

LFC Requestor: Kelly Klundt

2024 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: Senate
Number: SB0293

Category: Bill
Type: Introduced

Date (of THIS analysis): 01-26-2024

Sponsor(s): Bill Tallman and Antoinette Sedillo Lopez

Short Title: Brain Injury Program Funding Limits

Reviewing Agency: Agency 665 - Department of Health

Person Writing Analysis: Arya Lamb

Phone Number: 505-470-4141

e-Mail: Arya.Lamb@doh.nm.gov

Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 24	FY 25		
\$0	\$0	N/A	N/A

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 24	FY 25	FY 26		
\$0	\$0	\$0	N/A	N/A

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 24	FY 25	FY 26	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$0	\$0	\$0	N/A	N/A

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: SB0156

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

Senate Bill 203 (SB0203) proposes to appropriate two million five hundred thousand dollars (\$2,500,000) from the general fund to the brain injury services fund. This appropriation is intended for use in fiscal year 2025 and subsequent years, with the aim of raising the funding limits for qualified individuals participating in statewide brain injury services programs. Any unexpended or unencumbered balance remaining at the end of the fiscal year shall not revert to the general fund.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

TBI morbidity and mortality

- Brain injuries contribute to more than 64,000 deaths annually and more than 223,000 hospitalizations in the United States (https://www.cdc.gov/traumaticbraininjury/pdf/TBI_at_a_glance-508.pdf).
- Each year, more than 2,400 children die and more than 6,000 children are hospitalized from brain injuries in the United States (https://www.cdc.gov/traumaticbraininjury/pdf/TBI_at_a_glance-508.pdf).
- In 2021, New Mexico had the fifth highest age-adjusted rate of traumatic brain injury (TBI) deaths among all states in the United States (29.5 deaths per 100,000 residents), which was 51% higher than the national rate (19.5 deaths per 100,000 residents, age adjusted) (<https://wisqars.cdc.gov/reports/>).

- In 2021, the age adjusted TBI-related death rate in New Mexico was 29.5 deaths per 100,000 residents, which was the highest rate in New Mexico since 2001 (<https://wisqars.cdc.gov/reports/>).
- The age adjusted TBI-related death rate in New Mexico increased by 6% between 2020 and 2021 (from 27.8 to 29.5 deaths per 100,000 residents) with 34 more deaths than in 2021 (<https://wisqars.cdc.gov/reports/>).
- In 2021, there were 652 TBI-related deaths in New Mexico. By injury intent, 281 (43%) were due to suicides, 271 (42%) were due to unintentional injuries, and 83 (13%) were due to homicides. By injury mechanism, 344 (53%) were due to firearm, 155 (24%) were due to falls, and 90 (14%) were due to motor vehicle crashes (<https://wisqars.cdc.gov/reports/>).
- Deaths represent only a portion of the impact of brain injuries. An analysis conducted by the NMDOH Health Systems Epidemiology Program on January 11, 2019, focused on emergency department visits in 2016. The findings revealed that 6,699 individuals were diagnosed with traumatic brain injuries (TBI) during their emergency department visit, indicating a rate of 31.8 diagnoses per 10,000 residents.

Long-term negative effects of TBI

According to the Centers for Disease Control and Prevention (CDC), individuals with TBI experience long-term negative effects including:

- A life expectancy 9 years shorter than those without TBI, on average, even after surviving a moderate to severe TBI and undergoing rehabilitation services.
- Elevated risk of mortality from various causes, including seizures, accidental drug poisonings, infections, and pneumonia.
- Chronic health issues contributing to increased costs and challenges for both the affected individuals and their families.

Among those still alive five years post-injury, 57% experience moderate to severe disability, 55% are unemployed (despite being employed at the time of their injury), 50% revisit the hospital at least once, 33% depend on others for assistance in daily activities, 29% express dissatisfaction with life, and 29% engage in illicit drug use or alcohol misuse ([https://www.cdc.gov/traumaticbraininjury/pdf/Moderate to Severe TBI Lifelong-a.pdf](https://www.cdc.gov/traumaticbraininjury/pdf/Moderate%20to%20Severe%20TBI%20Lifelong-a.pdf)).

Benefits of increasing funding support for individuals participating in brain injury services programs

Increasing funding support for individuals participating in brain injury services programs can bring about several benefits, contributing to the overall well-being of individuals affected by brain injuries. Some of these benefits include:

- Improved access to comprehensive care and enhanced rehabilitation opportunities;
- Better quality of life;
- Increased support for families;
- Tailored support for diverse needs including specialized care plans, assistive technologies, and other interventions tailored to individual circumstances, optimizing the effectiveness of the services provided;
- Prevention of long-term issues associated with brain injuries;
- Overall cost savings: Adequate funding for brain injury services programs can lead to overall cost savings by preventing more severe complications and reducing the long-term

impact of traumatic brain injuries. Early intervention and robust support can potentially decrease the need for extensive medical and institutional care
(<https://www.sciencedirect.com/science/article/pii/S1353829221001702>;
<https://www.ncbi.nlm.nih.gov/books/NBK580075/>).

