February 11, 2013

The Honorable David Crum, Chairperson
House Committee on Health and Human Services
Statehouse, Room 512-N
Topeka, Kansas  66612

Dear Representative Crum:

SUBJECT: Fiscal Note for HB 2183 by House Committee on Health and Human Services

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2183 is respectfully submitted to your committee.

HB 2183 would amend current law as it relates to the terminology, processes, and procedures of handling communicable diseases. Care providers or patients who have been exposed to blood or potentially infectious materials would be deemed to have consented to testing for communicable diseases. Care providers who are involved in an exposure incident in the course of employment must notify the designated infection control officer of the employing agency. If it is determined that an exposure incident has occurred, the officer must notify the hospital receiving the source patient or the care provider. “Care provider” would be defined to mean a law enforcement employee, an emergency services employee, a corrections officer, juvenile corrections facility staff, a physician, and a physician assistant or nurse.

Hospitals must conduct communicable disease tests for any source patients who are received. Hospitals also must have written policies and procedures for notifying designated infection control officers and care providers of any confirmed disease. Notifications must include any recommended course of action.

If a patient is diagnosed with an airborne communicable disease or is subject to a quarantine order, a receiving facility must immediately notify an employing agency’s designated infection control officer. The officer must investigate the incident to determine if any exposure of a care provider occurred.

The costs of testing would be paid by the employing agency of a care provider; providers of emergency medical service training; and the employing agency or entity of any observers who may have been exposed.
According to the Kansas Department of Aging and Disability Services, HB 2183 could increase costs for the state hospitals; however, a precise fiscal effect cannot be determined because the potential number of incidents that may occur is unknown.

Both the Department of Corrections and the Juvenile Justice Authority expect that any fiscal effect resulting from the bill would be accommodated within existing agency resources. The Board of Emergency Medical Services indicates that there would be no fiscal effect on the Board; however, any reimbursements for patient transportation costs relating to incidents addressed in the bill would be handled at the local level.

Sincerely,

Steven J. Anderson, CPA, MBA
Director of the Budget

cc: Aaron Dunkel, KDHE
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    Steve Sutton, EMS
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