HB 14

Department of Legislative Services

Maryland General Assembly
2005 Session

FISCAL AND POLICY NOTE

House Bill 14 (Delegate Taylor)
Health and Government Operations

Department of Health and Mental Hygiene - Prenatal Dietary Supplement Distribution Program

This bill creates a Prenatal Dietary Supplement Distribution Program within the Department of Health and Mental Hygiene (DHMH) to reduce the number of cases of neural tube defects and other birth defects in Maryland children. The program will distribute prenatal multivitamins and mineral dietary supplements containing the recommended level of folic acid to "women of childbearing age" (15-45) who qualify for the federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Local health departments must distribute the supplements and provide counseling and written information regarding the proper use of the supplements.

The program must be funded as provided for in the State budget. DHMH may use money appropriated for WIC and any other lawful source to fund the program.

Fiscal Summary

State Effect: General fund expenditures would increase by an estimated $2.8 million in FY 2006. Out-years reflect a stable number of women participating in the program and inflation.

($ in millions)	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Revenues	$0	$0	$0	$0	$0
GF Expenditure	2.8	3.6	3.7	3.8	3.8
Net Effect	($2.8)	($3.6)	($3.7)	($3.8)	($3.8)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None. It is assumed that local health departments will not be required to share in the program's costs.

Small Business Effect: None.

Analysis

Current Law: A hospital, or a person signing the birth certificate if a birth occurs outside of a hospital, must report on each child who is born live or stillborn and has a sentinel birth defect. Sentinel birth defects are anencephaly, spina bifida, hydrocephaly, cleft lip, cleft palate, esophageal atresia, rectal/anal atresia, reduction deformity in the upper limb, reduction deformity in the lower limb, hypospadias, congenital hip dislocation, and Down Syndrome. Reports must be submitted monthly to DHMH. DHMH must prepare and periodically update information on sentinel birth defects and available public and private services for the disabled with sentinel birth defects.

The child's identity must be disclosed to the Secretary of Health and Mental Hygiene so the Secretary may use the information to protect the public health or provide the parents with information on birth defects and available public and private services. The Secretary must send a letter to the parent or guardian of each child with a sentinel birth defect before the child is six months old. The letter must include information about the birth defect and available services with an emphasis on needs identified after the child is discharged from the hospital.

DHMH and the Maryland Department of the Environment must jointly develop procedures to monitor data on birth defect trends which may be caused by environmental hazards.

Background: This bill is based on an Arizona program that distributes folic acid supplements to women of childbearing age and provides counseling and information regarding the proper use of the supplements. Local health departments are required to distribute the supplements and provide counseling.

WIC is a preventative health program designed to ensure the healthy growth and development of young children by providing nutrition assessments and education, supplemental foods, and health care referrals to pregnant, postpartum, and breast-feeding women, as well as infants and children younger than five-years-old. WIC programs are not authorized to dispense dietary or other supplements.

In November 2004, a total of 27,890 women of childbearing age (15-45) were in the Maryland WIC program: 15,331 pregnant women and 12,559 postpartum women. **Appendix 1** lists these WIC participants by the 19 local WIC agencies. The fiscal 2006

WIC budget allowance is $64.3 million ($64.1 million federal/$250,000 general) plus $28.1 million in manufacturer rebates. WIC funds may not be used to pay for multivitamins and dietary supplements. WIC staff may not distribute multivitamins and dietary supplements paid for with another funding source if doing so requires a substantial amount of the employee's time.

WIC staff currently counsel postpartum women about the link between folic acid and the reduction of neural tube defects, encourage women to consume foods that contain folic acid, and refer these women to their health care provider regarding the need for a folic acid supplement. WIC staff also counsel pregnant women about the importance of iron to reduce the risk of iron deficiency anemia, discuss food sources of iron, and refer women to their health care provider regarding the need for a dietary iron supplement or prenatal vitamin with iron.

