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FISCAL IMPACT REPORT

SPONSOR Wirth DATE TYPED 3-2-05 HB HM 20

SHORT TITLE Trauma Care System Improvement Study SB _____

ANALYST Collard

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
			NFI		

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Health Policy Commission (HPC)

Public Regulation Commission – Insurance Division (PRC)

SUMMARY

Synopsis of Bill

House Memorial 20 requests DOH to create a targeted-issue trauma system committee to study and make recommendations to the interim legislative Health and Human Services committee by October 2005. Recommendations relate to strategies that would improve the statewide system of trauma care in New Mexico. The memorial also identifies a number of organizations to be invited by DOH to participate in the committee.

Significant Issues

DOH indicates the New Mexico trauma system serves individuals who have suffered an injury caused by external forces which may result in death or disability. The system consists of pre-hospital coordination, hospital resuscitation, stabilization and transfer to appropriate trauma center and hospital inpatient treatment services. The trauma system is generally activated when a pre-hospital provider identifies a qualifying trauma patient according to trauma triage criteria. Pre-hospital and hospital resources are mobilized to care for the patient in accordance with the regional trauma plan. This trauma plan considers and utilizes existing resources within the

trauma system to ensure ‘the right patient gets to the right hospital at the right time’. New Mexico has limited tertiary trauma care (trauma centers) and many people in New Mexico must travel out of state for this definitive care.

The New Mexico DOH trauma system, under the authority of the Emergency Medical Systems (EMS) Act, is implemented and monitored by the DOH-EMS Bureau. The EMS Bureau is advised by a Trauma Advisory and System Stakeholder Committee (TASSC). During a TASSC meeting on January 18, 2005, the New Mexico Trauma Foundation presented a draft copy of this memorial as a discussion item. The TASSC unanimously voted to endorse the proposed Trauma Care System Improvement Memorial. This memorial addresses severe trauma system capacity issues evidenced over the past decade. New Mexico is ranked first in the nation for unintentional injury deaths by the CDC and has the highest mortality rate for traumatic brain injury in the United States. Over the past few years, New Mexico has experienced a serious loss of neurosurgeons practicing in the state. In recent years, New Mexico trauma centers have been forced to transport trauma patients out of state to receive definitive care in Texas, Colorado, Arizona and elsewhere. This delay of care compromises optimal care for New Mexicans and exports valuable New Mexico financial assets out of state.

FISCAL IMPLICATIONS

There is no appropriation contained in this memorial.

DOH indicates the EMS Bureau State Trauma Program currently receives base funding of \$149 thousand from the EMS Fund.

ADMINISTRATIVE IMPLICATIONS

DOH indicates the memorial will be implemented by existing EMS Bureau employees, in collaboration with identified stakeholders.

OTHER SUBSTANTIVE ISSUES

DOH indicates a hospital-based trauma program is the administrative and quality improvement program unit of a trauma center that includes the medical director, trauma nurse coordinator, and trauma program support staff. These staff provide for the ongoing management and coordination of the hospital’s trauma program. The trauma system in New Mexico consists of three designated trauma centers: University of New Mexico Hospital – Level 1; St. Vincent Hospital – Level 3; and, San Juan Regional Hospital – Level 3. Regional Trauma Advisory Councils have been established throughout the state, within the three EMS Regions. These councils are Trauma Advisory and System Stakeholders Committee (TASSC) and EMS Bureau approved representative stakeholder groups from each recognized trauma service area. These stakeholder groups develop and implement service area or “regional” trauma plans that address the particular needs of the trauma service area, such as goals, objectives, guidelines, and standards for the oversight, management and operation of a regional trauma program.

The number of designated New Mexico trauma centers has not increased over the past 10 years. Centers in neighboring states have flourished receiving an ever-increasing number of New Mexico patients who are transported out of state in order to receive appropriate care. In order to identify appropriate and effective goals to improve and grow New Mexico’s trauma system, includ-

ing the number of New Mexico based trauma centers; DOH and expert partners must conduct an extensive assessment of the structure, personnel, facilities, financial opportunities/burdens and related requirements necessary to develop a statewide trauma system. The priority would be to increase the number of trauma centers in New Mexico to adequately serve both pediatric and adult trauma patients and maintain their care with associated community financial benefits.

HPC notes trauma is a specialized field of medicine that requires training and certification at all levels of health care: paramedics, hospital technicians, nurses, physicians, surgeons, pediatricians, etc. When a hospital is not equipped with trained and experienced medical staff, patients will often be transferred to a trauma center for treatment, which, because of distance and time to reach the trauma center, could increase their patient's risk for dying or suffering otherwise preventable complications or undesirable outcomes.

Additionally, the trauma system in New Mexico was initially established through a federal initiative in the early 1990s. Funding supported the collection of injury data, trauma education, and collaboration between hospitals and out of hospital health providers. Since the demise of that federal funding, the trauma program in the DOH has gradually lost funding due to other priorities, but the program continues to keep the movement going the best way it can. Funding is crucial to maintain and monitor this program and should become a priority to meet the provisions of this memorial.

DOH has a number of injury prevention initiatives designed to encourage safe practices. In spite of such efforts, injuries will continue to occur, and New Mexico needs a network of well-trained, certified trauma healthcare practitioners that recognize the implications of injury and how to best to treat it emergently.

PRC notes the study should render interesting information to assist state lawmakers in considering new laws and policies related to reducing the amount of traumatic injuries in New Mexico as well as establishing access to trauma centers for all New Mexicans and long term solutions for dealing with the costs associated with chronic problems such as brain injuries. The Patient Protection Act has many provisions relating to access of health care by commercial managed health care plans, and as such, PRC forward to participating in the taskforce.

KBC/lg