

LFC Requestor: Self Assigned

**2025 LEGISLATIVE SESSION  
AGENCY BILL ANALYSIS**

**Section I: General**

**Chamber:** Senate  
**Number:** 386

**Category:** Bill  
**Type:** Introduced

**Date (of THIS analysis):** 02/17/2025  
**Sponsor(s):** Natalie Figueroa  
**Short Title:** CARE FOR YOUTH ATHLETES WITH BRAIN INJURIES

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**Section II: Fiscal Impact**

**APPROPRIATION (dollars in thousands)**

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$0	\$0	NA	NA

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	NA	NA

**ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
<b>Total</b>	\$0	\$0	\$0	\$0	NA	NA

**Section III: Relationship to other legislation**

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: HB189

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

## Section IV: Narrative

### 1. BILL SUMMARY

a. Synopsis

Senate bill 386 (SB386) would amend Section 22-13-31 NMSA to include Doctor of Chiropractic Medicine among the health professionals able to diagnose concussions in youth sports.

Is this an amendment or substitution?  Yes  No

Is there an emergency clause?  Yes  No

b) Significant Issues

Concussions are a common type of sports injury. They may occur if a person suffers a blow to the head or hits their head during a fall. Concussion symptoms are varied and may not show up right away. Symptoms may include headache or neck pain, nausea, ringing in ears, dizziness, tiredness, or feeling dazed or “not yourself” for days or weeks after the initial injury. Very serious symptoms may include seizures, trouble walking, trouble sleeping, weakness, numbness or decreased coordination, repeated nausea or vomiting, confusion and slurred speech ([Concussion - Brain Injuries | Ohio State Medical Center](#)). Many states have passed legislation to identify and remove participants from play after a head injury has occurred. It is imperative that practitioners who work with young athletes are aware of return to play guidelines ([Concussion Care in Teenage Athletes - PubMed](#)).

Chiropractic care has been shown to improve some visual and cognitive symptoms in individuals with persistent post-concussion syndrome ([Effect of Chiropractic Intervention on Oculomotor and Attentional Visual Outcomes in Young Adults With Long-Term Mild Traumatic Brain Injury: A Randomized Controlled Trial - ScienceDirect](#)). Incorporating chiropractors into concussion care teams may be beneficial providing there is ongoing and consistent training in concussion pathophysiology and management ([Expanding concussion care in Canada: the role of chiropractors and policy implications - PMC](#)).

A Canadian study showed chiropractors could identify the basics of concussions but may not be aware of subtle nuances of concussions, which can lead to variability in patient management. A concussion knowledge assessment tool (CKAT) may be used to understand chiropractors’ knowledge and understand nuances of concussion. Education programs for chiropractors should be designed to address learning gaps and effective delivery of care for patients with concussions ([Concussion knowledge among North American chiropractors - PMC](#)).

Three states in the U.S. (Ohio, Arizona and Alaska) currently allow doctors of chiropractic who maintain certifications from the American Chiropractic Board of Sports Physicians to diagnose and manage concussed individuals ([Concussion - American Chiropractic Board of Sports Physicians](#)).

## 2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?

Yes  No

If yes, describe how.

- Is this proposal related to the NMDOH Strategic Plan?  Yes  No

Goal 1: We expand equitable access to services for all New Mexicans

Goal 2: We ensure safety in New Mexico healthcare environments

Goal 3: We improve health status for all New Mexicans

Goal 4: We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

## 3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?

Yes  No  N/A

- If there is an appropriation, is it included in the LFC Budget Request?

Yes  No  N/A

- Does this bill have a fiscal impact on NMDOH?  Yes  No

## 4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH?  Yes  No

## 5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

SB386 is related to HB189 which would require applicants for licensure from the Chiropractic Board to provide evidence of graduated from an accredited chiropractic program and expand the Chiropractic Board authority to create classifications one and two and the expanded authority that would be associated with each levels including to incorporate certain clinical procedures and prescribe dangerous drugs.

## 6. TECHNICAL ISSUES

Are there technical issues with the bill?  Yes  No

## 7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written?  Yes  No

- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)?  Yes  No

- Does this bill conflict with federal grant requirements or associated regulations?

Yes  No

- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs?  Yes  No

## 8. DISPARITIES ISSUES

- NM high school boys (19.5%) had higher prevalence of concussions than girls (14.9%) (Source: [2023 Youth Risk and Resiliency Survey, data analyzed by NMDOH-Center for Health Protection for this Analysis](#)).

