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## FISCAL IMPACT REPORT

SPONSOR: Jennings DATE TYPED: 2/5/03 HB \_\_\_\_\_

SHORT TITLE: Traumatic Brain Injury Awareness SB 362

ANALYST: Dunbar

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
	\$300.0			Recurring	GF

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates HB 404  
Relates to SB 155

### SOURCES OF INFORMATION

#### Responses Received From

Department of Health (DOH)  
Health Policy Commission (HPC)

### SUMMARY

#### Synopsis of Bill

Senate Bill 362 appropriates \$300,000 from the general fund to the Department of Health (DOH), Long Term Services Division (LTSD) for expenditure in fiscal year 2004 to provide continuing support for public education and advocacy training for traumatic brain injury (TBI) and its associated demands and costs. The bill indicates that funds may be used as matching for federal resources.

#### Significant Issues

The frequency of traumatic brain injury in the U.S. is astronomical. According to the CDC, it is the leading cause of death and disability in persons under the age of 45. An estimated two million people get a brain injury each year. Currently more than five million people in the U.S. are living with traumatic brain injury disabilities. A 2002, CDC traumatic brain injury report indi-

cates that 12 counties--Socorro, Torrance, Valencia, Rio Arriba, San Miguel, Taos, Union, McKinley, San Juan, Quay, Luna and Sierra--are above the 75th national percentile. Brain injury costs are estimated to be in the tens of billions of dollars annually (National Conference of State Legislatures publication, November 2001).

The general population and persons with a traumatic brain injury have few education or resource avenues in New Mexico. Advocacy training, and brain injury education, is currently funded by a federal Health Resources Services Administration (HRSA) grant. The grant is for three years with approximately 2 years expired.

There are 10 providers under contract with the Department of Health to provide services for traumatic brain injury. Eligibility criteria for services include that an individual must be a resident of the State, must have their diagnosis verified by a doctor and must reside outside of an institution or be in the process of institutionalization.

Services to individuals with traumatic brain injury include: homemaker/companion, personal services, in-home respite, nursing, speech therapy, occupational and physical therapy, assistive-device training, prescription drugs and emergency living expenses.

### **FISCAL IMPLICATIONS**

The appropriation of \$300.0 contained in this bill is a recurring expense to the general fund. Any unencumbered or unexpended balance of the appropriation would revert to the General Fund.

The language in the bill supports "matching federal" funds for the HRSA grant. The current HRSA grant is for \$200,000 with a New Mexico match of \$100,000. This bill has no impact on the grant funds already included in the FY 04 budget. Therefore, the appropriation supplements the current grant.

### **ADMINISTRATIVE IMPLICATIONS**

Administration implications should be minimal. It would increase the funding to the LTSD, TBI Program. Activities could be provided under contracts administered by LTSD.

### **DUPLICATION, RELATIONSHIP**

Duplicates HB 404.

Relates to SB 155, which calls for a liquor excise tax that would direct money to the DOH for brain injury education, awareness, and matching for a TBI waiver.

### **TECHNICAL ISSUES**

The language in the bill supports "matching federal" funds for the HRSA grant. The current HRSA grant is for \$200,000 with a New Mexico match of \$100,000. This bill has no impact on the grant funds already included in the FY 04 budget. The bill language should more appropriately state that the \$300,000 requested would supplement the education and advocacy components already being addressed by the HRSA project.

## OTHER SUBSTANTIVE ISSUES

The medical community and the general population are ill informed about the affects of traumatic brain injury (TBI) and often have unrealistic expectations for person who have had a TBI. Persons with a traumatic brain injury, family, friends and employers often have high expectation for complete recovery once the injured person's outward wounds have healed.

Recovery is usually very slow. Changes in personality, learning capacity and human potential are profound. Cognitive and behavioral effects often appear years after the injury worsen with aging. TBI is appropriately called the "silent disability" because its effects are often not noticeable. Therefore, it is important to increase public awareness of TBI so affected individuals obtain treatment and services.

Nationally 80,000 to 90,000 persons experience the onset of long-term or life long disability associated with TBI each year.

- In the US 1.5 million persons sustain a brain injury each year.
- Head injury is a recognized health problem with many long-term effects for the injured, their families, and the community in NM.
- Centers for Disease Control and Prevention (CDC) data indicate that about 1745 persons were hospitalized with a TBI in NM in 2001.
- NM Trauma admission data for 1996-1997 documented 2774 head injuries in the two years. Of these 927 were mild to moderate head injuries.
- Medical costs for a relatively mild TBI are estimated at \$150,000 per case for the first year.
- The cost of TBI in NM in 1995 was estimated at \$152 million for deaths and \$128 million for non-fatal cases.
- The leading causes of TBI are vehicle crashes, primarily crashes involving motor vehicles, bicycles, pedestrians, and recreational vehicles.
- Males are twice as likely as females to sustain a TBI
- People between the ages of 15-24 years and over age 75 are the age groups at highest risk for TBI.

People with traumatic brain injury usually need extensive rehabilitation and home based support. By the time the injured have spent months of recovery in an institutional setting and are able to return home, they have often lost their means of making a living, their home, their insurance coverage and their support resources; and have not yet qualified for services under payor sources like Medicaid or a Medicaid waiver.

## AMENDMENTS

Delete in line 19 "obtaining matching"

Insert in line 19 following the word support "for supplementing"

**BD/prr:yr**