Neural Tube Defects and Folic Acid

Neural tube defects occur in an estimated 1 out of every 1,000 pregnancies annually in the United States, according to the Centers for Disease, Control, and Prevention (CDC). Between 80% and 90% of children born with spina bifida live. In cases of anencephaly, the brain does not completely develop or never develops. The condition is fatal and results in a miscarriage or death soon after birth.

CDC recommends that women of childbearing age take 400 micrograms of synthetic folic acid daily to prevent neural tube defects. When taken as a vitamin supplement one month before conception and throughout the first trimester, folic acid reduces the risk of neural tube defects by 50% to 70%. Folic acid also is contained in fruits; green, leafy vegetables; and dried beans and legumes. Certain grain products such as pasta, rice, bread, flour, and cereal are enriched with folic acid.

Medicaid covers prenatal vitamins and mineral supplements requiring a doctor's prescription that usually contain one milligram of folic acid. Multivitamins with less than one milligram of folic acid usually do not require a doctor's prescription and so would not be covered by Medicaid. A supplement containing the CDC recommended 400 micrograms of folic acid would not be covered by Medicaid. In addition, while there is some overlap between WIC and Medicaid enrollees, DHMH cannot say how many women are enrolled in both programs.

Birth Defects in Maryland

The total number of Maryland infants with at least one sentinel birth defect who are either born live or stillborn has increased from 403 in 1997 to 456 in 2001, according to

DHMH's Office for Genetics and Children with Special Health Care Needs. Likewise, the total number of sentinel birth defects increased from 422 in 1997 to 487 in 2001. However, the office does not know whether these increases are due to a true increase in sentinel birth defects in Maryland or whether they are a reflection of the improvement in birth defects reporting and DHMH's ability to verify the data.

Twelve sentinel birth defects must be reported to the State, including the neural tube defects anencephaly and spina bifida. Statewide, there were 18 cases of anencephaly and 22 cases of spina bifida in 2001, the most recent year for which this data is available.

Exhibit 1 details the incidence of sentinel birth defects in Maryland from 1997 through 2004. Data from 1997 through 2001 are final. Data from 2002 through 2004 are preliminary.

Exhibit 1

Incidence of Birth Defects in Maryland as Determined by the Birth Defects Reporting and Information System and the Division of Vital Records

	1997	1998	1999	2000	2001	2002*	2003*	2004*
Total Number of Infants with Sentinel Birth Defects	403 64.2 per 10,000 live and still births	419 65.3 per 10,000 live and still births	429 66.6 per 10,000 live and still births	442 66.6 per 10,000 live and still births	456 69.7 per 10,000 live and still births	406	383	289
Total Number of Sentinel Birth Defects	422 67.3 per 10,000 live and still births	443 69.1 per 10,000 live and still births	462 71.7 per 10,000 live and still births	469 70.7 per 10,000 live and still births	487 74.5 per 10,000 live and still births	N/A	N/A	N/A

N/A: Not available.

*Note: Data for 2002-2004 are preliminary.

Source: Department of Health and Mental Hygiene

Although the number of infants with at least one birth defect appears to be decreasing from 406 infants in 2002 to 289 infants in 2004, these numbers will increase once the preliminary data are finalized. The office collects sentinel birth defects information from birth facilities then verifies and reconciles the data against birth certificates and fetal death certificates. This process allows the office to capture missed or unreported birth defects. Children born with a sentinel birth defect tracked by the State often also are diagnosed with having one or more nonsentinel birth defects, which are not required under statute to be reported to DHMH.

In 2001, 53.4% of 1,447 Maryland mothers responding to the Pregnancy Risk Assessment Monitoring System (PRAMS) survey did not take a multivitamin in the month before becoming pregnant. Another 31.2% of women took a multivitamin every day, while 5.5% took one four to six times a week and 9.9% took one to three times a week.

