents and caregivers, and could potentially lead to improved maternal and child health outcomes. Based on the annual birthrate, this total could affect more than 20,000 families yearly. (Source: NM Indicator Based Information System (NM-IBIS) <https://ibis.doh.nm.gov/query/result/birth/BirthCntyBirth/Count.html>)

This bill could impact all expecting and postpartum NM families. Some NM families are challenged by inadequate access to prenatal or postpartum or well-childcare, may have infants who were born preterm (<37 weeks gestation) or at a low birthweight (<2500 grams), and could benefit from support and resources.

10. **ALTERNATIVES**

None

11. **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?**

If House Bill 180 is not enacted, an appropriation of \$100,000 in Fiscal Year 2025 (FY25) to the Department of Health for the creation of a website and hotline to provide resources to expectant families and new parents would not be created.

12. **AMENDMENTS**

NONE