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## FISCAL IMPACT REPORT

SPONSOR Sanchez, M. DATE TYPED 2/14/95 HB \_\_\_\_\_

SHORT TITLE Improve Stroke Patient Treatment Outcomes SB 513

ANALYST Hanika-Ortiz

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$41.0			Recurring	GF

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health (DOH)

Aging and Long-Term Services Department (ALTSD)

### SUMMARY

#### Synopsis of Bill

SB 513 appropriates \$41 thousand from the general fund to the DOH for four hospital-based primary stroke centers to provide rapid stroke treatment; develop emergency treatment protocols and continuing education requirements for state emergency providers; and develop a stroke registry.

#### Significant Issues

SB 513 relates to recommendations made by the Stroke Task Force, created as a result of SJM 31 passed by the 2003 New Mexico Legislative Session. The Stroke Task Force resulted in the partnership of the DOH and the American Heart Association/American Stroke Association in examining stroke prevention and treatment in New Mexico.

Two New Mexicans die every day from stroke and there are an estimated eight stroke survivors every day. 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 New Mexico

A system of rapid, effective stroke treatment does not exist in New Mexico. Even when patients are transported quickly, 68% of New Mexico hospitals do not have the resources, trained staff or

protocol to begin quick treatment. When stroke victims receive appropriate treatment, such as a clot-dissolving drug within three hours, patients are 30% less likely to have permanent disability.

Development of four hospital-based primary stroke centers in hospitals would provide support for the creation and development of acute stroke teams, stroke units, written protocols, and an integrated emergency response system. A standard protocol for EMS treatment and transport of a stroke patient would be incorporated into the training and education curricula as an update every two years during licensure renewal.

### **PERFORMANCE IMPLICATIONS**

Meets DOH performance objectives of preventing and controlling chronic disease and improving the state's response to health emergencies.

### **FISCAL IMPLICATIONS**

There will be administrative and direct service costs for continuing education requirement for emergency medical service providers.

Two New Mexicans die every day from stroke and there are an estimated 8 stroke survivors every day. In 2002, an estimated \$65 million was spent on hospital stroke care in New Mexico. In 2004, an estimated \$53 billion was spent on the direct and indirect costs of stroke in the U.S. DOH reports the number of stroke victims is expected to double in the next 20 years.

Funding for this bill is not part of the Governor's budget request.

The appropriation of \$41 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.

The LF considers this a recurring appropriation because once the program is started; the expectation will be that it continues.

### **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

Relates to SB 513 that appropriates \$4 thousand to the DOH for a computer and software for a stroke registry, also includes a \$6 thousand allocation for the development of a stroke registry.

Relates to SB 227 that appropriates \$105 to establish statewide hospital stroke centers, stroke treatment protocol and a stroke registry.

### **TECHNICAL ISSUES**

The bill is unclear as to whether the continuing education requirement for "emergency medical personnel" would be a requirement for re-licensure, or whether the individual, hospital or DOH would incur the cost of training.

SB 513 offers no definition of "emergency medical service providers" and could mean anyone from ambulance attendants to physicians. Each has their own licensing requirements and license

renewals are at different times throughout the year. Each discipline has their own licensing body and requirements for renewal and they would need to be consulted before creating any additional requirements for licensure. Recommend deleting “during the renewal of their licenses” on page 2, line 3; placing a period after the word “providers”.

### **OTHER SUBSTANTIVE ISSUES**

Stroke risk factors may be identified early and related behaviors modified, such as hypertension, heart disease, diabetes, and cigarette smoking. Early recognition of warning signs would allow swift transport and treatment at a stroke center, mitigating the long-term impact of stroke.

New Mexican Hispanics and Native Americans are disproportionately affected by stroke when compared to the U.S. rate for the same populations: NM Hispanics 106/100,000 vs. U.S. Hispanics 79/100,000; NM Native Americans 85/100,000 vs. U.S. Native Americans 79/100,000.

### **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?**

Emergency personnel may not have all the information and resources they need to positively impact a stroke emergency.

**AHO/sb**