



**Colorado  
Legislative  
Council  
Staff**

**HB16-1357**

**REVISED  
FISCAL NOTE**

(replaces fiscal note dated March 29, 2016)

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

<b>Drafting Number:</b> LLS 16-0682	<b>Date:</b> April 13, 2016
<b>Prime Sponsor(s):</b> Rep. Primavera Sen. Garcia; Cooke	<b>Bill Status:</b> Senate SVMA <b>Fiscal Analyst:</b> 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	Minimal workload increase.	
<b>Appropriation Required:</b> None.		
<b>Future Year Impacts:</b> Ongoing minimal workload increase.		

**Summary of Legislation**

The **reengrossed** 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.

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 workload in the CDPHE beginning in FY 2016-17 by a minimal amount in two areas. First, the CDPHE will be required to receive heart attack data from hospitals and conduct a state-level analysis of the data. Assuming the CDPHE is not required to create any new database tools and that the analysis is not overly complex, this work can be accomplished within existing appropriations. To the extent the work is more complex than assumed and additional resources are required, it is assumed they will be requested through the annual budget process. Second, the CDPHE is required to provide staff support to facilitate the new advisory committee. This work can also be accomplished within existing appropriations.

## **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 takes effect upon signature of the Governor, or upon becoming law without his signature.

## **State and Local Government Contacts**

Information Technology

Public Health & Environment