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No
- Is this proposal related to the NMDOH Strategic Plan? Yes No
 - Goal 1:** We expand equitable access to services for all New Mexicans
 - Goal 2:** We ensure safety in New Mexico healthcare environments
 - Goal 3:** We improve health status for all New Mexicans
 - Goal 4:** We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?
 Yes No N/A
- If there is an appropriation, is it included in the LFC Budget Request?
 Yes No N/A
- Does this bill have a fiscal impact on NMDOH? Yes No

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP: None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

8. DISPARITIES ISSUES

Disparity in TBI morbidity and mortality in New Mexico

- The CDC reports the following groups are at greater risk of dying or experiencing long-term health problems from a TBI:
 - Older adults,
 - Racial and ethnic minorities,
 - Military service members and veterans,
 - People living in rural areas,
 - Survivors of intimate partner violence,
 - People who experience homelessness,
 - People in correctional and detention facilities(<https://www.cdc.gov/traumaticbraininjury/health-disparities-tbi.html>).
- In 2021, the age-adjusted rates for TBI-related deaths in New Mexico were highest among adults 75 years and older for both males and females (<https://wisqars.cdc.gov/reports/>).
- In 2021, the age-adjusted rate for TBI-related deaths in New Mexico was more than three times higher for males (46.0 deaths per 100,000 residents) than females (13.4 deaths per 100,000) [<https://wisqars.cdc.gov/reports/>].
- In 2021, the age-adjusted rate for TBI-related deaths in New Mexico was about 22% higher for American Indians/Alaskan Natives (39.6 deaths per 100,000 residents) and 26% higher for Blacks or African Americans (40.8 deaths per 100,000 residents) than non-Hispanic Whites (32.5 deaths per 100,000 residents) [<https://wisqars.cdc.gov/reports/>].
- In 2019, there were about twice as many hospitalizations for TBIs for males than females and close to twice as many hospitalizations for American Indian/Alaska Native residents than non-Hispanic White residents (2019 NM Hospitalization Inpatient Discharge Data).
- In 2021, male high school students were 10% more likely to experience a concussion from sports or being physically active in the past year than female students (2021 New Mexico Youth Risk and Resiliency Survey. Pre-published data provided by NMDOH IBEB).

Disparity in TBI registry in the United States

- A TBI registry is a detailed and systematic collection of data about individuals with brain injury or suspected brain injury.
- According to the National TBI Registry Coalition, only 14 states currently have a TBI registry, and this system is decentralized, with specific states creating and overseeing their own registries (<https://nationaltbieregistry.org/about/>).
- New Mexico is one of the states lacking a TBI registry even though it has the fifth highest age-adjusted rate of TBI deaths among all states in the United States (<https://wisqars.cdc.gov/reports/>).
- Most individuals with TBI reside in states lacking a registry, leading to a situation where they might not be documented in any registry or database (<https://nationaltbieregistry.org/about/>).
- The existence of a limited number of registries in certain states results in geographical disparities in patient care. Consequently, individuals with brain injuries face unequal

access to information regarding treatments and are not universally involved in the development and assessment of programs and research aimed at enhancing community well-being (<https://nationaltbiregistry.org/about/>).

9. HEALTH IMPACT(S)

- In 2021, New Mexico had the fifth highest age-adjusted rate of traumatic brain injury (TBI) deaths among all states in the United States (29.5 deaths per 100,000 residents), which was 51% higher than the national rate (19.5 deaths per 100,000 residents, age adjusted) (<https://wisqars.cdc.gov/reports/>).
- In 2021, the age adjusted TBI-related death rate in New Mexico was 29.5 deaths per 100,000 residents, which was the highest rate in New Mexico since 2001 (<https://wisqars.cdc.gov/reports/>).
- The age adjusted TBI-related death rate in New Mexico increased by 6% between 2020 and 2021 (from 27.8 to 29.5 deaths per 100,000 residents) with 34 more deaths than in 2021 (<https://wisqars.cdc.gov/reports/>).
- In 2021, 15.8% of New Mexico high school students had at least one concussion from playing sports or being physically active in the past year. Students who experienced a concussion in the past year were:
 - 80% more likely to have attempted suicide in the past year than students who did not experience a concussion;
 - 67% more likely to describe their average grades as Fs than students who did not experience a concussion (2021 New Mexico Youth Risk and Resiliency Survey. Pre-published data provided by NMDOH IBEB).

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If Senate Bill 203 (SB203) is not enacted, then the Brain Injury Services Fund Program will not be able to increase the funding limits for eligible individuals participating in statewide brain injury services programs.

12. AMENDMENTS

None