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FISCAL IMPACT REPORT

SPONSOR Thomson ORIGINAL DATE 2/5/19
 LAST UPDATED _____ HJM 1

SHORT TITLE Bone Health Task Force SB _____

ANALYST Chenier

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI				

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
 Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Joint Memorial 1 requests the Department of Health (DOH) convene the Bone Health Task Force to evaluate New Mexico’s approach to promoting bone health, including evaluation of community outreach, consumer and healthcare professional education, post-fracture care and the development of facilities and resources to improve the care of osteoporosis in New Mexico.

The task force would include representation from the Office of the Governor, the Office of the Lieutenant Governor, the Department of Health, the Aging and Long-Term Services Department, the NM Adult Falls Prevention Coalition, the Higher Education Department, the University of New Mexico (UNM), the Federal Indian Health Service, Tribal injury prevention programs, the United States Department of Veterans’ Affairs, NM health care delivery systems, the NM Hospital Association, the Emergency Medical Systems Bureau of the NMDOH, the Osteoporosis Foundation of NM, health care professionals, and designees appointed by the NM Legislative Council.

HJM1 requires the Bone Health Task Force to produce a comprehensive written report and present its findings and recommendations to the Legislative Health and Human Services Committee by November 1, 2019, and include in its report sections on how NM hospitals engage in post-fracture care to reduce the risk of future fractures, currently available community-based

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programming to support bone health and fall prevention, consider strategies to leverage the UNM Bone Health TeleEcho Program to promote and expand capacity to deliver best practice skeletal health care throughout NM, and place special emphasis on raising bone health awareness, increasing access to evidence-based community programming, and establishing short and long-term recommendations to reduce the impact of osteoporosis on the people of NM using cost-effective initiatives.

FISCAL IMPLICATIONS

Implementation of the provisions of House Joint Memorial 1 would result in increased workload to support the work of the bone health task force.

SIGNIFICANT ISSUES

DOH provided the following:

There are more than five thousand fall-related hospitalizations among older adults annually, according to data in New Mexico's Indicator-Based Information System (NM-IBIS). <https://ibis.health.state.nm.us/indicator/view/InjuryFallsHosp.Year.html>

According to *Osteosarcopenia: A new geriatric syndrome* by Ebrahim Bani Hassan and Gustavo Duque, "Regarding poor outcomes, patients with osteosarcopenia have a higher prevalence of disability, falls and fractures (especially if they are obese), and higher mortality risk". <https://www.racgp.org.au/afp/2017/november/osteosarcopenia-a-new-geriatric-syndrome/>

A recent study, "*Secondary fracture prevention via a Fracture Liaison Service*" by E. Michael Lewiecki, found that "only about 20 percent of patients with hip fractures receive any sort of osteoporosis care when discharged from the hospital. This represents a dismal failure of post-fracture care that is in large part due to lack of 'ownership' of osteoporosis by any single medical specialty. To address the osteoporosis treatment gap, much clinical attention has recently been directed to finding more effective ways to reduce the risk of fracture after an initial fracture".

https://journals.sagepub.com/doi/full/10.2217/whe.15.5?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed

According to the International Osteoporosis Foundation, "Studies have shown that Fracture Liaison Service models are the most cost-effective in preventing secondary fractures. This systematic approach, with a fracture coordinator at its center, can result in fewer fractures, cost savings for the health system and improvement in the quality of life of patients". <https://www.capturethefracture.org/sites/default/files/BPF-framework-all-pdf-files/2014-bpf-framework-EN-WEB.pdf>

Only a few health care systems in New Mexico offer follow-up care after hospital discharge for fall-related injury. It is not known whether other states have similar legislation already implemented or current being considered.

DOH runs a Falls Prevention Program, and partners with organizations that work with older adults to reduce fear and risk of falling, hip and other lower extremity fractures, and

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reduce the burden of traumatic brain injury while increasing the ability to live independently.

PERFORMANCE IMPLICATIONS

DOH's suite of performance measures include the following:

Indicator: Fall-related death rate per 100,000 adults aged 65 years or older

Performance Measure: Percent of long-term care residents experience one or more falls with major injury

Performance Measure: Number of health care providers who have received training in the use of the STEADI fall prevention toolkit

DISPARITIES ISSUES

From 2013 to 2017, among American Indian/Alaska Natives, the fall related death rate was 72.3 per 100,000. This is the third highest rate following the Hispanic population, 82.2 per 100,000, and the White population, 100.2 per 100,000. The American Indian/Alaska Native population fall-related death rate was higher than the Asian/Pacific Islander, 35.5 per 100,000, and the Black/African American population, 25.9 per 100,000. <https://ibis.health.state.nm.us/indicator/view/InjuryFallsDeath.RacEth.html>

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