



**Colorado
Legislative
Council
Staff**

HB16-1357

**FINAL
FISCAL NOTE**

FISCAL IMPACT: State Local Statutory Public Entity Conditional No Fiscal Impact

Drafting Number: LLS 16-0682 **Date:** July 5, 2016
Prime Sponsor(s): Rep. Primavera **Bill Status:** Postponed Indefinitely
 Sen. Garcia; Cooke **Fiscal Analyst:** Bill Zepernick (303-866-4777)

BILL TOPIC: IMPLEMENT STEMI TASK FORCE RECOMMENDATIONS

Fiscal Impact Summary	FY 2016-2017	FY 2017-2018
State Revenue		
State Expenditures	<u>\$23,131</u>	<u>\$24,370</u>
General Fund	20,738	21,712
Centrally Appropriated Costs	2,393	2,658
Appropriation Required: \$20,738 - Department of Public Health and Environment (FY 2016-17).		
Future Year Impacts: Ongoing state expenditure increase.		

NOTE: This bill was not enacted into law; therefore, the impacts identified in this analysis do not take effect.

Summary of Legislation

The bill implements several recommendations of the ST-elevation Myocardial Infarction (STEMI) Task Force to improve medical care for heart attack patients. Specifically, the bill requires hospitals that are accredited by the Society of Cardiovascular Patient Care as a STEMI receiving center to report certain information to the National Cardiovascular Data Registry (NCDR) ACTION Registry (heart attack database). Other specified hospitals involved in heart attack care, but that are not accredited, are encouraged to report data to the database. Accredited hospitals that receive quarterly data reports from the heart attack database are required to submit the data to the Colorado Department of Public Health and Environment (CDPHE) for state-level analysis. Information provided the CDPHE is confidential, not subject to subpoena or disclosure, and shall only be used for the evaluation of hospital STEMI care. The CDPHE is also required to sign a letter of commitment with the American College of Cardiology concerning data confidentiality and acquisition of national heart attack data for benchmarking purposes.

Lastly, the bill creates the Heart Attack Advisory Committee in the CDPHE and specifies the membership criteria, terms of service, and mission of the advisory committee. The advisory committee has 10 members that serve without compensation or reimbursement of expenses and is scheduled to sunset on September 1, 2026, after a sunset review.

State Expenditures

The bill increases costs in the CDPHE by **\$23,131 and 0.2 FTE in FY 2016-17 and \$24,370 and 0.2 FTE in FY 2017-18**, paid from the General Fund. These costs are summarized in Table 1 and discussed below.

Table 1. Expenditures Under HB 16-1357		
Cost Components	FY 2016-17	FY 2017-18
Personal Services	\$10,738	\$11,712
FTE	0.2 FTE	0.2 FTE
Data Acquisition	10,000	10,000
Centrally Appropriated Costs*	2,393	2,658
TOTAL	\$23,131	\$24,370

* Centrally appropriated costs are not included in the bill's appropriation.

To process and analyze heart attack data from hospitals and conduct a state-level analysis, the CDPHE requires 0.2 FTE at a cost of \$10,738 in FY 2016-17 and \$11,712 in FY 2017-18. To obtain required benchmarking data from the American College of Cardiology, costs will increase by \$10,000 per year. In addition, staff in the CDPHE will be required to provide staff support to facilitate the new advisory committee. This work can also be accomplished within existing appropriations.

Centrally appropriated costs. 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 estimated in the fiscal note for informational purposes and summarized in Table 2.

Table 2. Centrally Appropriated Costs Under HB 16-1357		
Cost Components	FY 2016-17	FY 2017-18
Employee Insurance (Health, Life, Dental, and Short-term Disability)	\$1,474	\$1,608
Supplemental Employee Retirement Payments	919	1,050
TOTAL	\$2,393	\$2,658

Local Government Impact

To the extent any appointees to the advisory committee are employees of local governments (such as emergency medical service providers), the bill may increase workload for certain local governments. Also, hospitals that are operated by local governments may be required to report data to the heart attack database on a quarterly basis. Any impact from the bill on local governments will be minimal.

Effective Date

The bill was postponed indefinitely by the Senate State, Veterans, and Military Affairs Committee on April 27, 2016.

State Appropriations

For FY 2016-17, the CDPHE requires a General Fund appropriation of \$20,738 and an allocation of 0.2 FTE.

State and Local Government Contacts

Information Technology

Public Health and Environment