FISCAL IMPACT REPORT

SPONSOR Tallman/Sedillo Lopez **LAST UPDATED** **ORIGINAL DATE** 1/30/24

SHORT TITLE Brain Injury Program Funding Limits **BILL NUMBER** Senate Bill 203

ANALYST Klundt

APPROPRIATION*
(dollars in thousands)

FY24	FY25	Recurring or Nonrecurring	Fund Affected
	$2,500.0	Nonrecurring	General Fund

Parentheses ( ) indicate expenditure decreases.
*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency Analysis Received From
Department of Health (DOH)

SUMMARY

Synopsis of Senate Bill 203

Senate Bill 203 (SB203) appropriates $2.5 million from the general fund to the brain injury services fund for expenditure in fiscal year 2025 and subsequent fiscal years to increase funding limits for eligible participants in statewide brain injury services programs. Any unexpended or unencumbered balance remaining at the end of a fiscal year shall not revert to the general fund.

This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, or May 15, 2024, if enacted.

FISCAL IMPLICATIONS

The appropriation of $2.5 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY25, and subsequent fiscal years shall not revert to the general fund. The appropriation of $2.5 million contained in this bill is a nonrecurring expense. Although this bill does not specify future appropriations, multiyear appropriations, particularly if used to fund services and those services perform well, create an expectation the program will continue in future fiscal years; therefore, this cost could become recurring after the funding period.

SIGNIFICANT ISSUES

The Department of Health reported the following:

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 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).

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
- 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/).

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