


Government of the District of Columbia
Office of the Chief Financial Officer



Jeffrey S. DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeffrey S. DeWitt
Chief Financial Officer 

DATE: June 25, 2019

SUBJECT: Fiscal Impact Statement – Better Access for Babies to Integrated
Equitable Services Act of 2019

REFERENCE: Draft Bill as shared with the Office of Revenue Analysis on March 14,
2019

Conclusion

Funds are not sufficient in the fiscal year 2019 budget and fiscal year 2020 through 2023 budget and financial plan to implement the bill. The bill will cost the Department of Health \$136,000 in fiscal year 2021 and \$275,000 over the four-year financial plan; the Department of General Services may have additional costs.

Background

The bill establishes four new programs that address maternal and newborn health. Each program is detailed below.

17P Pilot Program

The bill establishes a two-year pilot program that makes 17-hydroxyprogesterone (17P) available to eligible pregnant women to reduce the risk of preterm birth. Under the pilot program, the Department of Health (DOH) is authorized to identify two hospitals or birthing facilities to partner with to increase the use of 17P. The Department of Health Care Finance (DHCF) will provide support to DOH in planning and implementing the pilot program.

Birthing Facility Report Card

The bill establishes an annual birthing facility report card program to publicize information about quality of care. Each hospital and birthing facility in the District must report information to DOH to

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determine compliance with each element of the report card. The report cards must score each facility in the following areas:

- Newborn Screenings
- Lactation Support Services
- Education Requirements
- Discharge Standard
- Clinical Quality Measures

Perinatal and Infant Health Advisory Committee

The bill establishes a Perinatal and Infant Health Advisory Committee (Committee) to make recommendations on improving perinatal health and assuring access to quality perinatal health services in the District. The Committee will be comprised of 11 voting members as follows:

- The Director of the Department of Health
- The Director of the Department of Health Care Finance
- The State Superintendent of Education
- Two consumers with children under the age of five
- A medical doctor practicing as a pediatric primary care provider
- A medical doctor practicing as a neonatologist
- A medical doctor practicing as an obstetrician-gynecologist in an ambulatory setting
- A medical doctor specialized in and practicing maternal-fetal medicine
- A geneticist
- A certified lactation counselor

The Committee is tasked with gathering and disseminating information about perinatal and infant health indicators to increase the public's understanding. The Committee will review newborn screening and surveillance data, including aggregate reports and individual case studies, and provide recommendations to improve the quality of newborn screening and birthing facility maternal and newborn discharge protocols. The Committee will also evaluate the effectiveness of newborn screenings, increase promotion and support of breastfeeding, and review perinatal newborn health policies.

Baby Friendly Government Facilities

The bill requires the Mayor to conduct a survey of all District government offices and buildings to determine the availability of breastfeeding facilities for employees and visitors. Within one year of the implementation of the bill, the Mayor must issue a report summarizing the results of the survey.

Financial Plan Impact

Funds are not sufficient in the fiscal year 2019 budget and fiscal year 2020 through 2023 budget and financial plan to implement the bill. The bill will cost the Department of Health (DOH) \$136,000 in fiscal year 2021 and \$275,000 over the four-year financial plan; the Department of General Services (DGS) may have additional costs.

DOH has sufficient funding in the proposed fiscal year 2020 budget to absorb any startup and training costs associate with the 17P program. Starting in fiscal year 2021, DOH requires one nurse consultant

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to oversee the program until its conclusion in fiscal year 2022. The cost of hiring a nurse consultant will be \$136,000 in fiscal year 2021 and \$275,000 over the four-year financial plan.

Better Access for Babies to Integrated Equitable Services Act of 2019						
17P Program Fiscal Impact						
	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
Salary ^(a)	\$0	\$0	\$111,925	\$113,884	\$0	\$225,809
Fringe ^(b)	\$0	\$0	\$24,512	\$24,941	\$0	\$49,452
Total ^(c)	\$0	\$0	\$136,437	\$138,824	\$0	\$275,261

Table Notes:

- (a) Assumes one Grade-11, Step-10 Nurse Consultant.
- (b) Assume fringe rate of 21.9 percent.
- (c) Assumes growth rate of 1.75 percent.

DGS will need additional funding to conduct a survey of all District government offices and buildings to determine the availability of breastfeeding facilities for employees and visitors. DGS is unable to provide a cost estimate for the survey at this time. This fiscal impact statement will be updated when more information becomes available.

No additional resources are required to implement the Birthing Facility Report Card and Perinatal and Infant Health Advisory Committee. DOH can absorb any costs associated with implementing both programs within the fiscal year 2019 budget and the proposed fiscal year 2020 budget and financial plan.