

SB13-225

Drafting Number:	LLS 13-0622	Date:	April 3, 2013
Prime Sponsor(s):	Sen. Giron	Bill Status:	Senate Health and Human Services
	Rep. Ginal; Primavera	Fiscal Analyst:	Kirk Mlinek (303-866-2756)

TITLE: CONCERNING THE DEVELOPMENT OF A SYSTEM TO IMPROVE QUALITY OF CARE TO PATIENTS SUFFERING SPECIFIED ACUTE INCIDENTS, AND, IN CONNECTION THEREWITH, REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT TO DEVELOP A SYSTEM FOR DESIGNATING HOSPITALS BASED ON THEIR ABILITY TO TREAT STROKE AND HEART ATTACK PATIENTS AND TO MAINTAIN STROKE AND STEMI HEART ATTACK DATABASES TO ENABLE THE COMPILATION OF INFORMATION AND STATISTICS ON THE CARE PROVIDED TO STROKE AND STEMI HEART ATTACK PATIENTS.

Fiscal Impact Summary	FY 2013-2014	FY 2014-2015			
State Revenue					
State Expenditures General Fund	\$107,198	\$119,442			
FTE Position Change	1.3 FTE	2.0 FTE			
Effective Date: August 7, 2013, if the General Assembly adjourns on May 8, 2013, as scheduled, and no referendum petition is filed.					
Appropriation Summary for FY 2013-2014: See State Appropriations section.					
Local Government Impact: None					

Summary of Legislation

The bill creates the Statewide STEMI and Stroke Registries Act, and requires the Department of Public Health and Environment (DPHE) to:

- develop by July 1, 2015, a system for designating qualified hospitals as STEMI (heart attack) receiving centers, STEMI referring centers, comprehensive stroke centers, primary stroke centers, and acute stroke-ready hospitals; and
- maintain STEMI and stroke databases to collect data pertaining to individuals with confirmed STEMI heart attacks and strokes, respectively, which databases must be operational by July 1, 2015.

Hospitals seeking the designations identified above will be required to apply in the manner required by the DPHE. Hospitals seeking designation must be accredited, as applicable, by the American Heart Association, the American Stroke Association, the Joint Commission on Accreditation of Health Care Organizations and Programs, or the Society for Cardiovascular Patient Care.

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The bill requires hospitals designated as STEMI receiving centers, comprehensive stroke centers, primary stroke centers, and acute stroke-ready hospitals to report to the respective databases and encourages all other hospitals to report. The DPHE is required to provide an annual report that summarizes data collected and that assesses progress made in treating STEMI heart attacks and strokes. The State Board of Health (board) is authorized to adopt rules to implement the programs created in the bill.

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.

State Expenditures

Expenditures in the DPHE will increase by \$107,198 and 1.3 FTE for FY 2013-14, and by \$119,442 and 2.0 FTE in FY 2014-15. These expenditures are detailed in Table 1 and discussed in more detail below.

DPHE staffing needs include 0.5 FTE at the General Professional IV level to administer the program and hospital designation process, assist the board with rulemaking, develop the application process, serve as a resource for hospitals, and write the annual reports. A Program Assistant I (0.25 FTE in FY 2013-14 and 0.5 FTE in FY 2014-15) will be hired to review and process designation applications, provide information about the designation process, and maintain the program website. A General Professional III (0.5 FTE in FY 2013-14; 1.0 FTE in FY 2014-15) will serve as the program's data manager. Duties include identifying and maintaining any Colorado-specific data, providing training and technical assistance to hospitals, reviewing and compiling data for inclusion in the annual reports, and responding to data requests.

DPHE will hire a contract programmer to prepare the on-line application form and related content. The fiscal note assumes that this effort will cost \$14,800 (200 hours at a rate of \$74/hour). Costs of approximately \$13,700 annually will be incurred to access existing national STEMI and stroke databases.

Table 1. Expenditures Under SB13-225					
Cost Components	FY 2013-14	FY 2014-15			
Personal Services	\$67,767	\$103,842			
FTE	1.3	2.0			
Operating Expenses and Capital Outlay	10,931	1,900			
Contract Programming (200 hours * \$74/hour)	14,800				
Database Access Fees	13,700	13,700			
TOTAL	\$107,198	\$119,442			

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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.

Table 2. Expenditures Not Included Under SB13-225*					
Cost Components	FY 2013-14	FY 2014-15			
Employee Insurance (Health, Life, Dental, and Short-term Disability)	\$8,395	\$13,425			
Supplemental Employee Retirement Payments	4,160	7,211			
TOTAL	\$12,555	\$20,636			

*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 \$107,198 and 1.3 FTE.

Departments Contacted

Public Health and Environment Regulatory Agencies Counties Law Health Care Policy and Financing Local Affairs Municipalities