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FISCAL IMPACT REPORT

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| SPONSOR <u>Figueroa</u> | LAST UPDATED _____ |
| | ORIGINAL DATE <u>02/13/2023</u> |
| SHORT TITLE <u>Youth Athlete Brain Injury Chiropractors</u> | BILL NUMBER <u>House Bill 272</u> |
| | ANALYST <u>Chilton</u> |

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT* (dollars in thousands)

| | FY23 | FY24 | FY25 | 3 Year Total Cost | Recurring or Nonrecurring | Fund Affected |
|--|------------------|------------------|------------------|-------------------|---------------------------|---------------|
| | No fiscal impact | No fiscal impact | No fiscal impact | | | |

Parentheses () indicate expenditure decreases.
 *Amounts reflect most recent version of this legislation.

Sources of Information

LFC Files

Responses Received From

Department of Health (DOH)
 University of New Mexico Health Sciences Center (UNM HSC)
 Regulation and Licensing Department (RLD)

No Response Received

Public Education Department (PED)
 Regional Education Cooperatives (REC)
 Albuquerque Public Schools (APS)
 New Mexico Activities Association (NMACT)

SUMMARY

Synopsis of House Bill 272

House Bill 272 would add chiropractors to the list of health care practitioners who would be empowered to examine youth athletes after a brain injury and to certify their readiness to return to competition.

Section 1 of the bill amends Section 22-13-31 NMSA 1978, part of the School Code dealing with brain injuries, adding licensed chiropractors to the list of categories of health care practitioners used in subsequent sections of Section 22-13-31.

Section 2 amends Section 22-13-31.1, which provides for when a student athlete may return to competition following a brain injury. In this section, chiropractors are again added to the list of health care providers, who, in the case of this section, can certify that a brain-injured student athlete can return to youth athletic activity, which is defined as competition, though not practice.

This bill does not contain an effective date and, as a result, would go into effect June 16, 2023, (90 days after the Legislature adjourns) if signed into law.

FISCAL IMPLICATIONS

There is no appropriation in House Bill 272. No fiscal implications are foreseen.

SIGNIFICANT ISSUES

DOH makes the point that “It is unclear if chiropractic physicians are a recommended health professional for medical clearance and monitoring traumatic brain injuries. A search on February 6th, 2023, of traumatic brain injury and chiropractic physicians was conducted on the following public health sources: Centers for Disease Control and Prevention, Substance Abuse and Mental Health Service Administration, National Institute of Mental Health, and World Health Organization. All websites had detailed information on responding to traumatic brain injuries, but none provided specific guidance related to chiropractic physicians.”

UNM HSC questions the capability of practicing chiropractors to evaluate patients for brain injury:

Brain injuries are often complex and can potentially result in life-long impairment and issues. Every chiropractor in the New Mexico, however, may not have the educational background and experience to adequately care for and recognize potential red flags in the care of individuals with head injuries. In New York, for example, when the history, examination and assessment of a patient leads to the working diagnosis of a concussion, a chiropractor is required to refer the patient to an appropriate medical provider. Chiropractors may not manage the diagnosis and treatment of a concussion patient. A chiropractor may treat the associated spinal and soft tissue injuries sustained during a concussive event concurrent with a medical provider overseeing the concussion treatment.

DOH also clearly discusses the issues involved in head injuries and the risk of “second concussions,” i.e., head injuries being repeated in rapid succession. Coaches and even parents may push hard for rapid return to practice and competition where that may not be in the athlete’s best interest. The National Football League reported “only” 187 concussions during the 2021 season, though reports of former NFL athletes suffering long-term consequences of brain injuries have been frequently reported, and the problem is not confined to football.

DOH’s analysis is as follows:

Brain injuries contribute to more than 64 thousand deaths annually and more than 223 thousand hospitalizations in the United States. Brain injuries can be the result of falls, firearm-related injuries, motor vehicle crashes, and assaults.

https://www.cdc.gov/traumaticbraininjury/pdf/TBI_at_a_glance-508.pdf). Brain injuries including concussions, chronic traumatic encephalopathy (CTE), and other traumatic brain injuries (TBI) require specialized diagnostic, and rehabilitation protocols for the best outcomes.

Deaths are only a fraction of the burden of brain injuries. NMDOH Health Systems Epidemiology Program on 1-11-2019 examined emergency department visits during 2016

and found that 6,699 individuals received a traumatic brain injury diagnosis during their emergency department visit, which is a rate of 31.8 diagnoses per 10 thousand residents.

Even after surviving moderate to severe TBI and receiving rehabilitation services, the CDC found that the average life expectancy of a person with TBI is nine years shorter than that of a person without such a condition. TBI increases the risk of dying from several causes including seizures, accidental drug poisonings, infections, and pneumonia. In addition, people with TBI face a variety of chronic health problems. These issues add costs and burden to those with TBI and their families. Among those still living five years after injury, 57 percent are moderately to severely disabled, 55 percent do not have a job (but were employed at the time of their injury), 50 percent return to a hospital at least once, 33 percent rely on others for help with everyday activities, 29 percent are not satisfied with life, and 29 percent use illicit drugs or misuse alcohol.

(https://www.cdc.gov/traumaticbraininjury/pdf/Moderate_to_Severe_TBI_Lifelong-a.pdf).

The Centers for Disease Control and Prevention (CDC) recommends that children who experience a concussion should “only return to sports practices with the approval and under the supervision of their health care provider” and “when available, be sure to work closely with your team’s certified athletic trainer.”

(https://www.cdc.gov/headsup/basics/return_to_sports.html). Additional information about responding to concussion and action plans for coaches is available from the CDC Heads Up program (https://www.cdc.gov/headsup/basics/concussion_respondingto.html)...

In 2019, New Mexico had 1048 hospitalizations and 663 deaths resulting from TBIs [not all from athletic activity]. New Mexico’s age-adjusted rate for fatal TBI was 29.1 deaths per 100 thousand residents which is 73 percent higher than the national rate of 16.4 deaths per 100 thousand residents (Source: 2019 Hospitalization Inpatient Discharge Data (HIDD) and Death Data File, NMDOH). In 2021, 15.8 percent of New Mexico high school students had at least one concussion from playing sports or being physically active in the past year. Students who experienced a concussion in the past year were:

- 80 percent more likely to have attempted suicide in the past year than students who did not experience a concussion.
- 67 percent more likely to describe their average grades as Fs than students who did not experience a concussion (Source: 2021 New Mexico Youth Risk and Resiliency Survey, NMDOH).

TBIs represent a major public health burden in emergency health services costs, prevalence of short-term and long-term disability, and mortality.

(https://www.cdc.gov/traumaticbraininjury/pdf/Moderate_to_Severe_TBI_Lifelong-a.pdf).

ADMINISTRATIVE IMPLICATIONS

As noted by RLD, “The Chiropractic Board may need to implement rulemaking to include brain injury assessment in the profession’s scope of practice. The board will want to ensure that licensees receive continuing education that includes brain injury assessments, specifically in youth athletes.”