State Expenditures: WIC funds may not be used to pay for prenatal multivitamins and dietary supplements. If the multivitamins and folic acid supplements are paid for with other funds, existing WIC staff could distribute the supplements if doing so does not require a substantial amount of their time. Distributing multivitamins and folic acid supplements to pregnant and nonpregnant women of childbearing age would require case management to ensure that the women would not be harmed by taking the supplements. Providing case management would be considered requiring a substantial amount of time.

If the bill required the distribution of just 400 micrograms of folic acid (CDC's recommended amount) to nonpregnant women only, DHMH advises that its existing staff could distribute the supplement and would not be required to also provide case management. According to DHMH, distributing any dietary supplements to pregnant women would require case management, as would distributing any prenatal vitamins to nonpregnant women.

General fund expenditures could increase by an estimated $2,842,078 in fiscal 2006, which accounts for the bill's October 1, 2005 effective date. This estimate reflects the cost of purchasing prenatal multivitamins with folic acid supplements and hiring one half-time program coordinator and 13.5 FTE nutritionists to provide case management services to WIC women affected by the bill and distribute the multivitamins. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses. The information and assumptions used in calculating the estimate are stated below:

- 27,890 pregnant or postpartum women in WIC;

- nutritionists in local WIC offices will spend one hour per woman per year to provide case management and distribute the multivitamin with folic acid supplement;

- generic multivitamins with folic acid supplements cost $9.12 per month ($109.44 annually) per person; and

- federal WIC funds cannot be used to purchase or distribute the supplements or to provide case management services.

Multivitamins with Supplements	$2,289,212
Salaries and Fringe Benefits	422,573
Operating Expenses	80,293
Computer Reprogramming Costs	50,000
Total FY 2006 State Expenditures	**$2,842,078**

Future year expenditures reflect: (1) full salaries with 4.6% annual increases and 3% employee turnover for the part-time program coordinator; (2) full salaries with 4.6% annual increases and 6.8% employee turnover for the contractual nutritionists in the local WIC offices; and (3) 1% annual increases in ongoing operating expenses.

Additional Information

Prior Introductions: HB 1523 of 2004 would have established a folic acid distribution program to women of childbearing age who qualify for WIC. The bill was introduced in the House Rules and Executive Nominations Committee but no further action was taken.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene (Office for Genetics and Children with Special Health Care Needs, Maryland WIC Program, *Maryland PRAMS Report: 2001 Births,* March 2004); *Folic Acid Now Fact Sheet* and *Medical Progress in the Prevention of Neural Tube Defects*, Centers for Disease Control and Prevention; Arizona Department of Health Services, *Public Benefits for Children and Families*; Department of Legislative Services, November 2004

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Appendix 1
Maryland WIC Program November 2004 Participation Data

Local Agency	Pregnant Women	Postpartum Women	Total Women
Allegany County	266	205	471
Anne Arundel County	703	484	1,187
Baltimore County	1,725	1,201	2,926
Mid Shore (Caroline, Dorchester, and Talbot counties)	312	324	636
Carroll County	192	179	371
Southern Maryland (Charles, Calvert, and St. Mary's counties)	718	639	1,357
Frederick County	428	426	854
Garrett County	124	103	227
Harford and Cecil counties	665	579	1,244
Howard County	242	178	420
Prince George's County (Health Department)	2,110	2,063	4,173
Prince George's County (Greater Baden Medical Services)	475	302	777
Upper Shore (Kent and Queen Anne's counties)	136	124	260
Washington County	335	356	691
Lower Shore (Wicomico, Worcester, and Somerset counties)	556	557	1,113
Montgomery County	2,950	2,066	5,016
Baltimore City (Health Department)	1,476	1,154	2,630
Baltimore City (Johns Hopkins)	1,107	923	2,030
Baltimore City (University of Maryland)	811	696	1,507
Total	**15,331**	**12,559**	**27,890**

Source: Department of Health and Mental Hygiene