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FISCAL IMPACT REPORT

ORIGINAL DATE 2/27/19

SPONSOR O'Neill LAST UPDATED _____ HB _____

SHORT TITLE Mobile Stroke Unit & Task Force SB 414

ANALYST Hawker

APPROPRIATION (dollars in thousands)

Appropriation					Recurring or Nonrecurring	Fund Affected
	FY20	FY21	FY22	FY23		
UNM	\$800.0				Recurring	General Fund
UNM	\$500.0				Recurring	General Fund
DOH	\$100.0				Recurring	General Fund
Total	\$1,400.0					

Parenthesis () indicate expenditure decreases

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

University of New Mexico Health Sciences Center (UNM/HSC)

SUMMARY

Synopsis of Bill

Senate Bill 414 creates a new section of the Public Health Act, Chapter 24 NMSA 1978. The secretary of DOH shall establish a 15-member “stroke emergency trauma help task force” (task force). The members of the task force shall be appointed by the governor. Representatives shall represent primary stroke centers, urban and rural EMS providers, emergency communications, and DOH. DOH shall provide teleconference capabilities to the task force so that meetings can be attended by members via teleconference. Audio access to the meetings shall be provided to the meetings for the public.

By September 1, 2019, DOH will assist the task force in providing a progress report, including recommendations for stroke diagnosis and treatment, to the Legislative Health and Human Services Committee.

By September 1, 2020, the task force shall make final recommendations to LHHS.

The secretary of DOH shall establish a stroke education and training program. The secretary shall adopt and promulgate guidelines for initial stroke diagnosis for the education and training program in accordance with the stroke best practices task force's recommendations.

UNM shall purchase a mobile stroke unit at UNM-HSC specializing in neurological trauma care to serve patients statewide.

SB414 appropriates \$800 thousand from the general fund to UNM for the purpose of purchasing and operating a mobile stroke unit to provide stroke care statewide.

SB414 appropriates \$500 thousand from the general fund to the UNM for the purpose of providing for medical staff specializing in neurological trauma care at UNM/HSC.

SB414 appropriates \$100 thousand to DOH for the purpose of funding the department's stroke education and training program as stipulated in SB414. Any unexpended or unencumbered balance at the end of FY20 shall revert to the general fund.

FISCAL IMPLICATIONS

The appropriations of \$800 thousand and \$500 thousand to UNM contained in this bill are recurring expenses to the general fund. Higher education institutions in New Mexico do not revert unexpended funding back to the state's general fund.

The appropriation of \$100 thousand to DOH contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY20 shall revert to the general fund.

SIGNIFICANT ISSUES

A mobile stroke unit (MSU) is specially designed to respond to patients who are suspected to be suffering from a stroke. An MSU contains a mobile Computerized Tomography (CT) scanner, allowing for CT scans in the field. Scans of the brain are the fastest way to determine what type of stroke the patient is experiencing. The type of stroke determines the type of medication needed. The first MSU in the United States began in 2014 in Houston, DOH notes approximately 12 cities in the United States have initiated MSUs.

DOH notes SB414 appears to duplicate DOH's current stroke system development. Section 24-1-34 NMSA 1978 provides for the recognition and DOH certification of primary stroke centers, comprehensive stroke centers, and acute stroke capable centers. Additionally, the secretary may adopt rules to assist and encourage stroke care agreements with other healthcare facilities throughout the state to provide appropriate access to care for acute stroke patients. DOH has formed a Stroke Advisory Committee with representatives from stroke hospitals, hospitals interested in stroke certification, EMS agencies, the American Heart Association, and DOH.

Pursuant to the certification program required by Section 24-1-34 NMSA 1978, DOH has certified six primary stroke centers and one acute stroke ready hospital. These hospitals are required to work with other hospitals in New Mexico to provide appropriate access to care for acute stroke patients.

A stroke patient treatment and transport protocol for EMS has been developed and distributed in the statewide EMS treatment guidelines. DOH observes, the EMS Bureau works with the New Mexico's emergency medical services educational institutions to assure that stroke education is broadly available to EMS and other caregivers. Stroke education is offered in conjunction with the American Heart/Stroke Association at conferences and other settings to reach EMS, nursing, and physician level caregivers.

ADMINISTRATIVE IMPLICATIONS

DOH notes at least 1 FTE would be necessary for the technical assistance to be provided to the proposed stroke emergency trauma help task force and the educational and training program development. The appropriation of \$100 thousand to DOH contained in SB414 would fund this initiative.

DOH is required to provide teleconference capability assistance to the stroke emergency trauma help task force and audio access to task force meeting for the public.

Administrative rules will need to be updated.

TECHNICAL ISSUES

DOH observes the language on page 2, lines 10 and 11, requires representatives from primary stroke centers and does not mention representatives from comprehensive stroke centers or acute stroke ready hospitals.

OTHER SUBSTANTIVE ISSUES

Stroke is the fifth leading cause of death in the United States, responsible for more than 140 thousand deaths annually. As reported by DOH, during the period 2015-2017, in New Mexico the six counties in New Mexico with the highest stroke mortality rates were: De Baca, Socorro, Luna, Eddy, Sandoval and Lea *New Mexico's Indicator-Based Information System (NM-IBIS)*; https://ibis.health.state.nm.us/indicator/complete_profile/CardioVasDiseaseStrokeDeath.html

There are two types of strokes, ischemic or hemorrhagic. Ischemic strokes, caused by a blood clot, are treated with thrombolytic therapy activator (tPA). tPA dissolves the clot and restores blood flow. Hemorrhagic strokes, caused by bleeding in the brain, require a reversal agent to stop the bleeding. Administering the wrong treatment can be fatal.

According to DOH:

“There are studies that have shown the time to administration of thrombolytic therapy to dissolve a small clot in an ischemic stroke is shortened through use of mobile stroke units. One study showed a 15-minute time reduction to thrombolytic therapy administration using

mobile stroke units, while a study in Cleveland claims a 42-minute reduction compared to standard care.

Improvements in neurological outcomes from these reduced drug delivery times have been hard to document. A German study of 100 patients treated with either a mobile stroke unit or standard hospital therapy found a reduction in time to treatment for the group treated by the mobile stroke unit, yet there was no substantial difference in number of patients who received intravenous thrombolysis or in neurologic outcome. (Walter S, Kostopoulos P, Haass A, et. al. Diagnosis and treatment of patients with stroke in a mobile stroke unit versus in hospital: a randomized controlled trial. *Lancet Neurol.* 2012;11(5):397–404 and Kunz A, Ebinger M, Geisler F, et al. Functional outcomes of pre-hospital thrombolysis in a mobile stroke treatment unit compared with conventional care: an observational registry study. *Lancet Neurol.* 2016; 15:1035–1043).”

VKH/sb/gb