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FISCAL IMPACT REPORT

SPONSOR <u>Ortiz y Pino</u>	LAST UPDATED <u>2/22/23</u>
	ORIGINAL DATE <u>2/16/23</u>
SHORT TITLE <u>Health Coverage for Brain Injuries</u>	BILL NUMBER <u>Senate Memorial 30</u>
	ANALYST <u>Esquibel</u>

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

	FY23	FY24	FY25	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
GCD costs	Indeterminate but minimal	Indeterminate but minimal		Indeterminate but minimal	Nonrecurring	General Fund
DOH costs	\$5.6	\$9.6		\$15.2	Nonrecurring	General Fund

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

Sources of Information

LFC Files

Responses Received From
 Department of Health (DOH)
 General Services Department (GSD)
 Human Services Department (HSD)
 NM Public School Insurance Authority (NMPSIA)
 Office of Superintendent of Insurance (OSI)
 Retiree Health Care Authority (RHCA)
 Governor's Commission on Disability (GCD)

SUMMARY

Synopsis of Senate Memorial 30

Senate Memorial 30 (SM30) requests the Governor's Commission on Disability to conduct a study on the feasibility of requiring health insurers to provide a continuum of coverage, therapeutic services, and job development services to individuals living with brain injuries to assist with their recovery and maximum independence. Additionally, the commission would research the feasibility of establishing a brain injury registry to track the occurrence, functional outcome, and effectiveness of brain injury treatment.

SM30 requests the Governor's Commission on Disability consult with representatives of the Office of Superintendent of Insurance, Human Services Department, Department of Health, Brain Injury Alliance of New Mexico, University of New Mexico Department of Psychology

Clinic, Risk Management Division of the General Services Department, Retiree Health Care Authority, Public School Insurance Authority, Albuquerque Public Schools, and the federal Department of Health and Human Services to complete the feasibility studies.

The commission would report findings and recommendations to the Legislative Health and Human Services Committee and the Legislative Finance Committee by November 1, 2023.

FISCAL IMPLICATIONS

The memorial does not include an appropriation.

The Brain Injury Advisory Council program of the Governor’s Commission on Disability has 1 FTE and a total FY23 budget of \$213 thousand and may require additional resources to conduct the requested studies.

The Department of Health (DOH) reports the studies requested in the memorial would require work time from its epidemiologists in FY23 and FY24 totaling \$15,200.

SIGNIFICANT ISSUES

The Governor’s Commission on Disability (GCD) reports many people with brain injuries cannot access services specific for their needs and do not qualify for Medicaid programs. GCD notes the memorial seeks to establish avenues of care and boost provider education.

HSD reports Medicaid members with traumatic brain injury (TBI) who meet a nursing facility level of care can access home- and community-based services through the Centennial Care Community Benefit program. These services include personal care services, respite services, and employment supports. The addition of any new community benefit services would require an amendment to the states “1115 waiver” authority, authorized by the federal Centers for Medicare and Medicaid services.

If a person with a TBI is not otherwise financially eligible for Medicaid, they can contact the Aging and Long-Term Services Department and request to be added to the central registry for a community benefit waiver allocation.

In addition, HSD manages the brain injury services fund (BISF) program. The BISF offers short-term non-Medicaid services to individuals with a confirmed diagnosis of brain injury including either traumatic brain injury (TBI) or other acquired brain injury (ABI). The BISF serves as a gateway for those who are newly injured and are waiting to become Medicaid eligible, or until a care plan through a Centennial Care Medicaid MCO is in place, another payer source is identified, or the individual’s crisis is otherwise resolved.