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FISCAL IMPACT REPORT

SPONSOR Ortiz y Pino DATE TYPED 01/28/05 HB _____

SHORT TITLE New Mexico Stroke Care System SB 227

ANALYST Hanika-Ortiz

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$105.0			Recurring	GF

Relates to SB 213

SOURCES OF INFORMATION

LFC Files

Responses Received From

Health Policy Commission (HPC)

Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 227 appropriates \$105 thousand from the general fund to the DOH for fiscal year 2006 to develop a system of stroke care in New Mexico. SB 227 specifically acknowledges the appropriation be used for:

- Establishing stroke centers in hospitals statewide.
- Creating stroke prevention, including health and environmental factors; and treatment protocols.
- Establish a stroke registry to collect, compile and evaluate data.
- Developing a stroke advisory committee.
- Implement a public education campaign to help recognize the warning signs of stroke.

Significant Issues

A stroke is a brain injury that occurs when the brain's blood supply is interrupted. Without oxygen and nutrients from blood, brain tissue starts to die rapidly, resulting in a sudden loss of function. A stroke may also occur if a blood vessel breaks and bleeds into or around the brain, this is

called a hemorrhagic stroke. Modifiable risk factors include high blood pressure, (high) cholesterol levels, smoking, obesity, lack of exercise, alcohol consumption, diabetes and atrial fibrillation.

The DOH and HPC report:

- Stroke is the leading cause of long-term disability in New Mexico.
- Approximately 50% of stroke sufferers die before they reach a hospital. 20% die within the first few days.
- Often, stroke victims arrive at the hospital too late to receive treatment that could lead to full recovery, and many become needlessly disabled. There is a three-hour window in which treatment is most effective.
- An estimated 4.5 million Americans and their families live with the disabling effects of stroke.

The New Mexico Selected Health Statistics Annual Report, in 2002 stated:

- 4.9% of all deaths in New Mexico were due to stroke. The total number of deaths from stroke was 687 (2002).
- Stroke ranks as the 5th leading cause of death for New Mexicans.
- In 2002 36% of deaths from stroke were males and 64% were females.
- Among Hispanics, the 2002-2003 aggregate death rate from stroke was 1.3 times higher for ages 35-54, and 1.2 times higher for ages 65-74.

Native Americans, in addition to Hispanics, are disproportionately affected by stroke when compared to the US rates for the same populations.

The DOH reports data collected from a stroke registry would help determine the level of care and treatment patients are receiving. Registries often help researchers identify the burden of disease, related health disparities and prevention strategies from the data collected, compiled and evaluated. Stroke registries also measure and improve hospital delivery of emergency care for stroke victims in order to reduce death and disabilities from stroke.

PERFORMANCE IMPLICATIONS

The DOH report SB 227 would support strategic plan in Program Area I: Prevention and Disease Control – Public Health Division; Objective 6: Prevent and control chronic disease.

FISCAL IMPLICATIONS

The appropriation of \$105 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2006 shall revert to the general fund. The appropriation was not part of the executive budget recommendation submitted in 2004 and reviewed by the LFC.

The NM Stroke Task Force recommendations included \$105,000 - \$41,000, which would be one-time funding and \$64,000, which would be recurring.

The DOH report in 2002, the estimated hospital charges in New Mexico for stroke victims were \$65.5 million. There are also additional direct care costs (EMS, providers, nursing homes, medications and home health care), and indirect costs (loss of wages for survivor and/or caregivers, changes in family structure) to consider.

ADMINISTRATIVE IMPLICATIONS

Currently DOH states they do not have a stroke program and lack staff and program support for management of an ongoing stroke program.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to SB 213, Stroke Registry Computer Software, which appropriates \$4,000 for computer and software, for a stroke registry to capture data collected by NM hospitals statewide.

OTHER SUBSTANTIVE ISSUES

SB 227 relates to recommendations made by the Stroke Task Force, created as a result of SJM 31, passed by the 2003 New Mexico Legislative Session. SJM 31 asked the DOH to examine stroke prevention and treatment in New Mexico. DOH partnered with the American Heart Association/American Stroke Association to conduct this study. The task force recommended the development of a comprehensive stroke care system to better prepare hospitals and emergency medical systems to meet the challenge of treating stroke patients promptly.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

The HPC says further prevention, treatment and education measures to identify stroke as a serious health issue for New Mexicans will remain unaddressed.

AHO/lg