

DEPARTMENT OF FINANCE BILL ANALYSIS

AMENDMENT DATE: 03/29/2012
POSITION: Neutral

BILL NUMBER: AB 1867
AUTHOR: Pan, Richard

BILL SUMMARY: Health facilities equipment standards.

This bill would extend, to January 1, 2016, the deadline for prohibiting the use of non-interchangeable connectors for small-bore medical connectors used in intravenous (IV), enteral (feeding tube), and epidural delivery systems in health facilities throughout California.

FISCAL SUMMARY

Extending the compliance date to January 1, 2016 would have no fiscal impact on the state.

SUMMARY OF CHANGES

Current law requires, by January 1, 2013, general acute care hospitals, acute psychiatric hospitals, skilled nursing facilities, and special hospitals to use separate unique connectors for IV and feeding tube connections. Current law also requires, by January 1, 2014, these facilities to use separate unique connectors for epidural connections.

This bill would extend both dates to January 1, 2016.

COMMENTS

Finance is neutral on this bill as it will have no fiscal impact on the state and would likely result in health facilities avoiding unnecessary expenses for nonstandardized specialized medical equipment.

Legislation concerning the use of separate unique connectors was passed before the International Organization for Standardization (ISO) formed a workgroup concerning a standardization for unique connectors for IV, feeding tube, and epidural connections. As a result, legislation was passed to extend the prohibition date, but the ISO needs additional time to complete their evaluation. An extension of the prohibition date to January 1, 2016 would likely provide sufficient time for the ISO to complete their research and issue their recommendation.

If the date is not extended, California health facilities would need to develop their own unique standard connectors for these procedures, and manufacturers of medical equipment would likely need to develop a special product according to California's standard. When the ISO does release their findings, the California standard connectors would likely be more expensive to obtain as they would not be internationally recognized and interchangeable, and would likely be considered a specialty product. This may result in California hospitals incurring unnecessary costs to either replace their California standard equipment with the ISO standard equipment or to continue using their California standard equipment at a higher replacement rate.

Analyst/Principal (0553) B.Nunes	Date	Program Budget Manager Ken DaRosa	Date
Department Deputy Director			Date
Governor's Office:	By:	Date:	Position Approved _____ Position Disapproved _____
BILL ANALYSIS			Form DF-43 (Rev 03/95 Buff)

BILL ANALYSIS--(CONTINUED)

AUTHOR

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Code/Department Agency or Revenue Type	SO	(Fiscal Impact by Fiscal Year)					Fund Code
	LA	(Dollars in Thousands)					
	CO	PROP					
	RV	98	FC	2011-2012 FC	2012-2013 FC	2013-2014	
4265/PublicHealth	UN	No		-----	No/Minor Fiscal Impact	-----	3098
<u>Fund Code</u>	<u>Title</u>						
3098	Licensing and Certification Prog Fd, PH						