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## FISCAL IMPACT REPORT

SPONSOR Sanchez DATE TYPED 1/30/04 HB \_\_\_\_\_

SHORT TITLE Cardiovascular Disease Program SB 252

ANALYST Dunbar

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY04	FY05	FY04	FY05		
	\$70.0			Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to the Cardiac Arrest Response Act, Section 24-10C-1, *et seq.*, NMSA 1978, which was enacted in 1999, regarding the management of cardiac arrest response programs (public access defibrillation programs).

### SOURCES OF INFORMATION

LFC Files

Responses Received From  
Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

Senate Bill 252 appropriates \$70,000 from the General Fund to the Department of Health for fiscal year 2005. The bill creates a Cardiovascular Disease Program (CVDP) within the Department of Health (DOH). SB252 establishes a CVDP to collect data and make recommendations on management of heart disease, stroke, and the automated external defibrillator program.

#### Significant Issues

According to 2004 statistics released from the American Health Association, cardiovascular disease (CVD) is the number one killer of people in the United States. In 2001, 64,400,000 people suffered from CVD in the United States. There were 931,108 deaths related to heart disease. According to same AHA statistics, stroke is the third leading cause of death in the United States. Each year, about 700,000 people experience a new or recurrent stroke. About 500,000 of these are first attacks, and 200,000 are recurrent. Stroke accounted for more than one of every 15 deaths in the country in 2001.

In New Mexico, according to 2002 Vital Records and Health Statistics Report, diseases of the heart were the leading cause of death in calendar year 2000 and cerebrovascular disease was the fourth leading cause of death. Reference is made to "Substantive Issues" below.

Currently, the New Mexico Department of Health does not have a formal, dedicated program, for either cardiovascular or cerebrovascular disease.

SB252 supports initiatives already in place, such as the Stroke Task Force (STF) developed in response to Senate Joint Memorial 31 (SJM 31), which was introduced in the 2003 regular session. The STF is currently being managed through the Injury Prevention and Emergency Medical Services (IPEMS) Bureau. The STF is collecting data related to the capacity of New Mexico's communities to respond to cardiovascular emergencies in a timely and effective fashion. IPEMS is also overseeing the placement of automated external defibrillators throughout the state.

### **FISCAL IMPLICATIONS**

The appropriation of \$70.0 contained in this bill is a recurring expense to the General Fund. Any unexpended or unencumbered balance remaining at the end of FY 05 shall revert to the General Fund.

The economic effect of cardiovascular disease on the U.S. health care system grows larger as the population ages. In 2003, the cost of heart disease and stroke is projected to be \$351 billion: \$209 billion for health care expenditures and \$142 billion for lost productivity from death and disability.

### **ADMINISTRATIVE IMPLICATIONS**

SB252 requires personnel a full time staff person to manage the program. The program could be established within a year and would require some contracts. A slightly higher appropriation would allow the CVD program to be more successful in mitigating CVD and mortality related to CVD.

### **RELATIONSHIP**

SB 252 relates to the Cardiac Arrest Response Act, Section 24-10C-1, et seq., NMSA 1978, which was enacted in 1999, regarding the management of cardiac arrest response programs (public access defibrillation programs).

### **OTHER SUBSTANTIVE ISSUES**

Heart disease and stroke, the principal components of cardiovascular disease, are the first and third leading causes of death in the United States and New Mexico, accounting for more than 40% of all deaths. Overall, a total of 15,302 people in New Mexico age 35 and older died from diseases of the heart during the years 1991–1995 and a total of 5,601 people died from stroke during 1991–1998. (Centers for Disease Control and Prevention)

Cardiovascular diseases include high blood pressure, coronary heart disease (heart attack and angina), congestive heart failure, stroke, and congenital heart defects. Coronary heart disease alone is the single largest killer of Americans.

According to DOH there is a strong need for a truly comprehensive CVDP in DOH that would emphasize prevention through education and the reduction of risk factors. Such a program could capitalize on the risk factor reduction work already taking place within the Chronic Disease Prevention and Control Bureau, specifically in the areas of tobacco control, nutrition, and physical activity.

**BD/yr:dm**