

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: SB 234 - A

Seventy-Sixth Oregon Legislative Assembly – 2011 Regular Session
Legislative Fiscal Office

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Date: 4/15/2011

Measure Description:

Modifies provisions relating to emergency medical services.

Government Unit(s) Affected:

Oregon Health Authority (OHA)

Summary of Fiscal Impact:

See Analysis

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

Senate Bill 234 modifies statutes relating to emergency medical services. OHA is directed to convene [1] a twelve-member Trauma and Emergency Healthcare System Advisory Board; [2] an eighteen-member State Trauma Advisory Board; and [3] an eight or more member Stroke Care Committee to advise the authority in modernizing, integrating and expanding the scope of the Emergency Medical Services and Trauma Systems programs to become the State Trauma and Emergency Healthcare Systems Program. The bill also incorporates three existing committees [Trauma Advisory Board, State Pediatric Emergency Health Care Advisory Committee / EMS for Children Advisory Committee, State Emergency Medical Service Committee] into this program. Certain sections of the bill become operative on January 1, 2012. OHA may take action before the operative date. The bill contains an emergency clause and takes effect on passage.

OHA, through the State Trauma and Emergency Healthcare Systems Program, is required to develop a comprehensive emergency health care system that includes establishing:

1. A statewide categorization of patients according to the level of care required and the time frame within which care is needed.
2. A process to identify the most appropriate facility to which a patient should be directed with the goal of improving outcomes.
3. Data systems, including establishing and maintaining the Oregon Emergency Health Care and Trauma Registries.
4. Coordination between specialties providing emergency health care in the emergency health care system.
5. Standards for the type of information to be communicated through emergency communication systems.

The bill authorizes OHA to coordinate with other agencies to determine the workforce and training needs of a statewide system.

The bill transforms Area Trauma Advisory Board into Trauma and Emergency Healthcare Regions. Each Emergency Healthcare Region must have at least one health care facility designated as a trauma center or emergency health care center. Each Trauma and Emergency Healthcare Region must create a regional emergency health care committee to: [1] advise OHA and the Trauma and Emergency Healthcare System Advisory Board on a regional trauma and emergency health care system plan; [2] serve as a liaison between health care providers, the general public, the Trauma and Emergency

Healthcare System Advisory Board and OHA; [3] develop regional triage protocols; and [4] produce an annual report to the authority.

To comply with the provisions of this bill, in addition to using existing staff and resources, OHA anticipates establishing new permanent positions (4 positions and 1.84 FTE for the 2011-13 biennium and 5 positions and 5.00 FTE for the 2013-15 biennium) to carry out the reorganization, as well as to support the ongoing work of the State Trauma and Emergency Healthcare Systems Program. OHA estimates the fiscal impact of this measure at \$595,735 General Fund for the 2011-13 biennium, and \$1,006,420 General Fund for the 2013-15 biennium. These amounts are broken out below:

	2011-13			2013-2015		
	General Fund	Pos.	FTE	General Fund	Pos.	FTE
Personal Services	\$292,953			\$743,870		
Public Health Nurse 2		2	0.96		2	2.00
Clinical Epidemiologist		1	0.75		1	1.00
Administrative Specialist 2		1	0.14		1	1.00
Research Analyst 3					1	1.00
Services and Supplies	\$83,012			\$123,560		
Trauma and Emergency Healthcare System Advisory Board	\$8,415			\$11,220		
Stroke Care Committee	\$5,355			\$7,140		
Regional Trauma and Emergency Healthcare Systems Committees	\$6,000			\$60,000		
Integrated Emergency Healthcare Data System	\$200,000			\$60,630		
TOTAL	\$595,735	4	1.85	\$1,006,420	5	5.00