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## FISCAL IMPACT REPORT

SPONSOR: Thompson DATE TYPED: 03/10/03 HB HJM 52/aHFI#1  
 SHORT TITLE: Track Brain Injury Information SB \_\_\_\_\_  
 ANALYST: Dunbar

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
			See Narrative		

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to SB155, SB 392, SB 406, SB 479, HB 404

### SOURCES OF INFORMATION

#### Responses Received From

Department of Health (DOH)  
 Health Policy Commission (HPC)  
 Development Disabilities Planning Council (DDPC)  
 New Mexico State Highway and Transportation Department (NMSHTD)  
 New Mexico Commission on Higher Education (NMCHE)  
 Human Services Department (HSD)

### SUMMARY

#### Synopsis of HFI Amendment # 1

The House Floor Amendment # 1 revises language:

- Noting that the state of NM submits to the US department of transportation on an annual basis results of “crash outcome data”.
- Makes it possible for NMSHTD to provide the annual crash database compact disc to the DOH for use in the preparation of the department of health’s annual report.

These amendments address the concern of the NMSHTD pertaining to costs associated with the implementation of the program. By changing the language, NMSHTD indicates that there will be no cost associated with the project.

Synopsis of Original Bill

House Joint Memorial 52 requests that the Department of Health lead a cooperative effort to develop a system to track the incidence of non-fatal injuries and disability, conduct public hearings and develop a plan to address the Long-Term Care needs of persons with brain injury in New Mexico, to include the State Highway and Transportation Department, the Human Services Department, the Health Policy Commission, the University of NM Health Sciences Center, and other relevant state agencies and statewide associations.

HJM 52 would require the Department of Health to compile the injury data and make annual reports to the legislature. The Department of Health Long Term Services Division would be required to 1) conduct statewide public hearings to gain input from the brain injury community, 2) develop a plan to address the Long Term Care needs of persons with brain injury in NM and 3) consider the viability of a Medicaid waiver to meet the needs of persons with brain injury.

HJM 52 would also require the State Highway and Transportation Department to implement the US Department of Transportation's crash outcome data evaluation system (CODES) in NM. HJM 52 further mandates the Department of Health to report its findings and recommendations to the interim legislative health and human services committee at its October 2003 meeting. Copies of HJM 52 shall be transmitted to the Department of Health, the Human Services Department, the State Highway and Transportation department, the Health Policy Commission, the UNMHSC, and various state agencies and statewide associations representing the interests of people with brain injuries and long-term care providers.

Significant Issues

TBI is a significant public health concern. The Centers for Disease Control & Prevention (CDC) data indicate that in 2001, approximately 1,745 New Mexicans were hospitalized with a TBI. The cost of TBI in NM was estimated at \$128 million for non-fatal injuries in 1995.

Current data systems do not provide adequate data on non-fatal injuries in NM and their consequences for planning, prevention and intervention strategies. Various projects are currently addressing and trying to build non-fatal injury data collection systems for NM. These efforts are in various stages of development but few can provide the statewide and cost data required in HJM 52 at this time. The timing of HJM 52, according to DOH, would divert energies currently being spent on building the needed data systems to fulfill the requirements of this legislation. If this legislation were offered one year later, the state agencies and their community partners would be in a better position to a) respond to the requirements, b) take advantage of this legislation to identify the gaps at that point in time and to build a plan to fill them.

**FISCAL IMPLICATIONS**

The bill does not contain an appropriation. The most significant fiscal impact would occur in the NMSHTD. Passage of the bill may result in the following increased costs (estimated) to the NMSHTD, which could also adversely affect other programs.

One-time cost

1. Development of a data collection system	15,000
2. Purchase data collection system hardware/software	35,000
3. Development of the study and report	<u>15,000</u>
<b>subtotal</b>	<b><u>65,000</u></b>

Recurring Costs

4. Maintenance of data collection system	7,000
5. Training data collection personnel	15,000
6. Data collection & entry	30,000
7. Study—conduct, analysis and delivery	50,000
8. Delivery of annual report	10,000
9. Two (2) Full Time Employees	<u>140,000</u>
<b>subtotal</b>	<b><u>252,000</u></b>

**GRAND TOTAL** **\$317,000**

**ADMINISTRATIVE IMPLICATIONS**

At least 1 additional full time employee would be needed in the Office of Epidemiology/Injury Epidemiology Unit to adequately meet the requirements of HJM 52 regarding data collection

NMSHTD indicates that the bill would have short-term negative administrative impact during the development of the data collection system. The long-term impact in the continual gathering, monitoring, and analyzing of data and delivery of annual study and report, would require, at minimum, one full employee or contractor.

