

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title: Department of Health and Senior Services  
Division Title: Division 30—Division of Regulation and Licensure  
Chapter Title: Chapter 20 — Hospitals**

<b>Rule Number and Title:</b>	19 CSR 30-20.144 Standards and Guidelines for Essential Caregiver Program.
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
<b>129</b>	<b>Private Hospitals</b>	\$17,743,800 for 6 month period that a state of emergency is in effect

**III. WORKSHEET**

**Cost for Private Hospitals to Adopt and Implement Essential Caregiver Programs**

Action	Explanation	Cost	Cost for Private Hospitals
Policy and procedure development, implementation, and training	Policy and Procedure Development-1FTE*8hrs=\$320 Implementation-1FTE*2hrs=80 Training-100 FTE*1hr=\$3000	\$3400	129 private hospitals * \$3400 = \$438,600.00
Visitation oversight of schedules, issues, screening, visitor education, etc.	1 FTE (\$50,000)*30% increase workload	\$15,000	129 private hospitals * \$15,000 = \$1,935,000.00

Gown, general mask, gloves per visitor per day	\$3 per visitor (ECG) *180 days=\$540	\$540	Total of 19,505 licensed beds for private hospitals * \$540 = \$10,532,700
FTE to manage distribution of gowns, masks, gloves etc. to Essential Caregivers	.75 FTE = \$37,500	\$37,500	129 private hospitals * \$37,500 = \$4,837,500  Up to \$17,743,800

#### IV. ASSUMPTIONS

While it is generally assumed that most hospitals have already built into their operational costs the cost of updating their individual institutional policies and procedures to reflect changes made in law, this fiscal note attempts to breakdown the individual cost of complying with §191.2290, RSMo and the proposed emergency rule. In order to comply with the provisions of the proposed emergency rule, hospitals will have to update their visitation policies to incorporate the essential caregiver guidelines and standards established by the proposed emergency rule.

This fiscal note includes the cost of private hospitals for developing and implementing policies and procedures for the essential caregiver proposed rule. If the private hospital has established these procedures under the proposed emergency rule, the cost for complying with this proposed rule can be reduced accordingly.

This fiscal note also assumes that a state of emergency under Chapter 44, RSMo, relating to infectious diseases, has been declared and is in place. While public health emergency declarations are rare and the department does not expect to have one declared in the near future, this fiscal note assumes a declaration is in place. A declaration of a state of emergency under Chapter 44 is necessary for the proposed rule to be operational. In addition, this estimate assumes that the state of emergency is in effect for a six-month period. Again, states of emergencies and public health emergencies are difficult to gauge, but a six-month time period was used.

This estimate also assumes that private hospitals are responsible for the provision of masks, gowns, gloves, testing, and other protective measures and/or equipment in order to enable physical contact between patients and essential caregivers.

This fiscal note also assumes that every licensed bed for each private hospital is at full capacity for the duration of the emergency declaration (six month period) and is being used to address the infectious disease for which the state of emergency was declared. A hospital, may, in actual practice utilize considerably less beds to address the state of emergency, but this fiscal note attempts to estimate a worst case scenario.

The department licenses approximately 129 private hospitals (hospitals not owned by state or local governments). The total bed count for private hospitals is 19,505 beds.

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title: Department of Health and Senior Services  
Division Title: Division 30—Division of Regulation and Licensure  
Chapter Title: Chapter 20 — Hospitals**

<b>Rule Number and Title:</b>	19 CSR 30-20.144 Standards and Guidelines for Essential Caregiver Program.
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
36 public hospitals	<b>Hospitals</b>	<b>Up to \$3,153,420.00 for 6 month period that a state of emergency is in effect</b>

**III. WORKSHEET**

**Cost for Private Hospitals to Adopt and Implement Essential Caregiver Programs**

Action	Explanation	Cost	Cost for Private Hospitals
Policy and procedure development, implementation, and training	Policy and Procedure Development-1FTE*8hrs=\$320 Implementation-1FTE*2hrs=80 Training-100 FTE*1hr=\$3000	\$3400	36 private hospitals * \$3400 = \$122,400
Visitation oversight of schedules, issues, screening, visitor education, etc.	1 FTE (\$50,000)*30% increase workload	\$15,000	36 public hospitals * \$15,000 = \$540,000.00
Gown, general mask, gloves per visitor per day	\$3 per visitor (ECG) *180 days=\$540	\$540	Total of 2,113 licensed beds for public hospitals * \$540 = \$1,141,020

FTE to manage distribution of gowns, masks, gloves etc. to Essential Caregivers	.75 FTE = \$37,500	\$37,500	36 public hospitals * \$37,500 = \$1,350,000  Up to \$3,153,420
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**IV. ASSUMPTIONS**

While it is generally assumed that most hospitals have already built into their operational costs the cost of updating their individual institutional policies and procedures to reflect changes made in law, this fiscal note attempts to breakdown the individual cost of complying with §191.2290, RSMo and the proposed emergency rule. In order to comply with the provisions of the proposed emergency rule, hospitals will have to update their visitation policies to incorporate the essential caregiver guidelines and standards established by the proposed emergency rule.

This fiscal note includes the cost of public hospitals for developing and implementing policies and procedures for the essential caregiver proposed rule. If the public hospital has established these procedures under the proposed emergency rule, the cost for complying with this proposed rule can be reduced accordingly.

This fiscal note also assumes that a state of emergency under Chapter 44, RSMo, relating to infectious diseases, has been declared and is in place. The provisions of the rule are only operational during a declared state of emergency under Chapter 44. While public health emergency declarations are rare and the department does not expect one to be declared in the near future, this fiscal note assumes a declaration is in place for a six-month period. This estimate also assumes that each hospital is responsible for the provision of masks, gowns, gloves, testing, and other protective measures in order to enable physical contact between patients and essential caregivers.

This fiscal note also assumes that every licensed bed for each public hospital is at full capacity for the duration of the emergency declaration (six month period) and is being used to address the infectious disease for which the state of emergency was declared. The department licenses approximately 36 public hospitals. The total bed count for public hospitals is 2,113 beds.