

HF1559 - 1E - Safe Place for Newborn Provisions

Chief Author: **Jordan Rasmusson**
 Committee: **Human Services Finance and Policy**
 Date Completed: **3/25/2021 3:33:05 PM**
 Agency: **Health Dept**

State Fiscal Impact	Yes	No
Expenditures	X	
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology	X	
Local Fiscal Impact		
		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2021	FY2022	FY2023	FY2024	FY2025
General Fund	-	69	4	4	4	4
Total	-	69	4	4	4	4
Biennial Total			73			8

Full Time Equivalent Positions (FTE)	Biennium			Biennium	
	FY2021	FY2022	FY2023	FY2024	FY2025
General Fund	-	.1	-	-	-
Total	-	.1	-	-	-

LBO Analyst's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

LBO Signature: Carlos Guereca **Date:** 3/25/2021 3:33:05 PM
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State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

State Cost (Savings) = 1-2		Biennium			Biennium	
Dollars in Thousands		FY2021	FY2022	FY2023	FY2024	FY2025
General Fund	-	69	4	4	4	4
Total		-	69	4	4	4
Biennial Total				73		8
1 - Expenditures, Absorbed Costs*, Transfers Out*						
General Fund	-	69	4	4	4	4
Total		-	69	4	4	4
Biennial Total				73		8
2 - Revenues, Transfers In*						
General Fund	-	-	-	-	-	-
Total		-	-	-	-	-
Biennial Total				-		-

Bill Description

This bill updates the “Give Life a Chance” law, Minnesota Statutes, section 145.902, that allows for infants to be surrendered anonymously without fear of prosecution at a designated safe place. The bill allows for infants who were delivered in a medical facility to be covered under the law. The bill clarifies roles, responsibilities, and timing related to registering the birth of a safe place infant and the bill addresses actions to take if the birth record for of a safe place infant has previously been filed. The bill allows MDH to waive the replacement fee and replace an existing birth record that has been identified.

Technical Comment:

This bill requires the Office of Vital Record’s database to be updated to allow for a new record replacement type and to waive the replacement fee. So, the department will not be able to implement this change until September 1, 2021.

Assumptions

It is difficult to estimate how many infants may be received by a safe place in the future. The bill allows for infants who are delivered in a hospital to be received as a “safe place” infant when previously they were not. Allowing these infants to qualify under the statute may keep more women and infants safe and may increase the number of safe place infants in the future. Based on data from other states with similar laws and based on MDH data for past years, MDH estimates it will register births for fewer than 12 safe place infants per year. While the volume of births processed will likely be small, system and process changes, and training of hospitals, is required regardless of the volume processed. When replacing the birth record for a safe place infant whose record was previously filed and the record identified, MDH assumes that it will keep information about the infant’s date of birth, time of birth, and place of birth on the updated birth record. MDH assumes that it will replace all other data, including health information about the pregnancy, delivery, mother and infant, and civil registration and demographic information, including parent names, with “unknown” on the updated birth record.

MDH requires the addition of staff to prepare for the law change expanding to hospital sites and implement changes effective August 1, 2021. MDH requires a 0.10 FTE management analyst staff to make programmatic changes, train, and communicate information about safe place infants before implementation. MDH assumes that it will update existing training and guidance materials it provides to hospital birth registrars to include information and instruction about registering safe place infants. MDH assumes that it will prescribe the form that hospitals will use to report information about safe place infants. MDH assumes that it will educate staff about changes to the law and about registering safe place infants so that MDH can provide service and support to hospitals and information and guidance to the public.

MDH assumes that hospitals who receive safe place infants will contact the MDH Office of Vital Records Help Desk to

report a safe place infant, identify a previously filed birth record (if applicable), and provide information necessary to file a birth record or replace an existing birth record. Enhanced functionality in the statewide vital records database is needed to allow for a new record replacement type and to waive the replacement fee. We assume the cost for MN.IT to make these system changes, which require approximately 300 hours, as well as ongoing maintenance for the system updates.

The fiscal note does not forecast a change in revenue as the bill provides a new mechanism to seek a birth certificate, and it does not impact baseline projections under current law.

Expenditure and/or Revenue Formula

Expenditure (Actual Dollars)	Amount	FY 2022	FY 2023	FY 2024	FY 2025
Salary & Fringe:		FTE	FTE	FTE	FTE
Management Analyst 3	94,691	0.10	0.00	0.00	0.00
	FTE	0.10	0.00	0.00	0.00
	Subtotal	9,469	0	0	0
Information Technology:					
Computing & IT support per FTE	2,712	271	0	0	0
Changes to vital records system		47,238	2,979	2,979	2,979
	Subtotal	47,509	2,979	2,979	2,979
Other Operating Costs:					
Materials, supplies & training per FTE	600	60	0	0	0
	Subtotal	60	0	0	0
Grants, Aids & Subsidies:					
	Subtotal	0	0	0	0
Indirect (21.7% Eligible Costs)	Subtotal	12,377	646	646	646
Expenditure	Total	69,416	3,625	3,625	3,625
Fiscal Tracking (Dollars in Thousands)	BACT	FY 2022	FY 2023	FY 2024	FY 2025
Health Improvement	01	69	4	4	4
Administration		69	4	4	4
Grants		0	0	0	0

Long-Term Fiscal Considerations

Local Fiscal Impact

References/Sources

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