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## FISCAL IMPACT REPORT

<b>SPONSOR</b> <u>  SHPAC  </u>	<b>LAST UPDATED</b> _____
	<b>ORIGINAL DATE</b> <u>  2/11/24  </u>
	<b>BILL</b> <u>  CS/Senate Bill  </u>
<b>SHORT TITLE</b> <u>  Brain Injury Program Funding Limits  </u>	<b>NUMBER</b> <u>  203/SHPACS  </u>
	<b>ANALYST</b> <u>  Klundt  </u>

### APPROPRIATION\* (dollars in thousands)

FY24	FY25	Recurring or Nonrecurring	Fund Affected
	\$2,500.0	Recurring	General Fund
	\$1,000.0	Recurring	General Fund
	\$600.0	Recurring	General Fund
	\$300.0	Recurring	General Fund

Parentheses ( ) indicate expenditure decreases.  
\*Amounts reflect most recent analysis of this legislation.

### Sources of Information

LFC Files

Because of the short timeframe between the introduction of this bill and its first hearing, LFC has yet to receive analysis from state, education, or judicial agencies. This analysis could be updated if that analysis is received.

## SUMMARY

### Synopsis of SHPAC Substitute for Senate Bill 203

The Senate Health and Public Affairs Committee substitute for Senate Bill 203 (SB203) appropriates \$4.4 million as follows:

- \$2.5 million to the brain injury services fund for expenditure in fiscal year 2025 and subsequent fiscal years to increase funding limits for eligible participants in statewide brain injury services programs;
- \$1 million to the brain injury services fund for expenditure in fiscal year 2025 and subsequent fiscal years to establish and support a brain injury registry as recommended by the governor's commission on disability in its report to the Legislature in response to Senate Memorial 30 of the First Session of the Fifty-Sixth Legislature;
- \$600 thousand to the Department of Health for expenditure in fiscal year 2025 to conduct surveillance of the prevalence and incidence of brain injury in the state; and
- \$300 thousand to the Health Care Authority for expenditure in fiscal year 2025 to provide brain injury education to health care professionals, including mentorship and peer support, through a statewide virtual learning platform.

Additionally, SB203 states any unexpended or unencumbered balances remaining at the end of a fiscal year of the appropriations made in Paragraphs (1) and (2) of Subsection A of this section shall not revert to the general fund, and any unexpended or unencumbered balances remaining at the end of fiscal year 2025 of the appropriations made in Paragraphs (3) and (4) of Subsection A of this section shall revert to the general fund.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, or May 15, 2024, if enacted.

## FISCAL IMPLICATIONS

The appropriation of \$4.4 million contained in this bill is a recurring expense to the general fund. any unexpended or unencumbered balances remaining at the end of a fiscal year of the appropriations made in Paragraphs (1) and (2) of Subsection A of this section shall not revert to the general fund, and any unexpended or unencumbered balances remaining at the end of fiscal year 2025 of the appropriations made in Paragraphs (3) and (4) of Subsection A of this section shall revert to the general fund. Although Senate Bill 203 does not specify future appropriations, establishing a new grant program could create an expectation the program will continue in future fiscal years; therefore, this cost is assumed to be recurring.

This appropriation is not currently included in House Bill 2.

## SIGNIFICANT ISSUES

On a similar bill, the Department of Health reported:

### **TBI morbidity and mortality**

- Brain injuries contribute to more than 64 thousand deaths annually and more than 223 thousand hospitalizations in the United States ([https://www.cdc.gov/traumaticbraininjury/pdf/TBI\\_at\\_a\\_glance-508.pdf](https://www.cdc.gov/traumaticbraininjury/pdf/TBI_at_a_glance-508.pdf)).
- Each year, more than 2,400 children die and more than 6,000 children are hospitalized from brain injuries in the United States ([https://www.cdc.gov/traumaticbraininjury/pdf/TBI\\_at\\_a\\_glance-508.pdf](https://www.cdc.gov/traumaticbraininjury/pdf/TBI_at_a_glance-508.pdf)).
- In 2021, New Mexico had the fifth highest age-adjusted rate of traumatic brain injury (TBI) deaths among all states in the United States (29.5 deaths per 100 thousand residents), which was 51 percent higher than the national rate (19.5 deaths per 100 thousand residents, age adjusted) (<https://wisqars.cdc.gov/reports/>).
- In 2021, the age adjusted TBI-related death rate in New Mexico was 29.5 deaths per 100 thousand residents, which was the highest rate in New Mexico since 2001 (<https://wisqars.cdc.gov/reports/>).
- The age adjusted TBI-related death rate in New Mexico increased by 6 percent between 2020 and 2021 (from 27.8 to 29.5 deaths per 100 thousand residents) with 34 more deaths than in 2021 (<https://wisqars.cdc.gov/reports/>).
- In 2021, there were 652 TBI-related deaths in New Mexico. By injury intent, 281 (43 percent) were due to suicides, 271 (42 percent) were due to unintentional injuries, and 83 (13 percent) were due to homicides. By injury mechanism, 344 (53 percent) were due to firearm, 155 (24 percent) were due to falls, and 90 (14 percent) were due to motor vehicle crashes (<https://wisqars.cdc.gov/reports/>).

- Deaths represent only a portion of the impact of brain injuries. An analysis conducted by the NMDOH Health Systems Epidemiology Program on January 11, 2019, focused on emergency department visits in 2016. The findings revealed that 6,699 individuals were diagnosed with traumatic brain injuries (TBI) during their emergency department visit, indicating a rate of 31.8 diagnoses per 10 thousand residents.

### **Long-term negative effects of TBI**

According to the Centers for Disease Control and Prevention (CDC), individuals with TBI

experience long-term negative effects including:

- A life expectancy nine years shorter than those without TBI, on average, even after surviving a moderate to severe TBI and undergoing rehabilitation services.
- Elevated risk of mortality from various causes, including seizures, accidental drug poisonings, infections, and pneumonia.
- Chronic health issues contributing to increased costs and challenges for both the affected individuals and their families. Among those still alive five years post-injury, 57 percent experience moderate to severe disability, 55 percent are unemployed (despite being employed at the time of their injury), 50 percent revisit the hospital at least once, 33 percent depend on others for assistance in daily activities, 29 percent express dissatisfaction with life, and 29 percent engage in illicit drug use or alcohol misuse.

Benefits of increasing funding support for individuals participating in brain injury services programs. Increasing funding support for individuals participating in brain injury services programs can bring about several benefits, contributing to the overall well-being of individuals affected by brain injuries. Some of these benefits include:

- Improved access to comprehensive care and enhanced rehabilitation opportunities;
- Better quality of life;
- Increased support for families;
- Tailored support for diverse needs including specialized care plans, assistive technologies, and other interventions tailored to individual circumstances, optimizing the effectiveness of the services provided;
- Prevention of long-term issues associated with brain injuries;
- Overall cost savings: Adequate funding for brain injury services programs can lead to overall cost savings by preventing more severe complications and reducing the long-term decrease the need for extensive medical and institutional care.

(<https://www.sciencedirect.com/science/article/pii/S1353829221001702>;  
<https://www.ncbi.nlm.nih.gov/books/NBK580075/>).