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## FISCAL IMPACT REPORT

**ORIGINAL DATE** 1/26/17

**SPONSOR** Garcia Richard      **LAST UPDATED** \_\_\_\_\_      **HB** 109

**SHORT TITLE** Wild Animal Bite and Attack Procedures      **SB** \_\_\_\_\_

**ANALYST** Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	Minimal	Minimal	Minimal	Minimal	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health (DOH)

Department of Game and Fish (DGF)

Energy, Mineral and Natural Resources Department (EMNRD)

State Land Office (SLO)

### SUMMARY

House Bill 109 would amend NMSA 1978 Section 77-1-6 to specify conditions in which the department of health would and would not euthanize a wild animal which had bitten or otherwise attacked a human in New Mexico in order to assess the risk of rabies in the attacked individual. The current section grants the department of health authority to specify how dogs, cats and other animals would be dealt with after an attack.

The additions to this statute would require that the following factors be taken into account in deciding the disposition of the attacking animal: the species of animal, the circumstances of exposure and behavior of the animal at the time of the attack, the epidemiology or rabies in the local area, the animal's history and current health status, and the likelihood the animal might have been exposed to rabies. In addition, House Bill 109 requires that the willingness of the victim to undergo rabies prophylaxis would be taken into account.

## SIGNIFICANT ISSUES

According to the Centers for Disease Control and Prevention (CDC), all mammals are capable of being infected with the rabies virus, although the most common wild animals to be infected in the United States are bats, foxes, skunks, and raccoons. Dogs and cats are numerically more frequently detected as being infected. Bears are very infrequently found to be infected; the last known isolation of the rabies virus from the brain of an attacking bear occurred in 2004 in Romania, but rabies was diagnosed post-mortem in a Virginia bear in 2012, euthanized because of concerns about aberrant behavior.

According to the CDC, “In 1997, approximately 100,000 animal brains were tested for rabies virus antigen; of these, 8509 (8.5%) were positive. The absolute number of persons potentially exposed to an animal with suspected rabies and who did not receive prophylaxis because of a negative diagnostic test result is unknown. Nevertheless, since the initiation of current rabies testing procedures in 1958, there is no evidence that a false negative laboratory test has ever led to rabies in a person subsequently left untreated... Negative test results obtained by appropriate and systematic examination of specimens can be interpreted reliably by public health practitioners so that no postexposure prophylaxis is required or postexposure prophylaxis that was initiated pending laboratory evaluation can be curtailed.”

This bill appears to be responsive to a 2016 incident wherein a marathon runner in the Valles Caldera National Reserve was attacked, mauled, and bitten by a bear. The bear was found, euthanized, and its brain was analyzed for rabies, which was not present. There was a statewide and national concern expressed over the bear’s destruction, which in retrospect appeared to some to have been unnecessary.

With most domestic animals vaccinated against rabies, risk of contracting rabies in the United States is low, with CDC reporting an average one to three cases annually during the years 2003 to 2014. During that period, 33 deaths due to rabies occurred in the US: 8 were related to dog bites that occurred in other countries and one in Puerto Rico, 20 to bat attacks, 2 to raccoon and one to fox attacks. The cause of one case was unknown. Despite the low mortality rate, some 30,000-60,000 persons in the US are exposed to rabies post-exposure prophylaxis. This treatment, while almost always successful in preventing rabies, is painful, costly, and subject to occasionally severe side-effects. When an exposed person is not given post-exposure prophylaxis and contracts the disease, it is almost always fatal.

Post-exposure prophylaxis requires the administration of two separate products, human rabies immune globulin (HRIG) and rabies vaccine, either human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV). At least one injection of HRIG is needed, more if there are multiple wounds, as the HRIG should be injected around each of the wounds. The vaccine is given on four separate occasions. The injections often cause pain, and there are rare systemic reactions such as anaphylaxis. More information about reactions is available at the CDC website, at <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm>. The vaccine and the HRIG are both expensive; the expense may be borne by individuals, health insurance companies, or by DOH.

The analyses of both DOH and DGF indicate the difficulty House Bill 109 would cause in the determination of which wild animals would be euthanized, expressing concern, first of all, that delay in capturing the animal caused by ascertaining the application of the bill’s criteria would

allow the animal to escape. Both state that rabid animals do not always show overt signs of rabies at the time they attack. They note that both physical and emotional factors following the attack of a wild animal may limit the ability of an attacked person to make a valid determination of the animal's behavior before and during the attack. They note that parents would be put into the very difficult position of having to determine for attacked children the tradeoffs between euthanizing the animal and subjecting the child to a series of painful and occasionally dangerous injections.

### **PERFORMANCE IMPLICATIONS**

DOH and DGF both indicate that passage of HB 109 would make the protection of the public from rabies more difficult, in the words of DOH, by creating barriers to assuring if the biting animal is free of rabies or not.

### **TECHNICAL ISSUES**

In Section C, the word “or” connects subsections (2) and (3), but there is no conjunction between subsections (1) and (2), making it uncertain whether both conditions must be met, or just one of them.

### **OTHER SUBSTANTIVE ISSUES**

Physicians would likely have considerable difficulty determining which of their patients are most likely to have adverse reactions, including anaphylaxis, to administration of rabies post-exposure prophylaxis.

### **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

DOH and DGF would continue to euthanize all attacking mammals to examine their brains for evidence of rabies. If rabies were found, patients would be given post-exposure prophylaxis, which is almost always effective in preventing the usually fatal disease. If rabies is not found, the patient would be spared the use of painful and occasionally dangerous immunization, and the cost of the vaccine and the immune globulin would be avoided.

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