HJM 52 would require the New Mexico Department of Health and other agencies to conduct information collection and planning activities that must be reported out by October 2003. This timetable does not allow enough time for the agencies to organize and accomplish the tasks.

**RELATIONSHIP**

Relates to:

SB 155, which appropriates \$38 million through an alcohol excise tax to be used in part to provide match for federal funds for a Traumatic Brain Injury (TBI) waiver, for better training of trauma healthcare professionals and to support additions of trauma centers to other hospitals in NM.

HB 404, which appropriates \$300,000 for TBI awareness, advocacy and education services to continue efforts started by the 3 year grant from Health Resources Services Administration (HRSA) to LTSD.

SB 406, which appropriates \$330,000 to expand independent living services to 7 un-served rural counties in NM and increase services at existing centers for independent living. These services would be available to persons with TBI.

SB 392, which requires Medicaid to establish a self-directed option within the Disabled and Elderly Waiver and the Developmental Disability Waiver. Both waivers serve people with TBI.

SB 479, which adds permanent impairment due to brain injury to the Workers' Compensation Act.

## OTHER SUBSTANTIVE ISSUES

DOH reports that HJM 52 does not reflect the data collection sources for non-fatal injury that are currently under development, for example the Trauma Registry, the Prehospital Data Collection System (PDCS) for EMS run reporting, and the Emergency Department-Firearm Injury Surveillance System (ED-NMFISS), or the kinds of resources that these systems require to become fully functional.

Moreover, DOH says that HJM 52 does not reflect current long-term planning and interagency cooperation, which include:

- a. Calling together of an interagency work group to increase data access and joint analysis for the Hospital Inpatient Discharge Data.
- b. Drafting of an Injury Prevention Strategic Plan and as a subsection of it an Injury Data Strategic Plan to identify the goals and tasks involved to generate particularly non-fatal injury data at both state and at least county level.
- c. Discussions with Native American tribes and health provider institutions on how their injury data can be included and should be analyzed.

The need for regular reporting of non-fatal injuries has been discussed at the staff level within NMDOH/Public Health Division/Office of Epidemiology and Injury Prevention and EMS Bureau. Resources are being sought to plan and begin to produce such reports, and if they become available report development would be implemented.

Traumatic brain injuries (TBI) are one of the most common type of injuries likely to cause death or permanent disability, yet public awareness of the causes, prevention strategies and costs is very low. According to the National Center for Injury Prevention and Control ([www.cdc.gov/ncipc/](http://www.cdc.gov/ncipc/)) :

HPC reports that:

- Approximately 1.5 million people sustain a TBI every year – eight times the number who are diagnosed with breast cancer and 34 times the number diagnosed with HIV/AIDS, both conditions that have much higher public profiles.
- 50,000 people die from TBI every year – one-third of all injury deaths.
- For 80,000 to 90,000 people per year, a TBI leads to long-term or lifelong disability.
- At least 5.3 million Americans currently live with disabilities that are the result of a TBI.
- The leading causes of TBI are vehicle crashes, primarily crashes involving motor vehicles, bicycles, pedestrians, and recreational vehicles.
- Approximately 1,900 New Mexicans are hospitalized every year with traumatic brain injury.
- Currently, the Department of Health provides a number of services to New Mexicans with brain trauma injuries. A Medicaid Waiver would allow qualified programs to receive additional matching monies from Medicaid. The current match for Medicaid is 3 to 1.
- With over 1,900 New Mexico residents of various ages being treated for varying sever-

ities of brain injury trauma, a statewide effort of cooperation on the long-term care of brain trauma injuries, may assure that the victims of brain trauma injury receive care that is uniform, valuable and cost efficient.

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