

FISCAL NOTE
LEGISLATIVE FISCAL ANALYST ESTIMATE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES (See narrative for political subdivision estimates)				
	FY 2023-24		FY 2024-25	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS	See below		See below	
CASH FUNDS				
FEDERAL FUNDS				
OTHER FUNDS				
TOTAL FUNDS	See below		See below	

Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.

This bill optionally expands the purview of the State Maternal Death Review Team as created by the Child and Maternal Death Review Act to include review of incidents of severe maternal morbidity as defined as meaning the unexpected outcomes of labor and delivery resulting in significant short- and long-term consequences to a woman’s health.

Authorization to review incidents of severe maternal morbidity using guidelines published by the Centers for Disease Control or self-imposed guidelines by review of any records and documents that will allow the team to identify preventable causes of severe maternal morbidity would be allowed but not required.

The Department of Health and Human Services (DHHS) indicates that based on the current method of analysis, the annual average occurrence of severe maternal morbidity between 2016 and 2018 involved 114 patients. The Maternal Mortality Review Committee (MMRC) meets quarterly and would need approximately two years to engage the necessary number of volunteers and develop standard operating procedures including review criteria and definitions. DHHS cites a significant time lag, anywhere from 18 to 33 months, between the event subject to review and the ultimate reporting of such an event. DHHS specifies that additional personnel would be needed to conduct this new category of reviews.

Due to the specification within LB 75 that nothing in this subsection is to be interpreted to require the review of any incident of severe maternal morbidity, the bill has minimal fiscal impact.

ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE			
LB:	75	AM:	AGENCY/POLT. SUB: Nebraska Department of Health & Human Services
REVIEWED BY:	Ann Linneman	DATE:	1-23-2023
		PHONE:	(402) 471-4180
COMMENTS: The Nebraska Department of Health and Human Services’ analysis and estimate of fiscal impact to the department appears reasonable.			

ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION

State Agency or Political Subdivision Name:(2) Department of Health and Human Services

Prepared by: (3) John Meals

Date Prepared 1-20-2023

Phone: (5) 471-6719

	<u>FY 2023-2024</u>		<u>FY 2024-2025</u>	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS	\$219,952	\$0	\$285,469	\$0
CASH FUNDS				
FEDERAL FUNDS				
OTHER FUNDS				
TOTAL FUNDS	\$219,952	\$0	\$285,469	\$0

Return by date specified or 72 hours prior to public hearing, whichever is earlier.

Explanation of Estimate:

LB 75 adds Severe Maternal Morbidity (SMM) case reviews to the scope of the Maternal Mortality Review Committee (MMRC) formed by statute and operating under the Department of Health and Human Services (DHHS). This fiscal note is based on the review of all cases identified by DHHS using newly created case identification methods and data requirements.

The MMRC is currently comprised of 15 expert volunteer reviewers that meet quarterly and review 12-15 maternal mortality cases per year. DHHS staffing for the MMRC currently totals 0.95 FTE, which includes 0.75 Epidemiology Surveillance Coordinator and 0.2 Program Specialist RN Abstractor. Additionally, the Child Death Review Team (CDRT) is comprised of another team of 15 expert volunteer reviewers that reviews approximately 240 child deaths annually. DHHS staffing for the CDRT totals 0.7 FTE, which includes 0.1 Administrator, 0.1 Epidemiology Surveillance Coordinator and 0.5 Health Surveillance Specialist. There are 5 individuals that presently serve on both teams. Therefore, LB 75 would require additional staffing, operational resources, and volunteer reviewers for the MMRC.

DHHS currently uses population-based epidemiologic methods to obtain the annual incidence of SMM using hospital discharge claims data (HDD) but does not review individual SMM cases. From 2016-2018, the annual average occurrence of SMM events involved 114 patients based on the current analysis method. The DHHS epidemiologic surveillance of SMM method includes creating subsets of HDD based on specific diagnosis and procedure codes, then conducting statistical analysis on that dataset. While facility-level SMM case review guidelines exist, there are no standard case review questionnaires or databases for collecting and storing case information at a more comprehensive level that would be required to implement LB75. Since the committee meets quarterly, it may take approximately 2 years to engage at least 15 additional volunteer reviewers, develop an SMM case definition, standard case identification method, case questionnaire, database, and standard operating procedures for the committee. Unique care of privacy, patient ethics, and patient voice would need to be included to ensure individuals are not negatively impacted any further by providing additional data.

As with other case reviews performed by the MMRC, a significant time lag exists from the actual date of the event to the final case data being included in reports. Current event data from HDD is released to the MMRC approximately 3 months after each calendar year end. Once cases are identified, the typical time to request and receive relevant records is approximately 6 months. Dependent upon the case load, the MMRC time to complete case reviews require another 6 months. Completion of the data entry and analysis, composing and publishing the related report(s) may take an additional 6 months. Therefore, the elapsed amount of time to publish the report related to a case might be anywhere from 18 to 33 months after an SMM event occurs.

To implement LB 75 and conduct SMM reviews, DHHS would require additional resources estimated as follows:

Provide 1.0 FTE Health Surveillance Specialist, 1.0 FTE Program Specialist RN Abstractor, .5 FTE Epidemiology Surveillance Coordinator and .2 FTE Administrative Specialist to guide and support the development of comprehensive protocols and procedures. These resources will also be needed on a continual basis to operate this program.

Provide 1.0 DHHS Contract IT Program Developer to create a database structure to house SMM data and provide analysis and reporting structures. Estimate is 80 hours @ \$75.00 = \$6,000
 It is also estimated that the cost to provide ongoing annual support of the database is 16 hours @ \$75 = \$1,200. This would begin in the second year.

Volunteer Reviewers receive travel reimbursement for attending the quarterly meetings. Based on an additional 15 reviewers to attend 4 meetings per year at an average reimbursement cost of \$50.00 totals \$3,000 annually.

This estimate is based on funding from General Funds appropriated to Program 033 – Administration; Program 262 – Public Health.

MAJOR OBJECTS OF EXPENDITURE				
PERSONAL SERVICES:				
POSITION TITLE	NUMBER OF POSITIONS		2023-2024	2024-2025
	23-24	24-25	EXPENDITURES	EXPENDITURES
H74931 Health Surveillance Specialist	.75	1.0	\$40,844	\$54,459
H73320 DHHS Program Specialist RN	.75	1.0	\$56,137	\$74,849
H74932 Epidemiology Surveillance Coordinator	.375	.5	\$23,603	\$31,470
A01014 Administrative Specialist	.2	.2	\$5,754	\$7,672
Benefits.....			\$40,159	\$53,546
Operating.....			\$53,455	\$63,473
Travel.....				
Capital Outlay.....				
Aid.....				
Capital Improvements.....				
TOTAL.....			\$219,952	\$285,469