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FISCAL IMPACT REPORT

		ORIGINAL DATE	02/04/13		
SPONSOR	Morales/Gallegos	**LAST UPDATED**	02/21/13	**HB**	
SHORT TITLE	Hospitals as STEMI Centers			**SB**	198/aSPAC/aSJC
				ANALYST	Esquibel

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY13	FY14	FY15	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		Minimal	Minimal	Minimal	Recurring	General Fund, Other State Funds

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION
LFC Files

Responses Received From
Medical Board (MB)
Department of Health (DOH)
University of New Mexico Health Sciences Center (UNM/HSC)

SUMMARY

Synopsis of SJC Amendment

The Senate Judiciary Committee amendments to Senate Bill 198 as amended by the Senate Public Affairs Committee remove the references to the American Heart Association's program, "Mission: Lifeline®" and remove the STEMI receiving and referring centers being coupled to this specific program model.

Synopsis of SPAC Amendment

The Senate Public Affairs Committee amendment to Senate Bill 198 enact a new section of the "Emergency Medical Services Act" instead of the "Public Health Act" as in the original bill, and correct the reference to the Society *of* Cardiovascular Patient Care.

Synopsis of Original Bill

Senate Bill 198 (SB 198) proposes to enact a new section of the Public Health Act to provide for the Department of Health (Department) certification of acute care hospitals as ST segment

elevation myocardial infarction (STEMI) receiving centers or STEMI referring centers if the hospitals have been accredited by a nationally recognized organization that provides STEMI receiving or referring accreditation. SB 198 would also allow the Secretary of Health to adopt rules relating to STEMI certification and revocation by the Department, and to assist in the development of coordinated STEMI care agreements between STEMI receiving centers, STEMI referring centers, and other health care facilities.

FISCAL IMPLICATIONS

SB 198 contains no appropriation.

SIGNIFICANT ISSUES

The Department of Health (DOH) indicates STEMI is a type of heart attack which may present with classic symptoms, such as chest pain, and is characterized by a particular pattern of abnormalities on an electrocardiogram (ECG). At present, STEMI comprises approximately 25 percent to 40 percent of heart attacks. Approximately 30 percent of patients with STEMI are women. Nearly a quarter of patients with STEMI in the U.S. have diabetes mellitus and diabetes is associated with higher mortality after STEMI. Death rates from STEMI are approximately 5 percent to 6 percent during hospitalization and approximately 7 percent to 18 percent within one year. (*2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines* accessed at:
http://circ.ahajournals.org/content/early/2012/12/17/CIR.0b013e3182742cf6.citation).

Like all heart attacks, STEMI is caused by a blockage in the blood vessels that provide oxygen and nutrients to the heart muscle. Primary treatment for STEMI entails eliminating the blockage in the blood vessel, which is called "reperfusion". Reperfusion is most commonly performed through a specialized medical procedure called a percutaneous coronary intervention (PCI). Only a minority of U.S. hospitals are capable of performing PCI on an emergency basis. Any delay in receiving PCI can increase the risk of dying from STEMI. The American Heart Association (AHA) launched "Mission: Lifeline®" in 2007 to improve health system readiness and response to STEMI with a focus on the continuum of care from emergency medical services (EMS) activation to PCI. Mission: Lifeline® recommends a multifaceted community-wide approach that involves patient education, improvements in emergency medical system and emergency department care, establishment of networks of STEMI-referral (non-PCI-capable) and STEMI-receiving (PCI-capable) hospitals, and coordinated advocacy efforts to work with payers and policy makers to implement healthcare system redesign. (*2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines* accessed at:
http://circ.ahajournals.org/content/early/2012/12/17/CIR.0b013e3182742cf6.citation).

The process for accrediting STEMI receiving or referring centers is managed by the Society of Cardiovascular Patient Care (formerly the Society of Chest Pain Centers), based on guidelines established by the American College of Cardiology and the American Heart Association. (*http://www.heart.org/HEARTORG/HealthcareResearch/MissionLifelineHomePage/Recognition-and-Accreditation_UCM_437430_Article.jsp*)

ADMINISTRATIVE IMPLICATIONS

The DOH's Epidemiology and Response Program 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. The DOH's Epidemiology and Response Program would also work with emergency medical service pre-hospital agencies to assure consistent training, and goals of treatment and transport for the STEMI patient. This will assure the continued development of a STEMI system to assure a continuum of care from initial response through hospital as currently developed for the trauma system.

TECHNICAL ISSUES

The DOH suggested and the SPAC amended page 2, lines 7-8, to correct the reference to the Society *of* Cardiovascular Patient Care.

The DOH also suggested and the SPAC amended page 1, lines 11-12 and line 17, to replace the words "Public Health Act" with the words "Emergency Medical Services Act" and to amend the other statutory references as needed.

SB 198 proposes a program for STEMI center designation that is similar to the current trauma center designation program operated through the DOH's Epidemiology and Response Program. SB 198 references the Public Health Act under which the DOH's Division of Health Improvement (DHI) operates. However, the DHI has no mechanism for this STEMI kind of certification. Rather the DOH's Emergency and Response Program operates under the Emergency Medical Services Act and has current rules for trauma center designation that could serve as a template for STEMI center designation. These rules address a multi-leveled designation process that includes inspection of hospitals. The ERP has hospital and pre-hospital caregivers trained in hospital inspection. It may be more appropriate to add the STEMI center designation task to the Emergency Medical Services Act rather than the Public Health Act.

OTHER SUBSTANTIVE ISSUES

The University of New Mexico Health Sciences Center (UNM/HSC) indicates Mission: Lifeline® was created by the American Heart Association as a response to missed opportunities for prompt, appropriate STEMI treatment. Recently, Mission: Lifeline® expanded to help existing STEMI systems of care incorporate out-of-hospital cardiac resuscitation into their systems. Mission: Lifeline® criteria address items and data collection that UNMH currently does or could easily do including:

1) The System should be registered with Mission: Lifeline®.
2) There should be on-going multidisciplinary team meetings that include emergency medical services (EMS), non-PCI (percutaneous coronary intervention) hospitals/STEMI referral centers, and PCI hospitals/STEMI-receiving centers to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified, and solutions implemented.
3) Each STEMI system should include a process for pre-hospital identification and activation, destination protocols to STEMI receiving centers, and transfer for patients who arrive at STEMI referral centers and are primary PCI candidates, and/or are fibrinolytic ineligible and/or in cardiogenic shock.

4) Each system should have a recognized system coordinator, physician champion, and EMS medical director.
5) Each system component (EMS, STEMI referral centers and STEMI-receiving centers) should meet the appropriate criteria as stipulated by the American Heart Association.

RAE/svb