

LFC Requestor: Eric Chenier

**2024 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS**

Section I: General

Chamber: Senate

Category: Bill

Number: 156

Type: Introduced

Date (of **THIS** analysis): 01-23-2024

Sponsor(s): Antoinette Sedillo Lopez and Andrea Romero

Short Title: Brain Injury Registry

Reviewing Agency: Agency 665 - Department of Health

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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	\$6000	\$6000	\$6000	\$18000	recurring	State general fund

Of the \$1,000,000 appropriation, NMDOH would need \$600,000 of this to stand up the TBI dashboard within our Epidemiology Response Division (ERD), which already receives the data sets and has the capacity to do this work with extra staff members hired. However, SB156 is allocating all of the funding to HCA. The following is the breakdown of costs needed by ERD to implement a TBI surveillance system, and train providers; all costs are recurring except where noted.

<u>PS&EB</u>	
Staffing	
Pay band 75-\$37.34 x 2080 x 1.36=105,627 (Epi A) for maintenance and creation of a surveillance system and registry	\$105,627
Pay band 75-\$33.23 x 2080 x 1.36=\$94,001 (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
Office setup	
Computer \$2700/FTE/yr	\$5400
Software \$699/FTE/yr	\$1398
Fixed costs \$4500/FTE/yr	\$9000
Rent\$6000/FTE/yr	\$12,000
<u>Training/continuing education \$3500/FTE/yr</u>	\$7000
<u>Contractual costs</u>	
Contract for website development (one time)	\$30,000
Contract for website hosting and maintenance (annual)	\$10,000
Contract to teach medical coders, ensure correct ICD 10 codes are used, and train providers on notifiable conditions requirements.	\$353,948

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

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

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

Senate Bill 156 (SB156) proposes to create a brain injury services fund that will be used to establish and maintain a statewide brain injury services program aimed at facilitating the independence of people with brain injuries. The proposed fund will be used to:

- Conduct brain injury surveillance.
- Establish and support a statewide brain injury registry.
- Ensure the existence of an accessible website that allows individuals with a brain injury or suspected brain injury to enroll in the brain injury registry and through which a registrant may access information and services.

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 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).

TBI surveillance

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

- Under NMAC 7.4.3.13 Notifiable Conditions ([NOTIFIABLE CONDITIONS IN NEW MEXICO \(nmhealth.org\)](https://www.nmhealth.org)), Traumatic Brain Injury is a notifiable condition that must be reported to the NMDOH.
- Further, under the Health Information Systems Act (HIS Act) <https://bit.ly/HISAct24> 14A, 24-14A-3 in establishing, operating and maintaining the health information system, the department shall:
 - (1) 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:
 - Mortality data from the New Mexico Bureau of Vital Records and Health Statistics,
 - Emergency department (ED) visits data from the Health Systems Epidemiology program,
 - Hospitalizations data from the Health Systems Epidemiology program,
 - The CDC National Syndromic Surveillance Program (NSSP),
 - The New Mexico Emergency Medical Services Tracking and Reporting System (NMEMSTARS),
 - The Behavioral Risk Factor Surveillance System (BRFSS), and
 - 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:
 - Data collection and surveillance,
 - Data quality assurance,
 - Data governance,
 - Data integration and management,
 - Data analytics and insights,
 - Privacy and security.

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

NMDOH would need to hire 2 FTE to implement a TBI surveillance system, plus additional costs as cited in budget section.

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 \(nmhealth.org\)](http://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.

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

- Under NMAC 7.4.3.13 Notifiable Conditions ([NOTIFIABLE CONDITIONS IN NEW MEXICO \(nmhealth.org\)](http://nmhealth.org)), Traumatic Brain Injury is a notifiable condition that must be reported to the NMDOH.
- The HIS Act authorizes the Department of Health to collect, analyze, and disseminate health information to assist: 1) in the performance of health planning and policymaking functions; 2) consumers in making informed decisions regarding health care; and 3) in administering, monitoring, and evaluating a statewide health plan.

- NMDOH has the technical expertise and staff and is the agency which maintains existing related surveillance systems which will feed into TBI surveillance.

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

Under NMAC 7.4.3.13 Notifiable Conditions ([NOTIFIABLE CONDITIONS IN NEW MEXICO \(nmhealth.org\)](#)) NMDOH is the authorized agency to receive and analyze TBI data, not the HCAD.

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,
 - People living in poverty,
 - 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).

Disparity in TBI registry in the United States

- According to the National TBI Registry Coalition, only 14 states currently have a registry TBI, and this system is decentralized, with specific states creating and overseeing their own registries.
- 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.
- 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.
- 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/>).
- 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).

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 NM 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, there will be no brain injury services fund to:

- Establish the brain injury registry to track the occurrence and functional outcomes of TBI, and the effectiveness of TBI treatment.
- Maintain an accessible website that allows individuals with a brain injury or a suspected brain injury to enroll in the brain injury registry and through which the registrants may access information and services.
- Conduct brain injury surveillance.

12. AMENDMENTS

Section 2, A. (1) should be changed to “department” means Department of Health

Section 3, B. (1) should be changed to “six hundred thousand dollars (\$600,000) to the department of Health to conduct brain injury surveillance