

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 6401-01
Bill No.: HB 2518
Subject: Hospitals; Emergencies; Health Care; Health and Senior Services Department
Type: Original
Date: March 15, 2016

Bill Summary: This proposal changes the laws regarding trauma, STEMI, and stroke center designations and data collection.

FISCAL SUMMARY

| ESTIMATED NET EFFECT ON GENERAL REVENUE FUND | | | |
|--|---|---|---|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| General Revenue | (Unknown greater than \$100,000) | (Unknown greater than \$100,000) | (Unknown greater than \$100,000) |
| Total Estimated Net Effect on General Revenue | (Unknown greater than \$100,000) | (Unknown greater than \$100,000) | (Unknown greater than \$100,000) |

| ESTIMATED NET EFFECT ON OTHER STATE FUNDS | | | |
|---|------------|------------|------------|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| | | | |
| | | | |
| Total Estimated Net Effect on <u>Other</u> State Funds | \$0 | \$0 | \$0 |

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 6 pages.

| ESTIMATED NET EFFECT ON FEDERAL FUNDS | | | |
|---|----------------|----------------|----------------|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| | | | |
| | | | |
| Total Estimated Net Effect on <u>All</u> Federal Funds | \$0 | \$0 | \$0 |

| ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE) | | | |
|---|----------------|----------------|----------------|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| | | | |
| | | | |
| Total Estimated Net Effect on FTE | 0 | 0 | 0 |

Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

| ESTIMATED NET EFFECT ON LOCAL FUNDS | | | |
|--|----------------|----------------|----------------|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| Local Government | \$0 | \$0 | \$0 |

FISCAL ANALYSIS

ASSUMPTION

Oversight was unable to receive some of the agency responses in a timely manner due to the short fiscal note request time. Oversight has presented this fiscal note on the best current information that we have or on prior year information regarding a similar bill. Upon the receipt of agency responses, Oversight will review to determine if an updated fiscal note should be prepared and seek the necessary approval of the chairperson of the Joint Committee on Legislative Research to publish a new fiscal note.

In response to the current proposal:

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

Officials from the **Office of State Courts Administrator** assume the proposal would not fiscally impact their agency.

Oversight assumes the Department of Health and Senior Services (DHSS) may have costs exceeding \$100,000 annually as this proposal requires the DHSS to collect and analyze additional data which will be used to evaluate and improve hospital and emergency medical services trauma, stroke, and STEMI (ST-Segment Elevation Myocardial Infarction) care. The data collection system has to be capable of accepting file transfers of data entered into any nationally recognized trauma, stroke or STEMI registry or data bank, the STEMI and stroke center data elements must conform to nationally recognized performance measures, and be able to generate from the registries quarterly regional and state outcome data reports. Oversight assumes the DHSS may need additional personnel to generate and/or analyze the data and well as computer system changes to accept and generate the data.

As hospitals are not required to comply with any additional standards for establishing or renewing stroke designations and the designation a hospital has will continue as long as the hospital remains certified, **Oversight** assumes there will be no additional costs to hospitals.

| | | | |
|---|---------------------|---------|---------|
| <u>FISCAL IMPACT - State Government</u> | FY 2017 (10 Mo.) | FY 2018 | FY 2019 |
|---|---------------------|---------|---------|

GENERAL REVENUE FUND

Costs - DHSS

| | | | |
|---|---|---|---|
| Personal service, equipment and supplies and computer modifications | <u>(Unknown greater than \$100,000)</u> | <u>(Unknown greater than \$100,000)</u> | <u>(Unknown greater than \$100,000)</u> |
|---|---|---|---|

ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND

| | | | |
|--|---|---|---|
| | <u>(Unknown greater than \$100,000)</u> | <u>(Unknown greater than \$100,000)</u> | <u>(Unknown greater than \$100,000)</u> |
|--|---|---|---|

| | | | |
|---|---------------------|---------|---------|
| <u>FISCAL IMPACT - Local Government</u> | FY 2017 (10 Mo.) | FY 2018 | FY 2019 |
|---|---------------------|---------|---------|

| | | | |
|--|------------|------------|------------|
| | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |
|--|------------|------------|------------|

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

This bill changes the laws regarding stroke center designation for hospitals by adding an alternative process for hospitals to obtain a stroke center designation. If a hospital applies for stroke center designation using the alternative process, the Department of Health and Senior Services must designate the hospital using the following guidelines: (1) A level I stroke center if such hospital has been certified as a comprehensive stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines; (2) A level II stroke center if such hospital has been certified as a primary stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke

FISCAL DESCRIPTION (continued)

Association guidelines; or (3) A level III stroke center if such hospital has been certified as an acute stroke-ready hospital by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines.

The department is permitted to remove a hospital's designation as a stroke center if the hospital requests removal of the designation or the department determines that the certificate recognizing the hospital as a stroke center has been suspended or revoked. The bill requires the department to report to the certifying organization any complaint it receives related to the certification of a stroke center designated under these provisions and must also advise the complainant of which organization certified the stroke center and provide the necessary contact information should the complainant wish to pursue a complaint with the certifying organization. The bill specifies additional requirements for any hospital receiving designation as a stroke center under these provisions.

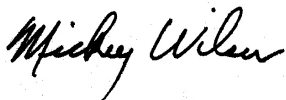
All hospitals designated as a STEMI or stroke center by the department must submit data to meet the data submission requirements specified by rules promulgated by the department. The submission of data may be done using methods specified in the bill and when collecting and analyzing data under the provisions of the bill, the department must comply with specified requirements.

The bill requires the department to use patient abstract data, the trauma registry, motor vehicle crash and outcome data, and other publicly available data sources to provide information and create reports for the purpose of data analysis and needs assessment of traumatic brain and spinal cord injured persons.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Joint Committee on Administrative Rules
Office of State Courts Administrator



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