

REVISED

STATEMENT OF PURPOSE

RS30986 / S1247

This bill creates a legal and compassionate pathway to take someone with a major neurocognitive disorder in an acute crisis, and a danger to themselves or others, to a hospital emergency room for a medical assessment to determine if an undiagnosed medical reason is the cause of the acute crisis.

FISCAL NOTE

This legislation does not mandate any appropriations nor future appropriations. This legislation will not negatively affect the general fund. If the patient does not have private insurance, expenses will be billed to Medicare or Medicaid depending upon the patient's circumstances. The 2022 Idaho Behavioral Risk Factor Surveillance Survey estimates less than 1% of Idahoans 65-years and older are uninsured, and 7.4% of 18 to 64-year-olds are uninsured.

Rounding up, we can safely estimate 10% of Idahoans may not qualify for one of these coverage types. It is difficult to know how many protective placements would be issued. Based on information from physicians and other stakeholders, it is estimated that 100 placements may be made annually statewide. For an average two-day hospital stay, estimated at \$6,611.11 per day, it is estimated that \$132,222.22 would be needed to be appropriated to the Department of Health and Welfare's budget.

Contact:

Senator Melissa Wintrow
(208) 332-1339
Representative Chenele Dixon
(208) 332-1024

DISCLAIMER: This statement of purpose and fiscal note are a mere attachment to this bill and prepared by a proponent of the bill. It is neither intended as an expression of legislative intent nor intended for any use outside of the legislative process, including judicial review (Joint Rule 18).