

**FINAL  
FISCAL NOTE**

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<b>Drafting Number:</b> LLS 13-0622	<b>Date:</b> July 12, 2013
<b>Prime Sponsor(s):</b> Sen. Giron Rep. Ginal; Primavera	<b>Bill Status:</b> Signed into Law
	<b>Fiscal Analyst:</b> Kirk Mlinek (303-866-2756)

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**TITLE:** CONCERNING THE DEVELOPMENT OF A SYSTEM TO IMPROVE QUALITY OF CARE TO PATIENTS SUFFERING SPECIFIED ACUTE INCIDENTS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

<b>Fiscal Impact Summary</b>	<b>FY 2013-2014</b>	<b>FY 2014-2015</b>
<b>State Revenue</b> Cash Funds Health Facilities General Licensure Cash Fund	Minimal. See State Revenue section.	
<b>State Expenditures</b> General Fund	\$41,402	\$36,699
<b>FTE Position Change</b>	0.6 FTE	0.6 FTE
<b>Effective Date:</b> The bill was signed into law by the Governor and took effect on May 24, 2013.		
<b>Appropriation Summary for FY 2013-2014:</b> See State Appropriations section.		
<b>Local Government Impact:</b> None.		

**Summary of Legislation**

The bill creates the STEMI Task Force (task force) and the Stroke Advisory Board (advisory board) in the Department of Public Health and Environment (DPHE).

**STEMI Task Force.** Comprised of 15 members appointed by the Governor, the task force is required to study and make recommendations for developing a statewide plan to improve quality of care to STEMI heart attack patients, including:

- the creation of a state database or registry consisting of data on STEMI care that mirrors data hospitals submit to nationally recognized organizations;
- developing access to aggregated STEMI data;
- a plan that encourages hospitals to coordinate services for the referral of patients requiring STEMI care; and
- criteria used by nationally recognized bodies for designating a hospital in STEMI care, and whether such designation is appropriate or needed in Colorado.

The term "STEMI" is defined as ST-elevation myocardial infarction, a severe heart attack caused by a prolonged period of blocked blood supply that affects a large area of the heart.

***Stroke Advisory Board.*** Comprised of 18 members appointed by the Governor, the purpose of this advisory board is to evaluate potential strategies for stroke prevention and treatment and develop a statewide plan to improve quality of care for stroke patients. The advisory board is to explore:

- creation of a database or registry consisting of data on stroke care that mirrors the data hospitals submit to nationally recognized organizations;
- access to aggregated stroke data;
- currently available stroke treatments and the development of ways to improve stroke prevention and treatment;
- a plan for hospitals to coordinate services for the referral of patients requiring stroke care in the state;
- criteria used by nationally recognized bodies for designating a hospital in stroke care, and whether such designation is appropriate or needed in Colorado.

The task force is required to submit an initial report to certain committees of the General Assembly by January 31, 2014, and a final report by July 31, 2015. The advisory board is required to submit its first report to certain committees of the General Assembly on January 31, 2014, and each January 31 thereafter. DPHE is authorized to accept, and expend, gifts, grants, and donations to pay for the task force's and advisory committee's direct expenses, subject to appropriation by the General Assembly based on deposits to the Health Facilities General Licensure Cash Fund. The task force is repealed August 1, 2015. The advisory committee is repealed September 1, 2018, and is subject to the sunset review process conducted by the Department of Regulatory Agencies.

The bill permits a hospital that has an accreditation, certification, or designation in stroke or STEMI care from a nationally recognized accrediting body to send information and supporting documentation to DPHE who will, in turn, make such information available to the public. DPHE may also deem a hospital that is already accredited, certified, or designated by a nationally recognized accrediting body as satisfying the requirements for such recognition and publication. The bill outlines the process by which DPHE may suspend or revoke such recognition.

## **State Revenue**

The bill could increase revenue to the Health Facilities General Licensure Cash Fund in the DPHE, as the bill authorizes DPHE to collect gifts, grants, and donations for purposes of paying the direct expenses of the STEMI Task Force and Stroke Advisory Board. No source of gifts, grants, or donations has been identified, and the fiscal note assumes any such revenue will be minimal.

## **State Expenditures**

**Expenditures in the DPHE will increase by \$41,402 and 0.6 FTE for FY 2013-14, and by \$36,699 and 0.6 FTE for FY 2014-15.** These expenditures are detailed in Table 1. Staff time estimated at 0.5 FTE at the General Professional IV level will be required to coordinate and staff the meetings of the groups created in the bill, and for research and administrative assistance

(e.g., prepare reports for the General Assembly). An additional 0.07 FTE is required for STEMI accreditation, certification, designation, and related publication of information (95 actions \* 1.5 hours each).

<b>Table 1. Expenditures Under SB13-225</b>		
<b>Cost Components</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>
Personal Services	\$36,129	\$36,129
FTE	0.6	0.6
Operating Expenses and Capital Outlay	5,273	570
<b>TOTAL</b>	<b>\$41,402</b>	<b>\$36,699</b>

The costs identified above may be offset to the extent that the bill generates cash funds in the Health Facilities General Licensure Cash Fund. Until sufficient funds are available, the fiscal note assumes that the new expenditures require a General Fund appropriation.

**Department of Law.** Under the bill, a hospital whose accreditation, certification, or designation is suspended or revoked by DPHE may appeal under the Administrative Procedures Act. DPHE could require assistance from the Department of Law in such matters. The fiscal note assumes that, if necessary, resources for this purpose will be pursued jointly by DPHE and the Department of Law through the annual budget process.

**Expenditures Not Included**

Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. The centrally appropriated costs subject to this policy are summarized in Table 2.

<b>Table 2. Expenditures Not Included Under SB 13-225*</b>		
<b>Cost Components</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>
Employee Insurance (Health, Life, Dental, and Short-term Disability)	\$3,838	\$3,838
Supplemental Employee Retirement Payments	2,218	2,509
<b>TOTAL</b>	<b>\$6,056</b>	<b>\$6,347</b>

\*More information is available at: <http://colorado.gov/fiscalnotes>

**State Appropriations**

For FY 2013-14, the Department of Public Health and Environment requires a General Fund appropriation of \$41,402 and 0.6 FTE.

**Departments Contacted**

Public Health and Environment  
Regulatory Agencies  
Counties  
Law

Health Care Policy and Financing  
Local Affairs  
Municipalities