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FISCAL IMPACT REPORT

SPONSOR Sedillo Lopez LAST UPDATED 2/9/2024
ORIGINAL DATE 2/2/2024
SHORT TITLE Brain Injury Services BILL NUMBER Senate Bill 254
ANALYST Klundt

APPROPRIATION* (dollars in thousands)

FY24	FY25	Recurring or Nonrecurring	Fund Affected
	\$4,400.0	Recurring	General Fund

Parentheses () indicate expenditure decreases.

*Amounts reflect most recent analysis of this legislation.

Sources of Information

LFC Files

Agency Analysis was Solicited but Not Received From
Department of Health (DOH)

Because of the short timeframe between the introduction of this bill and its first hearing, LFC has yet to receive analysis from state, education, or judicial agencies. This analysis could be updated if that analysis is received.

SUMMARY

Synopsis of Senate Bill 254

Senate Bill 254 (SB 254) appropriates \$4.4 million from the general fund for the following:

- \$2.5 million to the brain injury services fund for expenditure in FY25 and subsequent fiscal years to increase funding limits for eligible participants in statewide brain injury services programs;
- \$1 million to the brain injury services fund for expenditure in fiscal year 2025 and subsequent fiscal years to establish and support a brain injury registry;
- \$600 thousand to the Department of Health for expenditure in fiscal year 2025 to conduct surveillance of the prevalence and incidence of brain injury in the state; and
- \$300 thousand to the Health Care Authority for expenditure in fiscal year 2025 to provide brain injury education to healthcare professionals, including mentorship and peer support, through a statewide virtual learning platform.

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 \$4.4 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balances remaining at the end of a fiscal year of the appropriations made in Paragraphs (1) and (2) of Subsection A of this section shall not revert to the general fund, and any unexpended or unencumbered balances remaining at the end of fiscal year 2025 of the appropriations made in Paragraphs (3) and (4) of Subsection A of this section shall revert to the general fund. Although this bill does not specify future appropriations, establishing a new grant program could create an expectation the program will continue in future fiscal years; therefore, this cost is assumed to be recurring.

SIGNIFICANT ISSUES

Currently, Medicaid members with traumatic brain injury (TBI) who meet a “nursing facility level of care” can access home and community-based services through the Community Care Community Benefit program. If a person with a TBI is not otherwise financially eligible for Medicaid, they can access brain injury services through the HCA-managed brain injury services fund. The BISF offers short-term non-Medicaid services to individuals with a confirmed diagnosis of brain injury. The fund serves as a gateway for those who are newly injured and are waiting to become either Medicaid eligible or another payer source is identified, or the individual’s crisis is otherwise resolved.

On a similar bill, the Department of Health reported:

TBI morbidity and mortality. Brain injuries contribute to more than 64 thousand deaths annually and more than 223 thousand hospitalizations in the United States. Each year, more than 2,400 children die and more than 6,000 children are hospitalized from brain injuries in the United States

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 thousand residents), which was 51 percent higher than the national rate (19.5 deaths per 100 thousand residents, age adjusted) ... [and] the highest rate in New Mexico since 2001. ...

In 2021, there were 652 TBI-related deaths in New Mexico. By injury intent, 281 (43 percent) were due to suicides, 271 (42 percent) were due to unintentional injuries, and 83 (13 percent) were due to homicides. By injury mechanism, 344 (53 percent) were due to firearm, 155 (24 percent) were due to falls, and 90 (14 percent) were due to motor vehicle crashes.

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 thousand 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 nine 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 percent experience moderate to severe disability, 55 percent are unemployed (despite being employed at the time of their injury), 50 percent revisit the hospital at least once, 33 percent depend on others for assistance in daily activities, 29 percent express dissatisfaction with life, and 29 percent engage in illicit drug use or alcohol misuse.

DOH contends better funding would improve the overall well-being of individuals affected by brain injuries. The department reports some of these benefits include better access to comprehensive, individualized care and rehabilitation, better quality of life, increased family support, and cost savings.

RELATIONSHIP

Senate Bill 156 appropriates \$1 million from the general fund to the brain injury services fund (BISF) to establish and support a brain injury registry and to purchase or develop a brain injury registry website, \$600 thousand to HCA to conduct brain injury surveillance, and \$300 thousand to the University of New Mexico to partner with the HCA to facilitate an extension for community health care outcomes project focused on brain injury.

Senate Bill 156 also cleans up language in Section 27-1-16 NMSA 1978, to include references to HCA as opposed to the Human Services Department and updates the definition of brain injury to include more modern terminology. The bill creates the brain injury registry with a website for people to register that also allows the department to conduct brain injury surveillance. The website would also connect registrants to services, support, and opportunities to participate in medical research.

Senate Bill 203 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.

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