

**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>	Emergency Rulemaking

**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>	\$438,600.00 for 6 month period that a state of emergency is in effect (assumes no state of emergency has been declared or is in place)

**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

#### **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 also assumes that a state of emergency under Chapter 44, RSMo, relating to infectious diseases, has not been declared and is not in place. Even though the Department does not expect a state of emergency to be declared or in place during the time period of this emergency rule, the Department does expect private hospitals to adopt and implement policies to be in compliance with the provisions of the emergency rule. Of course, the steps taken by private hospitals to implement policies and train personnel to be consistent with the essential caregiver emergency rule will have a fiscal impact.

The department licenses approximately 129 private hospitals (hospitals not owned by state or local governments). The Department estimates that each private hospital will incur approximately \$3,400 in costs in developing the policies and procedures for the implementation of this emergency rule.

**FISCAL NOTE  
PUBLIC COST**

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**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>Public Hospitals</b>	<b>\$122,400.00</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 public hospitals * \$3400 = \$122,400

**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 also assumes that a state of emergency under Chapter 44, RSMo, relating to infectious diseases, has not been declared and is not in place. Even though the Department does not expect a state of emergency to be declared or in place during the time period of this emergency rule, the Department does expect public hospitals to adopt and implement policies to be in compliance with the provisions of the emergency rule. Of course, the steps taken by public hospitals to implement policies and train personnel to be consistent with the essential caregiver emergency rule will have a fiscal impact.

The department licenses approximately 36 public hospitals. The Department estimates that each public hospital will incur approximately \$3,400 in costs in developing the policies and procedures for the implementation of this emergency rule.