- Boys have about twice the rate of emergency department visits for sports- or recreation-related TBIs and concussions than girls. However, girls have a higher chance for sports-related concussion than boys in sports that use the same rules, like soccer and basketball. ([Data on Sports and Recreation Activities | HEADS UP | CDC](#))

- White middle and high school students had a lower prevalence compared with Black and Hispanic middle and high school students. ([Sports-Related Concussions and Adverse Health Behaviors Among Middle and High School Students - PMC](#))
- The prevalence of  $\geq 1$  sports- or physical activity–related concussions was higher among middle and high school students who described their grades as mostly Cs, Ds, or Fs compared with students who described their grades as mostly As or Bs. ([Sports-Related Concussions and Adverse Health Behaviors Among Middle and High School Students - PMC](#))

## 9. HEALTH IMPACT(S)

### **Traumatic Brain Injuries in New Mexico and the United States**

- In 2023, 17.2% of New Mexico high school students had concussion from playing a sport or being physically active, with NM high school boys (19.5%) had higher prevalence than girls (14.9%) (Source: [2023 Youth Risk and Resiliency Survey, data analyzed by NMDOH-Center for Health Protection for this Analysis](#)).
- In the United States a total of 16,642 individuals with sport-related TBI yielded an average annual incidence rate of 31.5/100,000 population with a steady increase from 19.7 in 1998 to 45.6 in 2011. ([Incidence of sport-related traumatic brain injury and risk factors of severity: a population-based epidemiologic study - PMC](#))
- In the United States there are an estimated 1.7 to 3.8 million traumatic brain injuries (TBI) each year in the United States, according to the CDC, of all youth related TBI 21 percent arise due to youth sports and recreational activities. ([Sports-related Head Injury - AANS](#))
- In New Mexico from 2016-2020 TBIs presenting at the emergency department have remained relatively stable with a sharp drop in 2020 falling from 1,721 in 2019 to 936 in 2020. This drop could be a result of the COVID-19 pandemic. ([NM-IBIS - Query Result - Traumatic Brain Injury ED Visits - Number of Emergency Department Visits for Traumatic Brain Injury](#))

### **Concussion Diagnosis, Treatment, and Return to Play**

- 82% of children with a concussion initially seek health care for concussion with primary care, 5% with specialty care and only 12% within emergency departments. ([Point of Health Care Entry for Youth With Concussion Within a Large Pediatric Care Network - PMC](#))
- To diagnose a concussion, your healthcare professional evaluates your symptoms and reviews your medical history. You may need tests that help diagnose a concussion. Tests may include a neurological exam, cognitive testing and imaging tests. ([Concussion - Diagnosis and treatment - Mayo Clinic](#))
- In the first couple of days after a concussion, relative rest allows your brain to recover. Healthcare professionals recommend that you physically and mentally rest during this time. However, complete rest, such as lying in a dark room without any stimuli, does not help recovery and is not recommended. ([Concussion - Diagnosis and treatment - Mayo Clinic](#))
- In the first 48 hours, limit activities that require a lot of concentration if those activities make your symptoms worse. This includes playing video games, watching TV, doing schoolwork, reading, texting or using a computer. ([Concussion - Diagnosis and treatment - Mayo Clinic](#))
- As your symptoms improve, you may gradually add more activities that involve thinking. You may do more schoolwork or work assignments, or increase your time spent at school or work. ([Concussion - Diagnosis and treatment - Mayo Clinic](#))
- Return to play usually has six steps each under the approval and supervision of their health care provider. An athlete should only move to the next step if they do not have any new symptoms at the current step. If an athlete’s symptoms come back or if he or she gets new symptoms, this is a sign that the athlete is pushing too hard.
  - Step 1: Back to regular activities

- Step 2: Light aerobic activity
  - Step 3: Moderate activity
  - Step 4: Heavy, non-contact activity
  - Step 5: Practice and full contact
  - Step 6: Competition
- [\(Returning to Sports | HEADS UP | CDC\)](#)

- According to one survey done on self-reported knowledge and recognition on mild traumatic brain injury (MTBI), average MTBI knowledge and recognition score was only  $27\% \pm 22\%$ . Frequency of MTBI patients presenting to the chiropractic clinician office was an average of less than one per month. Sixty nine percent (69%) of the clinicians relied upon their history and clinical exam for diagnosis.

- There was no knowledge of the Balance Error Scoring system and only 20% utilized the Standardized Concussion Assessment Tool (SCAT).
- The primary action of the chiropractic clinician who suspected MTBI was to refer to a neurological specialist (76%).
- There is an overconfidence of the chiropractic practitioner in recognition of MTBI which is incongruent with the low knowledge scores. Further education of the chiropractic clinician is warranted.

[\(Survey of chiropractic clinicians on self-reported knowledge and recognition of concussion injuries | Chiropractic & Manual Therapies\)](#)

## **10. ALTERNATIVES**

None

## **11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?**

If SB386 is not enacted there will be no amendment to update the protocols used when youth athletes have suffered a possible brain injury to include chiropractic physicians within the definition of “Licensed Health Care Professional”.

## **12. AMENDMENTS**

None