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FISCAL IMPACT REPORT

SPONSOR Kernan **ORIGINAL DATE** 01/31/14
LAST UPDATED 02/14/14 **HB** _____

SHORT TITLE Community-Based Adult Fall Awareness Program **SB** 74/aSPAC

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY14	FY15		
	\$250.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SB 74 duplicates HB 99, Adult Fall Risk & Awareness Program.

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)
 Department of Health (DOH)
 Aging and Long-Term Services Department (ALTSD)
 Indian Affairs Department (IAD)

SUMMARY

Synopsis of SPAC Amendment

The Senate Public Affairs Committee amendment to Senate Bill 74 strikes the creation of a new section in the Public Health Act which would have mandated collaboration between the Aging and Long-Term Services Department and the Department of Health requiring annual reporting and an array of other activities around adult falls prevention and intervention. The SPAC amendment also eliminates the \$955 thousand appropriation designated to several different items, and replace it with an appropriation of \$250 thousand from the general fund to the Department of Health for development and implementation of a statewide community-based adult fall risk awareness and prevention program.

Synopsis of Original Bill

Senate Bill 74 would appropriate \$955 thousand in FY15 from the general fund to the DOH to establish a statewide program to promote adult fall risk awareness, education, training, prevention, tracking and trending, and cost effectiveness study of the data.

FISCAL IMPLICATIONS

SB 74/aSPAC includes an FY15 general fund recurring appropriation of \$250 thousand. Any unexpended or unencumbered balance remaining at the end of FY15 shall revert to the general fund.

SB 74 prior to its SPAC amendments, would have appropriated a total of \$955 thousand with \$100 thousand for one full-time employee to administer the statewide community-based adult fall risk awareness and prevention program; \$230 thousand for the development of a culturally competent awareness and prevention media campaign; \$110 thousand to contract with one or more institutions of higher learning to provide educational programming in evidenced-based fall risk assessment and prevention strategies; and \$515 thousand to contract with agencies to provide fall risk awareness programming and literature to the public, conduct trainer instructional workshops and booster training, implement evidenced-based interventions, and evaluate and maintain data on the efficacy and cost-effectiveness of the program

SIGNIFICANT ISSUES

ALTSD indicates it currently collaborates with the DOH as well as with the New Mexico Healthy Aging Collaborative and the New Mexico Adult Falls Prevention Coalition regarding activities designed to maintain or improve physical and mental well-being, maintain independence, manage chronic disease, and build knowledge/skills to enable older adults to make informed choices about lifestyle and health issues. Several collaborative, evidence-based programs currently being implemented are *Enhance Fitness*, *A Matter of Balance* and *Tai Chi: Moving for Better Balance*, which all address adult falls prevention.

PERFORMANCE IMPLICATIONS

HSD indicates it is monitoring fall risk prevention of Medicaid members through Centennial Care. Their Centennial Care performance measure tracks the percentage of Medicaid members 65 years of age and older who have had a fall or have had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.

ADMINISTRATIVE IMPLICATIONS

ALTSD indicates the internal costs to the DOH and the ALTSD associated with data collection, analysis and reporting of performance measures and evaluating program effectiveness as enumerated in this bill are not explicitly addressed with specific appropriations.

DUPLICATION

SB 74 duplicates HB 99, Adult Fall Risk & Awareness Program.

TECHNICAL ISSUES

ALTSD indicates it is not evident why the Public Health Act needs to be amended in order to accomplish the intent of the bill nor why it needs to go into immediate effect on an emergency basis.

DOH indicates the provisions that provide DOH would contract with various organizations are too prescriptive because they limit necessary flexibility. DOH suggests the following amendments:

- On page 2, line 1, replace “contract” with “arrange for”.
- On page 3, line 1, delete the word “Or”.
- On page 3, line 1, insert the words “or other agencies after the words “Indian Health”.

OTHER SUBSTANTIVE ISSUES

DOH writes that in New Mexico, falls are the leading cause of injury-related deaths, hospitalizations, and emergency department visits among older adults 65+ years of age. During 2008-2012, 60 percent of the injury-related deaths among older adults were due to falls. The 2010 fall-related death rate (84.9/100,000 population) in New Mexico was the sixth highest among all states and was 1.6 times higher than the national rate (53.8/100,000). (Source: CDC WISQARS) There were 1,299 fall-related deaths among older adults from 2008 through 2012. Older adults account for 86 percent of the fall-related deaths in New Mexico. Fall-related injury deaths increase rapidly with age. The fall-related death rate during 2008 through 2012 varied from 22.2/100,000 among 65 to 74 year olds, to 88.1/100,000 among 75 to 84 year olds, and 462.7/100,000 among 85+ year olds.

In 2012, there were 6,328 emergency department visits due to falls among older adults. Fall-related emergency department visits also increased sharply with age. The fall-related emergency department visit rate during 2012 varied from 1,314.5/100,000 among 65 to 74 year olds to 2,549.5/100,000 among 75 to 84 year olds, and 5,276.6/100,000 among 85+ year olds (Sources: NM Bureau of Vital Records and Health Statistics and DOH Morbidity Program).

Fall-related hospitalizations also increase rapidly with age. The fall-related hospital discharge rate during 2011 varied from 433.5/100,000 among 65 to 74 year olds to 1,301.9/100,000 among 75 to 84 year olds, and 3,723.6/100,000 among 85+ year olds. Older adults accounted for 71 percent of fall-related hospitalizations. In 2011, 3,134 fall-related hospitalizations occurred among older adults.

Based upon New Mexico Bureau of Vital Records and Health Statistics data from 1999 to 2012, the injury death rate among Whites was 114.2 per 100,000 persons; among Hispanics the injury death rate was 79.3 per 100,000 persons; among Black or African Americans the injury death rate was 34.4 per 100,000 persons; and among American Indians the injury death rate was 79.6 per 100,000 persons.

RAE/ds:svb