

**Department of Legislative Services**  
 Maryland General Assembly  
 2016 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

Senate Bill 793  
 Finance

(Senator Cassilly)

**Department of Health and Mental Hygiene - Data Collection and Use -  
 Pregnancy Rates**

This bill requires the Secretary of Health and Mental Hygiene to adopt regulations to implement a system for (1) collecting data on the total number of abortions performed in the State and (2) using the collected data, and other relevant data, to assess the overall pregnancy rate and the teen pregnancy rate in the State. The regulations must protect the confidentiality of individuals about whom data is collected. Regulations must be adopted by December 1, 2016.

The bill takes effect June 1, 2016.

**Fiscal Summary**

**State Effect:** No effect in FY 2016. General fund expenditures increase by as much as \$311,500 in FY 2017, which reflects one-time costs associated with the development and implementation of an electronic data system as well as ongoing costs, under the assumptions discussed below. Future year expenditures reflect elimination of one-time-only costs, ongoing system maintenance, annualization, and inflation. Revenues are not affected.

(in dollars)	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	0	311,500	104,400	107,500	110,800
Net Effect	\$0	(\$311,500)	(\$104,400)	(\$107,500)	(\$110,800)

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

**Local Effect:** None.

**Small Business Effect:** Minimal.

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## **Analysis**

**Current Law/Background:** The Department of Health and Mental Hygiene (DHMH) collects a variety of vital statistics information for populations in the State. Specifically, DHMH's Vital Statistics Administration issues an annual report that includes (1) birth rates, including adolescent birth rates; (2) infant mortality; (3) leading causes of death; (4) accidents; (5) homicides; (6) suicides; (7) marriages and divorces; and (8) information related to particular diseases, such as heart disease, Alzheimer's, and Human Immunodeficiency Virus. DHMH does not collect information on pregnancy rates or the number of abortions performed in the State.

According to the Guttmacher Institute, as of March 2016, 46 states require hospitals, facilities, and physicians providing abortions to submit regular and confidential reports to the state. Reporting is voluntary in New Hampshire, New Jersey, and the District of Columbia; Maryland and California have no reporting requirements. Most states' reporting forms require abortion providers to (1) identify the facility where the abortion was performed and the physician who performed the procedure; (2) report patient demographic information, such as age, race, ethnicity, marital status, and number of previous live births; (3) report gestational age; and (4) identify the abortion procedure used.

**State Expenditures:** The bill requires DHMH to adopt regulations to implement a system for collecting abortion data and to use this and other data to determine the overall pregnancy rate and teen pregnancy rate in the State. The bill does not specify requirements for the data collection system, other than a confidentiality requirement.

Given the trend toward utilizing electronic rather than paper records, DHMH advises that it is likely to require the relevant data to be submitted by physicians electronically. DHMH estimates that the cost to develop an electronic system is approximately \$250,000, with ongoing maintenance costs. DHMH further advises that it must hire two full-time permanent employees to implement the bill: one full-time research statistician to review data submitted and produce reports and one full-time administrative officer to assist physicians in their submission of the required data.

The Department of Legislative Services concurs that permanent staff is likely needed to review submitted data and determine pregnancy rates in the State. However, the bill does not require DHMH to issue reports and does not specify how often data must be collected or when pregnancy rates must be determined. The bill also does not specify which individuals or entities are required to report abortion data (*e.g.*, physicians, hospitals, and/or other health care professionals or facilities). Presumably, this information must be

determined by DHMH through regulations. The extent to which individuals or entities are likely to require assistance in submitting the required data is therefore also unknown. Even so, this estimate assumes one full-time position is sufficient to implement the bill. Costs to develop the data collection system may also vary depending on reporting requirements, as established by DHMH through regulations.

Accordingly, general fund expenditures increase by as much as \$311,509 in fiscal 2017, which accounts for a 90-day start-up delay from the bill's June 1, 2016 effective date. This estimate reflects the cost of hiring one full-time research statistician to assist in system implementation and to review the required data. It includes a salary, fringe benefits, other one-time start-up costs, and ongoing operating expenses. The estimate also reflects \$250,000 in one-time costs associated with the development and implementation of an electronic data system.

Position	1.0
Salary and Fringe Benefits	\$56,646
Electronic Data System	250,000
Operating Expenses	<u>4,863</u>
<b>Total FY 2017 State Expenditures</b>	<b>\$311,509</b>

Future year expenditures reflect a full salary with annual increases and employee turnover, ongoing operating expenses (including contractual services associated with maintaining the electronic data system), and annual increases in ongoing operating expenses.

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### Additional Information

**Prior Introductions:** SB 455 of 2013, a bill with similar provisions, received an unfavorable report from the Senate Finance Committee. Its cross file, HB 898, received a hearing in the House Health and Government Operations Committee, but no further action was taken.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene, Guttmacher Institute, Department of Legislative Services

**Fiscal Note History:** First Reader - March 14, 2016  
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