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H.B. 624
133rd General Assembly

Fiscal Note & Local Impact Statement

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Version: As Introduced

Primary Sponsor: Rep. Grendell

Local Impact Statement Procedure Required: No

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Highlights

- Local boards of health, government-owned hospitals and health care providers, and county coroner's offices could experience an increase in costs to comply with the reporting requirements of the bill. The impact will depend on the amount of additional information required to be collected and reported by these entities, as well as the number of cases reported and the number of necessary information updates.
- The Ohio Department of Health (ODH) will experience an increase in information technology costs to make upgrades and adjustments to the Ohio Disease Reporting System. ODH will also experience an increase in costs to analyze and report additional information.

Detailed Analysis

Reports of COVID-19 testing information

During the period of emergency due to COVID-19, the bill requires boards of health, health care providers, and coroners or medical examiners to report to the Ohio Department of Health (ODH) each COVID-19 test that is administered, along with the date of the test and residential information for the individual tested. Under the bill, the reports are required to be updated with the results of each test, as well as information related to hospitalizations and deaths. The bill prohibits a person from knowingly failing to comply with the reporting requirements and sets the same fines and criminal penalties for failure to report contagious or infectious diseases under current law. The current fines range between \$100 to \$750 per incident and the current criminal penalty is a minor misdemeanor for the first offense and a fourth degree misdemeanor for each subsequent offense.

Local boards of health, government-owned hospitals and health care providers, and county coroner's offices could experience an increase in costs to comply with the reporting

requirements of the bill. It appears that some of the information (e.g., zip code data) may already be collected by some of these entities at least in the case of positive cases. However, costs would increase for collecting and reporting required additional information, as well as to update this information with test results or if warranted, hospitalizations or deaths. The total increase would depend on the amount of additional information required to be collected, the number of necessary information updates, and the total number of cases. If any information technology upgrades or changes are necessary, costs could increase depending on the scope of these.

There may also be an increase in costs to local courts if any reporting violations occur; however, some costs may be offset by court costs and fines. While the overall impact to local courts will depend on the number of violations, it is likely to be minimal.

ODH release of COVID-19 testing information

Additionally, the bill requires ODH to include the above-mentioned reported information in the form of a chart or table as part of its release of information related to COVID-19. The bill requires that each day's figures are to accurately reflect information reported to ODH as of the date of the release. The information released must be in the form of a chart or table that includes certain information broken down by zip code. ODH is also required to release infection rates for congregate settings such as nursing homes, residential care facilities, hospitals, and prisons. The zip code and congregate setting information must include only confirmed COVID-19 cases. ODH must separately report probable or presumed cases, including the basis for determining a case is probable or presumed. The bill requires that when modeling projections related to COVID-19 are released by ODH, supporting information and documents, including a margin of error, must be released, as well as any adjustments to the projections.

ODH will experience an increase in information technology costs to make adjustments to the Ohio Disease Reporting System (ODRS). According to ODH, it does not currently collect certain patient information for those who test negative. Thus, ODH anticipates that notable modifications and upgrades to ODRS would be necessary. ODRS is currently available for use by local health departments, infection preventionists, health care facilities, and laboratories to report infectious diseases to ODH. There could also be costs to include additional users if this is necessary under the bill. In addition, ODH will realize an increase in costs to analyze and report additional information.

The bill also declares an emergency; thus, any fiscal impacts may be realized immediately upon enactment.