

LFC Requestor: Kelly Klundt

2024 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: Senate

Category: Bill

Number: 254

Type: Introduced

Date (of THIS analysis): 02-02-2024

Sponsor(s): Antoinette Sedillo Lopez

Short Title: Brain Injury Services

Reviewing Agency: Epidemiology and Response Division

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 24	FY 25		
\$	\$2,500.0	Recurring	General Fund
	\$1,000.0	Recurring	General Fund
	\$600.0	Nonrecurring	General Fund
	\$300.0	Nonrecurring	General Fund

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	\$575	\$575	\$1150	Recurring	General
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Staffing	Year 1: FY25	Year 2: FY26	Year 3: FY27
Epidemiologist (Recurring) Pay band 75-\$37.95 x 2080 x 1.36=107,353 (Epi A) for maintenance and creation of a surveillance system and registry	\$107,353	\$107,353	\$107,353
Program Coordinator (Recurring) Pay band 75-\$37.34 x 2080 x 1.36=\$105627 (Program Coordinator) for technical support on using data for action to support evidence based interventions and best practices, and management of contract to train providers on use of the system and correct evaluation and coding of TBI	\$105,627	\$105,627	\$105,627
Subtotal	\$212,980	\$212,980	\$212,980
<u>Office, Travel, Equipment</u>			
Computer \$2500/FTE/yr (Non Recurring)	\$5,000		
Software \$1000/FTE/yr (Recurring)	\$2,000	\$2,000	\$2,000
Fixed Program Administrative Support \$10,010/FTE/yr (Recurring)	\$20,020	\$20,020	\$20,020
Rent \$8000/FTE/yr (Recurring)	\$16,000	\$16,000	\$16,000
Travel: \$3000 FTE/Year (Recurring)	\$6,000	\$6,000	\$6,000
Training/continuing education \$4000/FTE/yr (Recurring)	\$8,000	\$8,000	\$8,000
Subtotal	\$57,020	\$52,020	\$52,020
<u>Contractual costs</u>			
Contract for website development (one time)	\$20,000		
Contract for website hosting and maintenance (Recurring)	\$10,000	\$10,000	\$10,000
Contract to teach medical coders, ensure correct ICD 10 codes are used, and train providers on notifiable conditions requirements. (Recurring)	\$300,000	\$300,000	\$300,000
Subtotal	\$330,000	\$310,000	\$310,000
TOTAL	\$600,000	\$575,000	\$575,000

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: SB0156 and SB0203

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

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

Senate Bill 254 (SB0254) proposes the following:

- To appropriate \$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.
- To appropriate 1,000,000 from the general fund to the brain injury services fund to establish and support a brain injury registry in alignment with the recommendations put forth by the Governor's Commission on Disability. This appropriation is intended for use in fiscal year 2025 and subsequent years.
- To appropriate \$600,000 to the Department of Health for expenditure in fiscal year 2025 to conduct surveillance on the prevalence and incidence of brain injury in the state.
- To appropriate \$300,000 to the Health Care Authority Department for expenditure in fiscal year 2025 to provide brain injury education to health care professionals. The education program will include mentorship and peer support facilitated through a virtual learning platform accessible statewide.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Brain Injury 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 (41%) were due to unintentional injuries, 83 (13%) were due to homicides, and 17 (3%) were due legal intervention and undetermined intent. By injury mechanism, 344 (53%) were due to firearm, 155 (24%) were due to falls, 90 (14%) were due to motor vehicle crashes, and 63 (9%) were due to other mechanisms (<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 Traumatic Brain Injuries (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/>).

TBI surveillance to support data-driven solutions

To address health outcomes related to TBI, the CDC recommends improved estimates and surveillance of TBI to support data-driven solutions by:

- Collecting data on the number of TBI patients receiving treatment in clinics and non-hospital settings.
- Computing the incidence of TBI mortality and morbidity within individual states.
- Estimating the number of persons affected by TBI-induced disabilities.
- Creating and putting into operation a surveillance system aimed at improving estimates for sports- and recreation-related concussions among youths
(https://www.cdc.gov/traumaticbraininjury/pdf/TBI_Report_to_Congress_Epi_and_Rehab_Snapshot-a.pdf).

