



# Senate

General Assembly

**File No. 411**

*January Session, 2013*

Senate Bill No. 360

*Senate, April 9, 2013*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

***AN ACT CONCERNING EDUCATION PROGRAMS FOR PEDIATRIC AUTOIMMUNE NEUROPSYCHIATRIC DISORDER ASSOCIATED WITH STREPTOCOCCAL INFECTIONS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2013*) The Department of  
2 Public Health shall develop programs to educate the relevant medical  
3 community and the general public, and promote research on, pediatric  
4 autoimmune neuropsychiatric disorder associated with streptococcal  
5 infections. Such programs shall include, but need not be limited to: (1)  
6 Clinical awareness programs for physicians and informational  
7 outreach programs for teachers and the general public; (2)  
8 epidemiological studies of pediatric neuropsychiatric disorder  
9 associated with streptococcal infections within this state; (3) the  
10 establishment of a panel consisting of experts in the clinical and  
11 research communities on the diagnosis, care and treatment of pediatric  
12 neuropsychiatric disorder associated with streptococcal infections, to  
13 assist with the development of practice guidelines for such diagnosis,  
14 care and treatment in this state; and (4) the establishment of a state

15 liaison to develop science-based guidelines for the diagnosis, care and  
16 treatment of pediatric neuropsychiatric disorder associated with  
17 streptococcal infections with the National Institute of Mental Health  
18 and the Centers for Disease Control and Prevention.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>October 1, 2013</i>	New section
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**PH**      *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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**OFA Fiscal Note**

**State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 14 \$</b>	<b>FY 15 \$</b>
Public Health, Dept.	GF - Cost	541,706	453,810
State Comptroller - Fringe Benefits <sup>1</sup>	GF - Cost	51,614	68,818

**Municipal Impact:** None

**Explanation**

The bill results in a cost to the Department of Public Health (DPH) of \$541,706 in FY 14 and \$453,810 in FY 15 as well as a cost to the State Comptroller - Fringe Benefits of \$51,614 in FY 14 and \$68,818 in FY 15, for a total state cost of \$593,320 in FY 14 and \$522,628 in FY 15. Costs to DPH reflect salary expenses for: three staff positions and costs associated with (1) a pediatric neuropsychiatric disorder associated with streptococcal infections (PANDAS) clinical awareness and informational outreach campaign, (2) PANDAS epidemiological studies and (3) the establishment of PANDAS expert panel. The cost to the State Comptroller - Fringe Benefits is associated with fringe benefit expenses for the three DPH staff positions. A breakout of these state costs is presented in the table on the next page. Following this table, further detail on these items is provided.

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<sup>1</sup>The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 34.54% of payroll in FY 14 and FY 15.

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**State Cost for DPH Programs Required Under SB 360**

Item	9 months	full year
<b>Department of Public Health (DPH) positions</b>	<b>FY 14 \$</b>	<b>FY 15 \$</b>
Epidemiologist 3	59,400	79,200
Epidemiologist 2	47,119	62,825
Health Program Assistant	42,913	57,217
<b>DPH positions subtotal</b>	<b>149,432</b>	<b>199,243</b>
<b>DPH Other Expenses (OE)</b>		
Awareness & outreach campaign <sup>1</sup>	300,000	200,000
Database modification	50,000	-
Physician consultant	24,860	33,147
Visiting experts	9,718	13,908
Software licenses	2,500	2,500
Office supplies	1,500	2,000
In-state travel	1,356	2,712
SurveyMonkey	300	300
<b>DPH OE subtotal</b>	<b>390,234</b>	<b>254,567</b>
Equipment (staff computers)	2,040	-
<b>DPH TOTAL</b>	<b>541,706</b>	<b>453,810</b>
State Comptroller - Fringe Benefits	51,614	68,818
<b>STATE TOTAL</b>	<b>593,320</b>	<b>522,628</b>

<sup>1</sup>One-time message, materials/media and marketing plan development costs of \$100,000 are reflected in FY 14.

Staff positions are provided to oversee and implement a PANDAS clinical awareness and informational outreach campaign, conduct epidemiological studies of PANDAS within the state, organize meetings of a panel of PANDAS experts, and act as a state liaison to develop guidelines for the diagnosis, care and treatment of PANDAS with the National Institute of Mental Health and the Centers for Disease Control and Prevention. Staff will be supported in these tasks by a physician consultant to act as the chair of the expert panel and aid the state liaison in the development of science-based PANDAS guidelines. Consultant costs are estimated at \$71.53 per hour for 7 hours of work per week for 30 weeks in FY 14 of \$24,860. Full year

consultant costs are annualized at \$33,147.

Costs to educate the relevant medical community and the general public and to promote research on PANDAS include messaging, materials/media and marketing plan development expenses in the first fiscal year and on-going costs for educational brochures, postage, and television and radio announcements. The one-time database modification cost of \$50,000 is associated with modifying the Connecticut Electronic Diseases Surveillance System to include PANDAS and is based on costs to develop a foodborne diseases surveillance module in the past. Costs reflected for visiting experts include airfare, accommodation and stipend expenses for six experts to attend two seven-hour-long meetings at two separate times of the fiscal year in FY 14. This is increased to three seven-hour-long meetings at three separate times of the fiscal year in FY 15. Software licenses are for Statistical Analysis System and Geographic Information System (for the geographic display and analysis of infectious disease epidemiological data). SurveyMonkey costs reflect the "Gold Plan" which allows for integration with analytical software. Surveys will be utilized to monitor the level of PANDAS recognition in the medical community. In-state travel expenses are provided for DPH staff to retrieve medical charts not available electronically for the review of medical information.

### ***The Out Years***

The annualized costs for the on-going expenses identified above would continue in the future. In addition, normal annual pension costs (currently estimated at 7.5% of payroll) attributable to the identified personnel changes will be recognized in the state's annual required pension contribution in future actuarial valuations.

**OLR Bill Analysis****SB 360*****AN ACT CONCERNING EDUCATION PROGRAMS FOR PEDIATRIC AUTOIMMUNE NEUROPSYCHIATRIC DISORDER ASSOCIATED WITH STREPTOCOCCAL INFECTIONS.*****SUMMARY:**

This bill requires the Department of Public Health (DPH) to develop programs to educate the medical community and general public and promote research on pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS).

These programs must include:

1. clinical awareness programs for physicians;
2. information outreach programs for teachers and the general public;
3. epidemiological studies of PANDAS within Connecticut;
4. the establishment of a panel of PANDAS experts in the clinical and research communities to help develop practice guidelines for the diagnosis, care, and treatment of PANDAS in the state; and
5. the establishment of a state liaison to develop science-based guidelines for the diagnosis, care, and treatment of PANDAS with the National Institute of Mental Health and the Centers for Disease Control and Prevention.

EFFECTIVE DATE: October 1, 2013

**BACKGROUND**

***Related Bill***

SB 956, favorably reported by the Insurance and Real Estate Committee, requires (1) DPH to develop the same PANDAS programs and (2) certain health insurance policies to cover the diagnosis and treatment of PANDAS.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 25    Nay 0    (03/25/2013)