BORN ALIVE INFANT PROTECTION PACKAGE



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FISCAL ANALYSIS

Mitchell Bean, Director 124 N. Capitol Avenue 4-N HOB Lansing, MI

HOUSE BILL 5994 AS ENROLLED

Sponsor: Rep. Bruce Patterson

House Committee: Family and Children Services

HOUSE BILL 5995 AS ENROLLED Sponsor: Rep. Patricia Birkholz

HOUSE BILL 5996 AS ENROLLED Sponsor: Rep. Wayne Kuipers

HOUSE BILL 5997 AS ENROLLED Sponsor: Rep. Barb Vander Veen

HOUSE BILL 5998 AS ENROLLED

Sponsor: Rep. Doug Bovin

ENROLLED ANALYSIS - 1/28/03

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SUMMARY

<u>HB 5994</u> would establish the Born Alive Infant Protection Act which would provide that an infant born alive during an abortion procedure receive medical care. The bill includes provisions to allow the mother to surrender the newborn anonymously under the Safe Delivery of Newborns Act of the Probate Code. Any such live birth must be reported to the Department of Community Health as a certified live birth. The bill may have undetermined state fiscal implications for medical treatment in some circumstances. Of 26,807 abortions in Michigan in 2000, "evidence of life" was reported in 18 cases.

<u>HB 5995</u> would amend the Safe Delivery of Newborns Act of the Probate Code to provide that a newborn covered under the proposed Born Alive Infant Protection Act may be surrendered anonymously by the mother under the provisions of this Act. See House Bill 5994 for fiscal implications.

<u>HB 5996</u> would amend a section of the Michigan Penal Code that makes abandonment of a child under six a ten-year felony. The bill would explicitly exempt from this provision the mother of a newborn surrendered under the Born Alive Infant Protection Act to be created by HB 5994. The bill also would explicitly apply the provision to an attending physician who delivered a live newborn as a result of an attempted abortion and failed to comply with the requirements of the Born Alive Infant Protection Act. The bill likely would have no significant impact on state or local correctional costs.

HB 5997 would amend the Child Protection Law by adding language specifying that the surrender of a newborn under the Safe Delivery of Newborns Law through the Born Alive Infant Protection Act is not reasonable cause to suspect and report child abuse or neglect. It appears HB 5997 would have no fiscal impact.

<u>HB 5998</u> amends the Public Health Code to require that the live birth of an infant during an abortion procedure be reported and certified as a live birth to the local or state registrar if the mother refuses to authorize life-sustaining medical treatment. The birth certificate would not identify parentage or surname of the infant.

House Bill 5998 also adds a new required screening test for all newborn infants to test for Medium-Chain Acyl-Coenzyme A Dehydrogenase Deficiency (MCAD), and increases the newborn screening fee to cover the cost of the additional test. The current fee newborn screening fee is \$42.61 based on the statutory \$39.00 fee with annual inflationary adjustments. The additional test increases laboratory and positive-test followup costs by \$11.85 per test. The new fee established by the bill is \$53.71 but does this does not include a \$0.75 inflationary adjustment that became effective for the current fee on

October 2002.

Assuming 129,000 births annually, costs related to HB 5998 are estimated to increase by \$1,528,700. The \$11.10 increase in the fee is estimated to increase revenues from newborn screening test by \$1,431,900. The increased revenue will be used for necessary equipment and staff to support the additional testing. The increased revenue will not cover all of the additional costs, as the effective fee increase is \$0.75 less than needed, creating expenses that may exceed revenue by \$96,800.

Because the Medicaid program provides coverage for 35-40% of Michigan births, the state will bear a portion of the newborn screening fee increase in HB 5998. The state must pay 44.58% of Medicaid costs, therefore the Medicaid cost increase due to this bill is estimated conservatively at \$611,500 and the state funds needed for the Medicaid increase will be approximately \$272,600.