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## FISCAL IMPACT REPORT

**SPONSOR** Thomson **ORIGINAL DATE** 01/31/14  
**LAST UPDATED** 02/13/14 **HB** 99/aHAFC

**SHORT TITLE** Adult Fall Risk & Awareness Program **SB** \_\_\_\_\_

**ANALYST** Esquibel

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY14	FY15		
N/A	N/A	N/A	N/A

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates SB 74

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Human Services Department (HSD)

Department of Health (DOH)

Aging and Long-Term Services Department (ALTSD)

### SUMMARY

#### Synopsis of HAFC Amendment

The House Appropriations and Finance Committee amendment to House Bill 99 strikes the appropriation.

#### Synopsis of Original Bill

House Bill 99 would appropriate \$955 thousand in FY15 from the general fund to the DOH to establish a statewide program to promote adult fall risk awareness, education, training, prevention, tracking and trending, and cost effectiveness study of the data.

### FISCAL IMPLICATIONS

HB 99 contains no appropriation.

## **SIGNIFICANT ISSUES**

ALTSD indicates it currently collaborates with the Department of Health as well as with the New Mexico Healthy Aging Collaborative and the New Mexico Adult Falls Prevention Coalition regarding activities designed to maintain or improve physical and mental well-being, maintain independence, manage chronic disease, and build knowledge/skills to enable older adults to make informed choices about lifestyle and health issues. Several collaborative, evidence-based programs currently being implemented are *Enhance Fitness*, *A Matter of Balance* and *Tai Chi: Moving for Better Balance*, which all address adult falls prevention.

## **PERFORMANCE IMPLICATIONS**

HSD indicates it is monitoring fall risk prevention of Medicaid members through Centennial Care. Their Centennial Care performance measure tracks the percentage of Medicaid members 65 years of age and older who have had a fall or have had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.

## **ADMINISTRATIVE IMPLICATIONS**

ALTSD indicates the internal costs to DOH and ALTSD associated with data collection, analysis and reporting of performance measures and evaluating program effectiveness as enumerated in this bill are not explicitly addressed with specific appropriations.

## **DUPLICATION**

HB 99 duplicates SB 74, Community-Based Adult Fall Awareness Program.

## **TECHNICAL ISSUES**

ALTSD indicates it is not evident as to why the Public Health Act needs to be amended in order to accomplish the intent of this bill nor why it needs to go into immediate effect on an emergency basis.

DOH indicates the provisions that provide contract with various organizations are too prescriptive because they limit necessary flexibility. On page 5, paragraph 4a, the number of potential agencies is limiting, and DOH suggests adding “other agencies” to permit DOH to contract with senior centers, community centers, and other agencies. DOH suggests the following amendments:

- On page 2, line 1, replace “contract” with “arrange for”.
- On page 3, line 1, delete the word “Or”.
- On page 3, line 1, insert the words “or other agencies” after the words “Indian Health”.
- On page 5, line 19, add the words “or other agencies” after the word “Programs”.

## **OTHER SUBSTANTIVE ISSUES**

DOH writes that in New Mexico, falls are the leading cause of injury-related deaths, hospitalizations, and emergency department visits among older adults 65+ years of age. During 2008-2012, 60 percent of the injury-related deaths among older adults were due to falls. The

2010 fall-related death rate (84.9/100,000 population) in New Mexico was the sixth highest among all states and was 1.6 times higher than the national rate (53.8/100,000). (Source: CDC WISQARS) There were 1,299 fall-related deaths among older adults from 2008 through 2012. Older adults account for 86 percent of the fall-related deaths in New Mexico. Fall-related injury deaths increase rapidly with age. The fall-related death rate during 2008 through 2012 varied from 22.2/100,000 among 65 to 74 year olds, to 88.1/100,000 among 75 to 84 year olds, and 462.7/100,000 among 85+ year olds.

In 2012, there were 6,328 emergency department visits due to falls among older adults. Fall-related emergency department visits also increased sharply with age. The fall-related emergency department visit rate during 2012 varied from 1,314.5/100,000 among 65 to 74 year olds to 2,549.5/100,000 among 75 to 84 year olds, and 5,276.6/100,000 among 85+ year olds (Sources: NM Bureau of Vital Records and Health Statistics and DOH Morbidity Program).

Fall-related hospitalizations also increase rapidly with age. The fall-related hospital discharge rate during 2011 varied from 433.5/100,000 among 65 to 74 year olds to 1,301.9/100,000 among 75 to 84 year olds, and 3,723.6/100,000 among 85+ year olds. Older adults accounted for 71 percent of fall-related hospitalizations. In 2011, 3,134 fall-related hospitalizations occurred among older adults.

Based upon New Mexico Bureau of Vital Records and Health Statistics data from 1999 to 2012, the injury death rate among Whites was 114.2 per 100,000 persons; among Hispanics the injury death rate was 79.3 per 100,000 persons; among Black or African Americans the injury death rate was 34.4 per 100,000 persons; and among American Indians the injury death rate was 79.6 per 100,000 persons.

RAE/svb:jl:ds