Brain injury surveillance authority and capacity of the New Mexico Department of Health (NMDOH)

- Under NMAC 7.4.3.13 Notifiable Conditions (NOTIFIABLE CONDITIONS IN NEW MEXICO (nmhealth.org), TBI is a notifiable condition that must be reported to the NMDOH.
- Further, under the Health Information Systems Act (HIS Act) 24-14A-3 in establishing, operating and maintaining the health information system (https://bit.ly/HISAct24_14A), the department shall obtain information on the following health factors:
 - a) mortality and natality, including accidental causes of death;
 - b) morbidity;
 - c) health behavior;
 - d) disability;
 - e) health system costs, availability, utilization and revenues;
 - f) environmental factors;
 - g) health personnel;
 - h) demographic factors;
 - i) social, cultural and economic conditions affecting health, including language preference;
 - j) family status;
 - k) medical and practice outcomes as measured by nationally accepted standards and quality of care; and
 - l) participation in clinical research trials; this includes all emergency department (ED) visits and hospitalizations.
- New Mexico Department of Health Injury and Behavioral Epidemiology Bureau (IBEB) has the expertise to collect data on TBI. This bill will provide additional resources to create and manage a statewide brain injury surveillance system and associated dashboard, as well as improve reporting of TBI. Established surveillance systems that IBEB currently have access to and utilize regularly include:
 - a) Mortality data from the New Mexico Bureau of Vital Records and Health Statistics,
 - b) Emergency department (ED) visits data from the Health Systems Epidemiology program,

- c) Hospitalizations data from the Health Systems Epidemiology program,
 - d) The CDC National Syndromic Surveillance Program (NSSP),
 - e) The New Mexico Emergency Medical Services Tracking and Reporting System (NMEMSTARS),
 - f) The Behavioral Risk Factor Surveillance System (BRFSS), and
 - g) The Youth Risk and Resiliency Survey.
- IBEB has several epidemiologists with unique experience and expertise that can provide technical support to a brain injury registry team. These epidemiologists include a senior injury epidemiologist, an injury epidemiologist, a firearm injury epidemiologist, a violent death epidemiologist, a mental health epidemiologist and survey epidemiologists. These epidemiologists have experience in:
 - a) Data collection and surveillance,
 - b) Data quality assurance,
 - c) Data governance,
 - d) Data integration and management,
 - e) Data analytics and insights,
 - f) Privacy and security.

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 - Yes No
 If yes, describe how.
- 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

Senate Bill 203PAS (SB0203PAS) proposes to appropriate \$600,000 to the NMDOH for expenditure to conduct surveillance on the prevalence and incidence of brain injury in the state for fiscal year 2025 only. NMDOH would also need funding of \$575,000 in subsequent fiscal years to continue to conduct brain injury surveillance in the state which includes one epidemiologist for the surveillance component of the work, and 1 project coordinator for technical support on using data for action to support evidence based interventions and best practices for preventing TBIs as

well as management of a contract to train providers on use of the system and correct evaluation and coding of TBIs, and the website for sharing data. In subsequent fiscal years, there would need to be \$575,000 /year because of one time costs of computers (\$5000) and website development (\$20,000) in FY25.

4. ADMINISTRATIVE IMPLICATIONS

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

Under NMAC 7.4.3.13 Notifiable Conditions ([NOTIFIABLE CONDITIONS IN NEW MEXICO \(nmhealth.org\)](#)), Traumatic Brain Injury is a notifiable condition that must be reported to the NMDOH. However, additional staffing and resources would be required for IBEB to set up a TBI Surveillance System (see “Section II: Fiscal Impact” for information on staffing, office set-up and contractual costs).

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

None

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://nationaltbiregistry.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://nationaltbiregistry.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 156 (SB156) is not enacted,

- 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.
- there will be no fund to establish and support a brain injury registry to track the occurrence and functional outcomes of brain injuries, and the effectiveness of brain injuries treatment.
- there will be no fund to conduct brain injury surveillance on the prevalence and incidence of brain injury in the state.
- there will be no fund to provide brain injury education to health care professionals, including mentorship and peer support facilitated through a virtual learning platform accessible statewide.

12. AMENDMENTS

None