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## FISCAL IMPACT REPORT

SPONSOR M. Sanchez DATE TYPED 1/31/05 HB \_\_\_\_\_

SHORT TITLE Stroke Registry Computer Software SB 213

ANALYST Collard

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$4.0			Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health  
Health Policy Commission

### SUMMARY

#### Synopsis of Bill

Senate Bill 213 appropriates \$4 thousand from the general fund to the Department of Health for the purpose of purchasing computer software for a stroke registry.

#### Significant Issues

According to the Department of Health (DOH), stroke is the leading cause of long-term disability in New Mexico and nationwide. It is the 3<sup>rd</sup> most common fatal disease in the state. Stroke is a preventable disease. This bill relates to recommendations made by the Stroke Task Force, created as a result of Senate Joint Memorial 31 (SJM 31), passed by the 2003 New Mexico Legislative Session. SJM 31 asked the Department of Health (DOH) to examine stroke prevention and treatment in New Mexico. DOH partnered with the American Heart Association/American Stroke Association to conduct this study.

A stroke registry would allow DOH to create a standard set of stroke data. This data would allow DOH to determine the level of care and treatment that patients are receiving. Data on stroke care needs to be collected, compiled and evaluated in order to make the necessary changes in the

system to improve outcomes. Registries often play an important role in helping researchers understand the burden of disease and identify related health disparities and prevention strategies. Stroke registries measure and improve hospital delivery of emergency care for stroke victims in order to reduce death and disabilities from stroke.

This bill is based on a recommendation by the task force to develop a stroke registry to gain the needed data to improve stroke outcome.

### **PERFORMANCE IMPLICATIONS**

DOH indicates the department could include a proposed performance measure that could be used to measure the effectiveness of this funding, such as “Number of hospital based stroke centers in New Mexico reporting stroke events presenting in emergency departments”.

### **FISCAL IMPLICATIONS**

The appropriation of \$4 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY06 shall revert to the general fund.

### **ADMINISTRATIVE IMPLICATIONS**

DOH indicates Senate Bill 213 would require one permanent FTE to serve as a stroke registrar. A position such as a database administrator would cost approximately \$73.8 thousand annually.

### **RELATIONSHIP**

Senate Bill 213 relates Senate Bill 227, which would appropriate \$105 thousand to establish stroke centers statewide and includes the development of a stroke registry. These stroke centers would have the responsibility to submit data to the registry.

### **OTHER SUBSTANTIVE ISSUES**

According to DOH, two New Mexicans die every day from stroke and there are an estimated 8 stroke survivors every day. In the United States, approximately 750 thousand strokes occur annually and almost 20 percent of stroke victims die within the first days. In 2002, the estimated hospital charges alone for stroke were \$65.5 million. Stroke disease is a serious public health issue.

Stroke risk factors may be identified early and related behaviors modified, such as hypertension, heart disease, diabetes, and cigarette smoking. Through health education, warning signs could be recognized, prompting swift transport and treatment at a stroke center, mitigating the long-term impact of stroke. When stroke victims receive appropriate treatment, such as a clot-dissolving drug within three hours, patients are 30 percent less likely to have permanent disability. (All data from *Stroke: The Challenge A Report About Stroke in New Mexico*, September 2004)

There are five links in the stroke chain of survival and the American Stroke Association believes that by strengthening the chain of survival improves the outcomes for stroke patients. The stroke chain of survival includes rapid recognition and reaction to stroke warning signs; rapid start of

pre-hospital care; rapid emergency medical services system transport and hospital pre-notification; rapid diagnosis and treatment at the hospital; and appropriate rehabilitation.

The Health Policy Commission indicates establishing a statewide computerized stroke registry could improve the lives of New Mexico stroke victims and potential victims of stroke by:

- Centralizing data collection through electronic means.
- Improving the quality of acute stroke care and survival.
- Creating a powerful tool in developing community-based programs to improve the quality of stroke care and patient outcomes.
- Creating a faster and more efficient means of communicating and transmitting important data within health care entities in helping to improve the lives of stroke victims.
- Identifying health disparities and prevention strategies.
- Improving public health surveillance.
- Providing information and educational materials on stroke to health care professionals and the public.
- Reducing death and disability and improve the quality of life for stroke survivors.

**KBC/lg**