

Department of Planning and Budget 2005 Fiscal Impact Statement

1. Bill Number HB1570

House of Origin Introduced Substitute Engrossed

Second House In Committee Substitute Enrolled

2. Patron: Purkey

3. Committee: Referral Pending

4. Title: Nosocomial infections, procedures for hospitals to release information.

5. Summary/Purpose: This bill requires the Board of Health to collect information from each hospital on infections contracted by patients while in the hospital. Such information shall be released to the public, filed in the hospital's licensure record, and transmitted to the Division of Consumer Counsel and the Administrator of Consumer Affairs for appropriate action, while ensuring the anonymity of the patients.

6. Fiscal Impact Estimates are: Preliminary.

Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>		<i>Positions</i>
	<i>GF</i>	<i>NGF</i>	
2004-05	\$0	\$0	0
2005-06	\$113,124	\$0	2.00
2006-07	\$114,648	\$0	2.00
2007-08	\$114,648	\$0	2.00
2008-09	\$114,648	\$0	2.00
2009-10	\$114,648	\$0	2.00

7. Budget amendment necessary: Yes, Item 310 (Communicable and Chronic Disease Prevention and Control – 40500).

8. Fiscal implications: This preliminary fiscal impact assumes that the Virginia Department of Health would collect hospital infection information and provide statistical and epidemiological analysis as an extension of its existing disease surveillance program. The cost estimate is based on two statistical analyst staff at a total cost of \$104,648 including salaries and fringe benefits, plus \$10,000 per year in associated nonpersonal service costs (office supplies, telecommunications, printing, postage, travel, etc.). A 3 percent salary increase is estimated in the second year of funding.

Additional epidemiological staff would be necessary if the Virginia Department of Health is required to do field work in hospitals and develop recommendations or otherwise facilitate individual hospital efforts to reduce infection rates. However, the bill's provisions do not specify such efforts.

9. Specific agency or political subdivisions affected: Virginia Department of Health and hospitals.

10. Technical amendment necessary: No.

11. Other comments: HJ583 directs the Joint Commission on Health Care to study infections acquired by patients while in the hospital.

The nonpersonal service cost estimate provided differs from one produced when this same bill was introduced in 2003. Because of the ongoing needs to upgrade computer equipment and supplies, a different approach is used in the 2005 estimate to include an annual cost of \$10,000 with no extra start-up costs estimated (this is based on the VITA approach to IT/life-cycle replacement costs/funding).

The Virginia Department of Health conducted a survey of acute care hospitals and convened a group of subject matter experts to discuss the reporting of hospital-acquired infections in 2004. The subject matter experts noted that any reporting requirement would have a fiscal impact on all hospitals in Virginia.

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cc: Secretary of Health and Human Resources