

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 2598H.02C
Bill No.: HCS for HB 1295
Subject: Health Care; Emergencies
Type: Original
Date: April 20, 2021

Bill Summary: This proposal modifies provisions relating to time-critical diagnosis.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
General Revenue	(\$482,055)	(\$524,031)	(\$532,192)
Total Estimated Net Effect on General Revenue	(\$482,055)	(\$524,031)	(\$532,192)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
General Revenue	4 FTE	4 FTE	4 FTE
Total Estimated Net Effect on FTE	4 FTE	4 FTE	4 FTE

☒ Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

☐ Estimated Net Effect (savings or increased revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§§173.260, 190.001 – 190.257 and 287.243 – Time-critical diagnosis and time-critical diagnosis advisory committee

Officials from the **Department of Health and Senior Services (DHSS)** provide the following information:

Section 190.200 adds trauma centers to the list for which the DHSS provides the specified services.

Section 190.241 allows site reviews of trauma, stroke, or ST-Elevation Myocardial Infarction (STEMI) centers to occur on-site or by any reasonable means of communication, or by any combination thereof. Further, requires site reviews to occur once every three years. Further, removes the requirement for STEMI centers to submit data to DHSS and requires DHSS to access such data through national data registries or data banks. Hospitals will not be found in noncompliance if DHSS fails to obtain the data from the registries.

The Division of Regulation and Licensure, Section for Health Standards and Licensure (HSL) is responsible for performing surveys related to Time-Critical Diagnosis (TCD) care.

Currently trauma validation surveys are every five years, stroke validation surveys are every four years, and STEMI validation surveys are every three years. The proposed legislation would change the requirements to place all three programs in a three year validation survey cycle.

HSL assumes it will require the following additional FTE beginning September 1, 2021, to meet the requirements of the proposed legislation:

- Two (2) FTE Registered Nurses (salary \$56,539) will be needed to conduct inspections and investigate complaints of the approximately 157 programs. These staff are assumed to be telecommuters and are expected to travel extensively; it is assumed that the travel cost will be \$10,103 annually for each.
- One (1) Research Data Analyst (Salary \$50,050) will be needed to access, abstract, and analyze the data of the approximately 157 programs.
- One (1) Administrative Support Assistant (salary \$21,675) will be needed to provide support for the program.

HSL assumes a need to access an estimate of ten (10) national data registries or data banks to ensure statutory compliance. HSL estimates subscription cost of access for one Research Data Analyst at approximately \$18,000 per year per data registry or data bank for a total of \$180,000 per year (\$18,000 x 10 subscriptions).

The proposed legislation allows site visits to be conducted by any means of communication. Should a virtual survey be utilized via the use of technology, HSL would need support from Office of Administration – Information Technology Services Division (ITSD). The State of MO enterprise unified communications (UC) tools could be used for voice and video calls with screen sharing. Documents could be shared across the secure channels of Box.com or sFTP. Memberships to UC (\$12/mo. per user), Box.com (\$21/mo. per user), and sFTP (\$3/mo. per user) would result in an annual cost of \$432 per user ($\$12 + \$21 + \3×12 months). In addition, the proposed legislation would require additional storage in the State Data Center (\$92/mo.) resulting in an annual cost of \$1,104 ($\92×12 months).

Section 190.257 establishes the “Time-Critical Diagnosis Advisory Committee” consisting of 16 members. Further, requires DHSS to include travel costs for the members in its budget. HSL assumes the TCD Committee will meet annually. At \$130 per diem reimbursement rate for meal and hotel costs, travel expenses are assumed to be \$1,820 annually ($14 \times \130).

Oversight notes DHSS included estimated ITSD costs within their fiscal note response. For fiscal note purposes, Oversight will separate out these costs.

Oversight does not have any information to the contrary and will use DHSS estimated costs for fiscal note purposes.

Officials from the **Fruitland Area Fire Protection District** state that the only fiscal impact that would affect the Fire District would be if equipment upgrades were needed or required; however, these would be expenditures as a cost of providing care and are manageable expenses.

Officials from the **Department of Commerce and Insurance**, the **Office of the Governor**, and the **Nodaway County Ambulance District** each assume the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to the previous version of this proposal, officials from the **Cole Camp Ambulance District**, the **Crawford County 911 Board** and the **Hermann Area Hospital District** assumed the proposal would have no fiscal impact on their organizations.

Oversight only reflects the responses that we have received from state agencies and political subdivisions; however, other ambulance and EMS organizations, cities and hospitals were requested to respond to this proposed legislation but did not. A general listing of political subdivisions included in our database is available upon request.

<u>FISCAL IMPACT – State Government</u>	FY 2022 (10 Mo.)	FY 2023	FY 2024
GENERAL REVENUE FUND			
<u>Costs – DHSS</u> (§§190.241 and 190.257)			
Personal service	(\$154,003)	(\$186,651)	(\$188,518)
Fringe benefits	(\$91,776)	(\$110,755)	(\$111,385)
Data Registry Access	(\$180,000)	(\$184,500)	(\$189,113)
Equipment and expense	(\$53,732)	(\$39,222)	(\$40,201)
Total Costs – DHSS	(\$479,511)	(\$521,128)	(\$529,217)
FTE Change – DHSS	4 FTE	4 FTE	4 FTE
<u>Costs – OA, ITSD</u> (§§190.241 and 190.257)			
Storage and subscription costs	(\$2,544)	(\$2,903)	(\$2,975)
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	(\$482,055)	(\$524,031)	(\$532,192)
Estimated Net FTE Change on the General Revenue Fund	4 FTE	4 FTE	4 FTE

<u>FISCAL IMPACT – Local Government</u>	FY 2022 (10 Mo.)	FY 2023	FY 2024
	<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 proposal allows site reviews of trauma, stroke, or ST-Elevation Myocardial Infarction (STEMI) centers to occur on-site or by any reasonable means of communication, or by any combination thereof. Requires site reviews by the Department of Health and Senior Services to occur once every three years. Further, removes the requirement for STEMI centers to submit data to the department and requires the department to access such data through national data registries or data banks. Hospitals will not be found in noncompliance if the department fails to obtain the data from the registries.

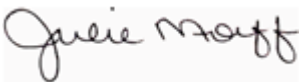
Currently trauma validation surveys are every five years, stroke validation surveys are every four years, and STEMI validation surveys are every three years. The proposed legislation would change the requirements to place all three programs in a three year validation survey cycle.

The bill establishes the "Time-Critical Diagnosis Advisory Committee" whose members are appointed by the Department of Health and Senior Services as outlined in the bill for the purpose of improvement of public and professional education related to time critical diagnosis, research endeavors, policies and recommendations for changes.

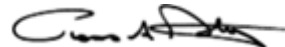
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Commerce and Insurance
Department of Health and Senior Services
Office of the Governor
Fruitland Area Fire Protection District
Cole Camp Ambulance District
Crawford County 911 Board
Nodaway County Ambulance District
Hermann Area Hospital District



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Director
April 20, 2021



Ross Strobe
Assistant Director
April 20, 2021