FISCAL IMPACT REPORT

SPONSOR Morales	**ORIGINAL DATE** 1/26/2017 **LAST UPDATED** **HB**
SHORT TITLE STEMI Triage Plan Coordination	**SB** 80
	ANALYST Chenier

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		$13.7	$13.7	$27.4	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION
LFC Files

Responses Received From
University of New Mexico – Health Sciences Center (UNM-HSC)
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 80 would require DOH to coordinate with local and regional emergency medical services on the development and implementation of triage and transport plans for ST segment elevation myocardial infarction (STEMI) patients.

FISCAL IMPLICATIONS

DOH stated that it is not clear what the exact cost to implement provisions within the bill will be; however, cost implications are associated with coordinating, developing, and implementing plans as required by this bill. The department estimates that the bill would require one .25 FTE for a social and community service coordinator-basic at $13.7 thousand per year.

SIGNIFICANT ISSUES

Heart disease is the leading cause of death and long-term disability in the United States (https://www.cdc.gov/heartdisease/facts.htm). In New Mexico, heart disease accounted for 3,408 deaths in 2014, or 151.7 deaths per 100,000. A heart attack occurs when there is a severe reduction in

blood flow to a segment of the heart muscle. One type of heart attack is called an ST-elevation myocardial infarction (STEMI) which refers to the specific pattern that is observed on an electrocardiogram (ECG).

The purpose of the bill is to allow for emergency medical services providers to better identify and have more clarity on where to transport STEMI patients. This will cut down the time from patient diagnosis to definitive treatment allowing for better patient outcomes.

Heart disease is the leading cause of death among Native Americans, according to the CDC. Rural, frontier, and tribal community emergency medical services caregivers will be able to better identify and have more clarity on where to transport STEMI patients.

Ongoing work will involve the monitoring of STEMI credentialing status of receiving and referring centers since this is not to be done on an honorary or voluntary basis. It will also be necessary to post the current status of all eligible STEMI receiving and referring facilities to the website, and establish and ensure that EMS personal within the state have the most current status information in order to maintain the intent of SB80 and increase and maintain patient safety.

UNM-HSC already has programs in place that comply with this legislation and has found they lead to better care and outcome for patients. UNM Hospital currently qualifies as a Mission Lifeline: STEMI receiving Center. Through this work, coordination with Emergency Medical Services (EMS) is already occurring to some extent. The EMS work of coordinating transports should fit reasonably into current structure of state EMS.

The ongoing EMS coordination through Mission:Lifeline has resulted in improved communication with all the Core ABQ STEMI receiving facilities. Quarterly systems-level meetings have helped shaped processes, feedback mechanisms, and education for EMS IN STEMI and acute coronary syndrome care. These all lead to improved patient care.

The proposed legislation formalizes much of what is already occurring and might strengthen the ongoing educational efforts that UNM HSC is a part of with Mission:Lifeline.

EC/al/jle