



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

S.B. 151
134th General Assembly

Fiscal Note & Local Impact Statement

[Click here for S.B. 151's Bill Analysis](#)

Version: As Introduced

Primary Sponsor: Sen. Johnson

Local Impact Statement Procedure Required: Yes

Jacquelyn Schroeder, Senior Budget Analyst

Highlights

- Government-owned hospitals may experience an increase in costs to make changes to current policies or protocols regarding the medical care and treatment provided to certain pregnant women and infants. In addition, hospitals and state or local health programs may realize an increase in costs for any additional medical transfers or treatment provided. The total cost will depend on many factors, including the number of cases and scope of treatment provided.
- Additionally, government-owned hospitals and emergency medical service organizations could experience an increase in costs to provide training in the intubation of and provision of other life-sustaining treatment for preterm infants or infants with a disability.

Detailed Analysis

Care and treatment of infants and pregnant women

The bill establishes standards and conditions regarding the medical care and treatment provided to certain pregnant women and infants by hospitals and physicians. Under certain circumstances, if a pregnant woman meeting criteria under the bill presents with labor symptoms to a hospital that does not have a Level III or Level IV neonatal intensive care unit, the bill requires the hospital to transfer the woman, within one hour, to the nearest hospital with a Level III or Level IV neonatal intensive care unit. This transfer must be performed by a paramedic, and the transfer cannot be denied unless the infant's parent or parent's representative completes a form acknowledging that transferring is against medical advice. If a pregnant woman is transferred to a hospital with a Level III or Level IV neonatal intensive care unit, and subsequently delivers the infant, the receiving hospital is required to ensure that a complete assessment of the infant's condition is performed. If the infant exhibits any movement or sound, or a pulsating umbilical

cord or heartbeat, the bill requires the hospital, upon written permission from the infant's parents or parent's representatives, to ensure that the infant is provided with aggressive life-sustaining treatment, defined by the bill as all appropriate medical care, procedures, or techniques performed in an effort to sustain life. The hospital also must ensure that it will not place a medical hold on the infant's treatment. In addition, if the hospital recommends that life-sustaining treatment be discontinued, the hospital may discontinue treatment only if the infant's parent or parent's representative completes a form indicating informed consent to cease treatment. The bill permits an infant's parent or parent's representative to request a second opinion at any time regarding the infant's condition and treatment.

The bill also requires a hospital to disclose any policies adopted regarding medical treatment for preterm infants or infants with a disability to a pregnant woman or her representative prior to admission. A hospital that fails to comply with the bill's provisions is liable for damages to an infant or parent of an infant, who sustains injury, death, or loss to person or property as a result of the hospital's failure to comply. If a hospital is found liable, the physician who accepted primary responsibility for the pregnant woman's or infant's treatment is subject to discipline by the hospital, which may include termination of employment or loss of admitting privileges.

Government-owned hospitals may experience an increase in costs to make changes to current policies or protocols regarding medical care and treatment of certain infants and pregnant women and to provide training to staff regarding these changes. In addition, there could be costs to government-owned hospitals or to state or local health programs, including Medicaid for eligible enrollees, for any additional medical transfers or treatment provided as a result of the bill. These costs will depend on the number of such cases, the scope of care provided, and in the case of hospitals, the amount of third-party reimbursements received. Additionally, if there are any violations of the bill's requirements, there could be costs to local courts. There could also be costs to the State Medical Board to investigate any complaints.

Training

The bill requires each hospital with a Level III or Level IV neonatal intensive care unit to provide the unit's medical and nursing staff with appropriate training regarding the intubation of and provision of other life-sustaining treatment for preterm infants or infants with a disability. Additionally, the bill requires each emergency medical service organization to provide each paramedic employed by the organization with appropriate training in the intubation of and provision of other life-sustaining treatment for preterm infants or infants with a disability. It is possible that government-owned hospitals and emergency medical service organizations could experience an increase in costs to provide this specific training if it is not already provided.