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FISCAL IMPACT REPORT

ORIGINAL DATE 01/30/12

SPONSOR Martinez, K. LAST UPDATED _____ HB 167

SHORT TITLE Stroke Response & Treatment SB _____

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY12	FY13		
	\$70.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 167 (HB167) appropriates \$70 thousand from the general fund to the Department of Health (DOH) to fund the DOH's plan for stroke response and treatment, and the establishment and maintenance of a statewide stroke registry.

FISCAL IMPLICATIONS

The appropriation of \$70 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY13 shall revert to the general fund.

SIGNIFICANT ISSUES

The DOH indicates there are currently two primary stroke centers in New Mexico, both in Albuquerque. These facilities are currently utilizing the stroke data tool utilized by the American Heart Association to collect stroke data. According to the AHA, providing this data tool to additional hospitals would cost approximately \$2 thousand per hospital.

The DOH, through the Epidemiology and Response Division (ERD), initiated a stroke program in 2007 that had parallel goals to this bill, with some progress made prior to the program ending

due to budget constraints. Treatment guidance and other educational materials were developed for pre-hospital and hospital caregivers. Additionally, the program had extensive outreach and communication with the two facilities that are now stroke centers, as well as several other hospitals, with the goal of establishing a statewide stroke program. At this time the DOH/ERD has a similar program for the development of a trauma system.

ADMINISTRATIVE IMPLICATIONS

The DOH/ERD has hospital and pre-hospital care professionals currently employed that are trained in hospital inspections for trauma center designation. The process of inspection, and the capabilities that hospitals must demonstrate, will be very similar to tasks and assessments already being completed by the DOH/ERD staff.

The DOH/ERD has a near identical program for certifying Trauma Centers, working with national accrediting agencies, performing inspections of hospitals, and issuing New Mexico trauma center certifications on behalf of the Cabinet Secretary of Health. In order to achieve the intent of HB167, the DOH/ERD estimates that additional staffing would be needed to augment current trauma staff. The DOH/ERD will also work with emergency medical service pre-hospital agencies to assure consistent training, and goals of treatment and transport for the stroke patient. This will assure the development of a stroke system to assure a continuum of care from initial response through hospital as currently developed for the trauma system.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

HB167 relates to House Bill 33, introduced for the Legislative Health and Human Services Committee, which proposes to add a new section to the Public Health Act to establish processes by which the Department of Health (DOH) would certify acute care hospitals as primary stroke centers if the hospital: 1) has been accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Heart Association (AHA) as a primary stroke center; and 2) has applied for certification by the DOH as a primary stroke center.

OTHER SUBSTANTIVE ISSUES

According to the American Stroke Association (ASA), 795,000 Americans each year suffer a new or recurrent stroke. Nationally, a stroke occurs every 40 seconds. Stroke is the number 4 cause of death in the United States, killing more than 137,000 people per year, or about 1 out of every 18 individuals who have a stroke.

In the years 2000-2007, there was an average of 3,306 new stroke hospitalizations each year in New Mexico at hospitals participating in the Hospital Inpatient Discharge Data (HIDD) collection. The New Mexico DOH reports that in 2009, 714 New Mexicans died from stroke – nearly 2 individuals every day. Stroke is the fifth leading cause of death in New Mexico. Stroke survivors often suffer significant lifelong disability.

RAE/lj:svb